RESEAU RWANDAIS DES PERSONNES VIVANT AVEC LE VIH / SIDA

R. R. P+

RWANDA NETWORK OF PEOPLE LIVING WITH HIV



STRATEGIC PLAN 2025-2029

hmst
Health Management Support Team

EXPERTISE FRANCE
GROUPE AFD

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LIST OF ABREVIATIONS

AGYW	Adolescent Girls and Young Women
ART	Antiretroviral Therapy
ASRH	Adolescent Sexual and Reproductive Health
BoD	Board of Directors
CQI	Continuous Quality Improvement
FCS	Food Consumption Score
FSW	Female Sex Workers
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
HMST	Health Management Support Team
HF	Health Facility
HSSP	Health Sector Strategic Plan
KPs	Key Populations
MH	Mental Health
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MSM	Men Who Have Sex with Men
MTR	Mid-Term Review
NCDs	Non-Communicable Diseases
NGO	Non-Governmental Organization
NST	National Strategy for Transformation
PE	Peer Educator
PEP	Post-Exposure Prophylaxis
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PrEP	Pre-Exposure Prophylaxis
PWID	People Who Inject Drugs
RGB	Rwanda Governance Board
RBC	Rwanda Biomedical Center
RRP+	Rwanda Network of People Living with HIV
SDGs	Sustainable Development Goals
SP	Strategic Plan
STI	Sexually Transmitted Infection
SWOT	Strengths, Weaknesses, Opportunities, and Threats
TB	Tuberculosis
ToT	Training of Trainers
TWG	Technical Working Group
UNAIDS	Joint United Nations Programme on HIV/AIDS
UN	United Nations
VLS	Viral Load Suppression
VLSMS	Viral Load Management system
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization

FOREWORD

Over the years, RRP+ has been at the forefront of advocacy, community-led interventions, and capacity strengthening to ensure that PLHIV have access to quality healthcare, support services, and opportunities for economic empowerment.

This Strategic Plan (2025-2029) reflects our commitment to addressing persistent challenges in the HIV response, including stigma and discrimination, adherence to treatment, and socio-economic vulnerabilities that affect PLHIV and key populations. It builds upon previous successes and lessons learned, aligning with national and global HIV response strategies such as the National HIV Strategic Plan, the UNAIDS Fast-Track Strategy, and the Sustainable Development Goals (SDGs).

The plan outlines strategic priorities that will guide our interventions over the next five years, focusing on HIV prevention, care and treatment, economic empowerment, stigma reduction, and organizational strengthening. Through a community-driven approach, we will continue to mobilize resources, foster partnerships, and advocate for policies that enhance the quality of life for PLHIV in Rwanda.

As we embark on this five-year journey, we reaffirm our dedication to ensuring a healthier, stigma-free, and inclusive society for all people living with HIV in Rwanda. We call upon all stakeholders to join us in implementing this ambitious plan and working toward the elimination of HIV as a public health threat.
Together, we can make a difference.



Ms. Muneza Sylvie
Chairperson
Rwanda Network of PLHIV

ACKNOWLEDGEMENT

The development of the RRP+ Strategic Plan (2025-2029) was made possible through the collective efforts of individuals and organizations committed to advancing the rights and well-being of People Living with HIV (PLHIV) and promoting HIV prevention among the general population in Rwanda.

RRP+ extends its deepest gratitude to Expertise France for its financial support, which facilitated the strategic plan development process, including covering workshop costs to ensure broad participation and an informed planning process. We also appreciate the invaluable contributions of the Technical Working Group (TWG) members, including representatives from the RRP+ Executive Secretariat, Board of Directors, youth ambassadors, peer educators, and PLHIV representatives at the decentralized level. Their expertise and dedication were instrumental in shaping this plan.

Special thanks go to the Rwanda Biomedical Centre (RBC), development partners such as WHO, UNAIDS, GIZ, and civil society organizations for their technical guidance and support.

Additionally, we acknowledge the dedication of the Health Management Support Team, particularly Mr. Innocent Kamali, for expertly facilitating the strategic planning process.

Finally, we sincerely appreciate the ongoing support of the Government of Rwanda, along with our donors and partners, whose commitment is essential in implementing this Strategic Plan and achieving its objectives. Together, we remain dedicated to fostering a healthier, more inclusive and stigma-free society for all PLHIV in Rwanda.

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Dr. Deo Mutambuka (PhD)
Executive Secretary
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EXECUTIVE SUMMARY

RRP+ a key civil society organization has been instrumental in advocating for the rights and well-being of People Living with HIV (PLHIV) while implementing community-led initiatives to improve health outcomes and reduce stigma.

This Strategic Plan (2025-2029) provides a roadmap for accelerating progress in Rwanda's HIV response, focusing on five key areas: HIV prevention, care and treatment, economic empowerment, stigma and discrimination reduction, and organizational strengthening. The plan aligns with national policies such as the National HIV Strategic Plan (NSP) 2024-2028, the Health Sector Strategic Plan (HSSP V), and international commitments including the UNAIDS Fast-Track Strategy.

Key Challenges Addressed

Despite remarkable achievements in reaching the 95-95-95 HIV targets, RRP+ faces several challenges remain including:

- Persistent stigma and discrimination, particularly among key and priority populations such as female sex workers (FSWs), men who have sex with men (MSM), and adolescents.
- Socio-economic vulnerabilities leading to food insecurity and financial instability among PLHIV.
- Limited financial resources and high dependency on donor funding, affecting program sustainability.

Strategic Priorities (2025-2029)

To address these gaps, the plan focuses on the following five strategic priorities:

- HIV Prevention: Increase access to HIV testing, self-testing, PrEP, PEP, and youth-led awareness campaigns, ensuring 73% of PLHIV and key populations receive tailored prevention services by 2029.
- HIV Care & Treatment: Sustain PLHIV viral suppression above 95% by strengthening peer education, adherence support, and integrating mental health services into HIV care.

Strategic Priorities (2025-2029)

- Economic Empowerment: Enhance the financial independence of PLHIV by ensuring 40% of members gain access to income-generating activities, vocational training, and microfinance opportunities.
- Stigma and Discrimination Reduction: Reduce the HIV stigma index below 13 and achieve a 50% reduction among vulnerable groups through policy advocacy, awareness campaigns, and peer-led psychosocial support.
- Organizational Strengthening: Secure at least 85% of the required funding to implement this plan, align RRP+ governance with new NGO laws, and enhance monitoring, evaluation, and accountability frameworks

Monitoring & Evaluation (M&E)

RRP+ will strengthen data collection by implementing a digital M&E system, conducting mid-term and end-term evaluations, and ensuring continuous stakeholder engagement to track progress.

Financial Framework

The estimated budget for implementing this strategy is Rwf 8.85 billion over five years, with the largest investment allocated to economic empowerment (37.2%) and organizational strengthening (32.1%) to ensure financial sustainability.

Conclusion

RRP+ remains committed to eliminating HIV as a public health threat in Rwanda through a community-driven, inclusive, and sustainable approach. By leveraging partnerships, fostering economic resilience, and advocating for stigma-free healthcare, this strategy aims to empower PLHIV and contribute to Rwanda's health in general.

SECTION I. INTRODUCTION

1.1. Context

HIV remains a public health priority in Rwanda, affecting thousands of people across the country. While significant progress has been made in prevention, care and treatment; challenges persist, including perceived HIV-related stigma and discrimination, gaps in treatment adherence for specific key populations, and the need for economic empowerment [1,2]. Rwanda continues to implement a comprehensive, evidence-based approach to HIV response, focusing on education and awareness, access to antiretroviral therapy (ART), prevention of mother-to-child transmission (PMTCT), pre and post exposure prophylaxis (PrEP, PEP), and strengthened community-led interventions [3].

These efforts align with both national and global frameworks, including the National HIV Strategic Plan[4], the Sustainable Development Goals (SDGs), the Joint program of United Nations of for HIV/AIDS (UNAIDS) Fast-Track Strategy, the World Health organization(WHO) Global Health Sector Strategy on HIV 2022-2030 [5], and the Global AIDS Strategy 2021-2026 [6]. This strategy is aligned with the Rwanda's Health Sector Strategic Plan (HSSP V) 2024-2029 [7], which integrates HIV prevention, care, and treatment as key priorities, and Rwanda's Vision 2050, which focuses on improving the quality of life through universal healthcare access. It also supports the National Strategy for Transformation (NST2) 2024-2029 [8], which emphasizes health and social development. As a key partner in the national HIV response, RRP+ is committed to supporting the Government of Rwanda's efforts by strengthening community-led interventions, advocating for the rights and well-being of PLHIV, and ensuring their meaningful participation in shaping policies and programs. Through its network of organizations, RRP+ will continue to fight stigma and discrimination, improve access to care and treatment services, and mobilize resources to improve the socio-economic status of PLHIV, contributing to Rwanda's goal of eliminating HIV as a public health threat.

