Rwanda

FACTFILE

Title Prevention of Sexually Transmitted Infections/HIV/AIDS and Promotion of Family Planning

IPPF Member Association Association Rwandaise pour le Bien-Etre Familial (ARBEF)

Set up in 1986, ARBEF is the country's leading non-governmental organization promoting and providing sexual and reproductive health services.

Aim To contribute to the reduction of sexually transmitted infection and HIV rates and increase the use of modern contraceptive methods in the provinces of Kibungo, Umutara and Ruhenguri.

Duration Five years: 2003–2007

KEY ACHIEVEMENTS

- At the project outset, 44 per cent of people interviewed denied the existence of HIV in the community. By the end of the project, no one interviewed denied the existence of HIV, and levels of stigma and discrimination, although still present, had decreased significantly.
- The community now accepts that men discuss topics such as HIV, sexual health and family planning in public places such as bars and participate in family planning choices with their partners.
- Good partnership with government facilities resulted in the continuation of most of the services once the EC funding window had closed.

PROJECT OVERVIEW

Strong focus on voluntary counselling and testing

ARBEF focused on HIV prevention and family planning in 30 'regrouped settlements' or imidugudus, in three rural zones. These are communities of refugees who have returned to Rwanda. The project ran from government health centres to offer voluntary counselling and testing, family planning and other reproductive health services.

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ARBEF's push to increase access helped influence government support for these services and, eventually, as part of a nationwide policy, the government included voluntary counselling and testing as well as antiretroviral therapy as part of its service package.

Working closely with community leaders to ensure the project retained legitimacy

The project worked in conjunction with the community in numerous ways: by holding regular meetings with community elders; by sensitizing the elders to the project's advocacy objectives and encouraging them to defend them; by recruiting peer educators of all ages in the communities; and by organizing group discussions with community leaders so that they could openly discuss issues important within their communities.

This continuous diplomacy on the project's behalf helped the project succeed in most areas, despite one of the centres being closed by the Catholic Church, as the Church owned the building where the clinic was based.

KEY PROJECT STATISTICS

151,589 people attended information, education and communication sessions on HIV and family planning; 64,331 were young people.

Number of family planning and safe motherhood services provided: 39,436.

21 service providers were trained to provide comprehensive HIV services; 65 were trained in family planning.

19,805 voluntary HIV tests were taken, and 1,532 HIV positive people were supported by the project.

Four associations of people living with HIV (186 members) were set up and received financial and in-kind support (food, clothing, treatment and micro-credit); 52 members became peer educators.

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Significant shifts in attitudes about HIV

At the beginning of the project significant numbers of those interviewed believed that HIV could not – and did not – exist in their communities despite the high prevalence rates in most rural areas. HIV positive people living in these areas said that before the information, education and communication sessions about HIV in the community, people living with HIV preferred to die at home rather than access

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medicines, and also that many thought that those who fell ill had been cursed by another member of the community.

At the final evaluation, no group or individual stated that they did not believe in the existence of HIV and knowledge of HIV in the general community had improved beyond measure.

Challenging gender stereotypes through focused dialogues

The project ran 1,350 sessions specifically addressing gender issues. The sessions covered gender and sexual health, men's involvement in sexual and reproductive health, responsible parenting, sexually transmitted infections, HIV, fertility and infertility, and safe motherhood.

The sessions opened up dialogues on a number of previously taboo topics and significant changes in the community were noticed by the project.

These sessions opened up dialogues on a number of previously taboo topics and significant changes in the community were noticed by the project. These included women being able to choose to use contraceptives without the consent or input of their partner, men gathering in public places (such as bars) talking about sexual health matters, and women visiting the centre for HIV testing without fear of being reprimanded by their partner.

LESSONS LEARNED

To ensure that services are truly accessible to young people, clinics must be kept open during hours that young people are able to attend (outside school and university hours).

Including an income generation component for the associations of people living with HIV would help with sustainability of these activities.

Attitudes that perpetuate lack of decision making and autonomy of women take a long time to change, and need to be done in collaboration with community leaders.

Collaboration and close working relationship with government

An advance agreement of collaboration was signed by the government and ARBEF, and the project's clinics were stationed within larger government primary health care clinics. In addition, the project signed partnership agreements with each local authority where it was active and worked closely throughout the project with these authorities. This resulted in the local authority dispensaries being able to incorporate the project's activities when the project's financing had ended.

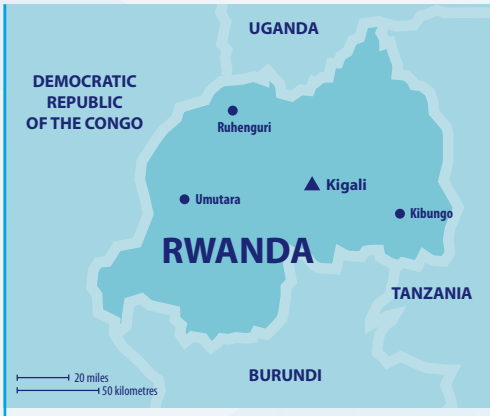
IPPF and UNFPA working together in-country

UNFPA is currently undertaking its sixth programme of work in Rwanda (2008–2012), where it has worked collaboratively with ARBEF on an ongoing basis. ARBEF ensured that the project's initiatives were linked to UNFPA's activities so that clients could benefit from the activities of both organizations. UNFPA also financed the construction of the buildings housing the project's centres for people living with HIV.

Two of the three clinics are still running, thanks to close collaboration with the local authorities.

Project continuation

Two of the three clinics are still running, thanks to the close collaboration with the local authorities and the willingness and ability of the local authorities to continue these services once the project's financing had ended. However, the support groups for the associations of people living with HIV are no longer functioning at the same level due to lack of funding.



COUNTRY STATS

Population is 9.6 million, with 44 per cent under the age of 15.
(2008, Population Reference Bureau)

35 per cent of population is aged between 10 and 24.
(2008, Population Reference Bureau)

Human Development Index ranking: 161 out of 177 countries.
(2005, UNDP Human Development Report 2007/2008)

Average life expectancy at birth is 45.2 years.
(2005, UNDP Human Development Report 2007/2008)

The infant mortality rate is 86 per thousand live births.
(2008, Population Reference Bureau)

The total fertility rate is 6.0 (2000–2005) **with only 17 per cent of married women aged 15–49 practising family planning.**
(1997–2005, UNDP Human Development Report 2007/2008)

Population living with HIV/AIDS (aged 15–49) is 3.1 per cent.
(2005, UNDP Human Development Report 2007/2008)

Only 39 per cent of births are attended by trained personnel.
(1997–2005, UNDP Human Development Report 2007/2008)

This project was funded by The European Union.

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