



THE PEOPLE
LIVING WITH HIV
STIGMA INDEX

ASSESSING THE PROGRESS FOR IMPLEMENTATION OF STIGMA INDEX 2.0 RECOMMENDATIONS IN RWANDA.

ASSESSMENT REPORT

MARCH 2024





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List of acronyms and abbreviations

AIDS	Acquired Immune Deficiency Syndrome
AHR	Amahoro Human Respect Organization
ART	Antiretroviral Therapy
FGD	Focus Group Discussion
FSW	Female Sex Worker
GIZ	Gesellschaft für Internationale Zusammenarbeit
GNP+	Global Network of People Living with HIV
HCP	Healthcare Provider
HIV	Human Immunodeficiency Virus
MAJ	Maison d'Accès à la Justice
MSM	Men Having Sex with Men
MINEDUC	Ministry of Education
MINIJUST	Ministry of Justice
MIFOTRA	Ministry of Public service and labor
PE	Peer Educator
PLHIV	People Living with HIV
KII	Key Informant Interview
RRP+	Rwanda Network of People Living with HIV
RBC	Rwanda Biomedical Centre
SDI	Stigma and Discrimination Index
SDGs	Sustainable Development Goals
UNAIDS	The United Nations Joint Programme on HIV/AIDS
WHO	World Health Organization

Acknowledgment

Rwanda Network of People Living with HIV-translated from French-Réseau Rwandas des Personness vivant avec le VIH (RRP+) would like to take this opportunity to express our sincere gratitude to all individuals and partners who contributed to the completion of this assessment on the progress of addressing stigma and discrimination against people living with HIV/AIDS (PLHIV) in Rwanda. We extend our sincere gratitude to the Rwanda Biomedical Center for providing technical assistance and support, and to the Joint United Nations program on HIV (UNAIDS) Rwanda office for providing technical guidance and financial assistance for conducting this assessment.

First and foremost, we extend our appreciation to the key informants of this assessment from various institutions, including Rwanda Biomedical Centre, Health facilities, Ministry of public service and labor, Ministry of Education, Ministry of Justice and, RRP+. Their invaluable insights and cooperation were instrumental in providing a comprehensive understanding of the implementation progress of recommendations drawn from stigma and discrimination index 2.0 survey report and its advocacy paper. We are deeply grateful to the leadership and staff of the Healthcare facilities, who were involved in facilitating the data collection process. Their unwavering support and assistance ensured the smooth implementation of interviews and focus group discussions, contributing significantly to the relevance of the data collected.

Special appreciation is extended to the Consultant, Mr Innocent Kamali who coordinated this assignment from inception to the end under supervision of the RRP+ Executive Secretary in partnership with RBC.

Finally, and yet importantly, our sincere thanks to all recipients of care who dedicated their time to participate in the interviews and accepted to share their views and experiences which greatly informed the findings presented in this report

Lastly, in order to combat HIV-related stigma and discrimination and meet the global target by 2030, we would like to extend our invitation to all partners and stakeholders to join us in actively implementing this assessment's recommendations.

Deo Mutambuka
Executive Secretary,
Rwanda Network of People living with HIV/AIDS

Executive Summary

Background: HIV-related stigma and discrimination continue to pose significant challenges globally, affecting access to prevention, testing, treatment, and care services for people living with HIV (PLHIV). Despite efforts to combat stigma and discrimination, it remains prevalent, impacting vulnerable populations and hindering progress towards achieving Sustainable Development Goals (SDGs) and ending the AIDS epidemic by 2030. In Rwanda, initiatives have been undertaken to address these issues, including conducting surveys such as the Stigma Index, aimed at assessing the level of stigma and discrimination so as to inform targeted interventions. In the context of monitoring and evaluation, it was necessary to gauge how well the recommendations were being implemented in order to solve the SD concerns starting in 2020, when the results of the second Rwanda Stigma and Discrimination Index (SDI) survey were released.

Methods: The assessment employed an explorative qualitative approach, utilizing interviews with concerned ministries, stakeholders in the HIV management at national and decentralized levels and conducting Focus Group Discussions with PLHIV. In total 22 Key informants and 40 recipients of care participated in the interviews. A comprehensive desk review of national and international documents related to HIV stigma and discrimination was also conducted to inform the assessment. Data collection at selected sites was carried out from January 23rd to March 26th, 2024 in four provinces and Kigali city, with one district selected per province. Data collection sites included 5 health centers and one Hospital.

Findings: The assessment revealed several key findings:

Dissemination and Awareness of SDI Report:

The assessment revealed that the majority of stakeholders were unaware of the SDI survey 2.0, its findings and recommendations. Among people who participated in this assessment, only RBC and RRP+ staff were well-informed on this report due to their participation in the SDI survey from its design to implementation and result dissemination. It was also noticed that it is during RRP+'s advocacy effort with the Rwandan Parliament in October 2022 or more recently, during the data gathering for this assessment, that the remaining participants/key informants in this assessment knew SDI report and its recommendations. It should be mentioned that because the SDI survey report was released during the COVID-19 pandemic period in the country, dissemination was not adequately done and movements' restrictions imposed virtual dissemination.

Progress of SDI Recommendations Implementation

The limited dissemination of SDI report has resulted in relatively low implementation of recommendations. Nonetheless, the evaluation noted some advancement in the implementation. An illustration of this would be:

- ✔ The advocacy campaign that RRP+ spearheaded directed at legislators. The campaign served as a catalyst for the demand that the ministers of Health, Education, local government, Finance, and public service and Labor explain to lawmakers what steps are being taken, or will be taken, to address HIV-related stigma and discrimination in accordance with respective recommendations addressed to their ministries.
- ✔ Training of all Healthcare professionals in charge of HIV services conducted by RBC to handle the disclosure issue. Additionally, a training for boarding school deans of disciplines was organized jointly with the Ministry of Education (MINEDUC) through the Rwanda Education Board (REB). The program focused on addressing obstacles and implementing suitable interventions to enhance the adherence of adolescents and young adults living with HIV. The initiative was launched in 2021, reached 492 deans of discipline and teachers and 30 District Directors of Education. As per the plan, the initiative will be completed by March 2024.
- ✔ MINEDUC has drafted ministerial instructions pertaining to the fight against HIV related-stigma and discrimination and other chronic conditions in educational institutions. The Technical Working Group is now reviewing these instructions before the Minister approves them.

