

Improving HIV Care for Female Adolescents and Young People in Rwanda's Rehabilitation Centers: Insights from Gitagata, Nyamagabe and Iwawa.

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Authors: Jean Berchmans TUGIRIMANA¹, Deo MUTAMBUKA², Gallican RWIBASIRA³, Muhayimpundu RIBAKARE⁴, F.K. Rubuga⁵

1,2: Rwanda Network of People Living with HIV / AIDS (RRP+)

3: Rwanda Biomedical Center (RBC)

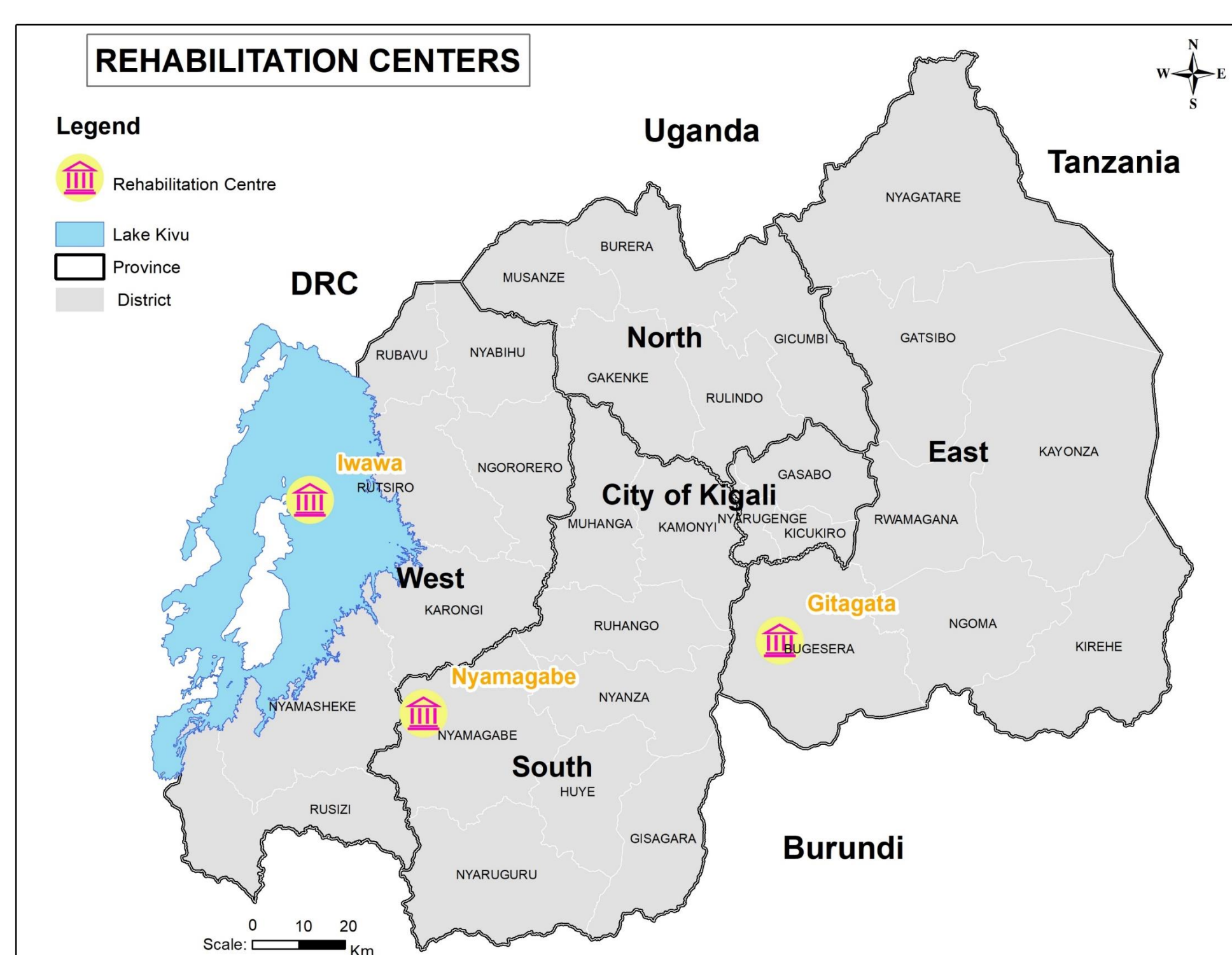
4: World Health Organization - Rwanda (WHO)

5: Centre for Impact, Innovation and Capacity Building for Health Information Systems and Nutrition (CIIC-HIN)

Background

Adolescents and young people (AYP) aged 10-24 in Rwanda's rehabilitation centers (RCs) face significant challenges in accessing HIV services. This study, led by the Rwanda Network of People Living with HIV (RRP+) in collaboration with the Rwanda Biomedical Center (RBC), aimed to assess HIV prevalence and the quality of HIV services provided to AYP in Gitagata, Nyamagabe, and Iwawa RCs.

