This Research Dossier supports the Report Card on HIV Prevention for Girls and Young Women in Rwanda produced by the United Nations Global Coalition on Women and AIDS (GCWA). It documents the detailed research coordinated for the GCWA by the International Planned Parenthood Federation (IPPF), with the support of the United Nations Population Fund (UNFPA), United Nations Program on AIDS (UNAIDS) and Young Positives.

The Report Card provides an ‘at a glance’ summary of the current status of HIV prevention strategies and services for girls and young women in Rwanda. It focuses on five cross-cutting prevention components:

1. Legal provision
2. Policy context
3. Availability of services
4. Accessibility of services
5. Participation and rights

The Report Card also includes background information about the HIV epidemic and key policy and programmatic recommendations to improve and increase action on this issue in Rwanda.

This Research Report is divided into two sections:

PART 1: DESK RESEARCH: This documents the extensive desk research carried out for the Report Card by IPPF staff and consultants based in the United Kingdom.

PART 2: IN-COUNTRY RESEARCH: This documents the participatory in-country research carried out for the Report Card by a local consultant in Rwanda. This involved:

Two focus group discussions with a total of 19 girls and young women aged 15-24 years. The participants included girls and young women who are: living with HIV; in/out-of/school; involved in sex work; living in urban and suburban areas; and working as peer activists.

Five one-to-one interviews with representatives of organisations providing services, advocacy and/or funding for HIV prevention for girls and young women. The stakeholders were: a country representative of an international NGO; a nurse at a national NGO focusing on sexual and reproductive health; a counsellor at an NGO/government voluntary counselling and testing centre; a programme officer of a United Nations agency; and a Technical Adviser of an international donor agency.

Additional fact-finding to address gaps in the desk research.

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One-to-one interview: Director General, Family Planning Association
One-to-one interview: Technical Advisor Health and Orphans and Vulnerable Children (OVC) sector
One-to-one interview: Executive Secretary of the Association of Promotion and Defence of women and children’s rights in Rwanda (HAGURUKA)
One-to-one interview: Coordinator of VCT/PMTCT, Treatment and Research on AIDS Centre in Rwanda (TRAC)
One-to-one interview: Executive Secretary of the Rwanda Network of people living with HIV&AIDS

Abbreviations

ARVs Antiretrovirals
CEDAW Convention on the Elimination of All Forms of Discrimination Against Women
CIA Central Intelligence Agency
CRC Convention on the Rights of the Child
FOJA Youth HIV/AIDS Forum
HAGURUKA Association of Promotion and Defence of Women and Children’s Rights in Rwanda
IEC Information, communication and education
IPPF International Planned Parenthood Federation
MTCT Mother-to-Child Transmission
PACFA Protection and Care Families Against HIV/AIDS (PACFA)
PLHA People living with HIV
PLHIV People living with HIV
PMTCT Prevention of Mother-to-Child Transmission
PSI Population Services International
RRP+ Rwandan Network of People Living with HIV/AIDS
SRH Sexual and Reproductive Health
STD Sexually transmitted disease
STI Sexually transmitted infection
TRAC Treatment and Research on AIDS Centre
UNAIDS United Nations Program on AIDS
UNFPA United Nations Population Fund
UNICEF United Nations Children’s Fund
VCT Voluntary, Counseling and Testing
WHO World Health Organisation
PART 1:
DESK RESEARCH
# Country Profile

- **Size of population:** 9,907,509 (2007) [CIA The World Factbook - Rwanda](https://www.cia.gov/library/publications/the-world-factbook/geos/rw.html) (date accessed 05/08/07)
- **Life expectancy at birth:** 48.99 years (2007) [CIA The World Factbook - Rwanda](https://www.cia.gov/library/publications/the-world-factbook/geos/rw.html) (date accessed 05/08/07)
- **% of population under 15 (0 – 14 years):** 41.9% (male 2,082,474/female 2,065,251) (2007) [CIA The World Factbook - Rwanda](https://www.cia.gov/library/publications/the-world-factbook/geos/rw.html) (date accessed 05/08/07)
- **Population below poverty line:** 60% (2001 est.) [CIA The World Factbook - Rwanda](https://www.cia.gov/library/publications/the-world-factbook/geos/rw.html) (date accessed 05/08/07)
- **Per capita total expenditure on health at average exchange rate (US$):** 126 (2004) [WHO Country Profile, Rwanda](http://www.who.int/countries/rwa/en/) (date accessed on 05/08/2007)
- **Use of modern contraceptive methods:** 4% (DHS 2000) and 10% DHS 2005
- **Maternal mortality ratio adjusted (per 100,000 live births) (2000):** 1400
  - Maternal Mortality rate: 750/100,000, Infant
  - Infant mortality rate: 86/1000
  - Under 5yrs mortality rate: 152/1000
  - Assisted deliveries: 38.7%
  - Access to health facilities (Health centers): 37.9%
  - Doctor/population: 1:50,000 inhabitants
  - Nurse/Population coverage: 1:3,900 inhabitants and 17% of nurses are in rural areas. (Demographic and Health Survey, 2005, Rwanda)
- **Religions:** Roman Catholic 56.5%, Protestant 26%, Adventist 11.1%, Muslim 4.6%, indigenous beliefs 0.1%, none 1.7% (2001) [CIA The World Factbook - Rwanda](https://www.cia.gov/library/publications/the-world-factbook/geos/rw.html) (date accessed 05/08/07)
- **Languages:** Kinyarwanda (official) universal Bantu vernacular, French (official), English (official), Kiswahili (Swahili) used in commercial centers [CIA The World Factbook - Rwanda](https://www.cia.gov/library/publications/the-world-factbook/geos/rw.html) (date accessed 05/08/07)
- **Deaths due to HIV/AIDS (2006):** 21 000 [13 000 – 26 000]

**HIV/AIDS Prevalence in the country is at 3%** (Demographic and Health Survey, 2005, Rwanda)
**Young women (15-24) HIV prevalence rate (2005):** 1.5% (Demographic and Health Survey, 2005, Rwanda)

**Young men (15-24) HIV prevalence rate (2005):** 0.4% (Demographic and Health Survey, 2005, Rwanda)

**Young men and women (15-24):** 1% (Demographic and Health Survey, 2005, Rwanda)

In general, in Rwanda women’s HIV/Prevalence is at 3.6% and 2.3% for Men

HIV/AIDS Accounts for 17% of under 5 years mortality rate

and sexual debut is at 14 yrs and 13 yrs for females and males respectively


http://www.measuredhs.com/hivdata/surveys/start.cfm)

- **Number of women (15+) living with HIV (end of 2005):** 91,000

- **Number of children living with HIV (ages 0-14 years, 2003):** 30,000

- **Estimated number of orphans due to AIDS (0-17 years):** 210,000 (UNICEF Rwanda Statistics http://www.unicef.org/infobycountry/rwanda_statistics.html (Date accessed 10/12/07))

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**PREVENTION COMPONENT 1: LEGAL PROVISION**

*(national laws, regulations, etc)*

**Key questions:**

1. **What is the minimum legal age for marriage?**
The legal age for marriage is 21 for both men and women, any marriage before the age of 21 has to seek consent of the minister of justice (written permission)


2. **What is the minimum legal age for having an HIV test without parental and partner consent?**
   15 years
   (Information provided by in-country consultant, October, 2008)

3. **What is the minimum legal age for accessing SRH services without parental and partner consent?**
   15 years
   (Information provided by in-country consultant, October, 2008)

4. **What is the minimum legal age for accessing abortions without parental and partner consent?**
   Abortion is permitted to save the life of a woman and also to preserve the mental and/or physical health of a woman, however it is not permitted by law in cases of rape, incest for foetal impairment, economic or social reason or on request.
There is a contradiction because the National policy on reproductive health emphasises family planning and at the same time discourages abortion, although abortion can be envisaged as tool of family planning, there is no justification as some critics say for illegalizing abortion in a country like Rwanda which is one of the most densely populated countries in the world.

5. Is HIV testing mandatory for any specific groups (e.g. pregnant women, military, migrant workers, and sex workers)?
HIV testing is not mandatory, counselling is done, and an opt-out model is used, i.e. Women are offered the test, except for those that decline it.

(Information provided by in-country consultant, October, 2008)

6. Is there any legislation that specifically addresses gender-based violence?
7 years after the genocide the government adopted a law to protect children against rape and launched a campaign against sexual violence. However the penal code does not define rape and therefore leaves adult victims without protection. Currently there is a draft law on gender based violence under scrutiny in the parliamentary committee in charge of gender issues among others.

Kigali — A gender-based violence (GBV) bill was adopted by general consensus in the Rwandan Parliament on 3 August 2006. The adoption of the bill comes after a two-day deliberation among the parliamentarians, ending in a unanimous decision to adopt it with amendments to be finalized at a later date.

The “Draft Law on the Prevention, Protection and Punishment of Any Gender Based Violence” was prepared by the Forum for Rwandan Women Parliamentarians (FFRP) after a series of national consultations supported by UNIFEM and UNDP under the “Enhancing Protection from Gender Based Violence” project.

http://reliefweb.int/rw/nf/EGUA-6SFRESH?OpenDocument

7. Is there an AIDS Law – or equivalent – that legislates on issues such as confidentiality for testing, diagnosis, treatment, care and support?
No, but these concerns are catered for in the ministerial decree by the Minister of state in charge of HIV/AIDS and other epidemics stating the conditions and modalities for Health care delivery to persons living with HIV/AIDS.

The National Plan for HIV/AIDS Care and Treatment (2003-2007)

8. Is there any legislation that protects people living with HIV/AIDS, particularly girls and young women, from stigma and discrimination at home and in the workplace?
In the National Policy document it states that ‘All Rwandans are equal before law, including those that are HIV +


There are laws to protect those with HIV on the strategic plan (2002 – 2006) which should be adopted by parliament.

In the Monitoring and evaluation plan 2006 - 2009, it was stated that Laws should be revised and adopted or repealed to ensure that OVC and/or PLHIV rights are respected.


The Program in the office of the Rwandan first Lady Madam Jeanette KAGAME called; Protection
and care families against HIV/AIDS (PACFA). Protracted advocacy campaigns have been made to address the issues of discrimination and stigma across the country and calling on equal involvement of men and women. PACFA also runs several projects that aim at mitigating the impact of HIV/AIDS in Girls, orphans, widows and calls on greater involvement of protecting the girl child. www.pacfa.org

9. Are sex workers legally permitted to organise themselves, for example in unions or support groups?
In Kigali sex workers, including children are among those detained by the authorities of Kigali for sleeping in the streets. This vulnerable group are frequently detained for ‘vagabondage’ without access to legal services as required in the Rwandan constitution.


Commercial sex workers in Rwanda have of recent started forming support groups that aims at income generating activities so that they abandon prostitution. This is with help of NGOs, government agencies and Faith based organisations. Prominent among these NGOs is IHORE MUNYARWANDA and PSI (POPULATION SERVICE INTERNATIONAL)

(Information provided by in-country consultant)

10. Are harm reduction methods for injecting drug users (such as needle exchange) legal?

The relevancy of drug abuse in Rwanda to HIV/AIDS IS NOT YET ASCERTAINED and consequently although there is drug abuse by youth on a small scale, there are no known measures like providing safe needles that do exist.


Discussion questions:

- Which areas of SRH and HIV/AIDS responses are legislated for?
- What are the biggest strengths, weaknesses and gaps in legislation in relation to HIV prevention for girls and young women?
- Is action taken if laws are broken (e.g. if a girl is married below the legal age)?
- Is there any specific legislation for marginalised and vulnerable groups? If yes, is the legislation supportive or punitive? And what difference does it make to people’s behaviours and risk of HIV infection?
- To what extent are ‘qualitative’ issues – such as confidentiality around HIV testing – covered by legislation?
- How much do girls and young women know about relevant legislation and how it relates to them? Are there any initiatives to raise awareness about certain laws?
- Overall, how is relevant legislation applied in practice? What are the ‘real life’ experiences of girls and young women? What difference does it make to their vulnerability to HIV infection?
- How do the effects of legislation vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?

NB: The general comment on the area of legislation is that, In most cases legislations that exists it caters to the general public but falls short of being specific to girls and young women. Reinforcement

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1 Examples include: people living with HIV/AIDS, sex workers, injecting drug users, migrant workers, refugees and displaced people, street children, school drop-outs, lesbians and ethnic minorities.
and practice of these laws is still a problem and they are several avenues of dodging them (for example, there is no documented cases of illegal marriages due to under age!)

(Comments by in-country consultant, October 2007)

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<tr>
<th>PREVENTION COMPONENT 2: POLICY PROVISION</th>
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<td>(national policies, protocols, guidelines, etc)</td>
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**Key questions:**

11. **Does the current National AIDS Plan address the full continuum of HIV/AIDS strategies, including prevention, care, support and treatment?**

Yes, strategic plan for fight against AIDS (prevention – axis 1 of plab), care and support axis 3 of plan)


The National AIDS plan adequately covers the full continuum as envisaged in the different policy tools: The strategic framework for HIV/AIDS Control, The National Plan for HIV/AIDS treatment and care, The ministerial decree on delivery of Health care to people living with HIV/AIDS, The National Behavioural Change Communication policy for Health sector, The Health Sector Policy. All these are essential compliments to the National AIDS plan.

(Information provided by in-country consultant)

12. **Does the National AIDS Plan specifically address the HIV prevention and SRH needs of girls and young women?**

Young people will benefit from a variety of specific programmes on prevention and srh addressed to their needs, in school and by parents. The national Policy on sexual and reproductive health will soon be in place and will be an entry point in Planning and delivery of services in SRH domains which are currently very limited to day. In the Economic Development and Poverty Reduction Strategy (EDPRS) for RWANDA 2007-2011 SRH services for young people has been adequately planned for.


