



# PROMOTION OF SEXUAL REPRODUCTIVE HEALTH AND RIGHTS AMONG YOUNG WOMEN AND GIRLS LIVING WITH HIV.

## *Lessons learnt and recommendations*

December, 2018



## PREAMBLE

Réseau Rwandais des Personnes vivant avec le VIH (RRP+) is pleased to share the report of the project called “Promotion of sexual reproductive health and rights among young women and girls living with HIV”, implemented with the financial and technical support of the Rights-based Program of GIZ Rwanda. The purpose of this report is to share with different stakeholders the key findings, the lessons learnt and best practices of the project and recommendations for future interventions promoting sexual and reproductive health and rights among youth in Rwanda.

RRP+ is a Rwandan civil society organization whose members and beneficiaries are people infected and affected by HIV, founded in March 2003, by representatives of 175 associations of People Living with HIV (PLHIV) from across the country. Nowadays, the network counts more than 900 associations that represent over 120,000 people infected or affected by HIV in all districts of the country. Its overall goal is to contribute to improved quality of life of people infected and affected by HIV, through improved HIV prevention, treatment and care, and mitigation of the socio-economic impact of HIV on the life of PLHIV. RRP+ advocates especially for the rights and well-being of women, youth, orphans and other vulnerable groups.

RRP+ believes that human rights are at the center of development. Respect for the dignity of all human beings and their entitlement to human rights irrespective of age, ethnic origin, religion, sex or any other factor, forms the foundation of its work. Guided by the Rights-based Approach, RRP+ empowers people infected and affected by HIV to claim their rights, while holding those in positions of authority responsible and supporting them to respect, protect and fulfill these rights.

In line with the principle of *leaving no one behind*, this project focused explicitly on youth living with HIV, particularly women and girls. New HIV infections among youth and the high number of unwanted teenage pregnancies show youth remains a vulnerable group whose sexual and reproductive health and rights need to be promoted. Youth living with HIV faces multiple discrimination and is therefore particularly vulnerable.

Through this report, RRP+ hopes to encourage stakeholders to join hands in the promotion of sexual and reproductive health and rights of the Rwandan youth and build on the lessons learnt and recommendations provided in this report.

Yours sincerely,



Sage Semafara  
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## TABLE OF CONTENTS

PREAMBLE .....	1
TABLE OF CONTENTS.....	2
CONTEXT OF THE PROJECT .....	3
PROJECT OBJECTIVES .....	4
IMPLEMENTED ACTIVITIES.....	5
1. Preparatory meeting.....	5
2. Focus Group Discussions with youth .....	5
3. Training of Youth Peer Educators .....	7
4. Awareness raising sessions on SRHR by youth peer educators .....	9
5. Community dialogue on SRHR .....	11
6. Development of posters for awareness raising .....	12
7. Debriefing sessions .....	13
RECOMMENDATIONS .....	14
CLOSING REMARKS .....	17
ANNEX 1.....	18
ANNEX 2.....	19

## CONTEXT OF THE PROJECT

### *Problem statement*

New HIV infections and teenage pregnancies pose a threat to the sexual and reproductive health and development of youth in Rwanda. The HIV prevalence among adolescents and youth aged 15-19 years is 0.6%, while among those aged 20-24 the prevalence is 1.5%. Especially girls are at risk of HIV. There is a clear gender imbalance in prevalence rates: young girls are five times as likely to be infected compared to boys of the same age, with a prevalence rate of 2.5% among girls compared to 0.5% among boys.<sup>1</sup> In addition, teenage pregnancies remain a significant problem in Rwanda. According to DHS 2014/15 (p.73) 7% of young women between age 15 and 19 have already begun childbearing. At the age of 19, 21% of young women have begun childbearing. HIV infections and teenage pregnancies often lead to early school dropouts, which jeopardize the future development and well-being of young people in Rwanda.

