

RWANDA



THE CHALLENGE

WOMEN AND GIRLS IN RWANDA CONTINUE TO BE DISPROPORTIONATELY AFFECTED BY THE HIV EPIDEMIC, MAKING UP AN ESTIMATED 56 PERCENT OF ALL ADULTS LIVING WITH THE VIRUS.¹ THE COUNTRY'S 2010 DEMOGRAPHIC AND HEALTH SURVEY (DHS) INDICATED THAT 3 PERCENT OF PEOPLE AGED 15-49 WERE INFECTED, WITH A PREVALENCE RATE AMONG WOMEN OF 3.7 PERCENT AS COMPARED TO THAT OF 2.2 PERCENT AMONG MEN.²

Prevalence was notably higher among women in urban areas than in rural areas, and has increased among women aged 25–29 and 35–39 since 2005.³ Of the key populations at higher risk, a startling 51 percent of female sex workers are infected.⁴

Gender inequality is a chief driver of the epidemic among women and girls. Unequal power relations between women and men prevent women from negotiating safer sex and render them vulnerable to violence, which increases their risk of and vulnerability to HIV infection. Economic insecurity, constraints in accessing prevention, treatment, care and support services, and HIV-related stigma and discrimination continue to be persistent challenges faced by Rwandan women and girls living with HIV.⁵

1 Calculation based on estimates provided in UNAIDS, 2014, *Gap Report*, A27, A33.

2 'Rwanda Demographic and Health Survey, 2010-Final Report.' National Institute of Statistics of Rwanda, et al., 2012.

3 'Country Progress Report: Rwanda.' Rwanda Biomedical Center, Institute of HIV/AIDS, Disease Prevention and Control, 2012.

4 *Global AIDS Progress Report: Rwanda*, 2014, p. 25.

5 Kimyono, A., *Addressing the links between Gender-Based Violence and HIV in the Great Lakes region: Country Report-Rwanda*, UNESCO, 2013.

THE POLICY ENVIRONMENT

Rwanda ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1981. Vision 2020, the country's core development strategy, refers to gender equality as a crosscutting issue. The Economic Development and Poverty Reduction Strategy, the national framework for multi-sectoral action on HIV and AIDS, bolstered by the National Gender Policy, requires all sectors to mainstream gender equality and HIV within their plans and programmes.⁶

The National Strategic Plan on HIV and AIDS (NSP) 2009–2012 is closely aligned with the Economic Development and Poverty Reduction Strategy and Vision 2020 and makes clear provisions for gender concerns. These include programmes and activities to address violence against women, teaching young women condom-use negotiation and training them as peer educators. The NSP was developed in consultation with women living with HIV (WLHIV) and young people living with HIV

6 'National Gender Policy: Ministry of Gender and Family Promotion, Government of Rwanda, 2010.

(PLHIV). In 2010, Rwanda launched the Accelerated Plan for Women, Girls, Gender Equality and HIV (2010–2014), which focuses on women’s equal access to HIV services, translating political commitment into concrete actions and resources for women and protecting and promoting the rights of women in the context of HIV and AIDS.

Rwanda reorganized its institutional architecture in 2011, establishing the Rwanda Biomedical Center (RBC) through a merger of several health-related agencies, including the National AIDS Control Commission, which previously led the HIV response. The response is now led by the Institute of HIV/AIDS, Disease Prevention and Control (IHDP), an integral part of the RBC and recognized as the National AIDS Coordinating Authority (NACA).

The Rwanda Network of People Living with HIV/AIDS (RRP+) is the main umbrella national network for people living with HIV, representing more than 1,300 associations and cooperatives of PLHIV. Prior to the implementation of the EC-UN Women programme, although women made up about 80 percent of RRP+’s membership, it did not particularly address gender concerns and women were significantly underrepresented in decision-making. The Association of HIV Positive Women (FRSL+) is a national organization that is independent of RRP+. Apart from FRSL+, other WLHIV groups are small-scale, unregistered and confronted with serious operational and financial constraints that limit their participation in planning and decision-making mechanisms.⁷ Men, who comprise some 25 percent of the membership of WLHIV groups, dominate the leadership and management functions.⁸

THE PROGRAMME RESPONSE

Supporting Gender Equality in the Context of HIV/AIDS, which ran from 2009–2012, aimed to integrate gender equality and human rights into key policies, laws, plans, budgets, programmes and actions to address HIV and AIDS in Rwanda. The main objectives were to promote the participation of WLHIV organizations and networks in shaping HIV policies, programming, and resource allocations, and to strengthen commitment to gender equality in the national HIV response.