13. **Does the National AIDS Plan specifically address the HIV prevention and SRH needs of marginalised and vulnerable groups, including people who are living with HIV/AIDS?**

An objective of the national policy is that vulnerable groups are the prime focus of programmes that address HIV prevention, care and support.


14. **Does the National AIDS Plan emphasise confidentiality within HIV/AIDS services?**

Yes, the National AIDS Policy is that HIV services are confidential, there is pre-testing group
counselling, one-to-one confidential pre-test post test counselling.  
(Information provided by in-country consultant)

15. Does the national policy on VCT address the needs of girls and young women?

VCT services are open to every body including girls and young women. The national protocol on VCT addresses the needs of girls and women in the paragraphs.
- 3.3.1. Pre-mariage VCT services
- 3.3.2. VCT services for PMTCT
- 3.3.3. VCT for a couple
- 3.3.4. VCT for adolescents


16. Does the national protocol for antenatal care include an optional HIV test?

HIV test is advised to pregnant women attending antenatal services. The test during antenatal care is optional but recommended.

MINISANTE/TRAC, Protocole de prévention de la transmission du virus de l’immuno-déficience humaine de la mère à l’enfant, Kigali, 2005

Testing is optional, but given the fact that an opt-out model is used, it is often misconstrued as being mandatory
HIV surveillance among pregnant women attending antenatal clinics, Kigali, 2002

17. Does the national protocol for antenatal care include a commitment that any girl or young woman testing HIV positive should be automatically offered PMTCT services?

Yes, PMTCT services are offered, after counselling. An opt-out model is in place
HIV surveillance among pregnant women attending antenatal clinics, Kigali, 2002

18. Is there a national policy that protects the rights and needs - including HIV prevention, SRH services, employment opportunities and education - of young women or girls at risk or affected by early marriage?

Priority is given to young women and girls in poverty reduction programmes in order to make them less vulnerable

20. Is key national data about HIV/AIDS, such as HIV prevalence, routinely disaggregated by age and gender?

Yes, the national policy on HIV/AIDS dissagregates data by age, geographic area, gender e.t.c

Discussion questions:

- To what extent are relevant bodies – such as the Ministry of Education, NGO networks, religious organisations, etc – engaged in policy-making around HIV prevention for girls and young women?
Yes. National policies and sectoral strategies – each sector has contributes policies and they are all combined to form one holistic and multi sectoral response to the HIV/AIDS epidemic
To what extent do those bodies work in partnership or in isolation? What areas of HIV prevention responses (e.g. behaviour change, counselling, treatment, home-based care) have national protocols or guidelines?

There is a central coordinating body, the CNLS under the presidents’ office. Also, there is an umbrella of NGOs called the NGO forum. American funded organizations are further organised under an umbrella of USG or PEPFAR.

(Information provided by in-country consultant)

To what extent do those protocols address the needs of girls and young women, including those that are marginalised and vulnerable?

The National HIV/AIDS strategic plan addresses it. THE “3”ONES FOR BIG “3” HAS BEEN ADOPTED: In this there is: The “3” ones are 1) One government coordinating authority which is the Rwandan Government, 2) One synergetic monitoring and evaluation plan for 3 world pandemics and 3) One strategic plan for 3 world epidemics. The three big ones are HIV/AIDS, Malaria and Tuberculosis.

(Information provided by in-country consultant)

What does school-based sex education cover? Does it help to build young people’s confidence and skills, as well as knowledge?

It is still weak, being developed, the National curriculum development center has developed a manual on SRH and HIV/AIDS. It has started being taught in schools from primary to tertiary levels.

(Information provided by in-country consultant)

To what extent do policies help to reduce stigma and discrimination? For example, do they encourage people to stop using derogatory language or ‘blaming’ specific groups for HIV/AIDS?

To what extent are different areas of policy provision – such as for HIV/AIDS and antenatal care – integrated or isolated?

Integrated in one package. The one-stop shop is encouraged.

(Information provided by in-country consultant)

What policy measures exist in relation to consent, approval and confidentiality? For example, can girls and young women access services such as VCT without having to notify their parents and/or partner? And are they informed of their right to confidentiality?

There are legal concerns on this. Paediatric age groups are up to 14 years. Girls above 15 years are legally accepted to access VCT without parents or guardians.

(Information provided by in-country consultant)

Overall, how are relevant policies applied in practice? What are the ‘real life’ experiences of girls and young women? How much do they know about them and how they relate to them? What difference do these policies make to their vulnerability to HIV infection?

They is still a big gap, even adult women do still have gender, cultural barriers that impede them from accessing services in real life.

www.tracrwanda.org.rw/reports_pdf/FinalPMTCTReport-PDF.pdf)

How do the effects of policies vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?

Decentralisation is allowing for more community based approaches to the HIV/AIDS response to exist.

(Information provided by in-country consultant)
PREVENTION COMPONENT 3: AVAILABILITY OF SERVICES
(number of programmes, scale, range, etc)

Key questions:
21. Is there a national database or directory of SRH and HIV/AIDS services for young people?

There is a free national hotline for information on HIV prevention, care and support services. No reliable data can be availed but the New Monitoring and evaluation system for CNLS in place the data will easy to ascertain.

Commission Nationale de Lutte contre le SIDA – homepage (website)

22. How many SRH clinics or outlets are there in the country?
366 health centers which are primary source of antenatal care and preventive care – 2003


Each health center serves 25,000 people –

Currently there aren’t any SRH clinics in the country, the local family planning association called ARBEF offers family planning services but falls short of being an SRH Clinic.
(Information provided by in-country consultant)

23. At how many service points is VCT available, including for young women and girls?
PMTCT services are currently <50% of national coverage.
Below is the end of 2006 situation of PMTCT and VCT.

(Refers to the full range of SRH and HIV/AIDS services relevant to girls and young women. These include antenatal care, STI information and treatment, HIV prevention, condoms, VCT and other counseling, positive prevention, treatment of opportunistic infections, care and support, treatment (including ARVs), skills building, economic development, etc.)
24. Are male and female condoms available in the country?
Male condoms are easily available in the country – survey shows they are in urban areas in 93.2% of facilities and in rural areas they are available in 55.6% of facilities (free and paying services)

Condom use is at 19.7% in females and 40.9% in males (DHS 2005)

25. Is a free HIV test available to all pregnant girls and young women who wish to have one?

2005 – All pregnant women visiting health care centres are tested
Presidence De La Republique Rwandaise Commission Nationale De Lutte Contre Le SIDA Rapport Annuel Des Activités De Lutte Contre Le HIV au Rwanda 2005 (website)
75.8% females and 78.1% of males have never had any HIV/AIDS test in Rwanda

26. At how many service points are PMTCT services (such as nevirapine) available for pregnant girls or young women who are HIV positive?

71.8% give birth at home as opposed to at national health services.

27. At how many service points are harm reduction services for injecting drug users available?
This is an area that has not been fully supported, because IDUs are considered very rare in Rwanda
Response:
Safe injection is generally addressed in the national guidelines on injection safety. There are no specific instructions regarding drug users. Injections drug users are not yet identified as a group that needs a specific attention in strategies development.

TRAC, Standards for injection safety and health care management practices, Kigali, Rwanda, 2002
28. Are there any specific national projects (such as camps, conferences, and training courses) for boys/girls and young people living with HIV/AIDS?

Yes, there is a strategic plan for youth, PLHIV. A national Youth Council is in place, a National Network of People Living with HIV/AIDS (PLHIV) is in place etc…

(Information provided by in-country consultant)

CNLS has organised three conferences on Pediatric HIV/AIDS, and young girls participate in these activities
Youth sector strategic plan has been overseen by President

National Council for youth also involved in many BCC efforts – in-school and at youth forums and youth clubs to engage youth and facilitate their engagement in fight against HIV – Forums et Clubs des jeunes Anti - SIDA

29. At how many service points are ARVs available to people living with HIV/AIDS?
Most patients will access HIV/AIDS services at one of the 366 health centers by 2007 – 366 health centers in country, also 33 district hospitals and 5 reference hospitals -
Republic Of Rwanda HIV/AIDS Treatment And Care Plan 2003-2007 (Website)

Currently approximately 100,000 people are on ARVs

30. Are there specific positive prevention services, including support groups, for young women and girls living with HIV/AIDS?
The National Prevention Plan targets 15 groups considered at high risk of HIV&AIDS infection among them specific groups of young people including girls and young women: Primary and secondary school students; Youth out of school; Street children; University students; Widows; Commercial sex workers and PLHIV.
Prevention strategies are developed for these groups in the National Prevention Plan.

CNLS, Plan national de prévention du VIH 200-2009, Kigali, Mai 2006

Discussion questions:

- What scale and range of HIV prevention services is available for girls and young women? For example, do programmes go beyond ‘ABC’ strategies? Do programmes cover social issues (e.g. early marriage)?

- To what extent are SRH, HIV/AIDS and broader community services integrated and able/willing to provide referrals to each other? For example, could most SRH clinics refer a girl testing HIV positive to a support group for people living with HIV/AIDS?

- Services available through ‘non-traditional' outlets (e.g. religious organisations, youth clubs)?

To what extent are HIV prevention
- Are there community programmes on gender awareness/dialogue for girls/boys and young women/men? Do they explore power differences and social ‘norms’ for sexual behaviour? Is there mentoring, peer support and economic development that targets females?
  o How available is prevention information and support for girls and young women living with HIV/AIDS?
o How available are HIV prevention ‘commodities’ (e.g. condoms)? How are they distributed?

- How much do girls and young women know about the availability of services, such as where to get condoms or ARVs?

- Overall, what does the availability of HIV prevention services mean in practice? What are the ‘real life’ experiences of girls and young women? What difference do these services make to their vulnerability to HIV infection?

- How do the effects of availability vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?

PREVENTION COMPONENT 4: ACCESSIBILITY OF SERVICES
(location, user-friendliness, affordability, etc)

Key questions:

31. Are all government HIV prevention and SRH services equally open to married and unmarried girls and young women?
Yes, although there is social stigma for women, young, old, married or unmarried in accessing them.

(Information provided by in-country consultant)

32. Are all government HIV prevention and SRH services equally open to girls and young women who are HIV positive, negative or untested?
HIV prevention and SRH services are equally open to everybody including girls and young women who are HIV positive, negative or untested. The National Prevention Plan targets 15 groups considered most at high risk of HIV infection.
The SRH education is among prevention strategies. For example PMTCT is integrated into SRH services.

CNLS, Plan national de prévention du VIH 200-2009, Kigali, Mai 2006

MINISANTE: Conseil et dépistage volontaire et prévention de la transmission du VIH de la mère à l’enfant, Manuel du Prestataire, Kigali, décembre 2005

33. Are VCT services free for girls and young women?
VCT services are free for everybody including girl and young women. However some health centres and VCT centres may ask to clients a small contribution generally less than 1 USD for a test.

MINISANTE, Directives nationales pour le conseil et dépistage volontaire du VIH, Kigali, Septembre 2002

MINISANTE, National instructions on voluntary counseling and testing of HIV, Kigali, September 2002

34. Are approximately equal numbers of females and males accessing VCT services?
The number of women attending VCT are a little bit over the number of men.
The TRAC 2006 annual report shows that 817508 women had benefited VCT services against 714034 men.

TRAC. Annual report 2006, Kigali 2006, P 21
35. Are STI treatment and counseling services free for all girls and young women?
No. There is, however mutual health insurance that is very affordable ($2) per year to access treatment.

Ministry of Health of Rwanda - (Website – date accessed 1/12/2007) ) www.moh.gov.rw

36. Are condoms free for girls and young women within government SRH services?
No, they cost about 100RWF (1 penny), However it depends on sources for example condoms provided by UNFPA are 100% free of charge un like those provided by Population service International where clients have to buy them.

¾ Rwandans support the provision of condoms in public places

However 0.9 % of Rwandans think it’s acceptable for a married woman to buy condoms in public and 0.6 % feel it’s acceptable for single woman to buy condoms.

Price does not represent a real barrier to use of condoms in urban or rural areas.


37. Are ARVs free for all girls and young women living with HIV/AIDS?
Yes, ARVS are free for people classed as ‘poor’ or ‘low income’ other wise they were USD 18 per month in 2004.


38. Are issues relating to HIV/AIDS stigma and discrimination included in the training curriculum of key health care workers at SRH clinics?
There is a BCC training module developed by CNLS, it is a kind of harmonisation tool of bcc training modules. In this training module issues related to stigma and discrimination are included. The training module is not specific to care workers at SRH clinics but includes them.

CNLS, Module communautaire CCC, Kigali, Octobre 2007

Issues related to HIV&AIDS stigma and discrimination are also addressed in the VCT/PMTCT information package of the ministry of health. This one is addressed to VCT/PMTCT health care workers. In Rwanda activities related to PMTCT are integrated into SRH services with the following components:

1. Safe maternity and infants health
2. Family planning
3. Prevention and treatment of IST and VIH&AIDS
4. Adolescent reproductive health
5. Prevention and care of sexual violence victims
6. Social changes to increase decision power of the woman

(This training manual is directly addressed to health care workers including in SRH clinics)

MINISANTE: Conseil et dépistage volontaire et prévention de la transmission du VIH de la mère à l’enfant, Manuel du Prestataire, Kigali, décembre 2005

39. Are issues relating to young people included in the training curriculum of key health care workers at SRH clinics?

One of the SRH components is related to adolescents reproductive health. The ministry of health
Training Manual on VCT and PMTCT addressed to health CARE workers at VCT/PMTCT centres covers issues related to young people.

