



COMMUNITY PERCEPTION ABOUT THE U.S. GOVERNMENT'S STOP WORK ORDER ON HIV RELATED PROGRAMMING IN RWANDA.

**A RAPID ASSESSMENT BY RWANDA NETWORK
OF PEOPLE LIVING WITH HIV / AIDS (RRP+)**

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PREFACE

This report presents the findings of a rapid community assessment conducted by Rwanda Network of People Living with HIV (RRP+), aimed at understanding the perceptions and experiences of people living with HIV (PLHIV), their families, and local stakeholders following the U.S. Government's recent stop-work order affecting HIV service delivery in Rwanda. The assessment was initiated in response to growing concerns about service disruptions and the need to amplify the voices of affected communities at a critical moment for Rwanda's HIV response.

In line with RRP+'s commitment to community-led advocacy and evidence-based action, this assessment engaged key constituents across diverse settings, ensuring that those most affected had an opportunity to share their views. The data collected through online platforms allowed for rapid, wide-scale outreach, especially to rural populations often excluded from formal consultations.

We hope that the insights presented in this report will inform both national and international stakeholders, and support advocacy efforts to safeguard the continuity of essential HIV services. We extend our sincere gratitude to the Peer Educators, District and Sector Representatives, and all respondents who contributed their time and perspectives.



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EXECUTIVE SUMMARY

Background: The United States of America (U.S.) government has been a significant partner in Rwanda's HIV response, providing vital funding for prevention, care & treatment programs. However, since the end of January 2025, the U.S. has an immediate implementation of a stop-work order, freezing funding and later on a limiting waivers for certain interventions. This abrupt reduction poses a serious threat to the progress made in the HIV response in Rwanda. The Rwanda Network of People Living with HIV / AIDS (RRP+) conducted a rapid assessment to gauge community perceptions of these changes and their level of understanding.

Objective: To assess experiences and perceptions of people living with HIV (PLHIV) as well as community organizations regarding the U.S. stop-work order, focusing on disruptions to service delivery and the implications for HIV care in Rwanda.

Methodology: A total of 1,147 respondents participated in the survey, which was conducted from March 11-16, 2025. The survey method employed online surveys distributed via WhatsApp groups, targeting peer educators, district representatives, and key constituencies to gather relevant data on the quality and accessibility of HIV services. The information captured were kept confidential. Those who will to participate in further follow up and advocacy, consented and provided personal contacts.

Key Findings:

Geographic Distribution: Majority of respondents were from Western Province (40.7%), while the Eastern Province had the least representation (6.1%). Rural areas like Rusizi and Nyamasheke reported higher responses, suggesting more robust advocacy efforts in these areas. Urban districts such as Kigali showed moderate participation, while some Eastern and Southern districts had lower response rates, indicating possible gaps in outreach or awareness.



Stockouts of HIV-related Commodities: 44% of respondents reported disruptions in essential HIV-related commodities, particularly condoms (19%), ARVs and PrEP (9% each), and contraceptives (6%). Implications: Stockouts could lead to interruptions in treatment, increased HIV transmission and or drug resistance, and unintended pregnancies, particularly among adolescent girls and young women (AGYW).

Staff Reductions: 37% of respondents reported staff layoffs, contract terminations, or transfers at health facilities, signaling a major disruption in service delivery. However, 34% observed no staff changes, indicating variability in the impact of funding cuts.

Disruption of HIV-related Support Services: Significant disruptions were observed in school support programs (47%) and nutritional support services (8%). While some CSOs adapted their service delivery, many young PLHIV, especially AGYW, face heightened vulnerability due to the lack of educational support. Similarly, disruptions in nutritional and psychosocial services could lead to worsened health outcomes.

Concerns About Future Shortages: A large majority (85%) of respondents expressed concerns about future shortages of ARVs and other HIV services, underscoring the potential risks to treatment continuity, viral suppression, and public health outcomes.

Quality of Current HIV Services: The survey shows that 79% of respondents rate HIV services in Rwanda as Good or Excellent, indicating general satisfaction. However, a notable portion report average to poor service, often due to barriers like stockouts, long wait times, and staffing issues.

Implications for HIV Services and Community Health in Rwanda:

Prevention Disruptions: PrEP, and condoms disruptions, may lead to interruptions in HIV prevention, undermining Rwanda's prevention effort, especially among key and priority population.

Treatment Disruptions: Stockouts, particularly of ARVs, may lead to interruptions in HIV treatment, undermining Rwanda's progress in HIV care.

Impact on Vulnerable Groups: Young people, especially AGYW, are at heightened risk due to disruptions in educational, nutritional, and psychosocial support services. This could lead to a cycle of vulnerability, poverty, and increased HIV transmission.

Staffing and Service Delivery: Staff reductions may negatively affect service quality, particularly in areas most reliant on external funding.