1.2.About RRP+

1.2.1. Description

RRP+ is a legally recognized umbrella organization among civil society organizations dedicated to supporting individuals infected and affected by HIV in Rwanda. Established in March 2003 by 175 representatives of PLHIV associations nationwide, RRP+ has grown significantly. As of December 2024 it encompassed over 924 associations with 162,035 individuals members [9], who established 300 cooperatives aiming at generating income.

RRP+ was founded in 2003 to coordinate and strengthen initiatives that support PLHIV while ensuring their meaningful participation in Rwanda's national HIV response. Before its establishment, widespread misconceptions about HIV fueled stigma and discrimination, often linking the virus to immoral behavior. To address this, RRP+ has been instrumental in advocacy, awareness campaigns, and fostering a supportive environment where PLHIV can live without discrimination.

The network plays a vital role in advocacy, HIV prevention, care and treatment support, impact mitigation of PLHIV. The strength of RRP+ lies in its decentralized structure, well established peer education model. With grassroots-level, associations and cooperatives actively engaged across all districts, RRP+ ensures a community-driven and inclusive response to HIV in Rwanda.

1.2.2. Structure of RRP+

RRP+ follows a hierarchical structure, with the General Assembly providing strategic oversight and governance. The Board of Directors oversees the implementation of technical operations done by the Executive Secretary (ES). The ES, reports to the Board, manages daily activities with a team of 23 staff, including Project Officers, Field Officers, an M&E and Resource Mobilization Officer, and program support roles led by the Director of finance and administration. (Figure 1)

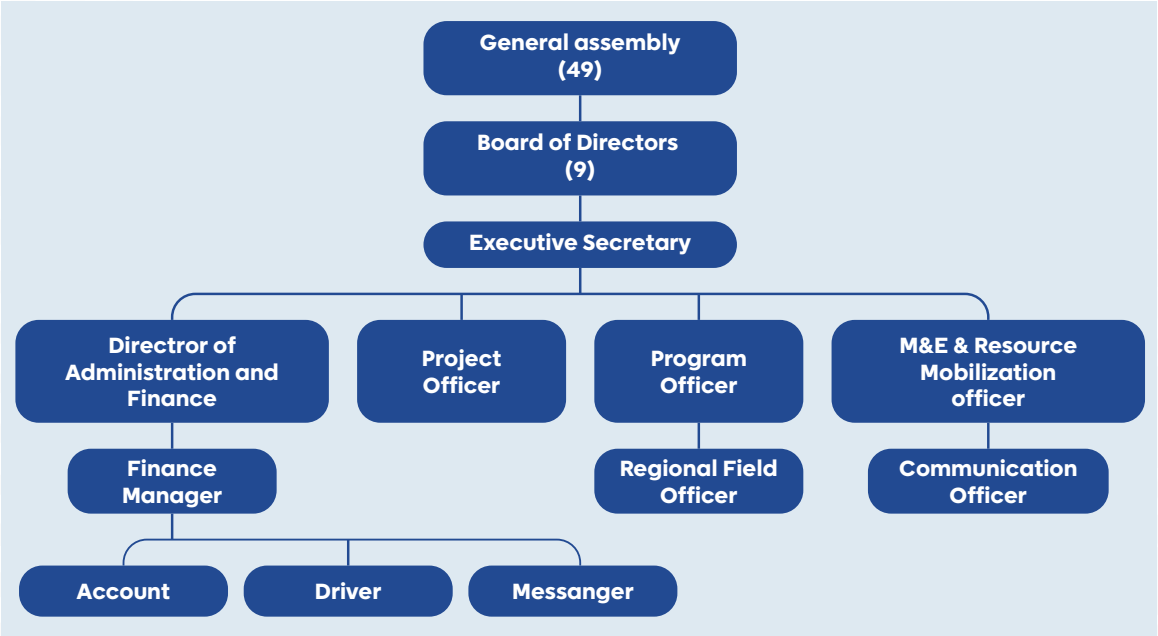

Figure1: RRP+ Organization chart

1.2.3. Vision

RRP+ envisions a Rwanda where people infected and affected by HIV are healthy, free from stigma and discrimination, and fully engaged in a supportive socio-economic environment and HIV response.

1.2.4. Mission

RRP+ exists to prevent HIV, enhance adherence to continuous care and treatment, and restore hope while improving the quality of life for individuals, families, and communities affected by HIV.

1.3. Purpose of Strategic Plan 2025-2029

The purpose of the RRP+ Strategic Plan is to provide strategic direction to accelerate progress toward improved health, well-being, and rights of people living with and affected by HIV in Rwanda. This plan guides the implementation of key HIV community-led strategies in HIV response, with a common goal of enhancing prevention, care, and socio-economic support while eliminating stigma and discrimination.

This document serves as a framework, guided and coordinated by RRP+, with support from various stakeholders. It will inform their operational planning, guide monitoring and periodic evaluation of performance based on the goals, objectives, and target areas outlined herein.

I.4. SP Development Process

The development of the RRP+ strategy followed a participatory approach, ensuring alignment with national and global HIV response strategies while integrating lessons from experiences. To guide this process, RRP+ established a Technical Working Group (TWG) comprising representatives from RRP+ and key stakeholders, including the Rwanda Biomedical Centre (RBC), development partners such as GIZ and Expertise France, United Nations (UN) agencies like the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), as well as civil society organizations.

The TWG played a critical role in providing technical input during workshops, reviewing drafts, and ensuring the strategy was both contextually relevant and implementable. With technical support from a consultant, the process began with defining the TWG's terms of reference and conducting a situational analysis. This included reviewing the previous strategic plan and performing a SWOT analysis to assess strengths, achievements, challenges, gaps, weaknesses, opportunities, and threats. The assessment was carried out through desk reviews, thematic reports, key informant interviews, workshops, and meetings.
Following the SWOT analysis, a one-week workshop was held in Musanze from February 3rd to 7th, 2025, bringing together TWG members to develop the strategy based on the situational analysis. During the workshop, strategic goals, objectives, strategies, and the Monitoring & Evaluation (M&E) framework were defined. Subsequently, the consultant worked with RRP+ to finalize the costing exercise for the five-year strategic plan (2025–2029). The draft strategy was then shared with TWG members for review and feedback before its validation.

SECTION II. SITUATION ANALYSIS

2.1. Epidemiology

Rwanda's HIV epidemic has remained stable over the past decade, with a prevalence of 3% among individuals aged 15–49 years [10,11]. However, gender disparities persist, with women consistently experiencing higher infection rates than men, particularly in urban areas where prevalence is 2.3 times higher among women. Young women (15–24 years) are especially vulnerable, with prevalence rates twice that of their male counterparts, and three times higher among those aged 20–24 [12].

Key populations face an even greater burden, with female sex workers (FSWs) having the highest prevalence at 35.5%, peaking at 44.1% in the Western Province [13]. Men who have sex with men (MSM) have a prevalence of 4.3%, reaching 11.3% in Kigali [14], while people who inject drugs (PWID) also experience high prevalence (9.5%), particularly men (14.3%) compared to women (8.4%) [15]. Additionally, persons with disabilities in Kigali and secondary cities have an overall HIV prevalence of 7%, with even higher rates among those with multiple disabilities (15%) and individuals over 50 years old (14.5%) [16].

Despite significant progress, HIV-related stigma and discrimination remain challenges, particularly among key populations. While overall stigma is relatively low (<15%), a 2020 survey found that 31.3% of people living with HIV (PLHIV) experienced stigma in the past year, with much higher rates among female sex workers (FSWs) (57.5%) and men who have sex with men (MSM) (50%). Women living with HIV reported higher stigma levels (34.8%) than men (22.4%), with young adults under 35 facing the most discrimination [17]. In healthcare settings, although stigma is less prevalent, some PLHIV continue to experience verbal abuse, denial of care, and unauthorized disclosure of their status, which discourages access to essential services.