MINISANTE, *Conseil et dépistage volontaire et prévention de la transmission du VIH de la mère à l’enfant, Manuel du Prestataire*, Kigali, décembre 2005

40. Are there any government media campaigns (e.g. television commercials and newspaper advertisements) about HIV/AIDS that specifically address prevention among girls and young women?

Media campaigns are covered under the strategic plan axe 1 on prevention measures reinforcement. The activity N° 49 and N° 50 in the CNLS 2007 Annual Plan cover media campaigns on television and newspaper advertisements about HIV&AIDS addressing prevention in the general population including girls and young women. Specific campaigns for girls and young women are undertaken by the National Youth Counsel and the National Women Counsel which are CNLS umbrellas.

CNLS, *Plan stratégique national de lutte contre le VIH&SIDA*, Kigali, Mai 2005

**Discussion questions:**

- Are HIV prevention services truly accessible to girls and young women, including those that are marginalised and vulnerable? For example, are they: safe? Affordable? Reachable by public transport? in appropriate languages? Non-stigmatising? open at convenient times?

- What are the cultural norms around prioritizing females and males for health care?

- To what extent are informed and supportive SRH services accessible for girls or young women living with HIV/AIDS?

- What are the client/service provider ratios in different types of HIV prevention services? What is the gender ratio for staff in those services?

- Do services make proactive efforts to attract girls and young women? For example, do SRH clinics have separate rooms for young women so that they do not risk seeing family members or familiar adults?

- What are the attitudes of service providers to girls and young women, including those who are marginalised and vulnerable? Are they kind, non-judgemental and realistic (for example about young people’s sexual pressures and desires)? Can they encourage girls/boys to assess their risks of HIV infection and change their behaviour? Are attitudes generally getting better or worse?

- Do HIV prevention information campaigns, etc, target girls and young women? For example, are they culturally and linguistically appropriate? Are materials distributed through appropriate media and outlets?

- Is there a national monitoring and evaluation framework? Does it encourage data to be disaggregated (according to gender and age) – to help assess the extent to which girls and young women are accessing programmes and services?

- Are referrals and follow-up provided during HIV/AIDS, SRH and antenatal care services for young women and girls?
Overall, what difference does accessibility to services mean in practice? What are the ‘real life’ experiences of girls and young women? What difference is made to their vulnerability to HIV infection?

How do the effects of accessibility vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?

**PREVENTION COMPONENT 5: PARTICIPATION AND RIGHTS**
*(human rights, representation, advocacy, participation in decision-making, etc)*

<table>
<thead>
<tr>
<th>Key questions:</th>
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<tbody>
<tr>
<td><strong>41. Has the country signed the Convention on the Rights of the Child (CRC)</strong>*?</td>
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<tr>
<td>Rwanda has signed the convention on the Rights of the child (CRC) in 1990 through the presidential order N° 7773/16 of 19 September 1990</td>
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<tr>
<td><em>J.O: N° 21 of 01 November 1990, p 1160</em></td>
</tr>
<tr>
<td><strong>42. Has the country signed the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) and the Convention on Consent Marriage, Minimum Age of Marriage and Registration of Marriages (CCM)</strong>*?</td>
</tr>
<tr>
<td>The convention on the Elimination of all forms of Discrimination Against Women was adopted by the general Assembly in its resolution N° 34/180 of 18(^{th}) December 1979 and entered into force on 3 September 1981. It was ratified by Rwanda through the presidential order N° 431/12 of 10 November 1980.</td>
</tr>
<tr>
<td><em>J.O. N° 4 of 15 December 1981, p 132</em></td>
</tr>
<tr>
<td>The convention on consent to marriage, Minimum Age and Registration of marriages concluded in New York on 10 December 1962 was approved and ratified by Rwanda through the presidential order N° 159/01 of 31 December 2002</td>
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<tr>
<td><em>J.O N°12 of 15 June 2003</em></td>
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<tr>
<td>MIGEPROF, Single report equal to fourth, fifth and sixth reports on implementation of the convention on the elimination of all forms of discrimination against women period 1994-2005, Kigali 2007</td>
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<tr>
<td><strong>43. In the National AIDS Council (or equivalent), is there an individual or organisation that represents the interests of girls and young women</strong>*?</td>
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<tr>
<td>There is a focal person in charge of OVCs and gender issues. The person does not appear in CNLS internal structure. The initiative originates from discussions during the Paediatric conference organised by CNLS in 2005</td>
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<td><em>(Information provided by in-country consultant)</em></td>
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<tr>
<td><strong>44. In the National AIDS Council, is there an individual or organisation that represents the interests of people living with HIV/AIDS</strong>*?</td>
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<tr>
<td>There is an officer in charge of community sector within CNLS. Community sector covers issues related to people living with HIV&amp;AIDS. CNLS has created umbrellas for specific sector HIV&amp;AIDS response coordination among with the Net work of people living with HIV&amp;AIDS.</td>
</tr>
<tr>
<td>CNLS structures, CNLS website: <a href="http://www.cnls.gov.rw">www.cnls.gov.rw</a></td>
</tr>
</tbody>
</table>
45. Was the current National AIDS Plan developed through a participatory process, including input from girls and young women?
The current National AIDS Plan was developed through a participatory process involving all national and international stakeholders in the national response to HIV & AIDS among them girls and young women.


46. Is there any type of group/coalition actively promoting the HIV prevention and SRH needs and rights of girls and young women?
The National Youth Council is mandated to promote the rights of youth including girls; the mission of the National Women Council is globally to promote the rights of women. The two councils are CNLS umbrellas mandated to promote HIV & AIDS prevention among respectively youth and women. The SRH needs are addressed as separated program component in the National Youth Council and in the IEC/CCC component of the HIV & AIDS fight. There is also HAGURUKA Association which advocates and promotes child and woman rights in general. There is also SWAA and others.


47. Is there any type of national group/coalition advocating for HIV prevention (including positive prevention) for girls and young women?
YES, RAISON DE FEMME (RDF), PACFA (Protection and care for families against HIV/AIDS), and but not limited to SWAA (society for women against HIV/AIDS in Rwanda)

(Information provided by in-country consultant)

48. Is the membership of the main network(s) for people living with HIV/AIDS open to young people, including girls and young women?
The membership of the main network for people living with HIV & AIDS is open to everybody infected or affected by HIV & AIDS including girls and young women.

*Constitution* of RRP+ (The Rwanda Network of People living with HIV & AIDS)

49. Are there any programmes to build the capacity of people living with HIV/AIDS (e.g. in networking, advocacy, etc)?
The capacity of people living with HIV & AIDS is built through associations of PLHIV or the Network RRP+. INGOs, faith based organisation support People living with HIV & AIDS in associations. The main programmes are:
- Word Bank MAP
- CHAMP: Collaboration convention N° COP 07RRP+-PEPFAR-CHAMP
- Global Fund
- Luxembourg cooperation

(Information provided by in-country consultant)

50. Are there any girls or young women living with HIV/AIDS who speak openly about their HIV status (e.g. on television or at conferences)?
Yes, it’s a common practice in Rwanda and its done through out the country in various fora.

(Information provided by in-country consultant)
Discussion questions:

- How are international commitments (e.g. CRC, CEDAW, and CCM) applied within the country?

- Is the national response to HIV/AIDS rights-based? For example, does it recognise the SRH rights of women living with HIV/AIDS?

- Do key decision-making bodies (e.g. the Country Coordinating Mechanism of the Global Fund to Fight AIDS, TB and Malaria) have a set number of seats for civil society? Are any of them specifically for representatives of girls and young women or people living with HIV/AIDS?

- Are HIV prevention programmes generally developed ‘for’ or ‘with’ girls and young women, including those who are marginalised and vulnerable? Are girls and young women seen as ‘implementers’ as well as ‘receivers’ of services?

- To what extent are girls and young women aware of decision-making processes? Are they encouraged to have a voice? Are they seen as an important constituency within committees, management groups, etc?

- How high are issues relating to HIV prevention for girls and young women (e.g. early marriage and stigma) on the agendas of local leaders and decision-making groups (e.g. district AIDS committees)? To what extent do girls and young women participate in those type of bodies?

- To what extent are people living with HIV/AIDS organised, for example in networks? Are girls and young women involved in those bodies?

- How are issues of participation affected by stigma? For example, is it safe for people living with HIV to speak openly about their HIV status?

- Overall, how are participation and rights applied in practice? What are the ‘real life’ experiences of girls and young women? What difference is made to their vulnerability to HIV infection?

- How do the effects of participation and rights vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?
PART 2:
IN-COUNTRY RESEARCH
Focus group discussion: 15-24 year olds

Age group: 15-24 years
Number of participants: 10 participants
Profile of participants: The profile of the participants covers the following: Urban and semi-urban areas, married, UN married, HIV Positive/ negative/ untested, the in school, out of school, orphans and commercial sex workers
Place: Kigali city, Gikondo district at the Girl guides centre
Date: 9th July 2007

Prevention component 1: Legal provision

What do you know about laws in Rwanda that might affect how girls or young women can protect themselves from HIV? For example, do you know about any laws that: allow girls to get married at a young age? Do not allow girls or young women to have abortions? Prevent girls from using services unless they have the consent of their parents?

The laws in Rwanda allow both girls and boys to get married at 21 years, the participants posed mixed reactions, and some supporting it others denouncing that the law should be abolished.

Regarding Abortion, it’s a criminal act punished by the penal code in Rwanda. But according to the participants this does not deter girls from carrying out abortions because the law enforcement mechanisms to counter abortion are weak if any, and the most striking revelation from participants was that “because abortion is illegal, while in practice many people do it, you find that the poor girls do it secrecy in poor hide outs with unqualified and ill equipped persons (service providers) and end up reporting to health centres and hospitals with severe complications like traumatic haemorrhage that may result in Death or jeopardise the reproductive health of the victim” a 22 year old

Prevention component 2: Policy provision:

What type of education have you received about issues such as relationships, sex and AIDS? For example, what have you been taught about your sexual and reproductive health in school?

Until recently, a curriculum on HIV/AIDS education has been introduced and also covers SRH materials as well and teachers to teach these courses have been trained.

What could the government of Rwanda do to fight fear about AIDS in your community?

Policies and programs focusing on young women and girls should be a priority because they are disproportionately affected and infected, further to this HIV/AIDS testing should be encouraged so that more girls and young women and their sexual partners seek and obtain VCT services.
**Prevention component 3: Availability of service**

What sort of HIV prevention services are there for girls and young women in your community? For example, where would you go to get: information? Condoms? Treatment for a sexually transmitted infection (STIs)? And HIV test?

There are no service providers in this Gikondo district community that renders services specifically for young girls and women, they are health centres (centre de sante) that provide health care to the general population including girls and young women where they receive Voluntary counselling, care and treatment services. Generally the geographic distribution of health centres/facilities in Rwanda is good and the Geographic coverage of VCT services is also encouraging but the problem persists to be the lower number of girls and young women and the population in general who seek these services.

ARBEF Clinic used to provide young women and girls with different services in Gikondo district but has since shifted. As an alternative, they go to seek different services in the establishments which are meant for the general population like in VCT centres and other facilities in an average radius of 10 km.

There are no services provided in school settings whether primary, secondary or tertiary institutions per se.

How much do boys and young men know about HIV prevention services in your community? What is their role in supporting HIV prevention for girls and young women?

The participants acknowledge that boys and young men have the basic knowledge on HIV/AIDS prevention as well as sexually transmitted diseases but are NOT AT ALL concerned or in any way feel that they can lend a hand to contribute to HIV/AIDS prevention among young women and girls. Despite having basic knowledge on HIV/AIDS/STDs prevention, by and large they don’t utilise these services. In practice, there is a perception that Boys and young men don’t fear HIV/AIDS but making girls pregnant, because under the norms and laws in Rwanda a father of a child whether legally married or not is responsible to provide care for the child.

It was also observed from the participants that, boys and young men judge girls and young women to be HIV free, from the outlook (external physical appearance,...) There are serious misleading myths/perceptions on condom use, among them are;

‘‘ Using a condom makes the party go sour...’’ here they refer to a sexual encounter with a woman/young girl as a party!

‘‘ Its taboo for a girl to suggest a condom and they leave it up to boys to decide whether to use a condom or not’’

‘‘Commercial sex workers buy condoms at a wholesale, cheaper price and tend to sell them to their male clients 10 times more expensive price on demand during sexual intercourse, and subsequently end up not using them’’ This is event where both the male client and the commercial sex worker agree to have sexual intercourse in
unprecedented situations where a male partner is caught off guard with out a condom and in a place where condoms cannot be accessed...

‘’There are several incidences where most boys and young women tend to fear to go to buy the condoms because most places where you can access them are public’’…..

**What sort of HIV prevention services would you like more of in your community? How would that make a difference to your life?** The general observation from the participants is that there is good coverage of the Voluntary Counselling and Testing (VCT) services but fall short of facilities/programs specific for girls and young women. There is an apparent need to innovate/strengthen/accelerate programs with an affirmative action on Girls and young women geared towards enhancing HIV/AIDS prevention.

The participants emphasised the pathetic lack of communication between parents and girls about sexual and reproductive health issues e.g. Menstrual cycles, risk of HIV/AIDS/contracting STIs and in some instances refer them to their aunts for discussions or leave them squarely to find out for themselves, where these adolescents resort to their peers for information!’’