Urgent Advocacy Needed: The findings underscore the need for urgent advocacy to restore funding and ensure the continuity of essential services to protect the gains made in HIV care and treatment.

Conclusion: The U.S. government's stop work order may have negative implications for the HIV response in Rwanda, particularly affecting access to commodities, staffing, and community support services. Immediate action is required to mitigate these disruptions and ensure that PLHIV continue to receive the care and support they need.



I. BACKGROUND

U.S. Government's Role in Global HIV Response

The U.S. Government, through the President's Emergency Plan for AIDS Relief (PEPFAR), has been a cornerstone in the global fight against HIV/AIDS. Since its establishment in 2003, PEPFAR has provided critical funding and technical support to numerous countries, including Rwanda, focusing on the prevention, treatment, and care of people living with HIV (PLHIV). The U.S. Government has been instrumental in scaling up antiretroviral therapy (ART), HIV testing services, and prevention programs, while also contributing to capacity-building efforts in health systems worldwide. Through its partnerships, the U.S. has directly supported the strengthening of healthcare infrastructure, enhanced the quality of HIV services, and helped to reduce stigma associated with HIV.

In Rwanda, U.S. assistance, particularly under PEPFAR, has been vital in the country's efforts to combat HIV, significantly contributing to the national HIV prevention, treatment and care programs. This collaboration has contributed to increased access to ART, leading to improved health outcomes for thousands of Rwandans living with HIV. Furthermore, the U.S. Government's investments have helped Rwanda build a robust health system which accommodate HIV service delivery, ensuring interventions remain effective and responsive to the needs of affected communities.

The Impact of U.S. Policy Changes on HIV Service Delivery in Rwanda

Recent changes in U.S. policy, specifically the U.S. Government's decision to implement a stop-work order on HIV service delivery in Rwanda, have raised significant concerns within the local community, particularly among PLHIV. The stop-work order, which temporarily halted U.S. funding for some HIV-related programs, may cause disruptions in the continuity of care for PLHIV, potentially affecting access to essential HIV services, such as ART, testing, and counselling.

The U.S. policy shift has created uncertainty regarding the sustainability of HIV services in Rwanda, especially as PEPFAR has been a major donor and partner in the national HIV response. The stop-work order has led to concerns about the ability of local organizations, including the RRP+, to continue providing services that are critical for PLHIV. As a result, the community has voiced concerns about potential delays in treatment, loss of essential resources, and disruptions to programs that help individuals maintain their health and quality of life.

In response to the policy changes, many stakeholders in Rwanda, including RRP+, have called for clarity and a swift resolution to ensure that HIV services continue without interruption. There is a shared concern that any long-term disruption in funding could exacerbate the vulnerabilities faced by PLHIV and compromise the progress made in achieving HIV-related health goals in Rwanda.

Government of Rwanda's Commitment to Continuity of Care

The Government of Rwanda has shown an ongoing commitment to ensuring continuity of care for PLHIV, recognizing the importance of uninterrupted treatment and support. Despite the challenges posed by the U.S. Government's stop-work order, Rwanda remains dedicated to the national HIV response and to providing continued access to ART and related services for those in need. The Government, in collaboration with local organizations such as RRP+, has continued to prioritize HIV service delivery, ensuring that critical services remain accessible to communities, especially vulnerable populations.

The Government's commitment to continuity of care is reflected in its proactive efforts to engage with international partners, including the U.S., to address the funding gaps caused by the policy changes. Additionally, Rwanda has worked to strengthen its domestic HIV response mechanisms, seeking alternative sources of funding and support to maintain essential services for PLHIV.

In the face of the stop-work order, the Government of Rwanda continues to uphold its commitment to ensuring that PLHIV receive the necessary care and support to remain healthy and resilient. However, the partnership with global actors, particularly the U.S. Government, remains essential for the long-term sustainability and success of the HIV response in Rwanda.

II. OBJECTIVE

The objective of this rapid assessment is to capture community perceptions—especially those of people living with HIV (PLHIV), their families, and local stakeholders—regarding the U.S. Government’s stop-work order on HIV service delivery in Rwanda. By documenting their experiences and concerns, RRP+ aims to assess the impact of this policy change on access to care and service continuity. The findings will inform advocacy efforts targeting decision-makers, including U.S. Government officials, donors, and local authorities, while reinforcing a community-led approach to safeguarding HIV service delivery and shaping future policy and funding strategies.

Purpose

The primary purpose of this rapid assessment is to assess the communities’ perception about the U.S. Government’s stop-work order on HIV service delivery in Rwanda and gather potential effects of this policy change.