There is limited data on the progress made in the economic empowerment of PLHIV. However, a study on Nutrition, Food Security, and Vulnerability revealed that 57.4% of respondents had only one meal the day before the survey, highlighting ongoing food insecurity among PLHIV. Additionally, the mean food consumption score (FCS) was 37.54, which is classified as acceptable but close to 35, the borderline threshold for food insecurity [18].

Amid these challenges, Rwanda has is one of five African countries to have achieved the UNAIDS 95-95-95 targets. Currently, 95% of people living with HIV are aware of their status, 97% are receiving antiretroviral therapy, and 98% have achieved viral load suppression. This remarkable progress needs combined efforts to ensure sustainability and continued control of the epidemic [19].

2.2. National HIV Response

Rwanda's HIV response goes beyond clinical interventions (Testing, providing ART) by integrating community-based initiatives to enhance prevention, care, treatment, and impact mitigation at the grassroots level. A core component of this response is community-led HIV prevention, which includes peer education programs, and condom distribution, targeting high-risk groups such as female sex workers (FSWs), men who have sex with men (MSM), and adolescent girls and young women (AGYW). Additionally, Pre-Exposure Prophylaxis (PrEP) and voluntary medical male circumcision (VMMC) are promoted to reduce new infections.

To facilitate HIV testing, linkage to care and treatment adherence, peer educators (PEs) play a critical role in psychosocial support for people living with HIV (PLHIV) to enhance adherence and retention. Peer support groups further help reduce stigma and improve adherence to antiretroviral therapy (ART) [3].

Recognizing the socio-economic challenges faced by PLHIV and vulnerable groups, the response incorporates economic empowerment programs, including income-generating activities, vocational training, and social protection initiatives. However, the impact of these interventions is yet to be systematically measured. Additionally, advocacy and legal support are integral to addressing stigma, discrimination, and policy barriers that hinder access to HIV services for key populations and young people.

2.3. Key achievements

During the strategic plan period 2019-2024, RRP+ made significant strides in community engagement, despite challenges in objectively measuring achievements due to the absence of SMART objectives and an M&E framework with KPIs. However, interviews with staff and beneficiaries highlighted key successes, particularly in the peer education program, Youth Ambassadors initiative, and the toll-free call center

Peer Education Program: By 2024, it remained a cornerstone of RRP+ interventions, significantly strengthening community-based support for PLHIV. A total of 4,930 peer educators were deployed across the country, maintaining the national standard ratio of one educator per 50 PLHIV. Throughout the year, peer educators conducted 45,040 health education sessions and 279,788 home visits targeting sick individuals, pregnant women, discordant couples, and clients requiring appointment reminders or early TB screening. As a result, 58,425 recipients of care were successfully referred for services including ART, family planning, PMTCT, VMMC, and TB screening. Among those screened for TB, 89 suspected cases were confirmed and initiated on treatment, contributing to early detection and management of co-infections.

RRP+, in collaboration with the Rwanda Biomedical Center (RBC), plays a central role in the coordination, capacity building, and oversight of the Peer Education (PE) program. This includes organizing and delivering trainings for peer educators to ensure quality service delivery, conducting regular supervision and mentorship to maintain performance standards, and carrying out quarterly field visits to monitor progress and provide on-site support. Additionally, RRP+ facilitates the timely distribution of essential tools and materials required for peer educators to effectively carry out their responsibilities in the community. This initiative significantly contributes to achieving **the 95-95-95 global targets** before 2025.

The Youth Ambassador Program of RRP+ strengthens HIV awareness and prevention by equipping young people with knowledge on HIV, mental health, and reproductive health. Between July 2023 and June 2024, 30 youth ambassadors were trained in using social media for advocacy, covering topics such as stigma reduction, feedback management, and sexual and reproductive health (SRH).These ambassadors leveraged their skills through online engagement and direct community outreach, reaching an estimated 53,693 people. They produced and aired videos on two YouTube channels, posting 18 videos that collectively gained over 41,463 views. Topics included HIV prevention, living with HIV, sero-discordant relationships, and personal testimonies, with some videos like those on sero-discordant relationships and testimonies garnering up to 18,202 and 11,900 views respectively. Youth ambassadors also actively participated in national campaigns and events in collaboration with the Rwanda Biomedical Center and civil society organizations, addressing audiences of over 12,000 individuals.

Notably, following their advocacy on radio talk shows, 12 young people living with HIV either started or resumed antiretroviral therapy, demonstrating the program's direct impact on treatment adherence (RRP+ report on youth ambassadors 2024).

The Toll-Free Call Center (1245) was established in 2020 during the COVID-19 pandemic to ensure uninterrupted access to essential services for PLHIV. Now a permanent service, it is staffed by volunteer PLHIV peers and handles over 200 calls per quarter, primarily addressing HIV prevention and treatment concerns. This anonymous support system has expanded access to critical health information for PLHIV, reinforcing community engagement and support.

2.4. Main gaps

RRP+ faced several challenges that impacted the effective implementation of its strategic plan, underscoring the need for improvements in the next cycle.

1. Financial and Resource Constraints: Limited funding and resources was reported as a major challenge, affecting staffing, field operations, and the overall implementation of the strategic plan.
2. Limited Staff Engagement in Planning: Minimal involvement in the strategic planning process resulted in a lack of ownership and understanding of the SP. Poor dissemination further weakened implementation, with some staff unaware of or lacking access to the SP document.
3. Weak Monitoring & Evaluation: The absence of mid-term reviews and infrequent reporting restricted progress tracking and adaptive learning, reducing the organization's ability to make timely improvements.
4. Challenges in NGO Compliance: The 2024 law mandates umbrella organizations to have at least 10 NGO members, while many RRP+ affiliates function as cooperatives. This structural misalignment complicates governance and requires technical support for compliance.
5. Donor-Driven Priorities: Program design is primarily influenced by donor requirements, potentially sidelining RRP+'s strategic objectives.

2.5. SWOT Analysis

The Strength, Weaknesses, Opportunities and Threats (SWOT) analysis of the SP (2025-2029) is summarized below:

	STRENGTHS	WEAKNESSES
INTERNAL	• Countrywide Representation of RRP+ from cell level to National level • Effective and Transparent Use of Donor Funds • Nationwide Peer Education System • Established Cooperatives and Associations of PLHIV Nationwide • Active PLHIV Youth Ambassadors • Strong Collaboration with Key Partners, Donors, and Stakeholders • Expertise in Community-Led HIV Response • Active Membership in National Working Groups for HIV and TB • Availability of a Toll-Free Helpline for Community Support • Staff Trained in a Rights-Based Approach to HIV Response	• Insufficient Funding and budget constraints • Absence of fund mobilization strategy • Insufficient Staffing Capacity and Non-Competitive Salary Structure Compared to Market Rates • Lack of a Comprehensive Capacity-Building Strategy for RRP+ Structures • Limited Organizational Assets and Resources • Limited reach to highly vulnerable Populations (Prisons, Refugee Camps, and Transit Centers) • Limited Research Publications and lack of Data Utilization • Limited Digital Infrastructure • High dependency on donor funding • Lack of Key organizational policies and Strategic Documents.
	OPPORTUNITIES	**THREATS**
EXTERNAL	• Membership and Partnerships with PLHIV Networks and Organizations (National & International) • Established Partnerships with Rwanda Government and Non-Governmental Agencies • Supportive policy environment and strong country political will • Access to Well-developed Communication Infrastructure (Radio, Internet, and Digital Platforms) in Rwanda • A Recognized and trusted Umbrella Organization among partners • Access to funding opportunities • Voluntarism of members	• Limited financial resources impacting project sustainability and expansion • Misalignment between donor priorities and RRP+ objectives • Lack of Engagement of the Private Sector (Partnerships) in Rwanda Network of PLHIV • Rising Burden of Non-Communicable Diseases and Mental Health Disorders Among PLHIV • High competition with other civil Society Organizations • Persistent HIV-Related Stigma • Emerging Pandemic outbreaks • Low Level of education among members • Dependence on external funding

SECTION III. STRATEGIC PRIORITIES

The strategic priorities were identified based on the findings of the situation analysis, aimed at sustaining achieved gains, addressing existing gaps, leveraging available opportunities, and mitigating identified threats guided by overarching principles.