### *Causes of high risk of HIV and unwanted pregnancies among youth*

Youth in Rwanda in general and especially women and girls are still at high risk of HIV and unwanted teenage pregnancy, because they lack the knowledge, skills and self-esteem to take control over their body and sexual life. Access to comprehensive sexual knowledge is limited as the quality of information provided by health facilities, NGOs and schools is often poor and not well adapted to the needs and questions of youth. They don't provide a guiding framework for example, to filter and interpret information that youth get about sex and sexuality through internet and social media. They also don't focus on decision-making power of boys and girls to negotiate safe sex and take care of their health and well-being.

As stated in general comment 22 to article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) “the right to sexual and reproductive health (...) entails a right to education on sexuality and reproduction that is comprehensive, non-discriminatory, evidence-based, scientifically accurate and age appropriate” (p.3). By ratifying the ICESCR, the Rwandan Government has therefore committed itself to assure youth has access to comprehensive sexual education. However, lack of information and poor quality of information still result in misconceptions about sex, pregnancy, STIs and HIV, and weak capacity of youth to take responsible decision about their sexual behavior.

In addition to the information gap, stigma hampers access of youth, especially of women and girls, to access sexual and reproductive health services. Women experience more stigma than boys in the family, the community and health centers when seeking HIV prevention or counseling services or other contraception (for instance when buying condoms or looking for HIV testing). Fear for stigma also makes parents hesitant to join their children to the health facility for HIV testing (their consent is required for children below 18 years) and to inform their children about their HIV status.

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<sup>1</sup> [https://www.unicef.org/rwanda/RWA\\_resources\\_AllInRapidAssessment.pdf](https://www.unicef.org/rwanda/RWA_resources_AllInRapidAssessment.pdf) (accessed on 17/03/18)

## PROJECT OBJECTIVES

In order to address to above mentioned problems and their root causes, RRP+ implemented the project “Promotion of sexual reproductive health and rights among young women and girls living with HIV”. The **overall objective** was to contribute to the reduction of new HIV infections and unwanted pregnancies among youth living with HIV, *by improving the availability and accessibility of sexual and reproductive health services by youth that are well-adapted to their specific needs*. In the long term, this will lead to improved sexual and reproductive health and development of youth.

The **specific objectives** of the proposed project were:

1. To provide youth living with HIV with information on sexual and reproductive health and rights, that is accessible and well-adapted to their needs.
2. To break the taboo to talk about sex and reduce stigma and discrimination of young girls and Youth Living with HIV (YLHIV), through community dialogue and discussion with youth, parents, local leaders, teachers, health providers and other stakeholders.
3. To provide health service providers, authorities and other stakeholders with recommendations on how to adapt sexual and reproductive health services to the needs of youth, to assure sustainable access to well-adapted SRH services for youth.

The activities of the project concentrated first of all on strengthening the *youth peer education* system. Peer education improves access to health information and services, but to reach youth effectively, it’s important to create opportunities for exchange among youth only, where young people feel free to discuss topics related to their age and life stage. A specific focus on *youth peer educators* is therefore needed to complement the existing peer education system of the HIV response. In addition, the information provided should go beyond the usual HIV prevention and family planning, and include awareness raising about sexual and reproductive *rights* and empowerment of women and girls, to make sure youth can make responsible decisions about their sexual behavior. Secondly, the activities focused on supporting health facilities and the community (including parents, teachers, local authorities and other leaders) to improve access to SRH services and respecting the sexual and reproductive rights of youth.

The target group of the project was youth in the age of 15-24, especially young women and girls living with HIV as they are the most vulnerable, face most stigma and multiple discrimination, have less negotiation and decision making power than boys and tend to be more dependent economically than boys.

The project has been implemented in 5 districts with the highest HIV prevalence among women aged 15-24 years old (DHS 2014-2015) and in sectors where youth Peer Educators are supported by the HIV program of CDC/MoH or Global Fund. Based on These criteria, the project has been implemented in Kicukiro (5.0), Rwamagana (4.4), Kayonza (3,9), Gasabo (3,0), and Ruhango (2,4). In each district 7 sectors have been selected (see annex 1).