Scope:

This assessment focuses on understanding the following key areas:

- 1. Impact on HIV Treatment and Care:** How would the US funding cuts potentially affect access to ART, HIV testing, counseling, and other critical services for PLHIV.
- 2. Community Response:** The reactions and concerns of the community, especially among vulnerable groups, regarding potential disruptions to HIV services.
- 3. Service Provider Feedback:** Insights from local service providers and organizations about the challenges faced in maintaining service continuity in the absence of U.S. support.

4. **Policy and Funding Gaps:** The identification of gaps in HIV service delivery and areas that require urgent attention from the Government of Rwanda and international partners.

5. **Advocacy Priorities:** Recommendations for evidence-based advocacy actions to restore and sustain HIV services, ensuring that no person living with HIV is left behind.

III. METHODOLOGY

Population and Sample Size

A total of 1,147 respondents participated in the survey, which was conducted from March 11-16, 2025. The survey method employed online surveys distributed via WhatsApp groups, targeting peer educators, district representatives, and key constituencies to gather relevant data on the quality and accessibility of HIV services. The information captured were kept confidential. Those who will to participate in further follow up and advocacy, consented and provided personal contacts.

Data Collection Tools and Process

Data for this assessment was collected through the following process:

- 1. Respondents:** A total of **1,147 respondents** were engaged, demonstrating strong community involvement and feedback on the issue at hand. The broad engagement included a range of individuals affected by the policy change, to ensure comprehensive perspectives were captured.
- 2. Online Questionnaire:** The survey was distributed via an online questionnaire, shared through WhatsApp groups that included Peer Educators (PEs), District Representatives (DRs), Sector Representatives (SRs), and constituencies involved in the HIV response. To ensure data integrity and prevent multiple submissions from the same individual, the form was configured to allow only one response per Google account. This method ensured that the survey reached a wide audience efficiently, including those in rural areas with limited access to in-person surveys.
- 3. Data Analysis:** The collected data were analyzed using Microsoft Excel, which enabled basic statistical analysis and visualization to identify key trends and community perspectives.

4. The data collection occurred over a period of **6 days**, from **March 11 to 16, 2025**. This short timeline allows for rapid data collection while ensuring that respondents have sufficient time to provide thoughtful feedback.
5. The scope of this assessment was people living and those affected by HIV reached through WhatsApp groups of peer educators, district representatives, Sector representatives and constituencies of RRP+.

IV. FINDINGS

1. Geographic Distribution of Survey Respondents

Geographic Distribution of Survey Respondents by Provinces

The survey collected responses from 1,147 participants across different provinces in Rwanda.

Table 1: Province of Respondents

Province of respondents	Number of Respondent
West	467
North	227
South	207
City of Kigali	176
Est	70
Total	1147

This distribution indicates that the majority of respondents are from the Western Province, accounting for over 40% of the total sample. The lowest representation comes from the Eastern Province, making up just over 6% of the total responses.

Geographic Distribution of Survey Respondents by District

The survey captured responses from **1,147 participants** across **30 districts** in Rwanda, with notable variations in the distribution of respondents per district. The **average number of respondents per district** is approximately **38.23**, indicating a relatively broad representation across the country.

Table 2: Number of respondents by District

DISTRICT	NUMBER OF RESPONDENTS
Rusizi	130
Nyamasheke	124
Karongi	92
Rulindo	71
Gasabo	65
Muhanga	64
Nyarugenge	57
Kamonyi	56
Musanze	54
Kicukiro	54
Rutsiro	48
Gakenke	40
Ruhango	34
Ngororero	33
Burera	31
Cicumbi	31
Nyabihu	27
Nyamagabe	22
Kirehe	17
Kayonza	15
Rubavu	13
Rwamagana	13
Huye	12
Gatsibo	9
Nyaruguru	8
Bugesera	7
Nyanza	6
Cisagara	5
Ngoma	5
Nyagatare	4

1.High Representation in Western and Northern Districts:

- **Rusizi (130) and Nyamasheke (124)** have the highest number of respondents, followed by **Karongi (92)** and **Rulindo (71)**.

2.Moderate Representation in Urban Centers:

- The three districts of **City of Kigali–Gasabo (65), Nyarugenge (57), and Kicukiro (54)**—recorded moderate participation.
- The relatively lower numbers compared to some rural districts may indicate that urban respondents have more diverse service access points or different levels of concern regarding policy changes.

3.Lower Representation in Eastern and Southern Provinces:

- **Several districts in Eastern and Southern Provinces reported notably lower responses, including Nyagatare (4), Ngoma (5), Gisagara (5), Nyanza (6), and Bugesera (7).**
- This may point to either reduced awareness of the survey, lower levels of direct impact from funding cuts, or challenges in survey outreach in these regions.

4.Potential Gaps in Representation:

- **With districts like Huye (12), Gatsibo (9), and Nyagatare (4) reporting lower responses,** further investigation may be needed to assess whether these areas face similar challenges but are underrepresented in the survey data.
- Future surveys could incorporate targeted outreach strategies to ensure more balanced participation across all districts.