3.1. Guiding Principles

The development and implementation of the RRP+ Strategic Plan (2025-2029) is guided by the following principles:

SN	Principle	Description
1	**Integrated approach for efficiency and maximize impact**	In response to the evolving needs of PLHIV and limited resources, RRP+ will integrate key health services including mental health, NCDs, TB, and ASRH into its community-based HIV programs. This integration aims to bring essential health services closer at community level, ensure holistic and person-centered care, and improve overall access and health outcomes for PLHIV.
2	**Meaningful engagement of RRP+ in HIV response**	RRP+ will prioritize the engagement of PLHIV leadership and community in all stages of HIV response. Peer educators and other volunteers will be central to planning, implementation and capacity building of their peers, ensuring effective beneficiary outreach.
3	**Equity, Inclusivity, and Human Rights-Based Approach**	RRP+ will ensure that all interventions are rooted in principles of equity, gender sensitivity, and non-discrimination. Special attention will be given to vulnerable and key populations, ensuring their meaningful participation and access to services.
5	**Evidence-Based and Data-Driven Decision-Making**	The strategic plan will be grounded in data collection, M&E mechanisms to ensure continuous learning, adaptation, and accountability.
6	**Multi-Sectoral Collaboration for Holistic Support**	Addressing the complex needs of PLHIV requires engagement across multiple sectors, including health, social protection, education, labor, and justice. RRP+ will work to foster collaboration with government agencies, civil society, private sector actors, and development partners to create an enabling environment for PLHIV
7	**Innovation and Adaptability in Service Delivery**	Recognizing the dynamic nature of the HIV epidemic and other health conditions in general, RRP+ will promote innovation in service delivery, including digital health solutions, ditterentiated service delivery models, and person-centered care approaches.

3.2. Strategic Goals

RRP+ has set two key goals for the next five years to enhance its impact:

1. **Strengthening Community-Led HIV Response and Advocacy: This goal aims to enhance the leadership of PLHIV, in HIV prevention, care, and treatment efforts while advocating for policies and programs that promote their rights, access to services, and overall well-being.**

2. **Economic Empowerment and Sustainable Livelihoods for PLHIV: This goal aims to enhance the economic independence of PLHIV by providing access to livelihood opportunities, skills development, and financial support, improved quality of life.**

Each goal is supported by specific objectives, strategic approaches, and costed activities to ensure effective implementation and measurable outcomes

3.3. Objectives and strategies

To achieve RRP+'s vision, the TWG has identified key objectives and strategies to guide actions for the 2025-2029 period. The following objectives address critical challenges and capitalize on opportunities identified during the situation analysis, while aligning with RRP+'s vision and mission. The objectives and the related strategies are listed below:

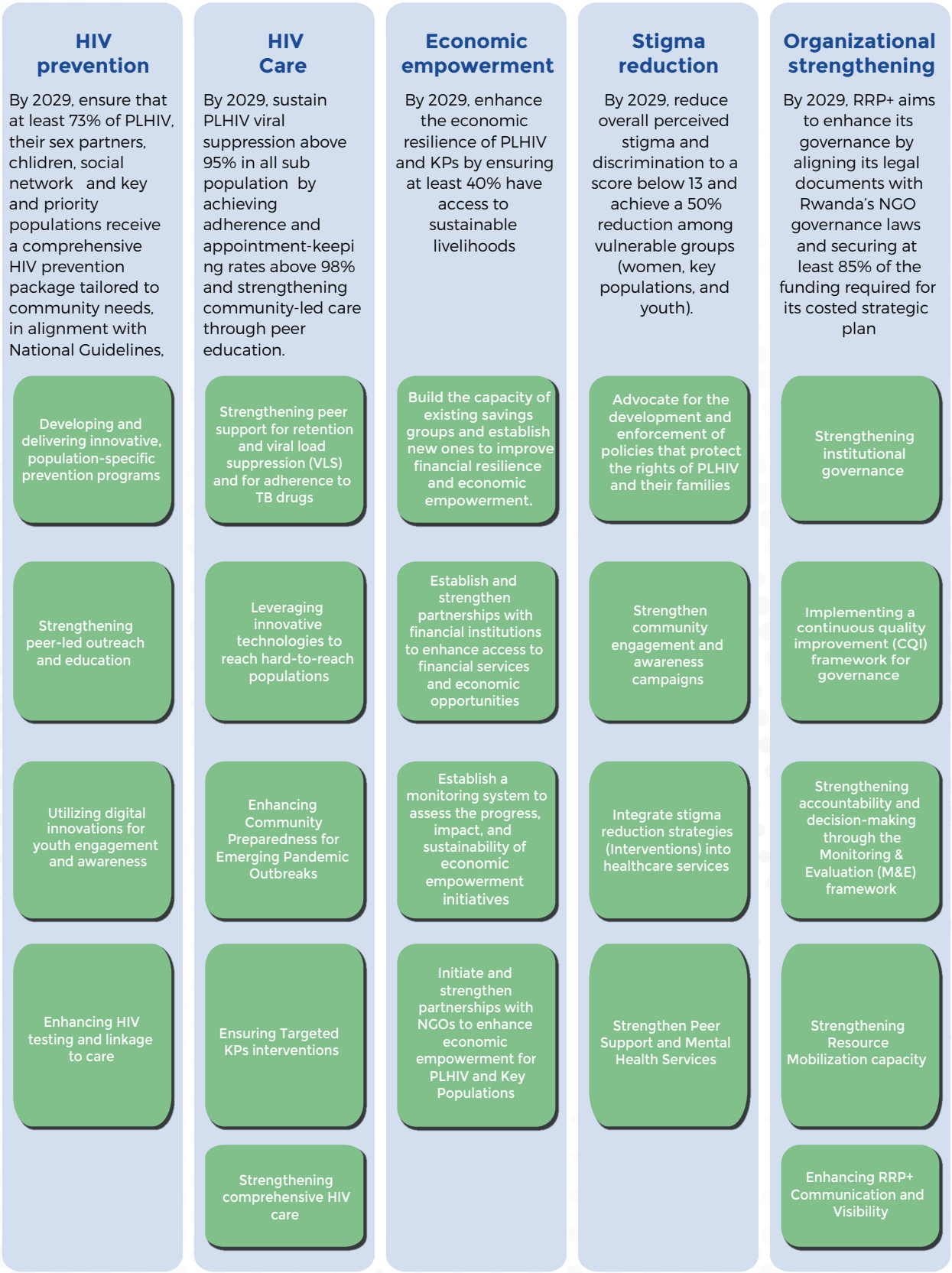

Figure 2. Logical Framework (strategies by objectives)

The strategies are structured around key focus areas in the HIV response, including HIV prevention, care and treatment, stigma and discrimination, and economic empowerment, while also strengthening organizational capacity.

3.3.1. HIV Prevention

Objective: By 2029, ensure that at least 73% of PLHIV, their sex partners, children and key and priority populations receive a comprehensive HIV prevention package tailored to community needs, in alignment with National Guidelines

Strategy 1: Developing and delivering innovative, population-specific prevention programs

RRP+ will develop and implement population-specific HIV prevention programs based on community needs, ensuring inclusive and accessible interventions through differentiated service delivery, mobile outreach, , and behavior change campaigns to reduce stigma and promote safer practices, improve condom accessibility for PLHIV.

Strategy 2: Strengthening peer-led outreach and education

RRP+ will enhance peer-led outreach by training PLHIV, including key populations (KPs), as peer educators to lead community engagement and health education efforts. The strategy will include mentorship programs, safe-space dialogues, and the strengthening of peer support groups to foster solidarity and improve service uptake. In addition, community-led monitoring will be used to collect feedback through regular listening sessions with beneficiaries, ensuring that services remain responsive to the needs of PLHIV

Strategy 3: Utilizing digital innovations for youth engagement and awareness

RRP+ will equip youth ambassadors and other young PLHIV with training and digital tools to create and share engaging content on HIV prevention, treatment, stigma, and discrimination, leveraging social media and interactive forums while developing a dedicated digital platform or mobile app for real-time information and service access.

Strategy 4: Enhancing HIV testing and linkage to care

RRP+ will enhance HIV testing and care linkage by facilitating community-based testing for PLHIV partners, Children born to the PLHIV, PLHIV social network , key, and priority populations, facilitate the self-testing distribution as needed ,ensuring seamless referrals to healthcare facilities through peer educators.

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RRP+ will enhance HIV testing and care linkage by facilitating community-based testing for PLHIV partners, Children born to the PLHIV, PLHIV social network , key, and priority populations, facilitate the self-testing distribution as needed ,ensuring seamless referrals to healthcare facilities through peer educators.

3.3.2. HIV Care& Treatment

Objective: By 2029, sustain PLHIV viral suppression above 95% by achieving adherence and appointment-keeping rates above 98% and strengthening community-led care through peer education.