## IMPLEMENTED ACTIVITIES

### Objective 1

*“To provide youth living with HIV with information on sexual and reproductive health and rights, that is accessible and well-adapted to their needs.”*

#### 1. Preparatory meeting

To be sure all concerned RRP+ staff and volunteers were aware of their roles and responsibilities in the implementation of the project, the first activity of the project was a preparatory meeting (8/7/2018) with the district youth representatives and the field officers of Kayonza, Rwamagana, Kicukiru, Gasabo and Ruhango, the national youth representative, the chairperson of RRP+, the program manager and the M&E and RM officer.

During this meeting the project objectives were clarified and activities scheduled. All participants agreed on the importance of the strong involvement of RRP district youth representatives as they will remain the most important reference person for youth, during and beyond the duration of the project. As the challenges to access age-appropriate sexual and reproductive health information and SRH services are different for young men and women, the importance of having an equal number of male and female youth peer educators has also been emphasized.

#### 2. Focus Group Discussions with youth

In the period from the 10<sup>th</sup> till the 13<sup>th</sup> of July, in each of the 5 districts, one focus group discussion was organized with 14 young people living with HIV between 14 and 20 years old (7 sectors per district, one boy and one girl per sector). The participants were selected jointly by the field officer; RRP+ district youth representative and the health centers. The focus group discussions were facilitated by one field officer, one staff from central level, and one RRP+ district youth representative.

The **objective** of the Focus Group Discussions (FGD) was to learn how to improve sexual and reproductive health and HIV services for young people and make sure that SRH services are more relevant, accessible, attractive, affordable, appropriate and acceptable to the young people.

Through this **participatory approach**, insights were gained in the most relevant topics and information gaps for youth living with HIV, which guided the content of all the activities implemented under this project.

## **Key insights of the focus group discussions were:**

### Positive aspects of sexual and reproductive health services provided at health facilities:

- Good ART treatment and know-how to better adhere to treatment provided
- Counseling, care and good follow up are offered at the health facility
- Know-how about how to care for your body is provided
- Youth has know-how to avoid sugar mummies / daddies
- Good knowledge provided about preventing myself and others from STIs and HIV
- Awareness about preventing teen pregnancies is created
- Support for getting prepared for our family in the future is provided
- Capacity building and new messages on SRH are given

### Negative aspects of sexual and reproductive health services for youth:

#### *In health facilities:*

- Lack of secrecy (no privacy)
- Insult and harassment by health service providers
- Stigma, auto stigma, fear to be known by the community as HIV+
- Delay in services delivery / long queues
- Mix of adults and youth in the waiting line for health services contributes to stigma and lack of privacy

#### *Within the family:*

- Severe stigma, insults and isolation (eg. living alone in a separate house, using its own cups, plate, bed, far from other family members)
- Lack of communication about SRHR between parents and children

#### *At work:*

- Stigma, discrimination (hotel workers, hair cutting saloons, etc.)

#### *In the community:*

- Stigma, harassment
- Community encourages PLHIV privation of having a girl- or boyfriends

#### *At school:*

- Stigma, injures, harassment leading to school dropouts
- STIs & HIV, contraception (condom use) have not been taught at school
- SRH messages are superficial

### Perceptions around condom use:

- Condoms are not accessible
- Youth seeking for condoms are considered as prostitutes
- Rumors about the topic in the community
- Essential for the prevention against STIs, HIV and unwanted pregnancies

### From whom do youth wish to get comprehensive messages about SRHR?

Youth indicated they were not sure whether at school or from their parents they would ever get comprehensive sexual education. Instead, they mentioned youth clubs and peers, social media and internet as important sources of information to complete the poor information they get at school and from parents.

### Concerns of youth living with HIV about their future:

- How to find a girl/boyfriend (while being HIV+)
- Choosing the partner, getting married and having children free from HIV
- How to live safely in discordant couples
- How to have a job while HIV+ and face stigma at work
- How to continue studies while HIV+ and face stigma at school

### Desired key messages about SRHRs for youth living with HIV:

- HIV prevention, STIs, opportunistic diseases and adherence to treatment
- Prevention of teen pregnancies and counseling / can you get pregnant before your first menstruation?
- Can young people access any contraception?
- Proper use of condom / Can condoms break during the sexual intercourse?
- How to find a friend while living with HIV?
- When and how to disclose your HIV status to a partner
- How to behave in case of sexual desire / when and how to engage in sexual intercourse / what is the appropriate time for starting sexual intercourse?
- Rights to and decision about sex
- Choosing the partner and getting married
- Breaking taboo issues on SRHR
- Prevention of drug-use among youth