2. Community experiences on shortages or stockouts of HIV-related commodities

The survey assessed the community perceptions of the U.S. government's stop work order on the availability of essential HIV-related commodities in Rwanda.

Table 3: Commodities Stockouts

Commodities Stockouts	Number of respondents (%)
No shortages experienced	56
Condoms	19
Others (Testing Kits, Bactric SP for PMTCT)	1
Antiretroviral Therapy (ARVs)	9
Contraception for FP	6
Pre-Exposure Prophylaxis (PrEP)	9
Grand Total	100

Findings indicate that while the majority of respondents (56%) reported no shortages, a significant portion (44%) experienced disruptions in access to critical commodities.

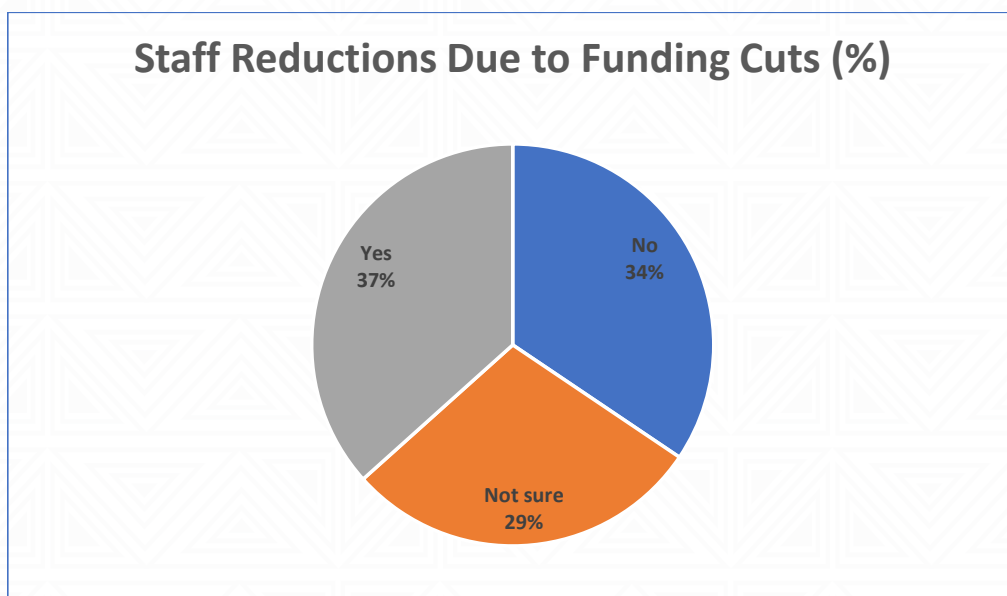
- ✓ **Shortage of condom (19%):** *The most commonly reported stockout was condoms, which are essential for HIV prevention and sexual health. This shortage could increase the risk of HIV transmission, unintended pregnancies, and other sexually transmitted infections (STIs).*
- ✓ **Stock out of ARV and PrEP (9% Each):** *Antiretroviral Therapy (ARVs): Even a 9% disruption in ARV supply poses a major threat to treatment adherence, leading to potential viral load rebound and increased HIV transmission risks. Pre-Exposure Prophylaxis (PrEP): Stockouts affect HIV prevention efforts, particularly among high-risk populations such as key populations and adolescent girls and young women (AGYW).*

- ✓ **Contraception for Family Planning (6%):** Reduced access to contraceptives may result in unintended pregnancies, particularly among adolescent girls and young women, further complicating HIV prevention strategies.
- ✓ **Other Essential Commodities (1%):** Shortages in HIV testing kits and Bactrim SP for PMTCT (Prevention of Mother-to-Child Transmission) threaten early diagnosis and maternal health outcomes.

Implications & Risks for shortages of essential commodities

- **Treatment Interruptions:** Stockouts of ARVs, even for a small percentage, can lead to drug resistance, treatment failure, and increased morbidity and mortality.
- **HIV Prevention Challenges:** The unavailability of condoms and PrEP undermines Rwanda's progress in reducing new infections.
- **Family Planning & Maternal Health Risks:** The lack of contraception and PMTCT-related medicines increases risks for women, particularly those living with HIV.

3. Staff reductions (layoffs, contract terminations, or transfers) in the implementing partner due to U.S. funding cuts.



- ✓ 37% of respondents reported staff reductions at their community partners, indicating a substantial impact on service delivery at the community level.
- ✓ 34% of respondents observed no staff reductions, suggesting variability in how different interventions are affected.
- ✓ 29% of respondents were unsure, highlighting potential gaps in awareness.