PROGRAMME PARTNERS

- National AIDS Coordinating Authority (NACA)
- Rwanda Biomedical Center/Institute of HIV/AIDS, Disease Prevention and Control (RBC/IHDP)

- Ministry of Gender and Family Promotion
- Country Coordinating Mechanism, Global Fund for AIDS, TB, Malaria
- Rwanda Network of PLHIV
- Association of HIV Positive Women

The focus of the EC-UN Women programme work with national partners was to advance the individual and organizational development, leadership and participation of WLHIV in policy processes, and increase their confidence to demand accountability for women’s needs and priorities. In the case of the NACA and other government stakeholders, the programme’s emphasis was on developing capacity for integrating gender concerns into planning processes to deliver on gender equality commitments. The programme also worked to reinforce stakeholder partnerships, particularly between the NACA and WLHIV organizations.

The programme employed a range of strategies to achieve these ends. It provided support and technical assistance to identify crucial entry points for integrating gender concerns into the implementation and review of the NSP, and advocated for the integration of gender issues within other national HIV and AIDS strategies.

Strengthening NACA to mainstream gender commitments into effective programming for women involved capacity building for RBC/IHDP staff. Practical approaches were adopted for applying gender priorities into NACA’s plans and programmes, including the placement of a senior gender advisor within the RBC/IHDP to provide ongoing capacity building and technical support. Particular attention was paid to developing staff skills in gender-responsive budget analysis and monitoring. This was to ensure that resources allocated within the HIV response and the national budgets were responsive to the epidemic’s gender dimensions.

To advance the leadership and participation of women living with HIV, strategies were adopted in order to improve WLHIV’s understanding of gender equality and human rights issues and build advocacy and organizational skills; develop a common voice for WLHIV; and promote leadership and participation. An important springboard initiative that informed these activities was a mapping study of WLHIV organizations in 15 districts by RBC/IHDP to assess both capacity gaps and the extent to which existing HIV programme interventions had benefited women. The programme facilitated the exploration of common goals, as well as WLHIV’s needs and priorities, to inform advocacy initiatives. In addition, the Gender Advisor coordinated WLHIV’s engagement

⁷ *Final Report for a Study on Capacity Needs Assessment for HIV+ Women’s Organizations*. National AIDS Control Commission, 2011.
⁸ *Ibid.*

in decision-making processes, funding mechanisms and participation in conferences at national, regional and international levels.

To leverage resources for HIV programming, the programme joined the UN 'Delivering As One' initiative to strengthen its sustainability and reach and mobilize resources.

ACHIEVEMENTS

The programme contributed to the **successful development of the National Accelerated Plan for Women, Girls, Gender Equality and HIV (2010–2014)**, which prioritizes WLHIV issues at a high level.

“THE RWANDA NSP 2009-2012 IS STRONG ON GENDER, BUT [AT] THE LEVEL OF SPECIFIC ACTIVITIES, YOU LOSE THE GENDER FOCUS. IN ORDER TO ENSURE SPECIFIC AND ACTIONABLE GENDER ACTIVITIES, WE FOCUSED ON DEVELOPING A POLICY DOCUMENT THAT HAS SPECIFIC ACTIONS TO ENSURE EQUAL ACCESS FOR WOMEN AND GIRLS AT THE IMPLEMENTATION LEVEL.”

—Gender Advisor to the Rwanda Biomedical Center/
Institute of HIV Disease Prevention and Control⁹

Training, coaching and mentoring activities conducted through FRSL+ and 11 other organizations **increased the self-confidence of WLHIV and their awareness of their rights and willingness to participate as leaders and advocates in the HIV response**. A new cadre of leaders has emerged and begun participating in regional and international fora on HIV and AIDS. At the XIX International AIDS Conference in Washington D.C. in 2012, for example, a Rwandan woman living with HIV was selected to make a presentation on how women are influencing HIV-related policy-making.

In terms of accessing existing government funds, with the support of the programme and RBC/IHDPC, **FRSL+**

⁹ Interview with Gender Advisor to the Rwanda Biomedical Center/Institute of HIV Disease Prevention and Control, Kigali, Rwanda (UN Women- EC Programme 2009-2013).

submitted a proposal to the Global Fund that was accepted for funding. The project will support women living with HIV to access the 'One Cow Per Family' initiative, a government social protection programme. FRSL+ is now also included on the PEPFAR Steering Committee.

Through coaching and mentoring, **WLHIV have strengthened their advocacy efforts, formulated their priorities and created a common agenda**. A vocal constituency has been mobilized around women's concerns and fostered their leadership potential. Further, bringing women together contributed significantly to reducing the isolation and stigma felt by many WLHIV. A think tank with a membership of 15 WLHIV has successfully negotiated for restructuring within the national network (RRP+) to allow WLHIV to access decision-making positions, including the Executive Board. Indeed, elections now include women representatives across central and local level positions. In addition, a gender unit has been created to oversee programmes and resource allocations specifically targeted at women and improving gender equality more broadly.