Perception of HIV-related Stigma and Discrimination

Participants reported varying levels of stigma and discrimination across different settings, with persistent challenges observed among key and priority populations. Personal experiences shared during FGDs underscored the need for targeted interventions to address stigma and discrimination, particularly among key populations such as MSM, people who use drugs, and adolescents.



Recommendations

In order to facilitate the implementation of the SDI survey's recommendations and enable its contribution to the reduction of HIV-related stigma and discrimination in Rwanda, the assessment recommended the following:

Dissemination

It is necessary for RRP+ and its partners to:

- ✔ Make sure a dissemination plan is developed beforehand in order to properly monitor the dissemination coverage.
- ✔ Widely disseminate survey results from national to decentralized levels in order to ensure that all relevant stakeholders are informed in a timely manner for effective implementation. Dissemination meetings, the creation and distribution of suitable materials, such as pamphlets summarizing the main conclusions and suggestions, are among recommended approaches.

Implementation of recommendations

The following recommendations are addressed to respective institutions as follows:

RRP+

In collaboration with RBC and SDI recommendations implementing partners

- ✔ Establish a coordinated steering committee for SDI survey with representation from all implementing partners (SDI recommendations) that regularly meets to accurately monitor the implementation of recommendations.
- ✔ Ensure an action plan for individual institutions is developed.
- ✔ Consider to include a large sample of MSM and FSWs in the next SDI but also integrate other vulnerable populations such as people who use drugs.

Ministry of Justice

- ✔ Support RRP+ to increase awareness of the Rwandan community about existing laws protecting PLHIV against stigma and discrimination through Maison d'Accès à la Justice (MAJ).
- ✔ Support RRP+ to raise awareness of PLHIV about free legal aid and support services provided by Justice Bureaus (MAJ)
- ✔ Design targeted media campaigns on legal provisions for protection of PLHIV and access to HIV related services.

Ministry of Health/RBC

- ✔ Ensure continuous training of Healthcare Providers (HCP) to provide appropriate counseling and psychosocial support services to PLHIV.
- ✔ Conduct research to understand determinants of disclosure of status for PLHIV by Health care providers.
- ✔ Integrate monitoring indicators about stigma and discrimination into Health Management Information System (HMIS).

Ministry of Public Service and Labor

- ✔ Reinforce the implementation of article 9 of Rwanda's labor regulation law, N° 66/2018 of August 30, 2018, which forbids any form of discrimination at workplace to promote equal opportunity for all. This could be done through labor inspectors based at each district.
- ✔ In partnership with the Ministry of Health through RBC; enhance the workplace wellness program, which should involves making the workplace HIV-stigma free through staff education to increase awareness and policies that forbid stigmatizing behavior.
- ✔ Establish confidentiality measures for employers to eliminate disclosure of employee's HIV status without their consent.

Ministry of Education

- ✔ Finalize and disseminate ministerial instructions relating to the fight against HIV related-stigma and discrimination and other chronic conditions in educational institutions.
- ✔ Monitor the implementation on how trained school teachers are implementing the boarding school support systems designed to assist students with HIV and other chronic illnesses.
- ✔ Re-establish and strengthen anti-AIDS clubs in schools ,in collaboration with RBC and district Health units.



SECTION I: INTRODUCTION



SECTION I: INTRODUCTION

I.1. Background

Human immunodeficiency virus (HIV)-related stigma refers to the negative beliefs, feelings, and attitudes toward people living with HIV (PLHIV) while HIV-related discrimination refers to the unfair and unjust treatment (act or omission) of an individual based on his or her real or perceived HIV status¹. According to the Global AIDS Update 2021, stigma and discrimination related to actual or perceived HIV status remain high across the world. They continue to increase vulnerability to HIV infection and undermine access to HIV-related prevention, testing, treatment and care services.

The global targets on stigma and discrimination aim at eliminating HIV-related stigma and discrimination in all their forms with the promise of leaving no one behind and reaching the Sustainable Development Goals (SDGs) and targets by 2030, including ending the AIDS epidemic. Ending HIV-related stigma and discrimination is at the heart of all efforts to achieving the Global AIDS Strategy 2021–2026 and its 10–10–10 targets on societal enablers, so that by 2025 less than:

- ✔ 10% of people living with HIV and key populations experience stigma and discrimination.
- ✔ 10% of women, girls, people living with HIV and key populations experience gender inequality and gender-based violence
- ✔ 10% of countries have punitive legal and policy environments that deny access to justice.

The global launch of the PLHIV Stigma Index took place in 2008. In 2009, Rwanda conducted its first stigma index survey with the support of UNAIDS, facilitated by networks of People Living with HIV (PLHIV), such as the Rwanda Network of people living with HIV (RRP+) and the Association of Vulnerable Widows Infected and Affected by HIV⁴.

In 2020, Rwanda released its second report on the HIV Stigma and Discrimination Index (SDI), a result of collaborative efforts involving diverse national and international stakeholders. These included Rwanda Biomedical Centre, World Health Organization (WHO), Gesellschaft für Internationale Zusammenarbeit (GIZ), Global Network of people living with HIV (GNP+), The Joint United Nations Programme on HIV/AIDS (UNAIDS) and affected communities. The results of the second HIV Stigma and Discrimination Index (SDI) indicated a notable decrease in HIV-related stigma and discrimination in Rwanda, with a very low (13.2) composite indicator.

Based on the 2020 SDI findings various recommendations were tailored for the Ministry of Health (MOH) through its implementing agency, the Rwanda Biomedical Centre (RBC), along with their stakeholders and partners involved in HIV management including Ministry of Education (MINEDUC), Ministry of Justice (MINIJUST), Ministry of Public Service and Labor (MIFOTRA), and RRP+,

In the context of monitoring of the second SDI recommendations' implementation, RRP+ in collaboration with UNAIDS and other partners, RRP+ conducted an assessing on the progress made in mitigating stigma and discrimination against PLHIV in Rwanda. The objective was to gain insights into the progress achieved, enabling a more informed approach for future actions. This assessment not only identified progress but also pinpointed existing gaps, which will be crucial for consideration in the planning and execution of the next stigma index survey.