*RRP+ Field Officer facilitating the FGD at Musha HC, Rwamagana district (11/07/18)*



*RRP+ District Youth Representative facilitating the FGD at Remera HC, Gasabo district (12/07/18)*



### 3. Training of Youth Peer Educators

The third activity of the project was the training of youth peer educators (YPE), which took place in each of the 5 districts, between the 31<sup>st</sup> of July and the 22<sup>nd</sup> of August. 14 youth peer educators (not necessarily those who participated in the FGD) from 7 health facilities and 1 district youth representative participated. A total number of **70 youth peer educators** and 5 district youth representative **have been trained** in 5 districts. The training has been facilitated jointly by the field officer, the district youth representative, a health service provider of the host health facilities and 1 RRP+ staff from central level.

The **objective** of the 3 days training of youth peer educators were:

- Improve knowledge and capacities related to SRHR by providing ‘missing information’ and strengthening skills required to gain control over one’s sexual and reproductive health and to enjoy one’s sexual and reproductive rights.
- Equip YPEs and district youth representatives with effective key messages and communication methods to reach youth with information and support related to SRHR.
- Inform YPEs about their role as peer educators and expectations
- Formulate recommendations for health facilities, community members and parents to improve SRH services for youth.

The following topics were covered during the training:

- Definition of sexual reproductive health and rights and the importance and the content of the SRH services,
- Concept of youth-friendly health and HIV services
- Male and female reproductive system organs and related misconceptions of adolescents
- Prevention of STIs and HIV, misconceptions, counseling, adherence to HIV treatment by youth as well as HIV related stigma and discrimination.
- Sexual and reproductive rights as human rights, including no discrimination, health services, marriage and having family, privacy, etc.

After the trainings, all participants received a manual on SRHRs, that serves as a reference document for YPEs to implement SRHR awareness raising sessions with youth in their sector.



*YPE training in Ruhango district (20 till 22/08/18)*



*YPE training in Kayonza district (8 till 10/08/18)*

#### **4. Awareness raising sessions on SRHR by youth peer educators**

##### **Follow-up**

After the training, youth peer educators started organizing awareness raising sessions with youth in their sector. Their first session (24<sup>th</sup> and 25<sup>th</sup> of September) was about dual prevention of HIV and pregnancy, including a demonstration of proper male condom use. For the preparation and implementation of this first session they got guidance and on-the-job coaching from field officers and central level staff about content and methodology of an awareness raising session. They were also provided with a reporting tool, to be used for each session in the future and to be submitted to the field officer. In total 20 sessions were organized (youth of two sectors came together for one session), with an average of 20 young people per session. Around **400 people** between 14 and 24 years old have been reached with SRHR messages in total.

RRP+ observed during this first session, that even though some peer educators were still very shy, most of them were highly motivated to talk about SRHR with other youth. Because discussions were held among youth only, the participants felt free to ask all kinds of questions, they wouldn't easily ask in a group with adults. More coaching is required though for future sessions to assure quality of the content and methodology of the sessions.

##### **Evaluation**

In the period from the 6<sup>th</sup> till the 26<sup>th</sup> of November, the second activity to follow-up on peer educators' activities has been organized in Kicukiro, Rwamagana, Kayonza, Gasabo, and Ruhango, this time in the sectors not visited during the first follow-up. RRP+ field officers and central level staff supported peer educators on awareness raising topics, selected by peer educators themselves, ranging from prevention of HIV and teenage pregnancies to the prevention of gender based violence and youth-friendly services. A total number of around **550 people** between 14 and 24 years old were reached with SRHR messages through the 20 PE sessions. Three sessions were held with a mixed group of HIV positive and negative youth.