The following strategies will support the successful achievement of the HIV care and treatment objectives:

Strategy 1: Strengthening peer support for retention, adherence to treatment and viral load suppression (VLS)

RRP+ will enhance community-based peer support by training peer educators to provide adherence counseling and psychosocial support through support groups for specific population and home visits, ensuring sustained viral suppression and long-term engagement in care.

Strategy 2: Leveraging innovative technologies to reach hard-to-reach populations

Digital tools, including social media platforms and call center, will be leveraged to provide confidential counseling, adherence support, and treatment literacy for PLHIV and key populations.

Strategy 3: Enhancing Community Preparedness for Emerging Pandemic Outbreaks

To mitigate the impact of emerging health threats on PLHIV, RRP+ will strengthen community resilience through awareness-raising, capacity-building initiatives, and emergency response plans, including peer educator training, effective communication strategies, and ensuring the continuity of HIV services during pandemics

Strategy 4: Ensuring Targeted KPs interventions

Tailored harmful reduction interventions will be implemented to address the unique barriers faced by key populations, including sex workers, men who have sex with men, and people who use drugs. This will include community-led service delivery models, stigma reduction campaigns, and advocacy.

Strategy 5: Strengthening Comprehensive HIV Care through the Integration of NCDs, TB, and ASRH into HIV Services

RRP+ will strengthen comprehensive HIV care by integrating key health services—including mental health, other non-communicable diseases (NCDs), Tuberculosis (TB), and adolescent sexual and reproductive health (ASRH)—into its community-based HIV programs. This integration aims to bring essential services closer to PLHIV and ensure holistic, person-centered care that addresses lifelong management needs such as aging-related conditions, mental health challenges, and adherence barriers among youth. To support this, RRP+ will develop and disseminate integrated health education materials, train peer educators on the provision of integrated services, and promote joint service delivery at the community level. Implementation will be monitored through regular mentorship, supervision, and community-led feedback mechanisms to ensure quality and responsiveness of services

3.3.3. Economic Empowerment

Objective: By 2029, enhance the economic resilience of PLHIV and KPs by ensuring at least 40% have access to sustainable livelihoods.

To ensure that at least 40% of members have access to sustainable livelihoods, RRP+ will

Strategy1: Build the capacity of existing savings groups and establish new ones to improve financial resilience and economic empowerment.

RRP+ will enhance the financial empowerment of PLHIV and key populations by strengthening financial literacy and management in existing savings groups, establishing inclusive community-based savings and lending groups, facilitating access to seed funding and microfinance for sustainable income generation, and promoting knowledge exchange through peer learning and best practice sharing.

Strategy 2: Establish and strengthen partnerships with financial institutions to enhance access to financial services and economic opportunities

RRP+ will enhance financial inclusion for PLHIV and key populations by collaborating with financial institutions to develop tailored products, advocating for inclusive financial policies, providing financial literacy training, establishing a mentorship program for business and loan management, and promoting access to digital financial services for improved transactions and savings.

Strategy 3: Establish a monitoring system to assess the progress, impact, and sustainability of economic empowerment initiatives

RRP+ will strengthen the monitoring, evaluation, and sustainability of economic empowerment initiatives by developing standardized tracking tools, conducting periodic assessments, establishing a data system, incorporating beneficiary feedback.

Strategy 4: Initiate and strengthen partnerships with NGOs to enhance economic empowerment for PLHIV and Key Populations

Strengthen partnerships with local, regional, and international NGOs to advance economic empowerment for PLHIV and KPs by leveraging existing programs, advocating for funding inclusion, fostering resource-sharing collaborations, and launching joint initiatives for skills development, job placement, business incubation, mentorship, and market access.

3.3.4. Stigma and Discrimination Reduction

Objective: By 2029, reduce overall perceived stigma and discrimination to a score below 13 and achieve a 50% reduction among vulnerable groups (women, key populations, and youth.

Strategy 1: Advocate for the development and enforcement of policies that protect the rights of PLHIV and their families,

RRP+ will strengthen the legal protection of PLHIV by collaborating with government institutions, civil society, and legal experts to enforce anti-stigma policies, enhance legal literacy, and provide community-based support. Additionally, a structured monitoring and reporting system will be established to ensure accountability and address cases of discrimination.

Strategy 2. Strengthen community engagement and awareness campaigns

RRP+ will combat deeply rooted stigma through community-based interventions, including mass media campaigns, engagement with opinion leaders, school-based HIV education, and interactive community dialogues to foster inclusivity, challenge misconceptions, and promote acceptance of PLHIV.

Strategy 3. Integrate stigma reduction strategies (Interventions) into healthcare services

RRP+ will promote stigma-free healthcare settings by advocating for MOH-led training on respectful, confidential, and patient-centered care while strengthening accountability through anonymous complaint and feedback systems for PLHIV.

Strategy 4. Strengthen Peer Support and Mental Health Services

RRP+ will address the psychological impact of stigma by training peer educators in counseling and stigma reduction, advocating for routine mental health screening in HIV care, and implementing targeted interventions like cognitive-behavioral therapy to help PLHIV overcome self-stigma.

3.3.5. Organizational Strengthening

Objective: By 2029, RRP+ aims to enhance its governance by aligning its legal documents with Rwanda's NGO governance law and securing at least 85% of the funding required for its costed strategic plan

Strategy 1: Strengthening institutional governance

RRP+ will align its documents with Rwanda's legal frameworks, including the new RGB law (N° 058/2024), under legal expert guidance while strengthening governance through training on transparency and ethical leadership, implementing a staff development plan, recruiting for key positions, and conducting regular audits to ensure accountability and sustainability.

Strategy 2: Implementing a continuous quality improvement (CQI) framework for governance

RRP+ will develop a CQI guide with clear benchmarks and best practices to enhance governance and operational excellence, ensuring staff training, compliance, and quality management, while regular audits will promote continuous improvement, transparency, and organizational effectiveness

Strategy 3: Strengthening accountability and decision-making through the Monitoring & Evaluation (M&E) framework

RRP+ will strengthen its M&E framework by implementing a digital system for real-time data collection, guided by an expert and supported by trained users and equipped Peer Educators, while a five-year research agenda and regular reviews will enhance accountability, decision-making, and trust with partners and funders.

Strategy 4. Strengthening Resource Mobilization capacity

To secure 85% of the funds in its Strategic Plan, RRP+ will develop a resource mobilization strategy, engage stakeholders for alignment, and strengthen partnerships through Memorandums of Understanding (MoUs) and Non-Disclosure Agreements (NDAs). A high-level breakfast meeting and participation in international conferences will foster donor engagement, while staff training in grant writing and resource mobilization will enhance internal fundraising capacity.

Strategy 5. Enhancing RRP+ Communication and Visibility

To enhance communication, visibility, and resource mobilization, RRP+ will develop a strategic communication plan, revamp its website, and actively manage social media with engaging content. Key initiatives include media briefings, high-profile events, influencer collaborations, and a testimony agenda led by PLHIV (Peer educators, Youth Ambassadors,KPs...) supported by investments in content production tools, expert guidance, and periodic reports to strengthen stakeholder engagement and advocacy.

SECTION IV. MONITORING AND EVALUATION

4.1. Justification

The Executive Secretariat of RRP+ will oversee the M&E of this strategic plan, ensuring accountability, continuous learning, and program improvement. The M&E process will involve regular check-in meetings with staff and key stakeholders to track progress, address challenges, and refine strategies as needed. Additionally, RRP+ will publish annual reports detailing achievements, challenges, and lessons learned to enhance transparency and data-driven decision-making.

To assess overall impact, the plan will undergo mid-term and end-term evaluations, providing a comprehensive review of progress against key strategic objectives. Where key performance indicators (KPIs) are not available at the time of strategic plan development, the M&E team will conduct baseline assessments to establish reference points for tracking performance over time.

The M&E schedule will include the following key elements:

- **Baseline Assessment:** Identifying and documenting initial data for indicators that lack existing benchmarks.
- **Routine Monitoring:** Collecting and analyzing data through staff reports, field visits, and stakeholder feedback mechanisms.
- **Annual Performance Reviews:** Compiling and reviewing progress through structured reports and check-in meetings.
- **Mid-Term Evaluation:** Conducted at the midpoint of the strategic plan (2027) to assess progress, identify gaps, and recommend adjustments.
- **End-Term Evaluation:** A final assessment in 2029 to evaluate overall achievements and inform future strategic planning.