I.2. Objectives of the assessment

The main objective of the assignment is to assess the progress made in addressing stigma and discrimination against PLHIV in Rwanda as per the recommendations from the SDI 2.0.

Specific objectives of the assignment include:

- ④ Assess the level of implementation of the recommendations elaborated from SDI 2.0 by assigned stakeholders/Organization
- ④ Develop evidence-based recommendations to effectively reduce HIV related stigma and discrimination and inform the next SDI survey.
- ④ Disseminate the assessment findings widely and raise awareness among policymakers, partners, healthcare providers, communities, and PLHIV through advocacy meetings, workshops, awareness campaigns, reports, presentations, media channels, and social media platforms, and national and international Organization.

I.3.Methodology

I.3.1. Assessment Design

This was an explorative qualitative assessment. It consisted primarily of reviewing key national and international documents; in-depth interviews with HIV program managers, and other partner institutions, HCP (Table1) and Focus Group Discussions (FGDs) with recipient of care (Table 2).

1.3.2. Assessment setting

This assessment involved four provinces of the country and Kigali city. We purposively selected one district per province and one health facility per district to be part of FGDs depending on the group of PLHIV (Table 2). We also conducted key informant interviews with HCPs in charge of HIV services at respective health facilities.

1.3.3. Data collection

Before going into the field, data collectors received training on informed consent, research ethics involving human subjects, and assessment-related data collection instruments like interview guides. Data collectors were reminded of the contracts' explicit mention of a breach of confidentiality clause. Every individual collecting the data spoke Kinyarwanda and have prior expertise conducting qualitative research with both HIV and important communities. Two skilled data collectors, one facilitator, and a note-taker led the FGD sessions. Important quotes were noted and added, anonymized, to the report. Data collection consisted of desk review, interviews with key informants and FGDs with recipients of care.

1.3.1.1. Desk review

During the desk review, important documents were examined, such as the advocacy paper and survey report on the Rwanda Stigma Index (RRP+, 2020), the HIV extended National Strategic Plan⁶, the National HIV Guidelines, edition 2022⁷, and assessment reports on the HIV response, gender assessment in the context of HIV⁸, assessment of human rights-related barriers to HIV and TB services in Rwanda, the Global Fund Mid-Term assessment, and the Global Partnership for Action to end HIV-related stigma (2022) and discrimination (UNAIDS, 2023).

1.3.1.2. Key informants interview

The consultant interviewed important informants. Prior to the interview, participants provided verbal informed consent. Key informants were HCPs from healthcare facilities, RRP+ employees, and national program managers for RBC-HIV, and staff members from several ministries. The breakdown of key informants by institution is shown below.

Healthcare providers

For health facilities, the assessment targeted Nurses and/or Social Workers from Antiretroviral Therapy (ART) services at each designated health facility. The duration of each interview ranged from 25 to 40 minutes. The interview allowed exploration of the perspectives and experiences of healthcare providers in the context of SDI implementation.

RBC- HIV program managers

Since RBC is the Ministry of Health is implementing agency, they were asked to share details about steps taken to address the recommendations from the SDI report. These include:

- ④ To reinforce counseling and psychological support in response to internalized stigma among PLHIV.
- ④ To inquire about the specific interventions RBC and its partners have implemented for young people, women, and key populations (MSM and FSW) following the SDI recommendation.
- ④ To investigate whether RBC has incorporated HIV-related stigma and discrimination indicators into the existing HIV Monitoring and Evaluation (M&E) system.
- ④ To determine whether RBC conducted further investigations or a study on the underlying factors of disclosing HIV status without consent.

RRP+ staff and board member

As it is its mandate to protect PLHIV from all forms of stigma and discrimination and to uphold their right to good health, interviews with key informants from RRP+ were conducted.

The key informant interviews with RRP+ staff and board members aimed to assess the extent to which the organization has translated the recommendations into practical initiatives and interventions, and the actions taken in response to the SDI recommendations, specifically focusing on education and awareness programs related to laws and policies and the development of sustainable economic programs for PLHIV.

Ministry of Justice

Based on the findings of the SDI report, RRP+ developed an advocacy paper that was directed at the parliament social commission and the ministry of justice, asking for information on the legal frameworks that not only prevent HIV-related stigma and discrimination but also provides legal support to PHIV experiencing stigma.

The aim of the interview was to collect information and insights regarding the existing laws and mechanisms in place to protect PLHIV from stigma and discrimination. It also sought updates on any actions taken subsequent to the advocacy meeting between RRP+ and members of parliament, as well as discussions held between parliamentarians and relevant ministries in October 2022 concerning findings on SDI in Rwanda. Additionally, the interview sought to understand if there are specific supporting mechanisms established by the Ministry of Justice to offer legal support to PLHIV facing stigma and discrimination, its function, and the awareness level among PLHIV regarding these support services.

Ministry of Public service and labor

The same advocacy paper asked MIFOTRA to guarantee equal chances, end employment discrimination against HIV-positive individuals, protect their right to privacy, and urge the repeal of any laws allowing HIV testing during the hiring process.

Table 1. Number of Key informants by Institution

SN	INSTITUTION	NUMBER
1	Rwanda Biomedical Centre-HIV Division	3
2	Rwanda Network of People Living with HIV-Staff and board member	4
3	Health Facilities	12
4	Ministry of Education	1
5	Ministry of Public Service and Labor	1
6	Ministry of Justice	1
	TOTAL	22

1.3.1.2. Focus group discussion

FDGs conducted among target group of PLHIV were carried out at 6 selected health facilities. Every FGD had six to seven participants and was held in a private, confidential room. Participants were requested for oral consent prior to the interview, and their participation in the FGD was completely voluntary. To ensure confidentiality, a numerical code was assigned to each participant, which prevented names from being used throughout the conversation. Two trained data collectors; a note-taker and a facilitator, who ensured active participation and created a conducive environment for discussion, facilitated each FGD, lasting between 45 and 60 minutes. In total 6 FGDs were conducted and in total attended by 40 participants, among 42 who were expected. These focus group discussions (FGDs) aimed to collect a variety of PLHIV opinions and perspectives on SD encountered by individuals living with HIV in diverse categories.