The placement of a Gender Advisor helped foster institutional support for gender mainstreaming and created greater space for leadership by WLHIV in the national response. Training sessions with coordinators of District AIDS Control Committees (CDLs), for example, led to CDL action plans to mainstream gender in the district level HIV response. The work of the Gender Advisor also led to the integration of HIV into Rwanda's Gender-based Violence Policy and Strategic Plan. In addition, gender and HIV concerns are now on the agenda of technical coordination bodies in the Ministries of Health, Finance and Economic Planning, and Gender and Family Promotion. WLHIV who participated in policy processes highlighted key gender-related gaps and limitations, and their inputs have been used in the design of training sessions on gender and HIV for national and district level government staff. The Gender Advisor was also successful in advocating for the involvement of WLHIV in international partners' planning mechanisms.

To improve the availability and use of data on the gender dimensions of HIV, the Gender Advisor worked with MEASURE Evaluation to **fully mainstream gender concerns within monitoring and evaluation (M&E) processes at the central and decentralized levels**. The data generated was used to inform the mid-term review of NSP 2009-2012, and is being used in the formulation of the new NSP. The data is informing health services at the district level, and being shared with other countries seeking to mainstream gender issues into their M&E systems.

Gender-responsive budgeting (GRB) is being systematically applied across sectors and institutions in the national HIV response, leading to increased and more targeted resource allocations for the gender dimensions of the epidemic. An analytical study of resource allocations in the NSP 2006–2009 revealed that strong political will for GRB was not being translated in budgeting processes. A GRB analysis and budgeting tool for HIV was subsequently developed and aligned with successful national GRB initiatives in other sectors. Using this tool, RBC/IHDPC required all partners in the HIV response to conduct a mandatory, systematic gender gap analysis in their programming and to address those gaps in their budgets. In addition, a Resource Tracking Tool was upgraded to accommodate GRB analysis in the national database that monitors the health sector budgets, including for HIV and AIDS, for the Ministry of Health.

Stronger partnerships between stakeholders in the national response are leading to greater support for, and sustainability of, actions to involve WLHIV in the HIV response. The linkages and coordination between RBC/IHDPC staff and WLHIV have been strengthened through regular joint meetings and by the capacity-building workshops organized by RBC/IHDPC for women's groups. The think tank of WLHIV is regularly consulted on issues and concerns faced by women and these inputs are being incorporated into training for RBC/IHDPC staff and the district-level AIDS Control Committees.

Partnering with other UN and international agencies through the 'Delivering As One' initiative has also bolstered efforts to improve the situation of WLHIV. For example, it has led to a project on economic empowerment of WLHIV in the Gihembe refugee camp. The women have also organized themselves into an association that advocates for WLHIV in the camp.

LESSONS LEARNED

The establishment of the WLHIV think tank was instrumental to achieving programme results within a short time frame. Women from the think tank, who represent the broader community of WLHIV, are able to speak with authority and conviction because they live with the same daily realities and have themselves experienced stigma and discrimination. They represent a new cadre of leaders who are able to advocate with one voice and mobilize their constituency to demand accountability.

The role of the Gender Advisor is crucial for the implementation and effectiveness of the programme. The Gender Advisor worked on numerous levels, advocating for gender concerns to be included in policies and mechanisms, and advocating for WLHIV to be included in policy processes. Given these duties, the role of Gender Advisor needs to be a full-time position that concentrates on gender-related issues. It also needs to be a senior position, in order that the person has the authority and clout to participate fully in decision-making.

The demonstration of strong political will by government plays an important role in mainstreaming gender in the HIV response. It has helped to increase ownership and sustainability of actions, particularly among government stakeholders. This political will must now be translated into concrete actions that will continue to broaden and deepen capacity among government stakeholders to carry out gender analysis and mainstreaming across all sectors.

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A GREATER VOICE FOR RWANDAN WOMEN LIVING WITH HIV

Women make up nearly 80 percent of the membership of the networks of people living with HIV. They are however significantly under-represented in decision-making structures and processes. Through this programme, Rwandan women living with HIV have made their voices heard.

Leadership-building initiatives for women living with HIV contributed to the creation of a 15-member Think Tank that now represents women's inputs in national and district level HIV policy and planning processes.

The Think Tank also brokered a strategic agreement with the Rwanda National Network of People living with HIV

(RRP+) to change its legal framework and to reform its organizational structures to better include women. RRP+ has included positions for women on its Executive Board and held elections that resulted in 31 women and 31 youth becoming representatives, both nationally and locally. RRP+ also established a Gender Unit to integrate gender equality in its programming and to ensure that resources are directed to meet the needs of women and girls living with HIV.

The advocacy efforts of women living with HIV have helped to boost women's leadership and influence in Rwanda's HIV response.