4. Disruption of HIV-related support services provided by civil society organizations (CSOs)

The survey assessed the impact of the U.S. government's stop work order on the availability of HIV-related support services, specifically focusing on civil society organizations (CSOs) in Rwanda. The findings reveal significant disruptions in various support services that are critical to the well-being of individuals living with HIV (PLHIV). These disruptions could impact the continuity of care and other essential services, which are vital for HIV prevention, treatment, and care.

Table 4: Disruption of HIV-related support services provided by civil society organizations (CSOs)

Commodities Stockouts	Number of respondents (%)
<i>School support programs (e.g., tuition assistance, school supplies)</i>	47%
<i>No disruptions noticed</i>	33%
<i>Nutritional support (e.g., food packages, meal assistance)</i>	8%
<i>Sexual and reproductive health & rights (SRHR) services</i>	4%
<i>Counseling and psychosocial support</i>	7%
Grand Total	100%

1. School Support Programs (47%)

- 47% of respondents reported disruptions in school support programs, including tuition assistance and school supplies. This suggests that many young people living with HIV (YPLHIV) who rely on these programs for educational support are facing challenges due to funding cuts.

- The disruption of these services has profound implications, especially for adolescent girls and young women (AGYW) who are at increased risk of dropping out of school due to the loss of support and poverty. The inability to access essential educational support may contribute to a cycle of vulnerability, limiting future opportunities and increasing their risk of exposure to HIV transmission and other health challenges.

2. No Disruptions Noticed (33%)

- A relatively 33% of respondents indicated that they had not noticed any disruptions in HIV-related support services provided by CSOs.
- This response suggests that while many areas have been affected by the U.S. funding cuts, some regions or organizations may have had alternative funding mechanisms or sufficient stockpiles of commodities to sustain operations.
- It is also possible that some CSOs have adapted their service delivery or found new ways to continue providing support despite the challenges posed by the stop work order

3. Nutritional Support (8%)

- 8% of respondents reported disruptions in nutritional support services, such as food packages and meal assistance. These services are especially crucial for PLHIV, who often require specific dietary support to maintain health and treatment adherence.
- The reduction or disruption of nutritional support may contribute to worsening health outcomes, especially for individuals experiencing malnutrition or HIV-related complications.

4. Sexual and Reproductive Health & Rights (SRHR) Services (4%)

- Only 4% of respondents reported disruptions in sexual and reproductive health and rights (SRHR) services.
- While this percentage is lower compared to other services, it highlights that SRHR services, which encompass HIV prevention, family planning, and safe abortion services, are still at risk. Disruptions in these services can lead to unintended pregnancies, gender-based violence, and increased HIV transmission, particularly among adolescent girls and young women (AGYW) who are already vulnerable.

5. Counselling and Psychosocial Support (7%)

- 7% of respondents reported disruptions in counselling and psychosocial support services. These services are essential in providing emotional and mental health support for PLHIV, helping them cope with the psychological burden of living with HIV and adhering to treatment regimens.
- Disruptions in these services could result in increased mental health issues, such as depression, anxiety, and stress, which can negatively impact treatment adherence and overall health.

Sources indicate that several implementing partners—including FXB, AEE, YWCA, CARITAS, and DUHAMIC-ADRI under USAID support, as well as Care, Haguruka, CNF Rwanda, World Vision, Save the Children, and Church World Service (CWS), among others—were affected by the Stop Work Order. These organizations received formal notifications of suspension or termination of activities. However, the situation continues to evolve, with some partners having received waivers allowing them to resume selected interventions.

Implications of Findings:

- **Educational Support and Vulnerability:** The high level of disruption in school support programs (47%) could exacerbate the vulnerability of youth living with HIV, potentially leading to higher dropout rates, increased poverty, and a cycle of disempowerment. This calls for urgent advocacy to restore educational support for YPLHIV to safeguard their long-term well-being.
- **Health and Nutrition:** The disruptions in nutritional support (8%) may lead to health deterioration among PLHIV, especially those who require specialized diets to support their immune system and treatment adherence. Ensuring the continuity of food assistance programs is critical to preventing malnutrition and supporting the health of people living with HIV.
- **SRHR Services:** While 4% reported disruptions in SRHR services, the importance of these services cannot be overstated. Their disruption may result in unintended pregnancies and new HIV infections among vulnerable groups, particularly young women. Therefore, restoring these services is vital for promoting sexual and reproductive health rights and preventing further HIV transmission.
- **Psychosocial Support:** The disruption of psychosocial support (7%) highlights the importance of providing mental health services to PLHIV. Without adequate emotional support, individuals may struggle with treatment adherence and overall well-being. Programs addressing mental health and psychosocial challenges should be prioritized to ensure comprehensive care for PLHIV.

5. Concerns about future shortages of ARVs or other essential HIV services

The survey sought to understand respondents' concerns regarding potential future shortages of Antiretroviral Therapy (ARVs) and other critical HIV services, especially in light of the U.S. government's stop work order and its impact on funding for HIV services in Rwanda.