Table 2. Number of FGD members per category per health facility

SN	Site	Province	District	Target group	#of attendees
1	Musambira HC	South	Kamonyi	General PLHIV	7
2	Ruhengeri RH	North	Musanze	Young PLHIV	6
3	Gisenyi HC	West	Rubavu	FSWs	7
4	Rwamagana HC	East	Rwamagana	General PLHIV	7
5	Amahoro-Human-Respect(AHR)centre	Kigali	Nyarugenge	Drug users	6
6	Biryogo HC	Kigali	Nyarugenge	MSM	7
	Total				40

1.3.3. Data analysis

During analysis, we assessed collected data against the SDI report or advocacy paper's recommendations. We focused mainly on dissemination of results and progress for the implementation of recommendations. Furthermore, opinion, experience and perspectives of PLHIV around HIV-related stigma was also captured.

Themes were grouped into respective areas, which were drawn from prior programmatic knowledge and expertise. The generated narrative around the themes constitutes the content of the results section.



SECTION II

ASSESSMENT FINDINGS



SECTION II: ASSESSMENT FINDINGS

This chapter describes the findings from the assessment into three sections:

- Dissemination of SDI findings and recommendations
- Progress for the implementation of the SDI 2.0 recommendations and
- PLHIV perception of HIV-related Stigma and Discrimination

II.1. Dissemination of the SDI report and its recommendations

The assessment revealed that the majority of stakeholders were unaware of the SDI survey 2.0. Only RBC and RRP+ staff were well-informed on this report due to their participation in the SDI survey from its design to implementation and results' dissemination. It was also noticed that it is during RRP+'s advocacy effort with the Rwandan Parliament in October 2022 or more recently, during the data gathering for this assessment, that the remaining participants/key informants in this assessment knew SDI report and its recommendations. Additionally, only four of the forty people who took part in the FGDs were aware of the study because they were survey respondents. Unfortunately, none of these participants was informed about the survey's findings or recommendations. This highlights a noticeable gap in the communication and dissemination of the survey findings and its recommendation.

The observed gap in awareness of SDI findings and recommendations can be attributed on one hand but not limited to the challenging circumstances during the COVID-19 pandemic. The dissemination event took place virtually due to gathering restrictions, presenting a significant challenge. As a result, considerable number of stakeholders missed the opportunity to be informed about these recommendations. However, despite dissemination taking place during COVID period, there was no dissemination plan of the SDI 2.0 findings, nor respective individual institution action plan to address the recommendations which affected the implementation and monitoring.

Although this report identifies gaps in communication and dissemination, it is commendable that RRP+ conducted a high-level advocacy meeting with parliamentarians following the dissemination of SDI 2.0 findings, raising awareness of the stigma issue at a high level and initiating this assessment as part of monitoring and evaluation mechanism to gauge for SDI implementation progress.

II.2. Progress for the Implementation of SDI recommendations

II.2.1. Ministry of Justice

From SDI advocacy paper, the Ministry of Justice was recommended to assess how the existing laws protect the PLHIV from SD and increase knowledge of PLHIV in general and specifically key pop on laws protecting them from SD. The key informant from MINIJUST acknowledges that their lack of information of SDI findings and recommendations prevented them from being able to assist with implementation. *“It was only recently when RRP+ issued a letter to the Permanent Secretary inquiring as to whether the recommendations made to MINIJUST had been carried out that I became aware of this survey and its recommendations” KII-MINIJUST.*

However, he highlighted laws that protect the rights of PLHIV including, the Rwandan constitution, article 16 (Protection from discrimination) and the Law N° 21/2016 relating to Human Reproductive Health¹¹. Articles 10 and 13 of this law underscore the rights of individuals to voluntary HIV/AIDS testing and prohibit discrimination against PLHIV. These legal provisions serve as safeguards against stigma and discrimination in Rwanda.

Article 10 “Every person has the right to voluntarily undergo HIV/AIDS test and have his/her results in secret. No person shall undergo unconsented HIV/AIDS testing. However, mandatory testing may be required upon request by competent organs in accordance with law”. A medical doctor or any other health professional may, if necessary, perform HIV/AIDS testing on an incapable person subject to consent by that person’s biological parent, guardian or care taker”.

He also mentioned existing platform that can support PLHIV in need of legal support. *“The Ministry of Justice has established Access to Justice Bureaus (MAJ- Maison d’Accès à la Justice) where there are three lawyers per District as a decentralized service to help all citizens obtain free legal aid. “However, there is currently no support mechanism specifically designed for people living with HIV.*

We presume that everyone in need of legal assistance, including people living with HIV who are stigmatized and subjected to discrimination, may go there and receive assistance, including legal representation in court” KII-MINIJUST

Furthermore, a permanent member of the MAJ staff handles all matters pertaining to Gender Based Violence (GBV) cases at the Isange One Stop Center. One of MAJ’s primary responsibilities is to disseminate laws and regulations via media campaigns and meetings. Nonetheless, the KI recognizes the existing gap that campaigns concentrate more on the general laws; such as land laws, family laws, the penal code, etc., that affect the everyday lives of the majority of Rwandans. This may inadvertently overlook the unique challenges faced by PLHIV.

II.2.1. Ministry of Public Service and Labor

Recommendations were made for the Ministry of public service and labour to ensure equal opportunities and enhance measures that protect PLHIV against stigma and discrimination at workplace. Additionally it was recommended to remove any legislation that may allow HIV testing as part of recruitment processes. Like the Ministry of Justice, the knowledge of SDI was very limited.