‘’The participants also attributed the lack of communication with parents and cultural constraints from misconceptions/perceptions of certain traditional practices which are common in Rwanda for example; traditional norm/practice of elongating the clitoris of girls right from their teenagers locally known as ‘guca imyeyo’, sleeping with your brother’s newly wed wife in case he is away, automatically taking over your brother’s wife in case he is no longer alive…. All these acts have traditional backing and seriously accelerate HIV/AIDS transmission either directly or indirectly and the participants called for redress of such norms’’

In light of the above, the participants called for addressing the acute lack of sexual and reproductive health services, intensive programs to ensure adequate communication between parents and their children in issues related to HIV/AIDS, Sexual and reproductive health.

Separation of sexual and reproductive health services with HIV/AIDS treatment and care service as well as separating Youth friendly services from Infrastructures for adults.

Increased Youth outreach programs especially for youth in school, churches.

Family planning sensitization programs should also be expedited on our population along with a comprehensive programs/actions on bringing up (raising) of children in different environments.(Guides, MWANUKUNDA, PAMASOR only give information..)

Sector services focused on girls and young women, boys and young men and also the elderly should be initiated

**Prevention component 4: Accessibility of services**

What are your experiences of using HIV prevention services in your community? In what way have those experiences been good or bad?
All the participants have at least once had an HIV test and two of them have had access to PMTCT services but they have strong reservations on the youth friendliness of the service providers, however they are positive about the issue of confidentiality.

“efforts should be made not only to increase the number of the service providers but also to encourage the provision for youth friendly environment” Alice

What are the main barriers that you have faced when trying to use HIV prevention services in your community? For example, what difference does it make if a service is: expensive? Too far away? Unfriendly?

The services are not expensive at all because they are free of charge, but one may not get them on time sought because people are many and one ends up being given appointment, those with money go to private service providers and they usually get the services in a faster way as soon as 30 minutes and they are done.

“since we don’t have the service in our setting, we tend to go to neighbourhoods and it consumes time and money for transport, lunch…..”

“some times you go their in hiding because your parents have not been bold enough or thought of encouraging you to go their, so when you decide on your self, you do it silently, and you even end up fearing to share with them your experiences because they dint get involved in the first place”

In what way are HIV prevention services easier or harder for particular types of girls and young women to use? For example, what difference does it make if you are: unmarried? Out of school? HIV positive?

There are more services for PLHIV associations and it is worth to note that they predominantly women in these associations, men tend to shy a way from them, but there is progress of recent men are also coming on board. Utilisation of PMTCT services are also easier because it’s accessible and free of charge but astonishingly a limited number of women utilise it. VCT services are also readily available but some young women and men tend to fear to go for ARV treatment due to stigma is still a taboo.

Youth in school still lack a lot in terms of accessibility and utilisation of HIV Prevention services.

Prevention component 5: Participation and rights

Have there been any projects in your community to bring together girls and boys or young women and young men to talk about HIV prevention? If yes, what did they involve and what did they achieve?

No. They haven’t been such programs specific to this, but related programs and activities are in place for example the Ant; HIV/AIDS Youth forum(FOJA) for out of school youth and Ant-AIDS youth clubs, which are in the communities and form part of the National sector policy of preventing HIV/AIDS from young youth in Rwanda(PROGRAMME NATIONALE DE LUTTE CONTRE LE SIDA CHEZ LEZ JEUNNES AU RWANDA-PSJR),they generally do sensitization and mobilization activities in Anti-AIDS Campaign crusade in their communities and as such, the level of awareness has risen although having knowledge and practiced behaviours are different and this calls for more focus on life skills development.

What would encourage you to get more involved in HIV prevention in your community?
Summary
What are the 2-3 most important changes that could be made – for example by the
government or community leaders – to help girls and young women in Mozambique to
protect them from HIV?
A Law that protects people living with HIV against discrimination and defamation and
that, once created and approved, is disseminated – as people don’t know the laws that
govern the country. Female condoms should be made more accessible by reducing
their price. More ARV drugs should be available for infected people. Activists must
continue working, giving information to people.
Focus group discussion: 18-24 year olds

Age group: 18 – 24 years
Number of participants: 12 participants
Profile of participants: The profile of the participants covers the following; Semi-urban areas, married, un married, HIV Positive/ negative/untested, the in school, out of school, orphans and commercial sex workers
Place: Kabuga Youth Friendly centre, 30 Kilometres East of Kigali city.
Date: 3rd July 2007

Prevention component 1: Legal provision

What do you know about laws in Rwanda that might affect how girls or young women can protect themselves from HIV? For example, do you know about any laws that: allow girls to get married at a young age? Do not allow girls or young women to have abortions? Prevent girls from using services unless they have the consent of their parents?

The laws in Rwanda allow both girls and boys to get married at 21 years. Most of the participants expressed dissatisfaction with this law urging that it serves no purpose in enhancing the rights and protection of girls and young women from contracting HIV/AIDS. "Does marriage mean buying a ring for your loved one"? On young woman - 20 years old wondered, "This law promotes early illegal marriages instead, its only mass sensitization that can create a difference" Observed citing various colleagues who have married before 21 years and yet Know law enforcement measures have been directed to these people who have married before 21 years.

"Up to now we don’t know at all what criteria was based upon to consider 21 years, why dint the law makers consider digits below or above 21 years? why is the National Identification card given at 18 years yet they cant allow us to marry at that age?” wondered one young woman who leads a Moslem young women youth association.

The general impression from this Focus group discussion was that, terms like rape, defilement should be clearly defined so that there is no confusion that could be used by culprits and the laws strictly adhered to. They overwhelmingly called for amendments to law guiding marriage age.

Abortion is a crime and its stipulated in the Penal code, according to the participants, most of them criticized the illegality of abortion in Rwanda advancing various reasons which at large indicated that many young girls have lost their lives because of conducting abortion secretly in none public Health utilities where they die of complications or acquire secondary life long health handicaps that affect their sexual and reproductive health negatively.” Because a abortion is a crime, many of us prefer to do it in secrecy well knowing that if we shall get complications like haemorrhage(bleeding) then we go to Hospital for such complications and say that it was a natural miscarriage or it came by itself!” asserted a 23 - year old.

The general impression was that, participants had a profound negative attitude to the law illegalizing abortion.
Prevention component 2: Policy provision:

What type of education have you received about issues such as relationships, sex and AIDS? For example, what have you been taught about your sexual and reproductive health in school?

The participants observed that, although the curriculum has been finalized, it has not yet become systematic in school settings and the attention to HIV/AIDS related school sessions is not adequate.

What could the government of Rwanda do to fight fear about AIDS in your community?

The participants made various suggestions and most of them alluded to the need for the government to devise modalities that directly or indirectly compel the all people to do HIV TEST, which could be a positive trend on reducing the impact of HIV/AIDS in general where girls and young women are affected at a proportionately bigger number.

Prevention component 3: Availability of service

What sort of HIV prevention services are there for girls and young women in your community? For example, where would you go to get: information? Condoms? Treatment for a sexually transmitted infection (STIs)? And HIV test?

KABUGA Youth Friendly centre where the interview was conducted provides information on HIV/AIDS, Sexual and reproductive Health, VCT for Youth and conducts entertainment, sports and recreational services which attract young people with a proportionate bigger number of girls to the centre. The centre is an initiative of PACFA PROJECT of the 1st Lady of Rwanda, and a major donor to this centre is UNICEF through the office of the 1st LADY, and Population Services International (PSI) which concentrates on VCT Services.

Other service providers in the area are Africare Youth Project and Health centres which provide VCT, treat sexually transmitted infections (STI) and general health care.

Generally, there is no shortage of services that the participants indicated in this area. This creates an impression that youth friendly centres that work hand in hand with health centres can be significant in reducing HIV/AIDS prevention among young women and girls.

How much do boys and young men know about HIV prevention services in your community? What is their role in supporting HIV prevention for girls and young women?

The overriding impression expressed by the participants was that, boys and young women know much about the basic knowledge of HIV/AIDS and their positive behaviour itself is a great asset in reducing the vulnerability of girls and young women.

In this case, they called on expedited efforts by stakeholders in expanding programs aimed at behaviour change, where boys and young men are major targets.

“It’s boys and young women who decide almost everything during the act of sex intercourse, so they should really be sensitized because they are prime actors and determents” commented a 24 year old peer educator.
What sort of HIV prevention services would you like more of in your community? How would that make a difference to your life?

The participants called for expanded services in their youth friendly centre so that it can also cover clinical services (becoming a fully fledged SRH Clinic).

Setting up mechanisms to do community out reach activities in their communities was also highlighted so that the spirit of community ownership can be initiated and promoted.

This phenomenon could also facilitate the easier way of parents to permit their children to visit youth friendly centres.

The dire lack of family planning oriented educative, informative and clinical services was highlighted as a big problem and requested for such services to be availed.

Lack of school based services was also equally lamented upon by the participants and subsequently called for special attention by service providers to this issue especially stakeholders involved in education sector as well as HIV/AIDS Prevention programs.

**Prevention component 4: Accessibility of services**

What are your experiences of using HIV prevention services in your community? In what way have those experiences been good or bad?

The participants concurred that, they had all sought VCT services which is good but urged the stakeholders to also look at remedies which can address their lack of employment, access to education ........

In light of their response, they appreciated the services already being rendered but also appealed to stakeholders to look at predisposing factors that are linked to socio-economic mitigation of HIV/AIDS in KABUGA Sub district.

What are the main barriers that you have faced when trying to use HIV prevention services in your community? For example, what difference does it make if a service is: expensive? Too far away? Unfriendly?

All participants concurred that, there is no problem of the cost since services are free of charge, but lamented on the problem of accessibility in time. The problem of friendly service environment was also mentioned. In general, there are no particulate problems linked to young women and girls as an exclusive part of the Rwandan population.

In what way are HIV prevention services easier or harder for particular types of girls and young women to use in Rwanda? For example, what difference does it make if you are: unmarried? Out of school? HIV positive?

For young women who are expectant, they access the services easily through PMTCT Programs; other categories also don’t face any problem specific to them as young women or girls. There is still a lot to be done with in school youth since out of school youth benefit from the ongoing programs like the rest of the population and most importantly the Youth friendly centre of KABUGA.
Prevention component 5: Participation and rights

Have there been any projects in your community to bring together girls and boys or young women and young men to talk about HIV prevention? If yes, what did they involve and what did they achieve?

Yes, Kabuga youth friendly center organises such programs, in collaboration with National Youth Council and UNICEF. These programs have benefited significantly both sexes. Equal participation of girls and young women has been achieved at the community level, in some instances girls have frequented more than boys.

Summary

What are the 2-3 most important changes that could be made – for example by the government or community leaders – to help girls and young women in Mozambique to protect them from HIV?

Youth friendly centres should also be upgraded to conduct fully fledged SRH Clinical services and laws on abortion and minimum age of marriage should be amended. Family planning awareness should be a mongo the top priorities.
One-to-one interview with
Health specialist in charge of Sexual / Reproductive Health for adolescents (SRA)
(UNFPA Rwanda)
12th July 2007

General

What is your impression about the general situation of HIV prevention for girls and young women in Rwanda? Are things getting better or worse … and why?

Rwanda has taken a tremendous step in overall program of combating HIV/AIDS. The issue of gender has been emphasised and one of the axes for the strategic intervention as it is in CNLS Strategic plan, National behavioural change communication strategy (BCC). On the level implementation, there are no exclusive services for girls and young women, the services are for the entire population but the most interesting is that women are the most beneficiaries of such programs. There is apparent lack of linking HIV/AIDS to sexual and reproductive health services which should otherwise be addressed in the same package.

Prevention component 1: Legal provision

In your opinion, what laws in Rwanda are making HIV prevention for girls and young women better or worse?

The National Policy on reproductive health once in motion will create a difference but its massive education, sensitization and meaningful involvement the community as well as decentralized levels since it will involve critical issues like Family planning.

How does legislation affect different types of girls and young women and their vulnerability to HIV?

Currently we are not aware of such legislations.

Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

Laws on sexual harassment and abuse for example; Rape, defilement and domestic valance should be re-visited and measures taken to enforce them.

Regarding abortion, UNFPA official position does not support abortion as a family planning procedure but instead advocates for other methods. However, abortion can be allowed on certain conditions e.g.: mental problems and also before the 12th week.

Prevention component 2: Policy provision

What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counselling and testing – make HIV prevention for girls and young people in Rwanda better or worse?

The current guidelines for antenatal care require HIV testing for all pregnant women reporting for ANC. This helps a lot the expectant young women to be informed about MTCT Services as a part of comprehensive PMTCT Package.
In general, HIV testing is voluntary for the entire population, and there is equal access to men much as it is to women or boys and girls. In primary and secondary schools no girl is allowed to continue with classes when she becomes pregnant.

Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

The teaching manual and other guides are in place, follow and capacity development for the teachers should be emphasised.

Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

Re-enforcing the implementation of the policy on condoms distribution, accessibility and utilization and drug and substance abuse.

Prevention component 3: Availability of services

What type and scale of HIV prevention services are available for girls and young women in Rwanda?
VCT and ARV services are available and free of charge for every one, treatment for sexually transmitted diseases is also available in Health centres and hospitals but there is no single Sexual and reproductive Health clinic in the country.

What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are: Unmarried? Out of school? Involved in sex work? Orphaned? Injecting drug users? Migrants? Refugees? HIV positive*?

UNFPA supports the government in three domains; Reproductive Health, population /development and gender, in this UNFPA has operational services and programs with Ministry of finance and economic planning, Ministry of gender, local government, Health and Youth among others.