Some of the issues raised by participants were:

- The proper use of condom; why did it stay inside the vagina? How could it break? Can you wash it and use it twice? etc.
- The role of lubricants and different smells and flavors of condoms
- Faithfulness among youth
- The cause of menstruation and wet dreams
- Contraception among young people
- Where to report sexual violations
- Who is responsible for safe sex and of carrying a condom; men, women or both?
- When to start talking about condoms with your partner
- When to reveal your HIV status to your partner?

In addition to providing support to PEs, the **objectives** of this second follow-up activity were to:

- Evaluate Youth Peer Education sessions to assess to what extent Youth Peer Educators have learnt to provide relevant information on SRHR to youth in a youth-friendly way (i.e. among peers, in an environment where all kinds of SRHR-related questions can be asked)
- Discuss the way forward of YPE sessions with support of the health facility.
- Identify together with YPEs and RRP+ district youth representatives the lessons learnt, best approaches, best messages, challenges and recommendations to make SRH services more appropriate and accessible to youth

### **Observations**

Most peer educators provided sessions of good quality (providing the right content, allowing for an open discussion, etc.). In some sectors, the youth peer educators had also already given additional PE sessions with the support of health facility staff and will continue doing so beyond this project. The youth peer educators that are integrated in the peer education program of Global Fund and CDC/MoH will continue to be supervised by RRP+.

During the sessions with a mixed group of youth (HIV positive and negative) it seemed in some cases that HIV- youth are less well informed about SRHR than youth living with HIV. RRP+ therefore discussed with the YPEs how best to reach youth that is HIV negative as well. Some of them indicated feeling comfortable to provide these sessions also beyond the context of a health facility to youth in general, for example in the youth clubs of their sector or at schools. Some YPEs fear that such sessions could lead to uncomfortable questions about their HIV status or even revealing their status in the community, and are therefore very reluctant to engage in PE sessions outside the health facility.



*PE session with students in Kayonza (07/11/18)*



*Demonstration of condom use by YPE during PE session Gasabo (25/09/18)*

## **Objective 2**

*To break the taboo to talk about sex and reduce stigma and discrimination of young girls and Youth Living with HIV (YLHIV), through community dialogue and discussion with youth, parents, local leaders, teachers, health providers and other stakeholders.*

## **5. Community dialogue on SRHR**

To achieve the second objective of the project, RRP+ organized a community dialogue in each district. The 47 participants per dialogue were young people living with and without HIV, parents' representatives, teachers' representatives, local authorities, health services providers, teachers and religious leaders.

The **objectives** of the community dialogue were:

- To assure local authorities, parents and other stakeholders understand how stigma against women and girls and the lack of information of sexual reproductive health and rights (SRHR) lead to the spread of HIV infections among youth and unwanted pregnancies and to assure they recognize the importance to break the taboo to talk about sex;
- To discuss ways to improve communication about sex and SRHR with youth (in schools, in families, in the community) to break the sex taboo;
- To raise awareness on the rights of youth to get age-appropriate information and other relevant sexual and reproductive health services.

After a presentation of the results of the Focus Group Discussions, participants discussed in working groups three key topics that had been raised by youth:

- How does sexual education look like currently at school and in the family; is it comprehensive? What are the gaps? How to improve it?
- Youth, particularly girls, face stigma when seeking to use a condom or requesting other health services (like HIV testing). What can be done to reduce stigma and improve access to contraception?
- Youth living with HIV have the right to freely choose a partner and ground a family. What should determine the partner choice of youth? What can be the positive and negative consequences of living in sero-discordant couples? How can we respect this right of YLHIV?

A general observation of participants was that culture and traditional believes sometimes clash with modern reality, and have hampered the fulfillment of SRHR among youth.

The right of free partner choice led to a heated discussion among youth and adults among the participants. Youth blame society to be discouraged to have relationships, especially with an HIV negative partner. Additionally, they only get information about how to live with an HIV-partner when they get married (assuming they will not have sexual intercourse before). Some of

the adults highlighted that living with an HIV+ person would be easier and would avoid conflicts within the couple.

The specific recommendations to break the taboo to talk about sex and reduce stigma and discrimination of young girls and YLHIV suggested during the community dialogue sessions are captured in the concluding chapter of this report.