None of the recommendations were implemented, however, this assessment raised their awareness in terms of enforcing the law, N° 66/2018 of August 30, 2018¹², which forbids any form of discrimination at workplace. The Key informant highlighted¹³:

We have a clear law, that prohibits stigma and discrimination at workplace. What is probably missing is its enforcement because as we raise awareness on the law among the general population, we were not specific for PLHIV. This demands our attention for this particular population. In addition, we have a workplace wellness program that we implement in collaboration with RBC. However, this program has been focusing on Non-Communicable Diseases screening, Mental Health awareness but not yet on stigma and discrimination related to HIV". KII-MIFOTRA.

Through the compressive forum, the MIFOTRA regularly convenes with provincial labor unions to deliberate on the issues that employees confront. District-based lab inspectors also ensure that workers are able to exercise their rights.

For the matter of HIV-related stigma and discrimination, it is good that we are now aware and we shall plan to include it in the campaigns that we conduct either in meetings or through media.

II.3.2. Ministry of Education

From high level to the Director of cross-cutting issues in the Ministry of Education, the SDI survey was known by the time the Minister of Education was invited in the parliament following the RRP+ advocacy effort in October 2022. MINEDUC was recommended to create an HIV supportive environment at school to address the issue of students in boarding school as they facing challenges of confidentiality and drug adherence.

In response to the recommendations from SDI towards MINEDUC, through its implementing agency, Rwanda Education Board; a training for boarding school deans of disciplines was organized jointly with RBC. The program focused on addressing obstacles and implementing suitable interventions to enhance the adherence of adolescents and young adults living with HIV. The initiative was launched in 2021, reached 492 deans of discipline and teachers and 30 District Directors of Education. As per the plan, the initiative will be completed by March 2024.

Additionally, MINEDUC has drafted ministerial instructions pertaining to the fight against HIV related-stigma and discrimination and other chronic conditions in educational institutions. The Technical Working Group is now reviewing these instructions before the Minister approves them.

II.3.3. Rwanda Biomedical Centre

According to the Stigma and Discrimination Index survey report, advocacy paper, and recommendations addressed to RBC, it was suggested that HCP be trained on the right of PLHIV to enjoy their reproductive life and that an investigation be conducted to determine the causes of HIV status disclosure among HCP without consent. Since the dissemination of the SDI report, RBC has undertaken diverse actions in response to these recommendations:

The Key informant from RBC reported, *“RBC proactively engages in the implementation of counseling and psychological support through a diverse range of collaborative initiatives, encompassing awareness campaigns, media shows, counseling sessions, and advocacy. The outcomes of these endeavors reflect heightened awareness and improved understanding within the community and especially among PLHIV. While progress is noted, continued efforts are emphasized to achieve the target of zero HIV-related stigma by 2030”*. KII-1-RBC

He elucidated RBC's approach to addressing stigma among various PLHIV groups, emphasizing alignment with national strategic plans and tailored interventions targeting the PLHIV in general and specifically key populations. The strategy include collaboration with stakeholders at national and community levels, joint planning with implementing partners, NGOs, and civil society organizations. Initiatives are so far in place address stigma though harmful reduction interventions to the unique needs of high-risk groups are implemented. One example is establishment of peer education program for these specific groups. It is important to notice that national program managers plan to move to another layer of HIV prevention and management if we are to reach the elimination of HIV-related stigma by 2030.

“We need to go beyond HIV information programs and treatment if we want to eradicate the stigma related to the virus. HIV was a deadly illness decades ago that caused trauma in people and the current state of HIV treatment advancements calls on us to raise awareness of the virus and make a real difference. People need to be educated about HIV as a chronic illness, like other illnesses, which calls for behavioral modifications, adherence to health professionals' advice, and eventually returning to a normal life. Tailored message that demonstrates the importance of undetectable=Untransmissible (U=U) is essential for lowering HIV-related stigma and discrimination” KII-3 –RBC.

Regarding HIV disclosure, the key informant emphasized that it is one of the elements linked to HIV stigma. In comparison to educated people with a reasonably decent economic status, PLHIV who keep a low profile and have lower economic position tend to have greater rates of disclosure because most of them speak openly about their condition and are more likely to join PLHIV associations.

“We have made good progress in the last ten years in terms of reducing stigma and discrimination associated to HIV. Nonetheless, combating auto-stigma associated with HIV disclosure is an important step.

This indicates that people living with HIV have accepted their illness and are able to manage it appropriately by taking their medications as prescribed, suppressing their viral load, and leading regular lives.” In addition, disclosure rates are higher among PLHIV who are generally low-profile and illiterate, which require more efforts to develop customized messaging around disclosure KII-3 –RBC.

Following the recommendations from the SDI survey, which highlighted HCP disclosing HIV status of PLHIV without consent, the key informant mentioned that no specific study has been undertaken to identify the underlying factors contributing to this practice.

“No comprehensive study has been undertaken to identify the factors influencing HCPs in disclosing HIV status with or without consent. Preventive measures have been implemented in response to this, with an emphasis on training HCPs—especially those who have recently graduated—to avoid unintentional disclosure.”KII-1-RBC.

Another key informant added: *“We do not have specific research on that matter of disclosure, but we know that it is one of the reasons that can lead to stigma. What we are doing in supervision, mentoring, or tele-mentorship is to continue reminding healthcare providers that the response should be given verbally to the patient and kept confidential between healthcare providers and patient. While we don't have facts or recordings of those who do it, we continue reminding them of their responsibilities”KII-2-RBC.*

For the recommendations regarding Monitoring and Evaluation (M&E) related to HIV, while there was a recommendation to include indicators for monitoring stigma and discrimination, this has not yet been integrated into the existing Health Information Management System (HIMS) or Electronic Medical Records (EMR) system.

II.4.2. Rwanda Network of People Living with HIV

In response to the recommendations from the SDI survey, the RRP+ has undertaken multifaceted approaches to address stigma and discrimination faced by PLHIV. Their efforts include comprehensive advocacy, awareness-raising initiatives to ensure PLHIV are well informed about their rights under existing laws.

Both informants report successful training of peer educators, representatives of RRP+ at national and decentralized level, resulting in positive outcomes where clients now assert their rights, notably supported by a dedicated call center(1245). Moreover, economic empowerment programs, particularly the support of PLHIV cooperatives, are reinforced. The ongoing monitoring and follow-up; technical and financial support, of cooperatives, collaboration with stakeholders supporting persons with disabilities, and a commitment to inclusivity underscore their dedication to creating a supportive environment for PLHIV.