In the ministry of youth, they are three youth centres for sexual and reproductive health services but they offer only information, training of peer educators, sports, leisure and recreation activities but fall short of clinical services for SRA needs.

UNICEF and Population Services International also support up to additional six Youth centers, three of which also provide VCT services.

Over all, nine out thirty districts in Rwanda HAVE got at least one youth friendly centre, its Estimated that UNFPA will cover the remaining twenty one districts with at least one youth friendly centre by 2011 as its envisioned in the Economic development and poverty reduction strategy paper (EDPRS 2007-2011) for Rwanda and which all development partners have to reflect in their planning processes.

UNFPA also provides condoms through Health centres and youth centres and are for free but because UNFPA condoms are in Health facilities and youth centres, a round 12% are used, yet condoms supplied by PSI (prudence plus) and are retailed at an affordable
cheaper price are consumed at a level of 88% against the quantity of supplies disbursed by PSI.

What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

There are no specific services for boys and young men.

Overall, what type of services most urgently needs to be increased to improve HIV prevention for girls and young women?

Youth-Friendly Clinics must be integrated in the national health system and increased. Stakeholders of different kinds should concentrate on pay special focus on young women. Linking of HIV/AIDS services to SRH needs for girls and young women

Prevention component 4: Accessibility of services

What are the main barriers to girls and young women using HIV prevention services in Rwanda?

In a larger context, there is no barrier, the few constraints that could be manifesting are a minimal level of stigma that still prevails though it has been reduced significantly, also influence from colleagues.

Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are: Married or unmarried? In school or out of school? HIV positive?

They are equally placed to access the services. Some motivations have been put in place to encourage girls and young women to utilize ANC services, in this case if one does four ANC visits per pregnancy the delivery is free of charge. This allows them to know their sero status as well. Some barriers include; cultural barriers, financial aspects (community health insurance for all has since reduced this), geographical aspects (distance factor) and quality of care and services.

What role do boys and young men have in making HIV prevention services easier and better for girls and young women? Boys can play a bigger role, they even interact in SRA youth centres, if they can themselves change behaviour, and then they can also influence their counterparts.

Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

Emphasis on sexual and reproductive health education for youth in school and out of school, increased sensitization on family planning, increased access to PMTC services, because up to day rate of utilization is very low.

Prevention component 5: Participation and rights
How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in Rwanda?

Rwanda is a leading example in promoting women’s participation, with the biggest percentage of lawmakers who are women in the world.

To what extent is the national response to AIDS ‘rights-based’?

There is known discrimination to this effect.

To what extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level?

There are involved in all stages given the view of decentralisation in the country.

Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

Basically by re-enforcing support mechanisms that empower women at large.

Summary

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in Rwanda?

Harmonizing the strategy on distribution of condoms for enhanced utilisation and accessibility as well as overcoming the barriers to female condom utilization.

Linking HIV/AIDS interventions to sexual and reproductive Health needs of the population where women dominate the number of beneficiaries.

Increasing Youth friendly centre to all districts and expanding the services provided by the centres where they can also accommodate some clinical services like diagnosing and treatment of STDs, conducting VCT and provide education on Family planning.

Increasing access to information on prevention for Youth in school in primary, secondary and tertiary institutions (cited an example of high rate of unwanted pregnancies in schools and most strikingly even at in universities!)
General

What is your impression about the general situation of HIV prevention for girls and young women in Rwanda? Are things getting better or worse ... and why?

Rwanda is a country which is gender sensitive and on a special note, in efforts towards HIV/AIDS prevention among young people. The National Leadership is doing well on promotion of girl child education, constraints that have previously been hindering Girls and women i general are steadily being overcome, most of them are linked cultural barriers. Rwanda being a country where majority are women, there is no doubt that, the recent decline in HIV/AIDS prevalence rates has been due to massive sensitization and mobilization campaigns among women.

In view of the above, things are getting better and will continue to the positive trend.

Prevention component 1: Legal provision

In your opinion, what laws in Rwanda are making HIV prevention for girls and young women better or worse?

The laws which are already in place are good because they deal with different forms of sexual violence for example Rape, defilement among others. There is no discrimination against women in places of work, schools...etc. So the laws are entirely good.

How does legislation affect different types of girls and young women and their vulnerability to HIV?

What so far is being catered for by the law is good enough may be what is necessary at this stage to put in place practical mechanism of reinforcing such laws so that any apparent gap can be addressed. In cases of rape or defilement it’s always left to the victim to prove that such violence happened.

Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

Laws on gender related violence should be expedited.

Prevention component 2: Policy provision

What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counselling and testing – make HIV prevention for girls and young people in Rwanda better or worse?

All health facilities in the country offer ANC Services complimented by private stakeholders in the Health Sector.
UN System in collaboration with the government and other stakeholders with major funding from Global fund, MAP has set up VCT facilities in all districts of the country. Efforts are underway to train adequate personnel who can also administer ARVs especially in remote settings of the country. In essence, there is no protocol or any other form of provision that hinders young women from accessing ANC and VCT Services.

The National AIDS Control commission, CNLS in collaboration with stakeholders have already produced the National on Condoms which covers all areas of concern.

Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

Unicef Supports the Ministry of education HIV/AIDS prevention efforts in schools, this involves training of staffs who become tutors for Anti-Clubs in schools, peer educators, school competitions on debates, drama, poems, sports with HIV/AIDS related thematic areas. Modules/KITS have been developed for use. UNFPA is also doing good work on SRH issues in schools.

Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

With periodical evaluations of joint efforts, people can always find what can be changed or not, what can be introduced. Appropriate institutions are in place to do this like UNIFEM on behalf of UN System, Ministry of gender and family promotion in the prime Minister’s office, National Women Council which is statutory and civil society women organizations.

During the process of development of the Economic development and poverty reduction strategy (EDPRS 2007-2011) and in the United Nations development Assistance Framework (UNDAF) Consultations were made on how the issue of feminisation of HIV/AIDS and the surrounding predisposing factors like gender inequality, poverty, education, participation and rights based programming could be curtailed to foster women development and mitigation of HIV /AIDS Threat.

Prevention component 3: Availability of services

What type and scale of HIV prevention services are available for girls and young women in Rwanda?

The country office of world Health organization in Rwanda works closely with the government and other stakeholders (bilateral/multilateral) to ensure that the most needed services are availed with in the limited resources available. It’s in this framework that ARVs and VCT services are available for every Rwandan citizen and free of charge.

The problem that has been identified is that, only 25% of the targeted population have sought VCT Services with women dominating the numbers.

There is stigma in seeking condoms and ARV treatment but not at significant level.

Elites/Intellectuals who are sero- positive are still reluctant to get involved with the network of people living with HIV/AIDS unlike in countries like Burundi bad Namibia who have overcome this problem.
Although the coverage of condoms is good, the utilisation rate is still very low; up to one million condoms are used monthly. Issues to do with cost of services have been addressed with community health insurance (mutuelle de santé) but the problem of OVCs (orphans and other vulnerable children) remain a challenge and most of them are girls and young women). Location of service providers, privacy, confidentiality and attitudes of parents still hinder the utilization of services to some extent.

**What type and scale of HIV prevention services are available for particular types of girls and young women?** For example what services are there for those who are: Unmarried? Out of school? Involved in sex work? Orphaned? Injecting drug users? Migrants? Refugees? HIV positive?

Apparently there are no services that are planned to exclusively used by girls and young women in prevention efforts but affirmative actions in areas of general empowerment have been put in place.

**What type and extent of HIV prevention services and information are available for boys and young men?** How does this affect the situation for girls and young women?

The National AIDS Control Commission has developed The National Behavioural change communication strategy (BCC) It supports the interventions focusing on Boys and young women among others to empower them with life skills as a measure to protect them as well as protecting girls and young women. This accrues from the imbalance in power of negotiations for sex that puts boys at the ‘advantage’ over girls.

**Overall, what type of services most urgently needs to be increased to improve HIV prevention for girls and young women?**

Youth-Friendly Centres should be increased, Sector programs zeroing on girls and young women as an apart of a wider strategy enhanced with clear defined indicators.

Linking of HIV/AIDS services to SRH needs for girls and young women should also be considered.

**Prevention component 4: Accessibility of services**

**What are the main barriers to girls and young women using HIV prevention services in Rwanda?**

No significant barrier has been identified, but traces of cultural constraints and stigma as already mentioned an above still need attention.

**Are HIV prevention services easier or harder for particular types of girls and young women to access?** For example, is it easier or harder if they are: Married or unmarried? In school or out of school? HIV positive?

Married women in most cases need consent of their spouse and girls in some cases need to discuss these issues with the parents which are not always easy.

**What role do boys and young men have in making HIV prevention services easier and better for girls and young women?**

Positive behavioural change is significant for girls and young women because they have an upper hand during negotiations for sex.
Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

Emphasis on Orphans and other vulnerable children, socio economic mitigation of HIV/AIDS threat among widows, displaced people in camps and sensitization of long distance track drivers among others. Although prostitution is illegal in Rwanda, while it’s legal in developed countries, so that prostitutes are in formal locations where they can be accessed with services to motivate them to abandon prostitution.

Prevention component 5: Participation and rights

How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in Rwanda?

On the National level, we have The Country coordination Mechanism (CCM) That works hand in hand with Government and other stake holders to promote the implementation of the National AIDS Implementation Plan, HIV Cluster is apart of other health clusters that have been formed, and in essence makes sure that all international and national commitments in global policy framework of empowering women, child protection, participation and rights are ensured.

In Rwanda, women have a coherent civil society platform as well as in the government, and all decision making organs. This puts in place a positive environment for adequate participation of Women. Rwanda is a signatory to CEDAW and other many protocols that empower women and child protection like ICRC.

To what extent is the national response to AIDS 'rights-based'?

There is known discrimination to this effect and all planning efforts try to envisage the rights issue.

To what extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level?

In all official platforms charged with fighting HIV/AIDS Women are included to a tune not less than 30% as per The National decentralization policy.

Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

Empowering women through affirmative action like girl child education, poverty radication, improving maternal health and addressing all ills affecting gender inequality.

Summary

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in Rwanda?

Affirmative involvement of learned intellectuals in the network of people living with HIV/AIDS should be considered
Special attention should be put to OVCs, widows and single mothers

CCM should be sensitized on the issue of femmininization of HIV/AIDS

Intensification of prevention strategies based on Data/surveys and dis aggregated data to include clear picture as regards to the status quo of girls and young women

A think tank plat form should be established and charged among others to reflect seriously on HIV/AIDS prevention among girls and young women.

Decentralizing data process verification on realizing the real plight of girls and young women in Rwanda with greater involvement of The National Treatment of HIV/AIDS and care (TRAC) and National Institute of statistics (NIS)

Greater involvement of people living with HIV/AIDS.
General

What is your impression about the general situation of HIV prevention for girls and young women in Rwanda? Are things getting better or worse ... and why?

My general impression is two way fold: On one hand, Rwanda has decisively delt with HIV/AIDS through coherent political leadership, good policies and programs that are in place including 3x3 initiative, effective partnership with NGO’s. All this has lead to see HIV incidence and prevalence decline in the last few years. On the other hand, planners have neglected the issue of HIV/AIDS being a cross cutting issue, where you find that almost all the resources are from donors for example PEPFAR, Global FUND, World Bank/MAP..... are investing in HIV/AIDS and completely neglecting Sexual and reproductive Health which is the back borne of harnessing the protection of girls and young women from HIV/AIDS. The integration of both would be easier and effective.

Prevention component 1: Legal provision

In your opinion, what laws in Rwanda are making HIV prevention for girls and young women better or worse?

The law on abortion should be explicitly abolished. Abortion should be legalized, because if we talk about the threatening population growth in face poor economies like Rwanda, then it creates controversy. Poverty itself is directly related to gender inequality where a woman has nothing to offer to her self and only has to depend on a man even on reproductive rights it’s a man to decide! There is increased tendencies where many girls and young women conceive against their will, it could be due to lack of knowledge and skills on SRH, husbands who ‘rape’ their women which is a common phenomenon that people don’t pay attention to, sexual violence of different forms, big men who coerce school girls into sex for gifts and money (this explains why girls are more infected with HIV/AIDS than boys of the same age pattern)........

In Rwanda, Policies regarding equality have been catered for, with a coherent gender policy in place adequately addressing issues like law on succession, ownership of property and generally empowering women but there is more empowerment needed to empower women to exercise their sexual and reproductive rights.

Policy on family planning is in place and well contended but what is now required is the sound strategic framework to make it operational.

How does legislation affect different types of girls and young women and their vulnerability to HIV?

Most of these issues have already been commented upon, but ARBEF is doing advocacy for legalizing safe an abortion.

Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?
Laws on gender violence, legalizing safe abortion, reviewing legal age of marriage among others should be considered.

**Prevention component 2: Policy provision**

What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counselling and testing – make HIV prevention for girls and young people in Rwanda better or worse?

As per the policy, all health facilities in the country offer ANC Services and also private clinics and other forms of establishment do offer ANC Services. Screening for HIV is mandatory for all, so that an appropriate way of advice and follow up of the pregnancy is done.

Voluntary testing and counselling facilities have been multiplied in the country and per the policy, they are free of charge.

In essence, there is no protocol or any other form of provision that hinders young women from accessing ANC and VCT Services.

The National Guideline on condom distribution and use is in place but like in many other countries, female condom use has been completely disparaged by all walks of women in Rwanda: elite, semi elite, rural, urban…areas.

Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?
The curriculum exists, what is needed now is strengthening the operationalisation framework in schools.

Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

I think I have already talked much about this.

**Prevention component 3: Availability of services**

What type and scale of HIV prevention services are available for girls and young women in Rwanda?

ARBEF has eight clinics in general, 3 clinics are supported by IPPF, and 2 Clinics are supported by UNFPA. These are located in KIGALI, HUYE, RUSIZI, KARONGI and MUSANZE Districts.
The remaining three clinics are run in partnership with the government through the Ministry of Health.

In the eight clinics, the services offered are generally the same and they include; Family planning services, provision of a range of family planning products including but not limited to:Implants,Tabs,I.U.Ds,condoms……, Safe motherhood which covers ANC,Vaccinations,Post- natal consultations,pre-marital VCT.

The prevention and care for HIV/AIDS is a big pre-occupation of ARBEF and covers VCT, Referal services for ARVs. Follow up of HIV Positive cases that concentrates on socio-medical follow up mainly home based care.
The adolescent, sexual and reproductive health services include; Mobile outreach services to reach adolescents in the communities which also include mobile clinics.

**What type and scale of HIV prevention services are available for particular types of girls and young women?** For example what services are there for those who are: Unmarried? Out of school? Involved in sex work? Orphaned? Injecting drug users? Migrants? Refugees? HIV positive*?

Most of the services have been identified above but the additional services include providing post abortion services since abortion is illegal, we are strongly advocating for safe abortion but meet resistance of conservative groups like Catholic Church, Muslims... “Opposing abortion will never eradicate abortion because unwanted pregnancies will remain at large” a law on contraception should be drafted.

**What type and extent of HIV prevention services and information are available for boys and young men?** How does this affect the situation for girls and young women?

Through out reach programs, ARBEF Field staff meet youth clubs in school and out of school and this creates an impact. The main issue here is supply Vs demand. We only cover a small portion.

**Overall, what type of services most urgently needs to be increased to improve HIV prevention for girls and young women?**

SRH Clinics must be multiplied and Youth-Friendly Clinics must be integrated in the national health system and increased.

Stakeholders of different kinds should concentrate on paying special focus on young women.

Linking of HIV/AIDS services to SRH needs for girls and young women as well as the budget support from Government and donors.

**Prevention component 4: Accessibility of services**

**What are the main barriers to girls and young women using HIV prevention services in Rwanda?**

No significant barrier has been identified, but traces of cultural constraints still manifest but our councillors are doing everything possible to cease them.

**Are HIV prevention services easier or harder for particular types of girls and young women to access?** For example, is it easier or harder if they are: Married or unmarried? In school or out of school? HIV positive?

Consent as well as support is necessary for married women from their husbands in services such as ANC and family planning, to some extent this a barrier in a few cases where men are cooperative it’s an asset.

**What role do boys and young men have in making HIV prevention services easier and better for girls and young women?** If they can change behaviour and practice, then their sexual partners will obviously benefit.

**Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?**
Emphasis on sexual and reproductive health education for youth in school and out of school, increased sensitization on family planning, increased access to PMTC services, because up to day rate of utilization is very low.

**Prevention component 5: Participation and rights**

How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in Rwanda?

In Rwanda, women have a coherent civil society platform as well as in the government, and all decision making organs. This puts in place a positive environment for adequate participation of Women. Rwanda is a signatory to CEDAW and other many protocols that empower women.

To what extent is the national response to AIDS ‘rights-based’?

There is known discrimination to this effect

To what extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level?

In all official platforms charged with fighting HIV/AIDS Women are included to a tune not less than 30% as per The National decentralization policy.

Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

Empowering women through affirmative action like girl child education and addressing all ills affecting gender inequality.

**Summary**

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in Rwanda?

Donors should also focus on SRH in order to Link HIV/AIDS interventions to sexual and reproductive Health needs of the population where women dominate the number of beneficiaries. In Mauritius for example, Family planning associations get subsidies from the government

Laws should be revised on abortion and we recommend that safe abortion be legalized.
1. What is your impression about the general situation of HIV prevention for girls and young women in Rwanda? Are things getting better or worse … and why?

“HIV&AIDS prevention has been improved in Rwanda, but there is still a long way to go; a lot needs yet to be done to prevent sufficiently girls and youth women against HIV&AIDS. The national statistics show that women are more infected than men, gender based violences including sexual violences and abuses against girls and women are still reported and there are no specific strategies to fights this”

2. In your opinion, what laws in Rwanda are making HIV prevention for girls and young women better or worse?

“In general the legal framework in Rwanda is not a problem to HIV&AIDS prevention for girls and young women. The law in Rwanda does not discriminate girls and women. The problem lies on the application”

For example, what difference is made by legislation relating to issues such as:
* Whether girls can get married at an early age?
  “The minimum age for legal marriage in Rwanda is 21 for both girls and boys. This is legal age. Application is another issue. Young people may get married illegally”

* Whether sex work is legal?
  “Sexual work is illegal in Rwanda. The fact that sex work is illegal put girls and young women practicing this work at high risk because there is no protection measures taken for then. There is not specific strategy for that group in terms of HIV&AIDS prevention. We think that sex work should be legalised. Not recognising sex work does not mean that it is not practiced”

* Whether girls or young women can have abortions?
  “Abortion is illegal in Rwanda except therapeutic abortion. Being illegal abortion is done in a very risk way which can lead to HIV infection. We think legalising abortion would contribute to HIV prevention for girls and young women”

* Whether girls and young women can use sexual and reproductive health services without their parents’ consent?
  “National protocols on sexual and reproductive health services do not make any discrimination. Girls and young women can use them. However it difficult to access these services when not married. Even when married some services, like family planning requires that a women come with her husband”

3. How does legislation affect different types of girls and young women and their vulnerability to HIV? For example how does its effects vary among those that are:
* In/out of school?
* Married/unmarried?
* In rural/urban areas?
* Living with HIV?
* From marginalised groups (such as sex workers, migrants or orphans)?

“The legislation does not make any discrimination against women. Based on the vulnerability the legislation effects do not vary from a group to any other. However, one group may take advantage over another due its natural characteristics”

4. Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

“The government could legalise abortion, sex work. This would bring a great contribution to HIV prevention for girls and young women including sex workers”

Prevention component 2: Policy provision

5. What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counseling and testing – make HIV prevention for girls and young people in Rwanda better or worse?

“Existing government policies and protocols make HIV prevention for girls and young people better. At my knowledge I don’t see any policy or protocol that makes HIV prevention for girls and young women worse. However the fact that some protocols on HIV prevention services like PMTCT and VCT recommend a family package may encourage discrimination of unmarried women and girls”

6. Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

“There is no official education on sexual and reproductive health. Only some initiatives in this area are done in unorganised way”

7. Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

“The ministry of education should develop a curriculum on sexual and reproductive health in secondary schools”

Prevention component 3: Availability of services

8. What type and scale of HIV prevention services are available for girls and young women in Rwanda?

“There is a huge progress in making HIV prevention services available in general, but there need to put in place youth or age based specific services”

For example, to what extent is it possible for them to get:
* Male and female condoms?

“Male condoms are available. Male condoms are not as disseminated as male ones. This is mainly due to cultural values which did not welcome female condom in Rwanda. From that reason, organisations/institutions did not find any interest do a huge social marketing for female condom”

* Information and treatment for sexually transmitted infections (STIs)?

“Information and treatment for sexual transmitted infections are available through the health system up grassroots level by community health mobilisers. But due to social and
cultural values it may be more difficult for girls and young women to get information and treatment for STIs compared to men”

* Voluntary counseling and testing?
“VCT is open and accessible for everybody in Rwanda. However, as we said previously, social and cultural values bring barriers for girls and young women for access to CVT. There is need to create age and gender based specific VCT services”

* Antiretroviral drugs (for infants, children and adults)?
“ARV for infants, children and adults are now available. ARV for adults more available than those for infants and children. There is a gap between the demand of ARVs for infants and children and the available drugs”

* Services and antiretroviral drugs to prevent transmission of HIV from an HIV positive mother to her children

“PMTCT drugs and services are available. There is however, a problem on the follow up of children after 6 months when they have to stop breastfeeding and replacement of maternal milk due to poverty for most of families especially in rural areas; and also at 18 months when children should be tested to confirm if they are HIV positive or negative”.

“As recommendation, PMTCT should be integrated into other services like immunisation (vaccination) of infants and children, family planning services, nutrition education services etc”

9. What type and scale of HIV prevention services are available for particular types of girls and young women?
“Prevention services are available at the same scale for girls and young women regardless specific categories. However as mentioned in question N° 3, cultural and social considerations may impact negatively the access of some categories of girls and young women”

For example what services are there for those who are:
* Unmarried?
“Access to some HIV prevention services for unmarried women is limited due cultural values and considerations. As we already mentioned, it is difficult in general for a woman to buy a condom and more difficult for unmarried women or girl. This is the same for PEP services”

* Out of school?
“HIV prevention services are more available for girls and young women in schools than those out of schools. Girls and young women out of schools are hardly accessible being displaced. The level of understanding of HIV&AIDS prevention messages is limited for these who have not been in school”

* Involved in sex work?
“The fact that sex work is illegal exposes sex workers to stigma and discrimination on one hand; on the other hand no specific services can be put in place for them”

* Orphaned?
“Even if prevention services are open to every body orphans may not access them due psychosocial problems they face. Orphans are however, identified as high risk group by the National Prevention Plan and for that, specific actions in terms of HIV&AIDS prevention are done for them”
* Injecting drug users

“Injections drug users are not identified as specific social group that needs specific HIV prevention strategies. Injection drug use is not well known concept in the Rwanda. Safe injection is addressed in the general context of injection safety and not as specific measure for drug users. Injection drug users can however benefit from HIV prevention services available for the general population”

* Migrants

“Rwanda does not have migrant populations thus; no specific strategies for HIV prevention are developed. In any case VIH prevention services in the community do not discriminate any category of people”

Refugees

“Refugees are identified as a high risk population group by the National HIV&AIDS Prevention Plan. Special HIV prevention services are made available for these groups when needed”

*HIV positive*

“There are specific prevention services for people living with HIV&AIDS like PMTCT and information package for positive living. These services are not available at the same scale in all areas. For example PMTCT and positive living information package are more available in urban areas than in rural ones”

10. What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

“HIV prevention services are available for everybody including boys and young men. There is an information package on sexual and reproductive health education developed by UNFPA specifically for young people. However the package is not specific for boys and young man. It covers girls and young women as well”

11. Overall, what type of services most urgently need to be increased to improve HIV prevention for girls and young women?

“There is need of putting in place specific youth HIV&AIDS prevention services including sexual and reproductive heath education”

12. What are the main barriers to girls and young women using HIV prevention services in Rwanda? For example, is it:

* The cost of the services?

“The cost is not a real barrier for HIV prevention services for girls and young women. But some prevention services are not totally free of charge. These are for example condoms, VCT in some areas and PEP”

* The location of the services?

“I don’t think the location of the services is a problem”

* The lack of privacy at the services?

“No specific study was done on this. So I can’t say any think on this”

* The hours that the services are open?

“No, hours are not a problem because services are open during normal working hours”

* The language that the services use?
“The language is not a problem in Rwanda. There is one national language spoken everywhere in the country”

* The attitudes of the staff that run the services?  
“Yes, this is a real problem. Attitudes of some service providers stigmatise girls and other categories of unmarried women. This is due to some cultural considerations which assume that girls and also some categories of unmarried women like widows and separated or just single women should not be, or are not sexually active. Some service providers adopt judgemental attitudes which stigmatise girls and unmarried women”

* Fear that confidentiality will be breached by the services?  
“This is true, some people including girls and young women, do not use HIV prevention services because of the fear of lack of confidentiality by service providers. The fear lies on what people would think of them and that services providers will not keep secret for them”

* The attitudes of parents or friends?  
“Atitudes of parents and friends are barriers to girls and young women using HIV prevention services. Sexuality is a taboo in the Rwandese culture”

* Cultural norms, for example that prioritise the health of boys over the health of girls?

13. Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are:

* Married or unmarried?  
“HIV prevention services are easier for married women to access than unmarried women. The culture supposes that unmarried women should not be sexually active and then they are subject to stigmatisation”.

* In school or out of school?  
See question N° 8

* HIV positive?  
See question N° 8

14. What role do boys and young men have in making HIV prevention services easier and better for girls and young women?  
“Men should encourage girls and women to access HIV prevention services by participating as well. In most of VCT, PEP and PMTCT the majority of services seekers are women. This discourages especially married women”

15. Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

- HIV prevention services specific to young people (girls and young men) should be put in place.
- HIV prevention services should be integrated into other health services like, Family planning services, nutrition services, children immunisation services (vaccination) etc.
- Educate HIV prevention services providers.

Prevention component 5: Participation and rights

16. How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in Rwanda?
17. To what extent is the national response to AIDS ‘rights-based’? For example, does the National AIDS Policy recognize and address the sexual and reproductive health rights of women living with HIV?

“The national response to AIDS is needs based and not so much rights based. This is an area which needs to be strengthened”

18. To what extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level? For example are they, or the organizations that represent them, involved in:

* Developing the National AIDS Plan?

“The National HIV&AIDS Strategic Plan is developed in a participatory approach. It involves girls and young women from private and public sector, civil society organisations, religious organisations, people living with HIV&AIDS etc”

* Participating in the National AIDS Committee or the Country Coordinating Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria?

“Women and girls are represented in the board of the National AIDS Control Commission, CNLS. Girls and young women are also represented in the CCM and one of the seats in the CCM is reserved to a representative of the Network of people living with HIV&AIDS”

19. Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

- Conduct a survey to analyse the profile of the population in Associations of people living with HIV&AIDS, by sex and age.