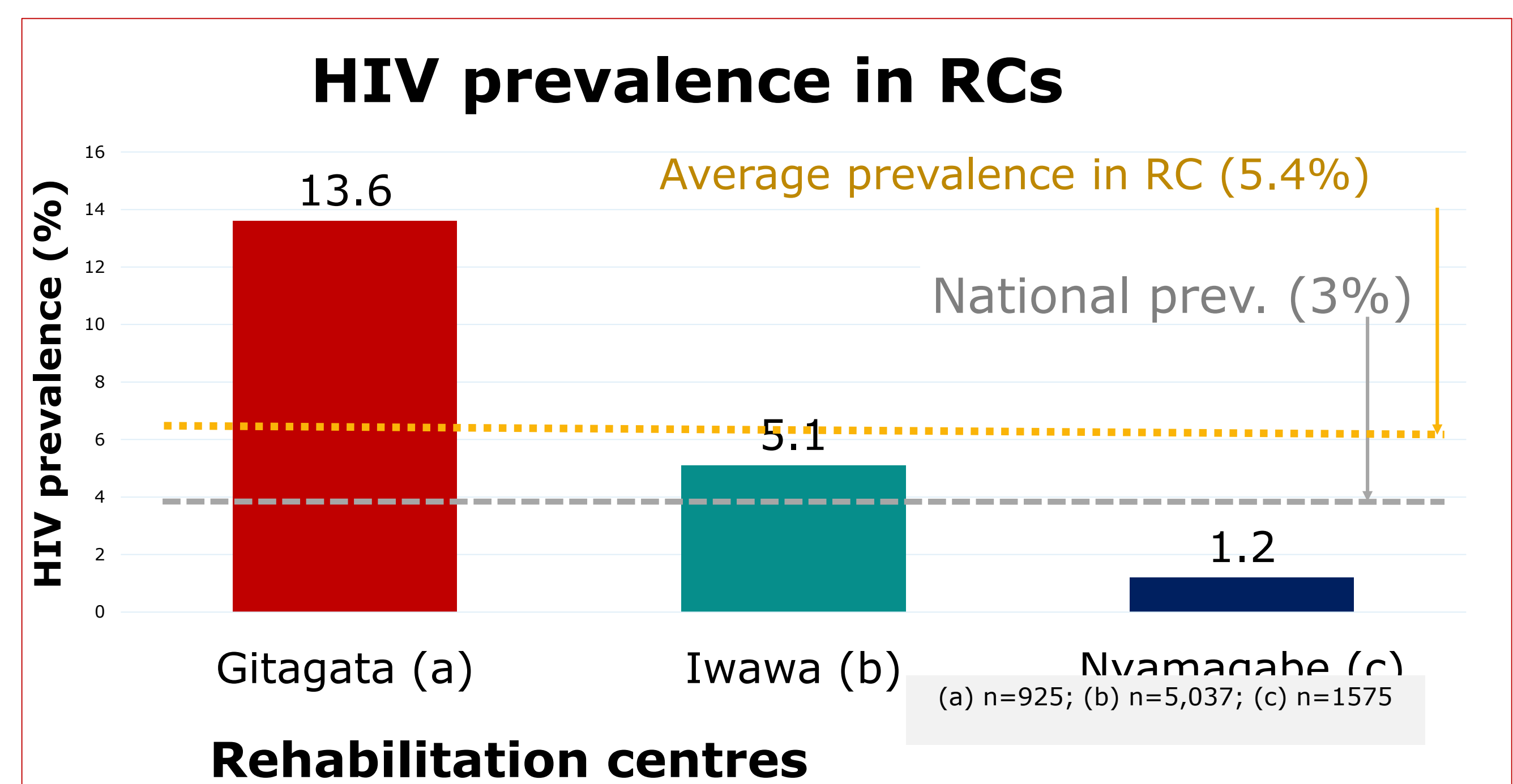
Description



From March to July 2024, the study covered 7,537 residents, including 925 females (12.2%), across three RCs. Routine health screenings were conducted, quantitative surveys and qualitative interviews were organized with healthcare providers and residents. The study mapped HIV services, identified gaps in service delivery and explored barriers to care.

Lessons learned

The HIV prevalence among the 7,537 residents of the RCs (5.4%) exceeds the national prevalence rate (3%). Despite the high HIV burden (detail cf. graph), only one RC (33.3%) had a dedicated HIV care space, and one (33.3%) could initiate antiretroviral therapy (ART). None of the centers employed medical doctors. Healthcare providers lacked specialized HIV care training.



SERVICES AVAILABLE IN RC

Dedicated HIV care space (33%)



Can initiate ARV therapy (33%)



Medical doctor (not available)



HIV prevention services were underutilized due to stigma and confidentiality concerns. Qualitative findings revealed significant gaps in mental health support and post-discharge follow-up. Participants highlighted the need for better coordination between RCs and external health services to ensure continuity of HIV care, especially for female residents at Gitagata.

Conclusions/Next steps

Critical gaps in HIV care exist in Rwanda's RCs, particularly at Gitagata, where the high prevalence among female residents (13.6%) requires urgent attention. Establishing a dedicated HIV care space, offering gender-sensitive interventions, enhancing staff training, improving mental health services, post-discharge follow-up, and strengthening coordination with external health services are essential next steps. Scaling these efforts across all RCs is crucial for comprehensive HIV prevention and treatment to improve health outcomes for AYP.