Table 5: Concerns about future shortages of ARVs or other essential HIV services

Concerns about future shortages of ARVs or other essential HIV services	Number of respondents (%)
No	9%
Not sure	6%
Yes	85%
	100%

The table above shows that:

Concerns About Shortages (85%): A significant proportion of respondents (85%) expressed concern about the potential future shortages of ARVs and other essential HIV services.

- This overwhelming concern highlights the uncertainty surrounding the continuity of life-saving HIV treatment and related services. ARVs are a cornerstone of HIV care and treatment, and any disruption in their availability can severely affect treatment adherence and viral suppression for people living with HIV (PLHIV).
- The concern about shortages underscores the potential risks to public health and the HIV response in Rwanda, as ARV stockouts can lead to treatment interruptions, increased viral load, and HIV transmission.

Uncertainty (6%): 6% of respondents expressed uncertainty (Not sure) regarding potential future shortages.

- This group likely recognizes the unpredictability of the situation, given the ongoing changes in funding, policy, and service delivery, especially in the face of disruptions in external financial support like the U.S. funding freeze.
- These respondents may be waiting for clearer guidance or communication from health authorities or may be less aware of the direct implications of the funding cuts on supply chains.

No Concerns (9%): A relatively smaller portion of respondents (9%) indicated that they were not concerned about potential shortages of ARVs or other HIV services.

- This response may suggest that some individuals have observed sufficient availability of essential services in their local health facilities or have faith in the government's efforts to manage the situation. It could also reflect those who have not yet faced significant service disruptions or are unaware of the challenges arising from funding reductions.

6. Quality of current HIV services

The survey also sought to assess the quality of HIV services currently provided to respondents in Rwanda, particularly in light of recent disruptions and policy changes. The findings indicate a generally positive perception of the quality of HIV services but also reveal areas where improvements are needed.

Table 6: Quality of current HIV services

Quality of Services	Number of respondents (%)
<i>Excellent</i>	48
<i>Good</i>	31
<i>Average</i>	15
<i>Very Poor</i>	3
<i>Poor</i>	3
<i>Grand Total</i>	100

1. Excellent (48%)

- 48% of respondents rated the quality of HIV services they receive as Excellent.
- This suggests that a significant portion of individuals feel confident in the services available to them, including Antiretroviral Therapy (ARVs), prevention programs, and other essential HIV-related support.
- These respondents likely experience consistent access to quality care, effective treatment regimens, and professional healthcare providers who meet their needs.

2. Good (31%)

- 31% of respondents rated the quality of services as Good.
- While positive, this group may have some reservations or experience minor challenges with service delivery, such as limited facility hours, stockouts, or staffing shortages.
- This group may still have access to essential services, but their experience may not be as seamless or consistent as those who rated the services as Excellent.

3. Average (15%)

- 15% of respondents rated the quality of services as Average.
- These individuals might experience inconsistent service delivery, delayed appointments, or challenges such as long waiting times, lack of counseling support, or limited access to certain HIV-related commodities like ARVs or PrEP.
- This group represents a potential gap in service quality that needs to be addressed to ensure universal access to high-quality care.

4. Very Poor (3%)

- A small group of 3% of respondents rated the quality of services as Very Poor.
- This indicates that a small minority of individuals may be experiencing serious barriers to accessing quality HIV services, such as stockouts, inadequate health worker training, or poor infrastructure at healthcare facilities.
- Addressing these issues is essential to avoid worsening health outcomes and ensure that all people living with HIV have access to timely and effective care.

5. Poor (3%)

- Similarly, 3% of respondents rated the quality of services as Poor.
- Like those rating services as Very Poor, this group may face challenges such as limited access to services, delays in receiving treatment, or lack of proper support services.
- These challenges highlight the need for improvement in service delivery, especially for vulnerable populations who might face additional barriers to care.

Implications of Findings:

General Satisfaction with HIV Services:

- The survey results show a generally positive assessment of the quality of HIV services in Rwanda, with 79% of respondents rating the services as Good or Excellent. This indicates that, despite recent disruptions and challenges, HIV services are generally meeting the expectations of the majority of people living with HIV (PLHIV) in the country.

Areas for Improvement:

- While a significant portion of respondents report good quality services, there is still a notable portion of individuals who perceive the quality as average, poor, or very poor. This group likely experiences barriers to care, including stockouts, long waiting times, inadequate support, or staffing issues. These issues require targeted interventions to ensure universal access to high-quality HIV care.

Impact on Treatment Adherence and Health Outcomes:

- Quality service delivery is directly linked to adherence to ARVs, viral load suppression, and long-term health outcomes for PLHIV. Ensuring that services remain consistent, timely, and comprehensive is crucial to maintaining the momentum of Rwanda's HIV response and achieving the goal of an HIV-free generation.