- Conduct a survey to analyse reasons of being or not being in Associations of people living with HIV&AIDS.

Summary

Interview question:

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in Rwanda?

- Put in place youth specific services and strengthen them
- Integration VIH prevention services into other services responding to different girls and women needs like, Family Planning, VCT, PMTCT, Antenatal Care, Immunisation of children, children nutrition education etc.
- Increase the Integration of girls and young women into health comities at community level.
One-to-one interview with
Executive Secretary of the Association of Promotion and Defence of women and children’s rights in Rwanda, HAGURUKA (Female)
(The interviewee responded only to questions on component 1, 2 and 5. She consider she was not well informed to respond other components)

1. What is your impression about the general situation of HIV prevention for girls and young women in Rwanda? Are things getting better or worse ... and why?

"Thinks are getting better. A lot have been done in terms of sensitisation to HIV prevention, sexual and reproductive health. ARVs are available for free for vulnerable groups"

"However a lot needs yet to be done. National statistics show that HIV prevalence rate is high among women than among men. Vulnerable women are the most exposed to HIV infection. For example due to poverty women can engage themselves in sex work or accept unprotected sex".

Prevention component 1: Legal provision

2. In your opinion, what laws in Rwanda are making HIV prevention for girls and young women better or worse?

"There is no specific law addressing HIV&AIDS prevention. For example, there is no legislation provision on voluntary contamination of HIV. However the law N° 27/2001 on children’s rights and protection of children against violences punishes children’s rape but do not make a difference between girls and boys. The punishment is more severe when the author has contaminated the victim with incurable disease. The punishment can go up to life imprisonment".

"In general the legal framework in Rwanda is not a problem to HIV&AIDS prevention for girls and young women. The law in Rwanda does not discriminate girls and women"

For example, what difference is made by legislation relating to issues such as:
* Whether girls can get married at an early age?

"The minimum age for legal marriage in Rwanda is 21 for both girls and boys. An exception can be made in certain circumstances at 18 years with a special authorisation of the minister of justice. The law punish premature and forced marriage".

* Whether sex work is legal?

"Sexual work is illegal in Rwanda. I don’t think the legalisation of sex work can contribute to HIV" “We should rather work on the reasons instead of advocating for legalisation”

* Whether girls or young women can have abortions?

"Abortion is illegal in Rwanda except therapeutic abortion. This last must be decided by a medical counsel. I don’t think the legalisation of abortion would bring any contribution to HIV prevention for girls and young women. We should rather work on educating them on HIV prevention measures including condom use”

* Whether girls and young women can use sexual and reproductive health services without their parents’ consent?

"There is no specific legislation on the use of sexual and reproductive health services. There is also no legal provision prohibiting girls and young women to use sexual and reproductive health services without their parents’ consents. Girls and young women can use sexual and reproductive health services without their parents’ consent”
3. How does legislation affect different types of girls and young women and their vulnerability to HIV? For example how does its effects vary among those that are:
* In/out of school?
* Married/unmarried?
* In rural/urban areas?
* Living with HIV?
* From marginalised groups (such as sex workers, migrants or orphans)?

“Rwanda has ratified the Convention on Elimination of all Forms of Discrimination against Women. There is also a legislation provision that prohibits any form of discrimination. The legislation in Rwanda does not make any difference between different categories of girls and young women. Of course the fact of being in school or having been in school offers more opportunities to access information on VIH&AIDS prevention. While still in schools, youth including girls and young women, benefit from various initiatives for HIV&AIDS prevention. The initiatives for youth out of school especially in rural areas are not as common as these in schools”.

“Girls and unmarried young women may face difficulties to access HIV prevention services compared to married women due to cultural and social mentality as mentioned in the previous point. HIV prevention services are more available in urban than rural areas. While marginalised groups (sex workers, migrants and orphans and other vulnerable children) are targeted by the national prevention plan as high risk groups. Specific activities are done for them but we can say that the access to HIV prevention services is not at the same level as other groups”.

4. Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

- The government should put in place a law on HIV&AIDS. The law would address among others issues like voluntary contamination of VIH&AIDS, stigmatisation and discrimination against People living with HIV&AIDS.
- The government should also put in place a law repressing marital rape which is currently not considered as an infraction in the Rwandese legislation.
- The government should revise all discriminatory laws against girls and women for example the family code which gives to men supremacy to women.
- The government should work on the effective application of existing laws
- The government should punish adultery equally for men and women.
- The government should put in place recognising the same rights to family wealth to women as well as to men.

Prevention component 2: Policy provision

5. What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counseling and testing – make HIV prevention for girls and young people in Rwanda better or worse?

“All policies and protocols I know in this area make HIV prevention for girls and young women better. For example there is a policy on prevention of violences against women and children”
6. Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

“Yes, at school girls and young women receive education on sexual and reproductive health. NGO and the ministry of health also provide sexual and reproductive health education. Sexual and reproductive health education is more effective in urban areas than in rural areas”

7. Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

“The government should put in place a policy on economic support to people living with HIV&AIDS including vulnerable HIV positive girls and young women”.

Prevention component 3: Availability of services
8. What type and scale of HIV prevention services are available for girls and young women in Rwanda?

For example, to what extent is it possible for them to get:
* Male and female condoms?
* Information and treatment for sexually transmitted infections (STIs)?
* Voluntary counseling and testing?
* Antiretroviral drugs (for infants, children and adults)?
* Services and antiretroviral drugs to prevent transmission of HIV from an HIV positive mother to her children

9. What type and scale of HIV prevention services are available for particular types of girls and young women?
For example what services are there for those who are:
* Unmarried?
* Out of school?
* Involved in sex work?
* Orphaned?
* Injecting drug users
* Migrants
Refugees
* HIV positive*
What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

11. Overall, what type of services most urgently need to be increased to improve HIV prevention for girls and young women?

12. What are the main barriers to girls and young women using HIV prevention services in Rwanda? For example, is it:
* The cost of the services?
* The location of the services?
13. Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are:
   * Married or unmarried?
   * In school or out of school?
   * HIV positive?

14. What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

15. Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

Prevention component 5: Participation and rights
16. How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in Rwanda?

“International commitments are applied by revising the existing laws, by introducing new law and by abolishing laws which are in contradiction with the international commitments”

Specifically for the two conventions please contact the Ministry of Gender and Family promotion”

17. To what extent is the national response to AIDS ‘rights-based’? For example, does the National AIDS Policy recognize and address the sexual and reproductive health rights of women living with HIV?

“I think the national response to AIDS is rights based. The national AIDS policy recognises and address the sexual and reproductive health rights of HIV positive women”

18. To what extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level? For example are they, or the organizations that represent them, involved in:

* Developing the National AIDS Plan?
  “Girls and young women including HIV positive one have been involved in the development of the National Strategic Plan. The development of the National AIDS Strategic Plan involved different categories of people including HIV positive ones”

* Participating in the National AIDS Committee or the Country Coordinating Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria?
  “I don’t have enough information on this you’d better contact The RRP+ and the Ministry of Gender and family promotion”.
19. Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

Summary
Interview question:
In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in Rwanda?

- “Put in place an HIV law”
- “Revise some women discriminating laws as described above”
- “Support girls and women initiatives in HIV prevention”
1. What is your impression about the general situation of HIV prevention for girls and young women in Rwanda? Are things getting better or worse ... and why?

“In general HIV prevention for girls and young women as well as other categories of the Rwandese population is getting better” The national response is now better organised, services are available and services providers are training and experiences and their number in increased compared to for example last 5 year. There is also availability of funds. We have lets of VIH projects and there are well funded”.

2. In your opinion, what laws in Rwanda are making HIV prevention for girls and young women better or worse?

"I don’t know any law that makes HIV prevention for girls and young women worse”

For example, what difference is made by legislation relating to issues such as:

* Whether girls can get married at an early age?
  “There is a legal provision on legal marriage age which is 21 years. As other laws some people may go around this law but there punished when some one denounce it”

* Whether sex work is legal?
  “Sexual work is illegal in Rwanda. I don’t think the problem is making it legal or not, we should rather reinforce prevention measures”

* Whether girls or young women can have abortions?
  “Abortion is illegal, again I don’t think that the problem is making abortion legal or not legal we should strengthen prevention measures for everybody including girls and young women”.

* Whether girls and young women can use sexual and reproductive health services without their parents’ consent?
  “Yes, Girls and young women can use sexual and reproductive health services without their parents’ consent. These services are open to everybody with no discrimination”

3. How does legislation affect different types of girls and young women and their vulnerability to HIV? For example how does its effects vary among those that are:

* In/out of school?
* Married/unmarried?
* In rural/urban areas?
* Living with HIV?
* From marginalised groups (such as sex workers, migrants or orphans)?

“The legislation does not discriminate any category of girls and young women in terms HIV prevention. The vulnerability of some girls and young women are taken into consideration in strategy development which take then into consideration specific aspects”
4. Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

Prevention component 2: Policy provision

5. What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counseling and testing – make HIV prevention for girls and young people in Rwanda better or worse?

“I don’t know any policy or protocols that can make HIV prevention for girls and young women worse. Policy and protocols was developed to improve the situation of HIV prevention for girls and young women”

6. Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

“There is no official education on sexual and reproductive health as such. There are rather institutions initiatives in this area. For example in the ministry of education the existing guidelines are not taught for example as course on annual programme. This means some teachers may not use it because they will not be part of evaluation. Some teachers prefer to use this guideline as part of biology”

“Other government institutions like the Ministry of Health, the National AIDS control Commission, the National Youth Counsel and also some NGO organise occasional sexual and reproductive health education session for girls and young people more oriented to HIV&AIDS prevention”

7. Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

“The government should introduce a policy on sexual and reproductive health education for adolescent”.

Prevention component 3: Availability of services

8. What type and scale of HIV prevention services are available for girls and young women in Rwanda?

“HIV prevention services are available at the same scale for every body in Rwanda” We have various organisations engaged in providing information on HIV”

For example, to what extent is it possible for them to get:
* Male and female condoms?
  “Male condoms are available in Rwanda but they are not well known as male ones, this limits their utilisation”

* Information and treatment for sexually transmitted infections (STIs)?
  “Information and treatment for sexually transmitted infections are available in all heath centres girls and young women as well as boys and men can easy access these services. The limits for girls and young women may lie on social and cultural values”

* Voluntary counseling and testing?
* Antiretroviral drugs (for infants, children and adults)?

* Services and antiretroviral drugs to prevent transmission of HIV from an HIV positive mother to her children

“VCT and PMTCT services in Rwanda are available in almost every heath centre all over the country. Girls and young women can access them easily” ARV for infants and children are also available but not at the same extent as ARV for adults. This results on a long distance to main hospital for some women to get ARV for infants and children. Follow up of these infants and children coming from a long distance is a problem”

9. What type and scale of HIV prevention services are available for particular types of girls and young women?

For example what services are there for those who are:
* Unmarried?
* Out of school?
* Involved in sex work?
* Orphaned?
* Injecting drug users
* Migrants
* Refugees
* HIV positive

“There are no particular HIV prevention services for a particular category of people. Existing HIV prevention services are available for everybody. But particular strategies care developed to make HIV prevention services available for a particular category of people including these mentioned above”

10. What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

“All HIV prevention services and information are made available for the general population including boys and young men. The accessibility of HIV prevention services contribute to prevention of HIV infection for girls and young women. Girls and young women are infected by boys and men when benefit from HIV prevention services and information girls and women are protected as well”

11. Overall, what type of services most urgently need to be increased to improve HIV prevention for girls and young women?

“There is need to scale up VCT and PMTCT and PEP in all heath centres. A community based follow up of infants and children born of HIV positive women”

“Youth specific HIV prevention services (and means allowing girls specific and women specific services) would also bring a great contribution to HIV prevention for every body including girls and young women”

12. What are the main barriers to girls and young women using HIV prevention services in Rwanda? For example, is it:
* The cost of the services?
  “Most of VIH prevention services are free. But some are not totally free of charge even if the government contributes significantly to make them economically accessible. These are for example condoms, VCT in some areas and PEP”.

  * The location of the services?
“In some areas especially in rural districts, health services are located at a long distance and this may be a barrier for people including girls and young women to access HIV prevention services”

* The lack of privacy at the services?
“No specific study was done on this, but this can be confirmed by the fact that people, including girls and young women prefer to have VCT and PEP far from their usual home areas”

* The hours that the services are open?
“The hours that services are open are not a problem because they are open during normal working hours. Some people however would like to see some services open until late in the evening to allow certain categories of girls and young women like employees and students, to use them”

* The language that the services use?
“The language is not a problem in Rwanda. There is one national language spoken everywhere in the country which is not very common in most of African countries”

* The attitudes of the staff that run the services?
“Yes, this is a real problem. Attitudes of some service providers stigmatise girls and other categories of unmarried women, we have already mentioned that. This is due to some cultural considerations which assume that girls and also some categories of unmarried women like widows and separated or just single women should not be, or are not sexually active. Some service providers adopt judgemental attitudes. They adopt negative attitudes which stigmatise certain categories of girls and young women”

* Fear that confidentiality will be breached by the services?
“People including girls and young women, may not use HIV prevention services because there are not sure of confidentiality by service providers. This is seen in most of the cases in, condom procurement, VCT and PMTCT, ARVs etc. where by girls and young women prefer to go far from their home areas. They are afraid of what people would think of them and that services providers will not keep secret for them”

* The attitudes of parents or friends?
“Attitudes of parents or friends may limit access to HIV prevention services by girls and young women. In general parents in Rwanda do not encourage their children, especially to use other HIV prevention services than abstinence. It won’t be easy for girls to use condoms, VCT and PEP. Friend and parents will adopt stigmatising attitudes once they know they use these services”

* Cultural norms, for example that prioritise the health of boys over the health of girls?
“Rwandese culture does not prioritise the heath of boys over the health of girls, but girls and young women face social and cultural limits which do not allow them to use some HIV prevention services. Our culture supposes that a Rwandese girl won’t have sex until she gets married and for that reason does need any other HIV prevention services than abstinence. For young women when there are not married the culture consider them as sexually not active and do not need and other HIV prevention services. When girls and unmarried young women go to HIV prevention services they are subject stigmatisation”

13. Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are:
* Married or unmarried?
“HIV prevention services are easier for married women and harder for unmarried ones. Girls and unmarried women are subject to stigmatisation by community members, parents and services providers.”