*Community dialogue in Kicukiro (26.09.2018)*



*Presentation of group discussing during community dialogue in Rwamagana district (28.09.2018)*

## **6. Development of posters for awareness raising**

To keep a debate in the community about the burning topics raised by youth during this project alive and to support continuous awareness raising, **790 posters** have been produced with three different messages:

- “Youth living with HIV have the right to freely choose a partner. Let’s respect it.”
- “Don’t stigmatize girls and boys buying condoms: fortunately they have the courage to protect themselves against HIV, STI and pregnancy.”
- “Parents, prepare your children for a healthy future! Educate them about sex to avoid your children get HIV infected or becoming a teenage parent”

The posters will be shared with different stakeholders to be hanged up in public spaces like health centers, local authorities’ offices, etc. See the posters in annex 2.

### **Objective 3**

*“To provide health service providers, authorities and other stakeholders with recommendations on how to adapt sexual and reproductive health services to the needs of youth, to assure sustainable access to well-adapted SRH services for youth.”*

## **7. Debriefing sessions**

As a final activity of the project, debriefing sessions were organized in each district, to achieve the third objective of the project. The **objective** of these sessions was to *share lessons learnt and recommendations with health facility staff and other stakeholders, on how to improve the availability, accessibility and appropriateness of SRH services that are adapted to the needs of youth.*

The recommendations that were shared were all identified during different project activities (focus group discussions, YPE training, awareness raising sessions, and community dialogue sessions). In total **200 stakeholders** participated in the debriefing sessions (40 per session), including youth peer educators, RRP+ district and sector representatives, health facility representatives, staff in charge of social affairs at sector level, district director of health and RRP+ staff.

In order to advocate for the importance of having youth peer educators that have received a special training to provide appropriate support to their peers, some of the peer educators shared their experiences and explained why their work as youth PEs is different from the work of adult PEs. Stakeholders generally highly valued the contribution of peer educators to reduce new HIV infections and teenage pregnancies.

Both the community dialogue sessions and the debriefing sessions created an opportunity for (HIV+) youth to directly discuss with stakeholders, give their point of view, advocate for their interests and hold health facility staff and other duty bearers responsible for respecting their rights.

Some of the topics that were most extensively discussed were:

- The quality of health service delivery at health facilities to young people living with HIV and stigma experienced by youth in health centers.
- HIV related stigma and discrimination in the community.
- Challenging communication between parents and their children on SRHR.
- Poor implementation of the comprehensive sexual education curriculum in schools.
- Condom use and accessibility and availability of condoms for young people.
- The impact of culture, taboos and beliefs on SRHR.

Specific recommendations provided during the debriefing sessions are included in the next chapter.



*Debriefing workshop Ruhango district (22/11/2018)*



*Debriefing workshop Rwamagana district (14/11/18)*

## RECOMMENDATIONS

After overcoming some initial shyness and insecurity, youth peer educators as well as participants of PE sessions, showed great interest in the topic and willingness to talk openly about SRHR. This was one of the key factors leading to the **success** of this project. The strong collaboration between youth peer educators, health centers and local authorities was another precondition for having successful PE session and for an open and fruitful discussion with stakeholders during the community dialogue and debriefing sessions.

Throughout the project, **recommendations** were proposed by youth peer educators and other youth, health facility staff, local authorities, teachers, RRP+ representatives and other stakeholders. These recommendations are summarized below.

### **Up-scaling of activities to promote SRHR among youth**

The number of districts and sectors selected under this project was very limited and the number of trained youth peer educators is low. The duration of the project (6 months) was also very short. Upscaling of the project is required to cover the need for well-trained youth peer educators throughout the country. The following recommendations were provided:

- RRP+ and other partners should mobilize funds to up-scale the project to other districts and sectors and to invite more youth to the PE sessions
- In order to better reach youth that is HIV negative in the future, awareness raising sessions need to be organized outside the context of health facilities. Quite a number of the HIV+ peer educators are willing to conduct these sessions, whereas few are afraid their HIV status would become known through these kind of sessions. When up-scaling efforts of the currently trained YPE (all HIV+) to HIV- youth, the privacy of the PEs needs to be protected at all costs.
- Youth can be better reached through collaboration of YPEs with youth clubs (where existing and functional), the National Youth Counsel and Ni Nyampinga clubs in the community, with strong support of Social Affairs at sector level.