“Implementing innovative measures like a call center during the COVID-19 pandemic proved highly successful for RRP+. With movement restrictions in place and challenges for clients to physically reach us, the call center became instrumental. Issues related to stigma and discrimination were effectively addressed through remote assistance, offering advice or intervention through collaborative efforts with local leaders.KI-RRP+

Furthermore, RRP+ successfully held high-level advocacy meeting with parliamentarians in charge of social commission. This was an excellent opportunity to share the results of the SDI and sparked conversations about next steps with several ministers and in the next months, they were invited by the parliament.



RRP+ team, meeting the parliamentarians for advocacy on SDI 2.0 findings on 22nd July 2022

Additionally, RRP+ continued to conduct several advocacy campaigns with stakeholders in HIV response.



II.3. Perception of HIV-related Stigma and Discrimination among participants

Participants in focus group discussions had a variety of opinions about the current status of stigma and discrimination. Some thought these issues had significantly decreased, while others thought they had persisted, particularly outside of healthcare facilities. Participants were asked to rate the level of stigma on a scale of 0 to 10, with 10 representing high levels of stigma and 0 representing no stigma at all.

Participants rated the current level of discrimination and stigma between 2 and 7, suggesting a notable progress but revealing that there is work to do for specific groups especially FSW, MSM and people who use drugs because they face double stigma. Additionally, some young people in schools are still facing stigma. It is crucial to remember that certain recipients of care—particularly MSM and people who use drugs—rated the stigma on a scale of 5-7.

"I encountered stigma and discrimination during a school workshop. When it was my turn, my teacher asserted that I could not participate because, in his opinion, someone with HIV is considered weak. Despite my attempts to assure him of my well-being, he remained unconvinced. Consequently, I chose not to attend that teacher's class from that day onward" -FGD young PLHIV-R5

From the conversation in FGD, key population especially MSM are particularly susceptible to heightened stigma and discrimination. This is primarily attributed to societal perceptions that label their sexual orientation or feelings as immoral behavior.

"I experienced verbal abuse and housing denial simply because I am MSM. When my landlord discovered my sexual orientation, he stigmatized me, restricting access to basic facilities such as the toilet, until he eventually evicted me. You can only imagine how he would have treated me if he also discovered my HIV-positive status"-FGD MSM-R4

Participants shared personal experiences ranging from verbal abuse to discrimination within families. Self-stigmatization, Non-adherence to medication, discrimination were reported among people who use drugs. *"I had an experience that deeply saddened me. There was a moment when my sister encountered someone who expressed curiosity about my well-being. Shockingly, my sister described me as a 'living dead' because of my work and HIV status"-FDG-FSW-R2*

Children especially those born to FSW face stigma and discrimination related to their mother's status. Consequently, they face rejection from friends if their mother's status is known.

“In past 12 months, it happened to my child, He was playing with a neighbour’s daughter. When her parents find out that they were playing with my child, they rushed to the police and reported that because the parents have HIV the child also is HIV positive, and accused my child to have infected their daughter, that hurts the most to hear that my child can’t even play with others”. FDG-FSW-R1

In relation to HCP disclosing PLHIV status without consent, HCPs recognized that there are cases when such disclosure occurs, but emphasized the importance of maintaining confidentiality in line with professional ethics. They acknowledged scenarios where revealing an individual's HIV status might be necessary for medical purposes, particularly in emergency situations where patients are unable to communicate. However, HCPs do not advise PLHIV against having children or engaging in their reproductive health; instead, they provide education on the use of protective measures to prevent the risk of increased viral load, they also advise the use of family planning methods.

Key and priority populations, including FSW, MSM or people who use drugs, face discrimination in the job market based on their sexual orientation, or feelings leading to unequal treatment when it comes to access to certain services in the community. The repercussions include denial of housing, judgment, non-payment by employers, and in some cases physical violence.



SECTION III: CONCLUSION AND RECOMMENDATIONS



SECTION III: CONCLUSION AND RECOMMENDATIONS

III.1. CONCLUSION

It is commendable that RRP+ together with UNAIDS took the initiative to assess how well SDI 2.0 recommendations were being implemented. Measuring the progress is a commendable approach for any research or evaluation conducted before initiating a new one. The assessment revealed that efforts to reduce stigma and discrimination in all of its manifestations are ongoing. However, we observed gaps in dissemination of the survey findings, which consequently affected the implementation of its recommendations. The assessment revealed that the majority of stakeholders were not aware of the SDI survey 2.0. Only RBC and RRP+ staff were familiar with this report because they had been involved in the SDI survey from its conception to its execution and the dissemination of its findings. It was also noticed that it is during RRP+'s advocacy effort with the Rwandan Parliament in October 2022 or more recently, during the data gathering for this assessment, that the remaining participants/key informants in this assessment were informed about the SDI report and its recommendations.

Based on the assessment's recommendations, an action plan for implementation of the recommendations must be developed and monitored to close the communication and dissemination gap that is revealed. Close collaboration with all stakeholders involved is necessary to achieve this goal of eliminating HIV-related stigma and discrimination by 2030.

III.2. RECOMMENDATIONS

Based on the assessment findings indicating the inadequate dissemination of SDI 2.0 findings and limited implementation of its recommendations, the following is recommended:

About Dissemination

Effective dissemination is vital to ensure that the conducted research has a social, political, or economic impact.

It should be carried out at all levels to draw attention of governments and stakeholders to research results and conclusions, enhancing their visibility, comprehension, and implementation. It is necessary for RRP+ and its partners to:

- ④ Make sure a dissemination plan is developed beforehand in order to properly monitor the dissemination coverage.

- ④ Widely disseminate survey results from national to decentralized levels in order to ensure that all relevant stakeholders are informed in a timely manner for effective implementation. Dissemination meetings, the creation and distribution of suitable materials, such as pamphlets summarizing the main conclusions and suggestions, are among recommended approaches.