7. Respondents' confidence to be contacted for follow-up discussions or advocacy efforts

The survey also explored the level of **confidence** respondents have in being contacted for **follow-up discussions** or **advocacy efforts** related to HIV services in Rwanda. This section sheds light on how comfortable individuals are with participating in **further discussions** or engaging with **advocacy initiatives**, which are essential for shaping future policy and ensuring the continuity of **HIV services**

Table 7: Confidence to be contacted for follow-up discussions or advocacy efforts

Confidence to be contacted for follow-up discussions or advocacy efforts	Number of Respondents (%)
Yes	39
No	61
Grand Total	100

1. Yes (39%)

- **39% of respondents** expressed **willingness** to be contacted for **follow-up discussions or advocacy efforts**.
- This group is likely **engaged** and open to **further involvement** in efforts aimed at improving **HIV services** and advocating for **policy changes** that ensure the sustainability of these services.
- Importantly, **39% of respondents** have freely shared their **emails and/or phone numbers**, which indicates a high **level of trust** and **openness** to engage in future discussions. Their willingness could serve as an **important resource** for future initiatives aimed at **mobilizing support**, ensuring **community participation**, and gathering **in-depth insights** into the **current challenges** faced by PLHIV.

2. No (61%)

- A majority of **61% of respondents** indicated that they **prefer not to be contacted** for follow-up discussions or **advocacy efforts**.
- This could be due to a variety of reasons, including **privacy concerns**, a desire to remain **anonymous**, or **discomfort** with sharing personal information in future engagements.

- The **high percentage of respondents** who are not interested in follow-up interactions suggests that efforts to encourage participation in **advocacy** and **discussions** may need to be tailored to address these concerns and ensure **confidentiality** and trust.

Implications of Findings:

- **Community Engagement for Advocacy:** The **39%** of respondents who are willing to be contacted represent a **critical group** for any **advocacy initiatives** or **policy influence** efforts. However, reaching the remaining **61%** will require addressing concerns about privacy, **confidentiality**, and the **nature of the advocacy**.
- **Sensitivity to Respondent Preferences:** The reluctance of a majority of respondents to engage further in follow-up discussions or advocacy efforts highlights the need for **sensitive** and **confidential** approaches when involving people in **policy discussions** or **advocacy activities**. Ensuring that is crucial for respondents to feel safe and comfortable to maintain trust and participation.

V. RECOMMENDATIONS

- 1. Government to follow up procurement & Supply Chain Strengthening:** Advocate for emergency procurement of essential HIV commodities and strengthen national and international partnerships to minimize disruptions. While the survey captures data since February 2025, further analysis is needed to directly link reported shortages to the U.S. funding freeze. Delays in the local supply chain should also be addressed to ensure uninterrupted service delivery.
- 2. Government & CSO-Led Monitoring:** Expand community-led monitoring efforts to track shortages and report real-time gaps. Strengthen coordination between the Ministry of Health, RRP+, and implementing partners to improve local supply chain efficiencies and ensure timely restocking of HIV services.
- 3. Diversification of Funding & Local Production:** Increase government allocation for HIV commodities to reduce dependency on external donors. Explore regional or local manufacturing of key products like ARVs and condoms to reduce reliance on international supply chains and mitigate potential disruptions.
- 4. Integrated Service Delivery & Alternative Approaches:** Strengthen the multi-month dispensing (MMD) model for ARVs to minimize the impact of stockouts. Expand community-based HIV prevention programs to ensure continuous access to condoms and PrEP, and integrate these strategies into the broader service delivery model to reduce the reliance on centralized supply chains.

5. Strengthening CSO Support: Foster increased collaboration with government agencies and international partners to restore and strengthen support programs for PLHIV, focusing on education, nutrition, and psychosocial services. Address potential service gaps due to delays in local supply chains and ensure program continuity.

6. Alternative Funding Mechanisms: CSOs should seek alternative funding sources, such as local government funding through exploring social contracting opportunities, private sector partnerships, and crowdfunding initiatives, to sustain essential HIV-related services, particularly in the event of external funding disruptions or delays.

7. Policy Advocacy: Ramp up advocacy efforts to restore PEPFAR funding and secure continued support for HIV-related services. This includes addressing supply chain inefficiencies and ensuring that essential services are maintained during periods of funding uncertainty.

8. Community Engagement: Reinforce community-led monitoring and feedback mechanisms to continuously assess service delivery and address gaps. Engage local communities in identifying supply chain issues and advocating for improvements at the district and national levels.

9. Inclusive Approaches to Engagement: Explore alternative engagement strategies such as online platforms, community meetings, or interactive forums to ensure broader participation, especially for those hesitant to engage face-to-face.

10.

Mitigate Service Disruptions: Advocate for alternative and domestic funding sources to address potential ARV shortages and service delivery gaps, and foster local partnerships to enhance service continuity. Additionally, streamline local supply chain operations to minimize delays.