4.2. Key Performance Indicators

1. Percentage of known HIV negative sexual partners of PLHIV who were tested for HIV within the past 12 months
2. Percentage of known HIV negative children (<15 years) of PLHIV who were tested for HIV within the past 12 months
3. Percentage of KP (FSW, MSM, AGYW, youth, PWD,...) HIV negative screened and tested for HIV according to national guidelines in the past 12 months
4. Percentage of PLHIV sex partners, key populations (KP), children and priority populations who were linked to HIV care among those confirmed HIV-positive in the past 12 months
5. Percentage of PLHIV who kept their appointment at HF in last six months
6. Percentage of PLHIV who are RRP+ members with viral load (VL) <200 copies/mL in the last 12 months
7. Percentage of PLHIV who are successfully re-engaged in HIV care among those previously left program or lost to follow-up in last 12 months
8. Proportion of Peer Educators providing and reporting on integrated health Services
9. Percentage of PLHIV enrolled in savings and credit groups (Tontines) who achieved their financial target within the last 12 months
10. Stigma and Discrimination Index for PLHIV in Rwanda
11. Proportion of key and priority populations who experienced stigma and discrimination in the past 12 months prior to survey disaggregated by FSW, MSM and Youth
12. Percentage of funds/resources mobilized compared to the total planned budget in a given year
13. Number of RRP+ member organizations that have successfully renewed their registration certificates in compliance with the 2024 RGB law

4.3. Definition 0f Key Performance Indicators

SN	KPI	Numerator	Denomination
1	Percentage of known HIV negative sexual partners of PLHIV who were tested for HIV within the past 12 months	Number of HIV negative sexual partners of PLHIV tested for HIV in last 12 months	Number of all recorded HIV negative sexual partners of PLHIV ever registered in last 12 months
2	Percentage of known HIV negative children (<15 years) of PLHIV who were tested for HIV within the past 12 months	Total # of children <15 years born from PLHIV known HIV negative tested for HIV in last 12 months (Consider eligibility criteria for testing)	Total number of children born from PLHIV in last 12 months eligible for HIV testing
3	Percentage of KP (FSW, MSM, AGYW, youth, PWD,…) HIV negative screened for HIV according to national guidelines in the past 12 months	Total number of KP screened for HIV in last 12 months	Total number of KP ever registered in last 12 months
4	Percentage of PLHIV sex partners, key populations (KP), and priority populations who were linked to HIV care among those confirmed HIV-positive in the past 12 months	Total number of KP tested HIV+ and linked to care in last 12 months	Total number of KP tested HIV+ in last 12 months
5	Percentage of PLHIV who kept their appointment at HF in last six months	Total PLHIV registered as RRP+ member who kept their appointment at HF in last six months	Total PLHIV registered as RRP+ member at HF in last six months
6	Percentage of PLHIV who are RRP+ members on ART with viral load (VL) <200 copies/mL in the last 12 months	Total PLHIV who are RRP+ members on ART with viral load (VL) <200 copies/mL in the last 12 months	Total PLHIV who are RRP+ members on ART ever registered in the last 12 months
7	Percentage of PLHIV who are successfully re-engaged in HIV care among those previously left program or lost to follow-up in last 12 months	Total number of PLHIV returned into HIV program in last 12 months	Total number of PLHIV ever reported as abandon or lost to follow up by HCP in last 12 months
8	Proportion of Peer Educators providing and reporting on integrated health Services	Number of PEs who provided and reported on integrated health services	Number of all PEs

9	Percentage of PLHIV enrolled in savings and credit groups (Tontines) who achieved their financial target within the last 12 months	Total PLHIV enrolled in tontines and achieved the financial target in last 12 months	Total PLHIV enrolled in tontines in last 12 months
10	Stigma and Discrimination Index for PLHIV in Rwanda	Not applicable (Composite of 5 indicators)	Not applicable (Composite of 5 indicators)
11	Proportion of key populations who experienced stigma and discrimination in the past 12 months prior to survey disaggregated by FSW, MSM and Youth	Total number of KP reported experienced any form of SD in last 12 months disaggregated by FSW, MSM and youth	Total number of KPs interviewed during survey disaggregated by FSW, MSM and youth
12	Percentage of funds/resources mobilized compared to the total planned budget in a given year	Total money successfully mobilized in last year	Total money planned for a given year
13	Number of RRP+ member organizations that have successfully renewed their registration certificates in compliance with the 2024 RGB law	NA (Just number)	NA (Just number)

4.4. M&E Framework

Objective	Outcome	KPI	Baseline	Annual target					Data collection method	Data source
				2025	2026	2027	2028	2029		
By 2029, reach at least 75% of PLHIV, their sex Partners, key and priority populations with HIV prevention package tailored to community by National Guidelines	Increased uptake of HIV prevention services, including condom use, HIV testing and linkage to care	% of known HIV negative sexual partners of PLHIV who were tested for HIV within the past 12 months	TBD						Routine data collection	Register at HF
		Percentage of known HIV negative children (<15 years) of PLHIV who were tested for HIV within the past 12 months	TBD						Routine data collection	Register at HF
		% of Key and priority populations (FSW, MSM, and AGYW) screened for HIV according to national guidelines in the past 12 months	TBD						Routine data collection	Register at HF
		%of PLHIV sex partners, key populations (KP), and priority populations who were linked to HIV care among those confirmed HIV-positive in the past 12 months	TBD						Routine data collection	Register at HF

Objective	Outcome	KPI	Baseline	Annual target					Data collection method	Data source
				2025	2026	2027	2028	2029		
By 2029, RRP+ will contribute sustain PLHIV viral suppression above 95% by achieving adherence and appointment keeping rates above 98% and strengthening community-led care	Improved adherence and retention in HIV treatment, leading to sustained viral suppression rates above 95% among PLHIV by 2029	% of PLHIV who kept their appointment at HF in last six months	95%	95%	96%	96%	97%	98%	Routine	VLSMS
		% of PLHIV who are RRP+ members with VL <200 copies/mL in the last 12 months								
		% of PLHIV who are successfully re-engaged in HIV care among those previously left program or lost to follow-up in last 12 months	TBD						Routine data collection	Register at HF
		% of Peer Educators providing and reporting on integrated health Services	TBD						Routine data collection	Register at HF
By 2029, enhance the economic resilience of PLHIV and KPs by ensuring at least 40% have access to sustainable livelihoods	Strengthened savings groups contributing to financial independence	% of PLHIV enrolled in savings and credit groups (Tontines) who achieved their financial target within the last 12 months	TBD	TBD	TBD	TBD	TBD	40%	Routine	Register of Tontines
	Increased access to financial services, loans, and investment opportunities									

Objective	Outcome	KPI	Baseline	Annual target					Data collection method	Data source
				2025	2026	2027	2028	2029		
By 2029, reduce overall perceived stigma and discrimination to a score below 13	Reduced stigma and discrimination with sustained positive behavioral and social norm changes	Stigma and Discrimination Index for PLHIV in Rwanda	13	TBD				TBD		Survey
		Proportion key populations who experienced stigma and discrimination in the past 12 months prior to survey disaggregated by FSW, MSM and Youth	57% (FSW)	TBD				<28%	Survey	
			50% (MSM)	TBD				<25%	Survey	
			48% (Youth)	TBD				<24%	Survey	
By 2029, RRP+ will strengthen its governance and secure at least 85% of funding for its costed strategic plan	Enhanced governance, accountability, and financial sustainability of RRP+	% of funds/resources mobilized compared to the total planned budget per year	37.8%	50%	65%	80%	85%	85%		financial reports
		# of RRP+ member organizations that have successfully renewed their registration certificates in compliance with the 2024 RGB law	0	5	5	5	5	5	Desk review	RRP+ Filing

SECTION V. COSTING

5.1. Costing methodology

The costing for this strategic plan followed an activity-based approach, led by RRP+ staff with consultant support. It was based on assumptions from the HIV National Strategic Plan (NSP) 2024-2028, incorporating standardized cost estimates. Where such estimates were unavailable, cost references were drawn from RRP+ framework contracts. To ensure alignment with national HIV costing practices, the NSP 2024-2028 Excel sheet formats were used, promoting consistency and comparability in financial estimates. Budget calculations were conducted in Rwandan Francs (Rwf) to ensure realistic financial projections aligned with national HIV programming costs and RRP+ operational needs

To align with national HIV costing practices, the NSP 2024-2028 Excel sheet formats were adopted, ensuring consistency and comparability in financial estimates. Budget estimates were calculated in Rwandan Francs (Rwf), ensuring realistic financial projections that align with national HIV programming costs and RRP+ operational realities+.