- More posters for awareness raising on SRHR should be made available for public spaces including health facilities, local authorities offices, youth centers, etc.

### **Follow-up of youth peer educators' activities**

The idea of the project was to provide youth specific training to youth peer educators that are integrated in the PE program and support groups of DSDM, supported by Global Fund and CDC/MoH. YPEs under these programs will benefit from continued supervision in the future. However, some of the selected youth peer educators are not part of these programs. To assure continuity of peer educators' activities of *all trained YPE*, the following has been recommended:

- Assure integration of all trained YPE in existing programs like DSDM.
- Strengthen collaboration between YPE, health centers and sector authorities.
- For those YPE that cannot be integrated, health facility staff and RRP+ field officers should assure regular follow-up of their activities. For linking activities to youth in general, Social Affairs at sector level should play a key role in supporting PEs' activities.
- Role of YPES
  - Contribute to the prevention of new infections among youth living with HIV.
  - Sensitize youth about HIV testing and for those infected for good adherence.
  - Help infected young to accept their status and fight against self-stigma.
  - Fight against stigma and discrimination in the community and support YLHIV to speak up.

### **Make sexual and reproductive health services more youth-friendly**

“Youth-friendly services” means that all SRH services are available and accessible, and of high quality. It means quick services are provided in a safe, stigma-free and comfortable environment where confidentiality is assured. Youth-friendly services include the provision of relevant messages in a youth adequate language. Different actors have the responsibility to make SRH services more youth-friendly:

#### *Improve service delivery in health facilities*

- The so-called youth corners in health facilities need to be reinforced and strengthened to assure youth get relevant SRH services at health facilities in the future.
- Particular counseling services should be developed that address the special needs of youth in general and youth living with HIV particularly.
- Health facilities should improve the availability and accessibility of condoms for young people, for example through the youth peer educators.
- Young people that feel their rights have not been respected by health facility staff or when they experience poor quality of services, they should address health facility authorities directly or use the suggestion boxes to improve services delivery for youth.



*Improve sexual education in the community:*

- Traditional norms and the taboo around sex is a challenge for the promotion of SRHR of youth. The community should engage in discussions with youth and other stakeholders to redefine cultural norms and find a balance between traditions and a modern society with access to internet and other changes.
- Religious leaders are influential in Rwanda. They should engage in discussions on SRHR.
- As mentioned under “up-scaling”, sessions about SRHR should be organized in gathering of youth in youth clubs.
- RRP+ should continue facilitating community dialogue sessions on SRHR.
- RRP+ should organize a training on SRHR for structures like the National Women’s Council.

*Improve sexual education within the family:*

- To encourage parents to talk about SRHR with their children, the topic should be discussed during meetings of *Umugoroba w’ababyeyi* and *inshuti z’umuryango*.
- Participants of the public dialogue and debriefing sessions should act as role models and start discussing SRHR with their own children.

*Improve sexual education at school:*

- Increase support for teachers to ensure effective implementation of the comprehensive sexual education curriculum, including good explanations about how HIV is transmitted to avoid stigma against youth living with HIV at school.
- Organize a training for schools on the rights of the PLHIV (to privacy, non-discrimination, etc.) together with the district.
- Nominate and train focal point counselors at schools who can take care of students LHIV and support avoid stigma at school.
- Provide condoms in girl chambers at school.

**Respect of the right of free partner choice of youth living with HIV**

As partner choice was one of the biggest concerns raised by youth throughout the project, awareness on their right to freely choose a partner, get married and ground a family should be raised.

- RRP+ should organize a discussion with youth living with HIV, health service providers and other stakeholders, to discuss the right of free partner choice of people living with HIV. Instead of encouraging or discouraging a certain partner, information should enable youth living with HIV to make an informed decision and choose their partner freely.
- Health centers should not wait with providing youth information about living in sero-discordant couples until they get married, and should have an open dialogue with YLHIV.
- Parents should have an open dialogue on the choice of the partner among youth living with HIV.