11.

Capacity Building & Resource Mobilization: Strengthen the capacity of local organizations to sustain HIV interventions through diversified funding and technical support. This will ensure resilience in service delivery, particularly during periods of disruption or funding delays.

12.

Conduct Comprehensive Surveys: Regularly assess the broader impacts of HIV service delivery, taking into account both external funding dynamics and local supply chain challenges, to identify barriers and ensure that service delivery remains responsive to the needs of PLHIV.



VI. LIMITATION

The survey captures perceptions and observations from February 2025 onward, but lacks baseline data from before the U.S. Government's Stop Work Order (SWO), making it difficult to establish a direct causal link between reported service or commodity shortages and the funding freeze. While respondents shared concerns about availability of HIV-related commodities, it is unclear whether these reflect actual stockouts, delays in requisition processes, or broader perceptions shaped by uncertainty. As such, the findings should be interpreted with caution, and further investigation is needed to verify the extent and causes of the reported challenges.



VII. CONCLUSION

The disruptions in HIV-related services, largely driven by the U.S. government's stop work order, have notably affected vulnerable populations in Rwanda, particularly people living with HIV (PLHIV). The survey results highlight the urgent need to restore and strengthen essential services, including educational, nutritional, and psychosocial support, to mitigate the negative impact on these individuals. Efforts to rebuild these services should be prioritized to sustain progress in Rwanda's HIV response and ensure the continued well-being of those affected.

Additionally, the survey revealed that while 39% of respondents are willing to engage in follow-up discussions and advocacy, a significant 61% expressed reluctance to participate. This underscores the necessity for building trust through sensitive, confidential, and privacy-respecting approaches in future engagement strategies. To foster broader participation, it is essential to clearly communicate the potential impact of advocacy on improving HIV services and policy changes, ensuring that all voices are heard in the effort to strengthen the HIV response in Rwanda.

VIII. APPENDIX: SURVEY QUESTIONNAIRE

SURVEY ON THE IMPACT OF THE U.S. ADMINISTRATION'S PEPFAR POLICY ON HIV SERVICES IN RWANDA

0. Background

The U.S. Administration has been a longstanding and invaluable partner in the global HIV response, including in Rwanda, providing substantial support over the years. Since February 2025, U.S. policy directives have led to funding freezes and only limited **waivers** for select interventions. The abrupt reduction in funding poses a significant **risk** to decades of progress in HIV prevention, treatment, and care.

I. Introduction

Thank you for participating in this survey. The Rwanda Network of People Living with HIV/AIDS (**RRP+**) is gathering insights on how recent **PEPFAR funding freezes and policy changes** by the U.S. administration have affected **HIV services** in Rwanda.

Your responses will remain anonymous and will contribute to advocacy efforts aimed at ensuring the continuity of lifesaving HIV services.

II. Geographic Information (Required)

Please provide details about your location to help us analyze regional variations:

- District of residence: (Dropdown or text field)

- Sector of residence: (Dropdown or text field)

- Health facility where you receive services: (Short answer)



III. Survey Questions

1. Since February 2025, have you or someone you know experienced shortages or stockouts of the following HIV-related commodities? (Select all that apply)

- Antiretroviral Therapy (ARVs)
- Condoms
- Pre-Exposure Prophylaxis (PrEP)
- Contraception for FP
- No shortages experienced
- Not sure
- Other

2. Have you noticed staff reductions (layoffs, contract terminations, or transfers) at your health facility or other partner due to U.S. funding cuts?

- Yes
- No
- Not sure

3. Have you observed disruptions in any of the following HIV-related support services provided by civil society organizations (CSOs)? (Select all that apply)

- School support programs (e.g., tuition assistance, school supplies)
- Nutritional support (e.g., food packages, meal assistance)
- Counseling and psychosocial support
- Sexual and reproductive health & rights (SRHR) services
- No disruptions noticed

4. Are you concerned about future shortages of ARVs or other essential HIV services?

- Yes
- No
- Not sure

5. What solutions do you recommend to ensure uninterrupted HIV services? (Select all that apply)

- Increased government funding for health facilities
- Stronger CSO engagement in HIV response
- Expansion of community-led monitoring and advocacy for HIV services
- Other (please specify): (Short answer - Optional)

6. How would you rate the quality of HIV services you currently receive? (Scale: 1 = Very Poor, 5 = Excellent)

- 1 - Very Poor
- 2 - Poor
- 3 - Average
- 4 - Good
- 5 - Excellent

7. If you have faced challenges in accessing HIV services, please share your experience. (Optional - Open-ended response)

8. Would you like to be contacted for follow-up discussions or advocacy efforts?

- Yes, I would like to be contacted (Provide an anonymous email or contact method)
- *No, I prefer to remain anonymous



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