5.2. Cost breakdown by strategic objective

The costing table (Table1) outlines the financial requirements for achieving RRP+'s strategic objectives (2025-2029), with the largest allocation—Rwf 3,291,008,862 (37.2%)—dedicated to economic empowerment. This includes sustainable livelihoods, income-generating activities, and vocational training. Organizational strengthening, covering governance, resource mobilization, salaries, and operational costs, is allocated Rwf 2,840,656,443 (32.1%), ensuring RRP+ enhances governance and secures at least 85% of the funding for its strategic plan. HIV care receives Rwf 1,771,191,700 (20.0%), supporting community-led care and treatment literacy to sustain PLHIV viral suppression above 95% and adherence rates above 98%. HIV prevention efforts, including condom distribution, PrEP rollout, and targeted interventions, are allocated Rwf 713,412,092 (8.4%).Stigma reduction accounts for 2.6% of the total budget, though many related activities are integrated into other areas.

Table1: Cost breakdown by strategic objective and area of focus

Objective	Focus area	Amount/Rwf
By 2029, enhance the economic resilience of PLHIV and KPs by ensuring at least 40% have access to sustainable livelihoods	Economic empowerment	3,291,008,862 **(37.2%)**
By 2029, RRP+ will strengthen its governance and secure at least 85% of funding for its costed strategic plan	Organizational strengthening	2,840,656,443 **(32.1%)**
By 2029, RRP+ will contribute sustain PLHIV viral suppression above 95% by achieving adherence and appointment keeping rates above 98% and strengthening community-led care	HIV Care &Treatment	1,771,191,700 **(20.0%)**
By 2029, at least 73% of PLHIV under treatment and their partners, at least 80 % of key and vulnerable population from member organizations will be reached with innovative and population specific tailored HIV prevention interventions	HIV Prevention	713,412,092 **(8.1%)**
By 2029, reduce overall perceived stigma and discrimination to a score below 13	Stigma and discrimination	234,077,742 **(2.6%)**
Total		**8,850,346,839**

This graph illustrates the yearly financial requirements for RRP+'s strategic plan, showing the distribution of funds across each year from 2025 to 2029

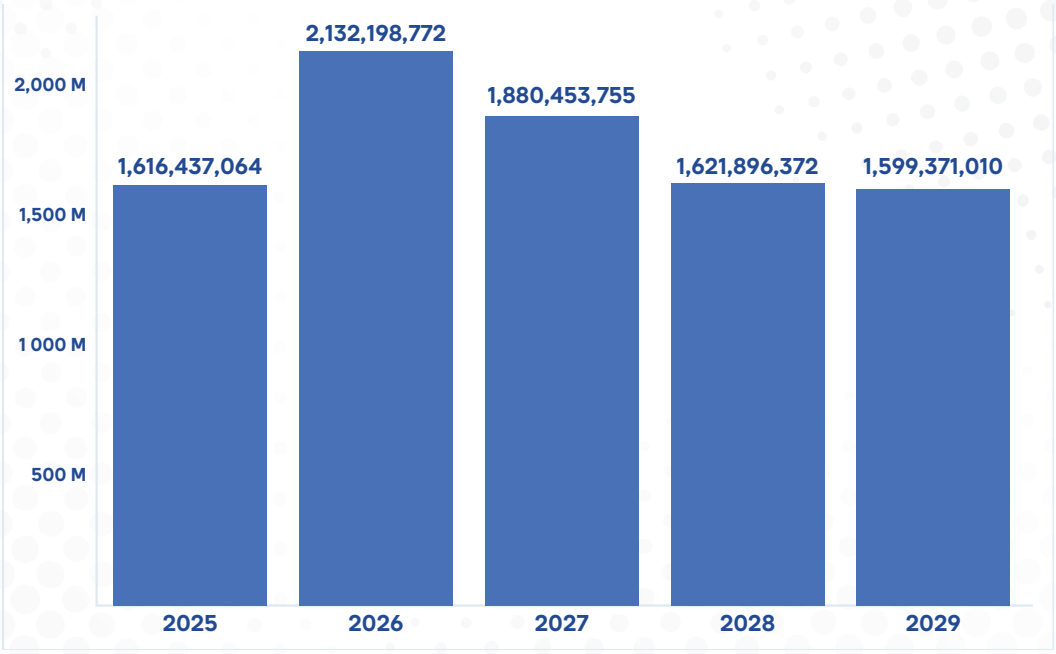

Figure3: Annual Budget Allocation (2025-2029)

SECTION VI. CONCLUSION

The RRP+ Strategic Plan (2025-2029) provides a structured roadmap for strengthening Rwanda's HIV response, with a focus on prevention, treatment adherence, economic empowerment, and stigma reduction among PLHIV. Rooted in a community-led, rights-based approach, the plan contributes to national and global priorities, reinforcing RRP+'s role as a key partner in the HIV response.

However, several limitations exist, including gaps in the M&E framework, where missing baseline data for key targets hinder the establishment of periodic milestones. Additionally, RRP+'s specific contributions such as the impact of peer educators and volunteers were not estimated due to data limitations, and in-kind resources were not documented, restricting a comprehensive assessment of available support.

To address these gaps, RRP+ should prioritize data collection and establish baseline targets early in the implementation phase. Additionally, throughout the plan's execution, systematic documentation of in-kind resources whether recorded as RRP+ assets or as technical support from partners will be essential for effective resource tracking and accountability.
Moving forward, RRP+ will strengthen strategic partnerships, enhance resource mobilization, and implement continuous M&E to achieve the plan's objectives and ensure sustained progress.

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Appendices

Appendix 1. Cost Breakdown by Activity

Activity name	2025	2026	2027	2028	2029	Total_5_yrs
Revise RRP+ legal documents, including statutes and related administrative tools.	23,528,000	-	-	-	-	23,528,000
Organize and conduct training sessions of RRP+ staff, General Assembly and BoDs on NGO governance	13,423,529	-	13,423,529	-	-	26,847,058
Develop RRP+ continuous quality improvement guide and standards	-	-	15,037,058	-	-	15,037,058
Organize and conduct Training of staff on continuous quality improvement guide and standards	-	-	7,985,058	-	-	7,985,058
Conduct regular external audits of governance practices.	-	-	50,000,000	-	-	50,000,000
Develop staff capacity development plan	10,000,000	-	-	-	-	10,000,000
Pay course fees for staff to attend professional development programs/courses	-	7,000,000	7,000,000	7,000,000	7,000,000	28,000,000
Develop digital system for data collection, storage, visualization and analysis	32,945,290	-	-	-	-	32,945,290
Conduct workshop to develop programmatic indicators, a real-time data collection and reporting tools or systems	15,970,116	-	-	-	-	15,970,116
Organize and conduct Training of system users on data collection	-	97,531,740	-	-	-	97,531,740
Procure smartphones to facilitate data collection activities.	-	234,330,000	-	-	-	234,330,000
Develop research agenda for next five years aligned with MOH research agenda	-	1,780,000	-	-	-	1,780,000
Conduct a comprehensive Mid-Term Review (MTR) to assess the progress, effectiveness, and impact of the implemented strategies and activities	-	-	25,573,058	-	-	25,573,058
Conduct a workshop of revising Strategic Plan according to MTR findings	-	-	8,073,058	-	-	8,073,058

Activity name	2025	2026	2027	2028	2029	Total_5_yrs
Conduct a comprehensive End-Term Review (ETR) to assess the progress, effectiveness, and impact of the implemented strategies and activities	-	-	-	-	25,573,058	25,573,058
Conduct a workshop of revising Strategic Plan according to MTR findings	-	-	-	-	8,073,058	8,073,058
Conduct regular (quarterly and annual) meetings with key stakeholders for data/information sharing	1,661,000	3,322,000	3,322,000	3,322,000	3,322,000	14,949,000
Develop a resource mobilization strategy	16,363,058	-	-	-	-	16,363,058
Organize a High-Level Donor Engagement Breakfast to Strategize Resource Mobilization	1,034,000	1,034,000	1,034,000	1,034,000	1,034,000	5,170,000
Attend Targeted International Conferences to Enhance Fundraising Opportunities		6,278,500	6,278,500	6,278,500	6,278,500	25,114,000
Develop an internal communication guide for staff, members, and partners.	18,073,058	-	-	-	-	18,073,058
Redesign and actively update the RRP+ website with news, success stories, and reports	1,800,000	2,400,000	2,400,000	2,400,000	2,400,000	11,400,000
Organize quarterly retreat to create short video testimonials from PLHIV on impact stories	10,085,058	10,085,058	10,085,058	10,085,058	10,085,058	50,425,290
Develop infographics and fact sheets for online sharing	1,250,000	2,500,000	2,500,000	2,500,000	2,500,000	11,250,000
Conduct media briefings and press conferences on key advocacy issues	1,128,058	2,256,116	2,256,116	2,256,116	2,256,116	10,152,522
Organize and conduct World AIDS Day campaign	137,721,960	-	-	-	137,721,960	275,443,920
Provide compensation to media champions and influencers for amplifying RRP+ messaging	1,450,000	5,800,000	5,800,000	5,800,000	5,800,000	24,650,000
Cover spot fees for TV/radio appearances to promote RRP+ messaging	270,000	540,000	540,000	540,000	540,000	2,430,000
Cover talk show fees for TV/radio appearances to promote RRP+ messaging	7,091,310	14,182,620	14,182,620	14,182,620	14,182,620	63,821,790