About Implementation

It is imperative that RRP+ continues to build on the progress so far made in implementing SDI recommendations, continue advocacy towards the implementing partners and ensure a close follow-up is conducted. To achieve this, it is required to:

Rwanda Network of People Living with HIV

In collaboration with RBC and SDI recommendations implementing partners

- ④ Establish a coordinated steering committee for SDI survey with representation from all implementing partners (SDI recommendations) that regularly meets to accurately monitor the implementation of recommendations.
- ④ Ensure an action plan for individual institutions is developed.
- ④ Consider to include a large sample of MSM and FSWs in the next SDI but also integrate other vulnerable populations such as people who use drugs.
- ④ Develop a costed advocacy plan for conducting focused advocacy on reduction of stigma and discrimination and mobilize resources for advocacy.
- ④ Strengthen peer education program, to allow PLHIV provide psychosocial support to their peers in order to increase their self-confidence and reduce self-stigma .

Ministry of Justice

- ④ Support RRP+ to increase awareness of existing laws protecting PLHIV against stigma and discrimination through MAJ by the Rwandan community about.
- ④ Support RRP+ to raise awareness about free legal aid and support services provided by Justice Bureaus (MAJ) by PLHIV
- ④ Design targeted media campaigns on HIV-related legal provision.

Ministry of Health/Rwanda Biomedical Centre

- ④ Ensure continuous training of Healthcare Providers (HCP) to provide appropriate friendly counseling and psychosocial support services to PLHIV.
- ④ Conduct research to understand determinants of disclosure of PLHIV status disclosure by Health care providers.
- ④ Integrate monitoring indicators about stigma and discrimination into Health Management Information System (HMIS).

Ministry of Public service and labor

- ④ Reinforce the implementation of article 9 of Rwanda's labor regulation law, N° 66/2018 of August 30, 2018, which forbids any form of discrimination at workplace to promote equal opportunity for all. This could be done through labor inspectors based at the district level.
- ④ In collaboration with the Ministry of Health through RBC, enhance the workplace wellness program to include HIV/AIDS.
- ④ Establish confidentiality measures for employers to eliminate disclosure of employee's HIV status without their consent.

Ministry of Education

- ④ Finalize and disseminate ministerial instructions relating to the fight against HIV related-stigma and discrimination and other chronic conditions in educational institutions.
- ④ Develop and monitoring plan or integration of indicators for monitoring implementation of actions to reduction of stigma and discrimination measures by trained schoolteachers designed to assist students with HIV and other chronic illnesses in boarding school.
- ④ Re-establish and strengthen anti-AIDS clubs in schools, in collaboration with RBC and district Health unit.

REFERENCES

1. George L. HIV related stigma and discrimination among people living with HIV/AIDS in Ernakulam District: A qualitative study. *Indian J Community Med.* 2019;44(5):34. doi:10.4103/ijcm.IJCM_30_19
2. Global Aids Update, Confronting Inequalities, Lessons for Pandemic Responses from 40 Years of AIDS.; 2021.
3. UNAIDS. End Inequalities. End aidsGlobal. Aids Strategy 2021–2026.
4. Rwanda Network of PLHIV. Rwanda HIV Stigma and Discrimination Survey Report.; 2009.
5. Rwanda Network of PLHIV. Rwanda Stigma Index Survey Report.; 2020.
6. Rwanda Biomedical Centre. Rwanda National Extended HIV Strategic Plan 2024-2027.; 2023.
7. Ministry of Health,Rwanda Biomedical Centre. Rwanda National HIV Prevention and Management Guidelines, Edition 2020.
8. Ministry of Health,Rwanda Biomedical Centre. Gender Assessment in Rwanda's HIV Response.; 2023.
9. Ministry of Health,Rwanda Biomedical Centre. Assessment of Human Rights Related Barriers to Accessing HIV and TB Services in Rwanda.; 2023.
10. Global Fund. Mid-Term Assessment Summary Report Global Fund Breaking Down Barriers Initiative.; 2022.
11. Gouvernement of Rwanda, Ministry of Health. Law N° 21/2016 of 20/05/2016 Relating to Human Reproductive Health.; 2016.
12. Gouvernement of Rwanda, Ministry of Labor. Law N° 66/2018 of 30/08/2018 Regulating Labour in Rwanda.; 2018.
13. Marín-González E, Malmusi D, Camprubí L, Borrell C. The Role of Dissemination as a Fundamental Part of a Research Project: Lessons Learned From SOPHIE. *Int J Health Serv.* 2017;47(2):258-276. doi:10.1177/0020731416676227



SECTION IV: APPENDICES



SECTION IV: APPENDICES

Appendix 1. Interview guide for RBC-Key Informants

This guide focuses on the recommendations from SDI towards RBC and targets national HIV program leads (Division manager, Prevention and Treatment Unit).

1. From the publication of the second SDI report,
2. Were you aware of this recommendation?
3. If yes, did you Reinforce counselling and psychological support to respond to internalized stigma?
4. If yes, what activities did you carry so far from the dissemination of the SDI results to now?
5. If any activities carried out to respond to the recommendation- what do you think were the results of your interventions.
6. What specific interventions did you put in place (you and your partners) since the dissemination of this recommendation by category of people to reduce the stigma?
 - a. Young people and women
 - b. MSM and FSW

Probe: How are these groups integrated into the national strategy? What key actions have been planned or implemented in the last two years or being implemented?

7. Does the current HIV M&E system consider indicators to monitor Stigma and discrimination?
If yes what is the health information system (HMIS, EMR,) that captures these indicators and what are they? - Please list.

Probe: : If the indicators are in place, please provide the overall picture of the status (for the specific indicators)

8. Did you conduct the assessment/Study? If not, why and if yes is the report available?

Appendix 2. Interview guide for RRP+ key informants

1. Did you carry any intervention around this recommendation since the dissemination of the last SDI report?
 - i. If no- What was the reason?
 - ii. If yes- What did you do?
2. If you have conducted a training of PLHIV (peer educators) and providers about these policies and laws? What is the coverage? Any result that may be observed? If Yes how?
3. Are the laws and policies protecting the rights of PLHIV identified and compiled together as to have a module for training?
4. Is there any innovative program developed since the dissemination of the SDI report?
 - a. If yes, which program?
 - b. If no, why? –What are underlying factors
 - c. Any ongoing plan to address the issue and when?