## **CLOSING REMARKS**

The presented project served as a pilot that enabled RRP+ to learn about the main concerns of young people living with HIV related to sexual and reproductive health and rights. RRP+ will build on the experiences and recommendations given here to develop effective interventions with youth in the future.

Stakeholders at district and sector level generally acknowledged the urgent need to improve SRHR among youth and highly appreciated the initiative of RRP+. RRP+ therefore encourages all stakeholders to consider these recommendations and to join RRP+'s efforts to improve the sexual and reproductive health and rights of youth, to reduce teenage pregnancies and new HIV infections and to assure a healthy development and wellbeing of Rwanda's future generation. This requires working closely with youth, raising their awareness, providing them a platform for discussion and for claiming their rights, as well as supporting health facility staff, schools, parents and other stakeholder to assure the full enjoyment of sexual and reproductive health and rights of youth.

## ANNEX 1

### Selection of sectors and health facility per district

<b>DISTRICT</b>	<b>SECTOR</b>	<b>HEALTH FACILITY</b>
<b>KICUKIRO</b>	MASAKA	MASAKA HC
	KANOMBE	BUSANZA HC
	GIKONDO	GIKONDO HC
	GATENGA	GATENGA HC
	KICUKIRO	BETHESAIDA HC
	GAHANGA	GAHANGA HC
	NYARUGUNGA	NYARUGUNGA HC
<b>RWAMAGANA</b>	MUHAZI	MURAMBI
	KIGABIRO	RWAMAGANA DH
	GISHARI	RUHUNDA HC
	MUSHA	MUSHA HC
	GAHENGERI	GAHENGERI HC
	MUYUMBU	MUYUMBU HC
	RUBONA	RUBONA HC
<b>KAYONZA</b>	RUKARA	RUKARA HC
	GAHINI	GAHINI HC
	MUKARANGE	MUKARANGE HC
	NYAMIRAMA	NYAMIRAMA HC
	RURAMIRA	RURAMIRA HC
	KABARONDO	KABARONDO HC
	MWIRI	NYAKABUNGO HC
<b>GASABO</b>	KINYINYA	KINYINYA
	KACYIRU	KACYIRU HC
	REMERERA	REMERERA HC
	JALI	GIHOGWE HC
	NDUBA	NDUBA HC
	NDERA	RUBUNGO HC
	JABANA	KABUYE HC
<b>RUHANGO</b>	MBUYE	KIZIBERE HC
	BYIMANA	BYIMANA HC
	MWENDO	MWENDO HC
	RUHANGO	KIBINGO HC
	KINAZI	KINAZI HC
	NTONGWE	NYARURAMA HC
	KABAGARI	GITWE DH

**“Urubyiruko rufite virusi itera SIDA, rufite uburenganzira bwo guhitamo uwo bazabana”,  
Reka tubyubahirize.**



“Wiha akato urubwiruko rwagize ubutwari bwo kugura agakingirizo, kuko bahiseho kwirinda indwara zandurira mu myanya ndangagitsina harimo na virusi itera SIDA ndetse n’inda z’imburagihe”



**“Babyeyi, mutegurire abana banyu ejo heza, mubigisha ku buzima bw’imyororokere mu kwirinda ko bakwandura virusi itera SIDA cyangwa bagatwara inda z’imburagihe”**

MWANA WANJYE  
MU GIHE UZABONA IMIHANGO BWA  
MBERE NTIBIZAGUTERE UBWOBA,  
BIBAHO, KDI NI IKIMENYETSO KO  
WAKUZE KDI KO UKOZE IMIBONANO  
MPUZABITSINA IDAKINGIYE  
USHOBORA GUTWITA CYANGWA  
UKANDURA VIH!

NAWE MUHUNGU  
WANJYE NUBONA WATANGIYE  
KWIROTERAHO UZAMENYE KO URI  
GUKURA KDI KO UKOZE IMIBONANO  
MPUZABITSINA IDAKINGIYE  
USHOBORA GUTERA INDA  
CYANGWA UKANDURA VIH!