* In school or out of school?
“Access is quite the same. Today there are community based HIV prevention services for youth out of school while in school there are projects targeting students”

* HIV positive?
“There are specific services for HIV positive people including girls and young women. PMTCT education on positive living are services for people living with HIV including girls and young women.” For other general services access is the same for the general population apart from social and cultural barriers which may limit some categories of people including positive girls and young women”

14. What role do boys and young men have in making HIV prevention services easier and better for girls and young women?
“Man should encourage girls and women to access HIV prevention services by participating as well. In most of VCT, PEP and PMTCT the majority of service seekers are women. This discourages especially married women. For parents, men, they should be able to encourage their daughters benefit from HIV prevention services and recognise to their wives and partners the rights to access HIV prevention services”

15. Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?
- “Services providers should be educate on not stigmatising certain category of people accessing HIV prevention services including girls and young women”
- “The general population should be educated as well on people rights (regardless of categories) including sexual rights”

Prevention component 5: Participation and rights
16. How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in Rwanda?
I’m not sure how it done you should contact the ministry of Gender and family promotion”

17. To what extent is the national response to AIDS ‘rights-based’? For example, does the National AIDS Policy recognize and address the sexual and reproductive health rights of women living with HIV?
“The national response to HIV&AIDS is rights based. HIV positive women are provided with services which guarantee them rights to sexual and reproductive health”

18. To what extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level? For example are they, or the organizations that represent them, involved in:

* Developing the National AIDS Plan?
“The National HIV&AIDS Strategic Plan was developed in a participatory approach involving different categories of people including girls and young women”
Participating in the National AIDS Committee or the Country Coordinating Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria?

“Women and girls are represented in the board of the National AIDS Control Commission, CNLS. They also participate in the CCM committee. The CCM committee include a representative of the network of people living with HIV&AIDS”

19. Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

“There should be reserved a permanent HIV positive women seat in the board of CNLS”

Summary

Interview question:

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in Rwanda?

- Create specific HIV prevention services for girls and young women and if people separate services for girls and unmarried women
- Integrate VCT, PMTC in all health centres
- Educate the general population on sexual rights even for girls and young women
- Sensitise HIV prevention service providers to avoid stigmatisation of girls and unmarried women attending these services.
1. What is your impression about the general situation of HIV prevention for girls and young women in Rwanda? Are things getting better or worse … and why?

“Things are getting better, since 2002. From that date, there have been put in place a National HIV&AIDS Control Commission CNLS, under the President office. A national strategic plan has been developed to fight the epidemic. CNLS has decentralized its structures to district level and created umbrella in different sectors (community, private, public, religious, NGO, media, etc) this has helped in planning, coordination, monitoring and evaluation of the national response starting from prevention measures and strategies”

“Among CNLS umbrellas there is the National Youth Counsel and the National woman Counsel. The role of the two umbrellas in regard with HIV&AIDS fighting is to help CNLS in planning, coordination, monitoring and evaluation of HIV&AIDS response in their specific sectors. There has been created youth (including girls) and women associations to fights HIV&AIDS. The majority of secondary schools and many rural communities have anti AIDS clubs and youth friendly centres addressing among others Sexual and Reproductive Health and HIV&AIDS. These initiatives have helped to deal with youth and women specific HIV&AIDS prevention needs. People living with HIV&AIDS and OVC, including girls and young women are significantly supported. Health workers have been trained to help PLHA, mess media have been sensitised to help in communication. There is also a very significant political commitment.

Since 2002 big projects have supported the above mentioned structures and initiatives. These are African Development Bank (ADB), World Bank MAP, Global Fund, PEPEFAR, various projects with International and national NGOs etc

However, there is need to strengthen existing initiatives in this domain. Vulnerable girls and young women are the most exposed to HIV&AIDS infection. Due to poverty some of them may engage unwillingly in sex work”

2. In your opinion, what laws in Rwanda are making HIV prevention better or worse

“I don’t know any law which can make HIV prevention worse. In general the Rwandese legislation is not a problem to HIV prevention. On the contrary there laws which make the prevention better. For example there is law against women violence. Some instructions are also favourable to HIV prevention like instruction on VCT before marriage”

For example, what difference is made by legislation relating to issues such as:

* Whether girls can get married at an early age?

“The minimum age for legal marriage in Rwanda is 21 for both girls and boys. Any form of marriage before that age, is considered as illegal marriage and it is punishable”

* Whether sex work is legal?

“Sexual work is illegal in Rwanda. I don’t think that legalisation of sex work would bring any contribution to HIV prevention. Consequently there is not specific strategy for that group in terms of HIV&AIDS prevention, but sex workers are considered like high risk group of HIV infection by the National HIV Prevention Plan, thus there are projects targeting sex
workers in terms of prevention against HIV&AIDS. The problem lies more on dealing with reasons of having engaged in sex work rather than not have a legal framework”.

* Whether girls or young women can have abortions?
“Abortion is illegal in Rwanda, and legalisation of abortion wouldn’t contribute to HIV prevention for girls and young women. I think we should work on educating and sensitise girls and young women to avoid any protected sex instead of legalising abortion. The risk of getting infected is higher in have unsafe sex than in abortion”

* Whether girls and young women can use sexual and reproductive health services without their parents’ consent?
“Yes the can. We have youth friendly centres which have sexual and reproductive health education services component. They don’t need parents’ consent. Even in other HIV prevention services girls and young women can benefit from these services without their parents or husbands consent”

3. How does legislation affect different types of girls and young women and their vulnerability to HIV? For example how does its effects vary among those that are:
* In/out of school?
* Married/unmarried?
* In rural/urban areas?
* Living with HIV?
* From marginalised groups (such as sex workers, migrants or orphans)?

“There is no discrimination based on any category of the population including girls and young women. The legislation does not vary from any category of girls and young women to any other. However a category of girls and young women may take advantage over another due to social and cultural values”

4. Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?
“The government should introduce a law punishing sex work and homosexuality. We think this would bring a great contribution to HIV prevention for girls and young women”

Prevention component 2: Policy provision

5. What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counseling and testing – make HIV prevention for girls and young people in Rwanda better or worse?

“The National Aids policy, the protocol on VCT and PMTCT make HIV prevention for girls and young people better. I don’t see any policy or protocol that make HIV prevention worse”

6. Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

“Yes, students in primary and secondary schools receive an education on sexual and reproductive health. The sexual and reproductive health education in primary and secondary schools doesn’t recognise sex as right to young unmarried people”

7. Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?
“The government should strengthen the partnership civil society organisations working in HIV prevention domain”

Prevention component 3: Availability of services
8. What type and scale of HIV prevention services are available for girls and young women in Rwanda?
For example, to what extent is it possible for them to get:
* Male and female condoms?
“Male condoms are available in Rwanda but there insufficient. In general Female condoms are not appreciated by Rwandese. Even where there are available there are not used”

* Information and treatment for sexually transmitted infections (STIs)?
“Information and treatment for STI are available in all health centres. They may not be easily accessible for girls and young women at the same extent with boys and young women due to social and cultural barriers”

* Voluntary counseling and testing?
“VCT is available and accessible for every body including girls and young women. However there are not decentralised. There not available in every health centre especially in rural areas”

* Antiretroviral drugs (for infants, children and adults)?

* Services and antiretroviral drugs to prevent transmission of HIV from an HIV positive mother to her children
“ARVs for infants and children and PMTCT services are available. But in some rural areas people do long distances to access these services which may be a barrier”

9. What type and scale of HIV prevention services are available for particular types of girls and young women?
“Prevention services are available for everybody including girls and young women. Community programs addressing HIV prevention need to be strengthened”

For example what services are there for those who are:
* Unmarried?
“Access to some HIV prevention services for unmarried women is limited due cultural values and considerations”

* Out of school?
“There are special HIV prevention programs for Children heading house holds. Most of them are done in vocational training centres. These program needs to be strengthened. There are only 3 vocational training centres”

* Involved in sex work?
“There is no specific prevention services for sex worker as there not legally recognised. However there are programs targeting girls and young women who have abandoned sex work”

* Orphaned?
“Orphans are targeted and covered by HIV prevention services as one of vulnerable groups. There are no specific prevention services for them”
* Injecting drug users
“There are no specific prevention services for injection drug users. We don’t know if there really injection drug users in Rwanda”

* Migrants
Refugees
“HIV prevention services for migrants and refugees are covered by The Great Lakes Initiative on Aids GLIA. Which involve 5 countries, Kenya, Burundi, Uganda, Tanzania and Rwanda. There is also a refugee committee in the Ministry of local government and social affaire which has HIV prevention component for refugees”

* HIV positive
“HIV positive girls and young women can benefit from HIV prevention services available for the general population. They have also special services like PMTC available in most of Health centres. HIV positive girls and young women are organised in associations of people living with HIV&AIDS. They benefit from other specific prevention services like positive living”

10. What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

“There are no HIV prevention services specific for man or women. All services are made available for every body”.

11. Overall, what type of services most urgently need to be increased to improve HIV prevention for girls and young women?
“VCT in Rwanda and especially for girls needs to be increased. There is also need of continuing and reinforcing sensitisation on HIV prevention and increase the education on sexual and reproductive heath”

12. What are the main barriers to girls and young women using HIV prevention services in Rwanda? For example, is it:
* The cost of the services?
“Yes, some services the cost may be a barrier for girls and young women to access HIV prevention services”

* The location of the services?
“Long distance especially in rural areas may be a barrier to girls and young women access HIV prevention services”

* The lack of privacy at the services?
“I don’t think this would be a barrier”

* The hours that the services are open?
“No, hours that the services are open are not a problem because there open during normal working hours”

* The language that the services use?
“The language is not a problem in Rwanda. There is one national language spoken every where in the country”

* The attitudes of the staff that run the services?
“Yes, this can be a problem. The staff attitudes may stigmatise service seekers”
* Fear that confidentiality will be breached by the services?
“Yes, confidentiality can be a barrier to access HIV prevention services for girl and young women. It is very common for people to choose to go for a VCT in areas where one is not known”

* The attitudes of parents or friends?
“Parents’ attitudes can also be a barrier for girls and young women to access HIV prevention services. Very few parents can dare to talk about sex with their children. For that reason they can’t help their children in HIV prevention”

* Cultural norms, for example that prioritise the health of boys over the health of girls?
“Rwandese culture does not prioritise the heath of boys over the health of girls. But, some cultural norms may give more advantages to boys than to girls in terms of HIV prevention services access. For example, assuming that girls and unmarried women are not sexual active”

13. Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are:
* Married or unmarried?
“No, access is equal to everybody, married or not married”

* In school or out of school?
“Access to HIV prevention services is easier for girls and young women in schools than these out of school”

* HIV positive?
“Access to HIV prevention services are easier for people living with HIV&AIDS in associations”

14. What role do boys and young men have in making HIV prevention services easier and better for girls and young women?
“Men participation in HIV prevention services like VCT and PMTCT would contribute to make HIV prevention services easier for girls and young women”

15. Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?
- Support Income generating activities for positive girls and young women
- Increase the number of vocational training centres for youth out of school
- Reinforce the RRP+ structures at districts level.

Prevention component 5: Participation and rights
16. How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in Rwanda?
“See interview with an official in the Ministry of Gender and family promotion”

17. To what extent is the national response to AIDS ‘rights-based’? For example, does the National AIDS Policy recognize and address the sexual and reproductive health rights of women living with HIV?
“I think the national response to AIDS is rights based. For example services like PMTCT and condom provision to PLHIV are rights based services.”
18. To what extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level? For example are they, or the organizations that represent them, involved in:

* Developing the National AIDS Plan?
“The National HIV&AIDS Strategic Plan is developed in a participatory approach. It involves girls and young women from private and public sector, civil society organisations, religious organisations, people living with HIV&AIDS etc”

* Participating in the National AIDS Committee or the Country Coordinating Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria?
“Women and girls including HIV positive one are represented in the board of the National AIDS Control Commission, CNLS. One of the seats in CNLS board is reserved to a representative of the Network of people living with HIV&AIDS who was a woman last year. Girls and young women are also represented in the CCM and one of the seats in the CCM is reserved a representative of the Network of people living with HIV&AIDS”

19. Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?
“Youth should be represented in CNLS board so that their needs are addressed”

Summary
Interview question:
In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in Rwanda?
- Support income generating activities for HIV positive girls and young women.
- Strengthen the decentralisation of programs addressing HIV prevention for girls and young women.
- Advocate for reinforcement of institutions working in HIV prevention for girls and young women

1 Centers for Disease control and Prevention, Department of Health and Human Services, U.S.A. The Emergency Plan in Rwanda (website) http://www.cdc.gov/nchstp/od/gap/countries/rwanda.htm