Appendix 3. Interview guide for key informants-HCPs (VCT and ART nurses)

1. Have ever or your colleague in HIV service heard of the findings from the last SDI?
If yes on which platform?
2. Is it true that in some cases HCPs reveal the HIV status of PLHIV without their consent? or provide such kind of advice (not having children)-What are the underlying factors?
3. When was the last training on counseling and psychological support to reduce the internalized stigma and who organized the training?



Appendix 4. Focus group discussion interview guide

The last SDI revealed that some groups of PLHIV are still facing SD

1. Were you aware of the SDI recommendations?
2. In your view, are PLHIV experiencing HIV-related stigma and discrimination? If yes how- can give a real example?

On a scale of 1 to 10, with 1 being "No experience of HIV-related stigma and discrimination" and 10 being "Extreme experience of HIV-related stigma and discrimination," please rate the level of stigma and discrimination you believe PLHIV (People Living with HIV) are currently facing.

If you have personally witnessed or experienced any instances, please provide specific examples.

3. Which group of people are mostly affected by HIV-related stigma in your area? And why do think they are more affected by stigma and discrimination?
4. Have you or someone you know (peer) ever experienced stigma and discrimination in the last 12 months? If yes, what was it? How did you manage the situation?
5. In terms of access to work as well as health facilities, do PLHIV receive the same treatment as well as equal opportunities compared to people who have HIV-negative status or unknown?
6. In your own views, do you think PLHIV in this community are now comfortable or safe to disclose their HIV status, their sex orientation, or their occupation, especially FSW to health care providers when seeking services at health facilities? What are the challenges –Explain?
7. What do you propose as strategies that can be put in place to eliminate HIV-related Stigma and discrimination? Explain in detail each strategy.

Appendix 5: List of Key informants

SN	Names	Institution	Position
1.	Dr Gallican Nshogoza Rwibasira	RBC	Division manager- HIV Program
2.	Dr Simeon Tuyishime	RBC	Director of HIV care & treatment
3.	Dr Basile Ikuzo	RBC	Director of HIV prevention unit
4.	Sylvie Muneza	RRP+	Chairperson
5.	Jean Berchmans Tugirimana	RRP+	Programs Monitoring and Evaluation officer/Resource Mobilizer
6.	Jeannette Mutarutwa Ribakare	RRP+	Regional Field officer
7.	Jean Baptiste Twizeyimana	RRP+	Regional Field officer
8.	Gasana Pierre Claver	MINIJUST	Humana Resource Management Officer Occupational health and safety committee member
9.	Bangamwabo Boniface	MIFOTRA	Occupational Safety and Health Promotion Specialist
10.	Uwimbabazi Sylvie	MINEDUC	Director of cross-cutting Programs
11.	Yvette Amini	Musambira HC	Nurse
12.	Umurerwa Claudine	Musambira HC	Nurse
13.	Sifa Françoise	Rwamagana HC	Nurse
14.	Kirabo Anne	Rwamagana HC	Social worker
15.	Lucie Byukusenge	Biryogo HC	Nurse
16.	Agnes Nyiraneza	Biryogo HC	Social worker
17.	Gaudence Nyiramukina	Ruhengeli RH	Nurse
18.	Chantal Nyirakabikira	Ruhengeli RH	Social Worker
19.	Michelle Uwimpuhwe	Gisenyi HC	Nurse
20.	Anastasie Nyiransengimana	Gisenyi HC	Social Worker
21.	Batumuliza Assumpta	AHR	Counsellor
22.	Umugwaneza Nadia	AHR	Help health group

Appendix 6- Letter from Parliament inviting ministers to discuss with social commission discussing with Ministries about SDI 2.0 report and its recommendations

REPUBLIKA Y'U RWANDA INTEKO ISHINGA AMATEGEKO UMUTWE W'ABADEPITE	REPUBLIC OF RWANDA PARLIAMENT CHAMBER OF DEPUTIES	REPUBLIQUE DU RWANDA PARLEMENT CHAMBRE DES DEPUTES
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Itariki / Date : ...04...01...2022

N° 1600/P/CD/EA/FN/2022

Nyakubahwa Minisitiri w'Intebe
KIGALI

Impamvu: Gutumira Abayobozi mu nama ya Komisiyo

Nyakubahwa Minisitiri w'Intebe,

Nejewe no kubamenyesha ko Komisiyo y'Imibereho y'Abaturage yagiranye ikiganiro n'abahagarariye Urugaga Nyarwanda rw'Abafite Virus itera SIDA (Réseau Rwandais des Personnes vivants avec le VIH/SIDA) ku bushakashatsi yakoze ku ihezwa n'akato mu Rwanda. Komisiyo ikaba isanga ikwiye kubonana n'inzego zifite mu nshingano ibibazo byagaragajwe n'ubwo bushakashatsi, kugira ngo babyunguraneho ibitekerezo;

Ni muri urwo rwego, mbasaba kudutumirira aba bakurikira mu nama y'yo Komisiyo iteganyijwe **kuwa gatatu, tariki ya 12/10/2022**, ku buryo bukurikira:

- **08h00- 10h00 : Minisitiri w'Ubuzima;**
- **10h05-12h00 : Minisitiri w'Uburezi;**
- **14h00-15h00 : Minisitiri w'Ubutegetsi bw'Igihugu;**
- **15h05-16h00 : Minisitiri w'Imari n'Igenamigambi ari kumwe na Guverineri wa Banki Nkuru y'Igihugu (BNR).**

Mboherereje ku mugereka w'yi baruwa, inyandiko igaragaza ibyo Komisiyo yifuzako ko bazaganiraho.

Mugire amahoro.


MUKABALISA Donatille
Perezida w'Umutwe w'Abadepite



Bimenyeshajwe

- Nyakubahwa Perezida wa Repubulika
- Nyakubahwa Perezida wa Sena
- Nyakubahwa Visi-Perezida w'Umutwe w'Abadepite (bombi)
- Madamu Umunyamabanga Mukuru w'Umutwe w'Abadepite

KIGALI

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