

REPORT CARD

HIV PREVENTION FOR GIRLS AND YOUNG WOMEN



RWANDA

COUNTRY CONTEXT:

Size of population: (2007 estimate):	9,907,509 ¹
Life expectancy at birth (2007):	48.99 years ²
Population living below \$1 a day:	60.3% ³
Percentage of population under 15 years:	43.8 % ⁴
Youth literacy female rate as percentage of male rate (ages 15–24) ⁵ (2004):	Male 76.9%, female 76.8% ⁵
Median age at first marriage for women (ages 15–49):	22.4 years ⁶
Median age at first marriage for men (ages 15–49):	25.7 years ⁷
Median age at first sex among females (ages 15–49) ⁸ :	20.7 years ⁸
Median age at first sex among males (ages 15–49) ⁹ :	Data not available
Total health expenditure (public and private) per capita per year (2004):	\$126 ⁹
Contraceptive prevalence rate for women 15–49 (2000) ¹⁰ :	10.3 modern method ¹⁰
Fertility rate (estimate 2000–2005):	16 births per woman ¹¹
Maternal mortality rate per 100,000 live births (2000):	750 ¹²
Religions: Roman Catholic 56.5% Protestant 26% Adventist 11.1% Muslim 4.6% indigenous beliefs 0.1% none 1.7% ¹³	
Languages: Kinyarwanda (official) universal Bantu vernacular French (official) English (official) Kiswahili (Swahili) used in commercial centres ¹⁴	

AIDS CONTEXT:

Adult HIV prevalence rate (15–49):	3.1 [2.9–3.2] ¹⁵
HIV prevalence rate in young females (ages 15–24):	1.5% ¹⁶
HIV prevalence in young males (ages 15–24):	0.4% ¹⁷
HIV prevalence in vulnerable groups: Sex workers:	3.0% ¹⁸
Number of deaths due to AIDS (estimate for 2006):	21,000 [13,000–26,000] ¹⁹
Estimated number of orphans due to AIDS (0–17 years):	210,000 ²⁰

HIV PREVENTION FOR GIRLS AND YOUNG WOMEN CONTEXT:

Supportive legal and policy frameworks relating to HIV prevention are in place and are relatively comprehensive, although the impressive policy rhetoric is not always backed up by the everyday reality experienced by girls and young women. Sex work is illegal and although this is not always enforced, this has led to few programmes seeking to address the specific needs of sex workers, despite the fact that they constitute the single biggest vulnerable population in Rwanda. This is particularly pertinent as sex work and domestic violence are endemic in the post-genocide society.²¹ The National AIDS Strategy²² explicitly prioritises vulnerable groups, and some sex workers in Rwanda have formed support groups of their own. In principle, condoms and voluntary counselling and testing (VCT) are free for all to access, although in reality there are still cases where providers will charge a nominal fee. Availability of HIV and sexual and reproductive health (SRH) related services are being scaled-up, although as yet there are no services solely dedicated to the provision of SRH services. Some services also remain inaccessible due to lack of publicly available information and long distances

INTRODUCTION

THIS REPORT CARD AIMS TO PROVIDE A SUMMARY OF HIV PREVENTION FOR GIRLS AND YOUNG WOMEN IN RWANDA.

This Report Card is one in a series produced by the International Planned Parenthood Federation (IPPF), under the umbrella of the Global Coalition on Women and AIDS, and with the support of the United Nations Population Fund (UNFPA) and Young Positives.

The Report Card is an advocacy tool. It aims to increase and improve the programmatic, policy and funding actions taken on HIV prevention for girls and young women in Rwanda. Its key audiences are national, regional and international policy and decision-makers, and service providers. It builds on global policy commitments, particularly those outlined in the Political Declaration on HIV/AIDS from the 2 June 2006 High-Level Meeting, to follow up on the United Nations General Assembly Special Session on AIDS (UNGASS).

The Report Card summarizes the current situation of HIV prevention strategies and services for girls and young women ages 15-24 years in Rwanda. It contains an analysis of five key components that influence HIV prevention, namely:

1. Legal provision
2. Policy provision
3. Availability of services
4. Accessibility of services
5. Participation and rights

It also provides recommendations for key stakeholders to enhance action on HIV prevention strategies and services for girls and young women in Rwanda.

The Report Card is the basis of extensive research carried out during 2007 by IPPF, involving both desk research on published data and reports, and in-country research in Rwanda to provide more qualitative information. This research is detailed in full within a 'Research Dossier on HIV Prevention for Girls and Young Women in Rwanda' (available on request from IPPF).

in rural areas, as well as the associated stigma and discrimination individuals living with HIV often face.