Activity name	2025	2026	2027	2028	2029	Total_5_yrs
Procure mobile testimony kit (Camera, Microphones, Tripod, Portable Led Light,)	4,131,700	-	-	-	-	4,131,700
Organize and conduct a workshop of Youth Ambassadors to elaborate testimony agenda or plan (Hire Expert as well)	14,745,058	14,745,058	14,745,058	14,745,058	14,745,058	73,725,290
Organize and conduct training session of RRP+ (Executive, General Assembly and Board Members) on HIV prevention including self-testing	13,423,529	-	13,423,529	-	13,423,529	40,270,587
Organize and conduct training session of PE on HIV prevention including self-testing and linkage to care	19,432,587	19,432,587	19,432,587	19,432,587	19,432,587	97,162,935
Provide incentive to PE for their interventions including HIV prevention and care (GF and PEPFAR)	333,000,000	444,000,000	555,000,000	444,000,000	444,000,000	2,220,000,000
Conduct a needs assessment to identify the technical and financial literacy needs of PLHIV, key and vulnerable populations	23,454,116	23,454,116	23,454,116	23,454,116	23,454,116	117,270,580
Conduct consultative meetings with local stakeholders to ensure training programs are relevant, accessible, and tailored to community needs	2,901,058	2,901,058	2,901,058	2,901,058	2,901,058	14,505,290
Organize a Training of Trainers (ToT) session to equip community-based trainers with the skills to effectively deliver technical and financial literacy to beneficiaries(PLHIV,KPs ,AGYW)	49,335,058	-	49,335,058	49,335,058	49,335,058	197,340,232
Provide financial support to 300 saving groups	-	300,000,000	-	300,000,000	-	600,000,000
Organize and facilitate peer learning sessions to enhance knowledge sharing and skill development among PLHIV and other vulnerable populations	-	-	48,720,000	-	48,720,000	97,440,000
Conduct monitoring of the economic empowerment initiatives	17,090,116	17,090,116	17,090,116	17,090,116	17,090,116	85,450,580

Activity name	2025	2026	2027	2028	2029	Total_5_yrs
Conduct supportive supervision to ensure the effective implementation of economic empowerment initiatives by offering guidance, troubleshooting challenges, and ensuring adherence to program standards and best practices	30,259,350	-	30,259,350	-	30,259,350	90,778,050
Conduct a stigma Index survey to assess levels of HIV-related stigma and discrimination	61,437,436	-	-	-	61,437,436	122,874,872
Organize and Conduct workshops/meetings to support lobbying efforts for policy change	2,808,000	2,808,000	2,808,000	2,808,000	2,808,000	14,040,000
Hire a Legal Person who will follow the reported cases	1,040,000	2,080,000	2,080,000	2,080,000	2,080,000	9,360,000
Training of PE by Legal Expert on how to support victims of SD	6,284,000	6,284,000	6,284,000	6,284,000	-	25,136,000
Conduct a workshop to establish a reporting framework of cases victim of stigma and discrimination (Forms, sticker on HF,	-	2,089,058	-	-	-	2,089,058
Organize training sessions for community leaders and peer educators to actively promote HIV treatment adherence and provide support services at the community level, with a specific focus on age-friendly approaches, particularly for older age groups	22,063,935	22,063,935	22,063,935	22,063,935	22,063,935	110,319,675
Conduct supervision/ mentorship to peer educators with focus to VL suppression	18,155,610	24,207,480	24,207,480	24,207,480	24,207,480	114,985,530
Organize monthly peer support education sessions in the community	50,000,000	50,000,000	50,000,000	50,000,000	50,000,000	250,000,000
Conduct needs assessment in hard to reach settings & in restricted/closed settings (Transit centers, Police Stations, Rehabilitation centers,....) for HIV and other integrated services	-	22,638,000	-	-	-	22,638,000
Conduct a need assessment and identify all groups not suppressing than others (Adolescents, children, KPs, ...) and reasons	22,638,000	22,638,000	-	-	-	45,276,000

Activity name	2025	2026	2027	2028	2029	Total_5_yrs
Organize community campaigns to create the support groups age and vulnerability friendly (Like children parents are responsible, PWD, SDCs, AGYW, etc.)	18,155,610	24,207,480	24,207,480	24,207,480	24,207,480	114,985,530
Conduct semi - annual coordination meetings with stakeholders for quality assessment and improvement	8,900,877	5,933,918	14,834,795	14,834,795	14,834,795	59,339,180
Recruit the new youth ambassadors at least five per district and gender balanced	16,200,000	21,600,000	21,600,000	21,600,000	21,600,000	102,600,000
Train the existing and new youth ambassadors on integrated package of HIV, TB, NDCs, MH, ASRH and GBV	62,760,174	-	-	-	-	62,760,174
Contracting social media influencers to promote, coach and boost ambassadors HIV response messages in high audience	32,638,000	-	-	-	-	32,638,000
Organize and conduct a training of journalist and social media influencers on respectful and adequate messages for HIV responses	-	-	25,800,348	17,200,232	-	43,000,580
Organize Training of toll free line staff and volunteers on communications skills, guidelines for integrated HIV services	8,285,058	-	8,285,058	-	8,285,058	24,855,174
Conduct a workshop with NCDS, TB, HIV, MH and other stakeholder to advocate the rationale and content elaboration of PE manual	12,049,529	-	-	-	-	12,049,529
Hire a consultant to develop an integrated content of PE including TB, HIV, MH, NCDS, ASRH,	-	55,467,529	-	-	-	55,467,529
Organize training sessions for peer educators on screening and linkage for other comorbidities	10,709,290	10,709,290	10,709,290	-	-	32,127,870
Organize mentorship and enhance the linkage to care for complicated cases and Organize community mental health therapy sessions	18,155,610	24,207,480	24,207,480	24,207,480	24,207,480	114,985,530
Organize a training of peer educators on prevention and management of pandemics outbreaks	-	10,267,290	10,267,290	10,267,290	-	30,801,870

Activity name	2025	2026	2027	2028	2029	Total_5_yrs
Develop, Print and distribute the tools on epidemic preparedness PE friendly (English and Kinyarwanda)	-	45,657,529	-	-	-	45,657,529
Conduct outreach session on pandemic outbreaks prevention and control	-	-	148,329,960	-	-	148,329,960
Secure emergency funds for PLHIV and KPs during pandemics through influencer mobilization and a fundraising breakfast	-	20,600,000	-	-	-	20,600,000
Training of key stakeholders on provision of services for key and vulnerable populations	-	63,546,450	-	-	-	63,546,450
Conduct quarterly supervision/ mentorship to initiate of AGYW support groups	12,103,740	24,207,480	24,207,480	24,207,480	24,207,480	108,933,660
Organize training sessions for peer educators on screening and linkage for other comorbidities	-	10,267,290	10,267,290	10,267,290	-	30,801,870
Organize a training of PE of AGYW on HIV prevention, care, stigma, NCDs. MH, GBV, Life skills	35,569,160	17,784,580	71,138,320	-	-	124,492,060
Pay the running cost of five years	122,720,400	122,720,400	122,720,400	122,720,400	122,720,400	613,602,000
Staff salaries	265,915,101	315,827,088	312,860,695	324,860,695	312,860,695	1,532,324,275
Total	**1,616,435,039**	**2,132,196,746**	**1,880,451,728**	**1,621,894,344**	**1,599,368,981**	**8,850,346,839**

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