However, the participation of girls and young women in national bodies and policy formulation is high; for instance, there is a focal person within the National AIDS Council that leads on issues relating to orphans and vulnerable children (OVCS) and gender issues, the National AIDS Strategy was developed with the input of girls and young women, and the media provides a platform for people living with HIV to share their experiences. The national AIDS response is coordinated by the National AIDS Control Commission along with the Treatment, Research and AIDS Centre (TRAC). The policy and structure is in line with the 3 Ones principles – one coordinating authority, one strategic plan, and one monitoring and evaluation framework. The process of producing an economic development and poverty reduction strategy has been used as an opportunity to integrate the AIDS response into all sectors.²³ Despite these positive developments, there are still calls for such initiatives to be increased and to ensure the efforts go beyond tokenism. There are plans to do this with UN joint support.²⁴

KEY POINTS:

- The **legal age for marriage is 21** for both men and women. Any marriage before the age of 21 has to seek the written consent of the Minister of Justice.²⁵
- The minimum **legal age for having an HIV test** and/or accessing sexual and reproductive health services without parental and partner consent is 15 years.²⁶
- **Abortion** is permitted to **save the life of a woman and also to preserve the mental and/or physical health of a woman**. However, it is not permitted by law in cases of rape, incest for foetal impairment, economic or social reasons or on request.²⁷
- In 2006, a **gender-based violence bill** was passed in through the Chamber of Deputies but remains to be fully adopted. It discusses many issues including domestic violence.²⁸
- There is no AIDS law in Rwanda. However, the National Policy on HIV states that **all Rwandans are equal before law**, including those living with HIV. In practice, people living with HIV (PLHIV) are often discriminated against.³⁰
- The Monitoring and Evaluation Plan 2006 – 2009 states that **laws should be revised, adopted or repealed** to ensure that the **rights of orphans and vulnerable children (OVC) and PLHIV are fully respected**.³¹
- Sex work is illegal in Rwanda and in Kigali **sex workers**, including children, are among those detained by the authorities of Kigali for sleeping in the streets. This group are **frequently detained** for ‘vagabondage’, without access to legal services as required in the Rwandan constitution.³²
- Sex workers in Rwanda, with the help of Non-Government Organisations (NGOs), government agencies, and Faith-Based Organisations (FBOs) with support by UNFPA have started forming support groups aimed at **income generation** so that they have an **alternative to sex work**.³³ In particular, Population Services International has attracted former sex workers from eight provinces, encouraging the girls and women to perform songs and dances that highlight the key issues around sex work and HIV.³⁴

QUOTES AND ISSUES:

- “Laws on gender-based violence, legalising safe abortion, reviewing the legal age of marriage amongst others should be considered. **Opposing abortion will never eradicate abortion** because unwanted pregnancies will remain at large.” (Interview – Director, Family Planning Association)
- “*There is no discrimination against women in places of work and schools. **The laws are entirely good. However, laws on gender related violence should be expedited.***” (Interview – Social Mobilisation Officer, UN Agency)
- “Laws on sexual harassment and abuse, such as **rape, defilement and domestic violence** should be re-visited and **measures taken to enforce them.**” (Interview – SRH for Adolescents Officer, UN Agency)
- “*The fact that **sex work is illegal puts girls and young women practicing this work at high risk** because there are **no protection measures taken for them.** There is no specific strategy for that group in terms of HIV prevention.*” (Interview – Health Advisor, International NGO)
- “I don’t think the legalisation of abortion would contribute to HIV prevention for girls and young women. We should rather work on **educating them on HIV prevention measures, including condom use.**” (Interview – Executive Secretary, national PLHIV network)
- “*Girls and young women can use **sexual and reproductive health services without their parents’ consent.** These services are open to everybody with no discrimination.*” (Interview – PMTCT Coordinator, Treatment and Research on AIDS Centre)
- “There is **no discrimination based on any category of the population** including girls and young women. The legislation does not differ for any category of girl or young woman.” (Interview – male Executive Secretary, National PLHIV Network)



KEY POINTS:

- The National AIDS plan addresses the **full continuum of prevention, treatment, care and support** and this is reinforced in a number of policy tools including the Strategic Framework for HIV/AIDS Control; The National Plan for HIV/AIDS Treatment and Care; The ministerial decree on delivery of health care to people living with HIV/AIDS; and, The National Behaviour Change Communication Policy for the Health Sector.³⁵
- The **National Policy on Sexual and Reproductive Health (SRH)** will soon be in place. It will serve as an entry point to the planning and delivery of HIV prevention services in sexual and reproductive health (SRH) domains which are currently very limited. The **Economic Development and Poverty Reduction Strategy (EDPRS)** for Rwanda 2007-2011 also plans for sexual and reproductive health **(SRH) services for young people.**³⁶
- The National Strategy prioritises **vulnerable groups as the primary focus** of programmes that address HIV prevention, care and support.³⁷
- The **National Prevention Plan targets 15 vulnerable populations** considered at higher risk of HIV/AIDS infection. Among them are specific groups such as **primary and secondary school students; out of school youth; street children; university students; widows; sex workers; and, people living with HIV (PLHIV).**³⁸
- **SRH education** is among one of the **prevention strategies** within the National Prevention Plan. The Plan also ensures that the prevention of mother to child transmission **(PMTCT) is integrated into SRH services.**³⁹
- The National HIV/AIDS Strategy stresses that services should be **confidential** and that there is **pre-testing group counselling** as well as **one-to-one confidential pre-test and post-test counselling.**⁴⁰
- The **national protocol on voluntary counselling and testing (VCT) addresses the needs of girls and women** through providing:
 - Pre-mariage VCT services.
 - VCT services for prevention of mother to child transmission (PMTCT).
 - VCT for couples.
 - VCT for adolescents.⁴¹
- The National Strategy on HIV/AIDS **disaggregates key national data about HIV/AIDS**, such as HIV prevalence, by age, geographic area and gender.⁴²
- **The protocol on PMTCT advises all pregnant women** to have an HIV test when attending antenatal services. **The test is optional** but recommended.⁴³
- Of an estimated 154,000 requiring antiretroviral drugs (ARVs) in 2002, the HIV/AIDS Treatment and Care Plan **aimed to have 59,250 HIV positive people on antiretroviral therapy (ART) by 2007.**⁴⁴ **In fact, by September 2007 there were 68,034 PLHIV receiving treatment.**⁴⁵

QUOTES AND ISSUES:

- “PEPFAR, the Global Fund and the World Bank are investing in HIV/AIDS and completely **neglecting sexual and reproductive health**, which is the **backbone of harnessing the protection** of girls and young women.” (Interview – Director, Family Planning Association)
- *“The Ministry of Education should **develop a curriculum on sexual and reproductive health in secondary schools.**”* (Interview – Health Advisor, International NGO)
- “The government should **put in place a policy on economic support to people living with HIV**, including vulnerable HIV positive girls and young women.” (Interview – Executive Secretary, national PLHIV network)
- *“The government should **introduce a policy on sexual and reproductive health education for adolescents.**”* (Interview – PMTCT Coordinator, Treatment and Research on AIDS Centre)
- “In essence, **there is no protocol or any other form of provision that hinders young women** from accessing antenatal (ANC) and VCT services.” (Interview – Social Mobilisation Officer, UN Agency)
- *“The government should **strengthen the partnerships with civil society organisations working in the HIV prevention domain.**”* (Interview – male Executive Secretary, national PLHIV network)
- “The policy on **family planning** is in place and coherent but what is now required is a sound strategic framework to **make it operational.**” (Interview – Director, Family Planning Association)



KEY POINTS:

- There is a **free national hotline for information on HIV prevention, care and support services**. However at present **there is no reliable database of HIV and sexual and reproductive health (SRH) services**. The new monitoring and evaluation system for the National Commission for the Fight Against AIDS (CNLS – Commission Nationale de Lutte contre le SIDA) will soon be in place, making this data easily available.⁴⁶
- There are currently **no specific SRH services in the country** other than those provided by Association Rwandaise pour le Bien-Etre Familial (ARBEF). However, there are **366 health centres** in the country which serve as the primary source of antenatal care. This means there is **one health centre per 25,000 people**.⁴⁷
- **By 2006** the number of **voluntary counselling and testing (VCT) sites** available in Rwanda was expected to rise to 117.⁴⁸ In fact, this rose to **256**.⁴⁹ Results from 2005 DHS showed that **75.8% of women** against **78.1% of men** had never had any HIV test.⁵⁰
- The **Treatment and Research AIDS Centre (TRAC)** has won several regional prizes for its system which uses mobile phones, text messages and a database to **revolutionise the way health care workers treat AIDS patients, in particular in rural areas, and make antiretroviral therapy (ART) available to all**. 37,000 people are currently treated through this system.⁵¹
- **Male condoms are available in 93.2% of urban facilities compared to 55.6% of rural areas** (both free and paying). Condom use is at 19.7% for females and 40.9% for males.⁵²
- **Injecting drug users (IDUs)** are not recognised in policies as a key vulnerable population, and therefore, programmes and projects **addressing their needs are very rare**.⁵³
- The UN Theme Group on AIDS initiated a **youth project which set up specific youth friendly services at district level**, formed **clubs addressing AIDS issues in secondary schools** and **conducted youth specific Information Education and Communication (IEC) campaigns**.⁵⁴ There are also youth friendly services provided by Population Services International.⁵⁵
- **160 prevention of mother to child transmission (PMTCT) sites** were made available by 2006.⁵⁶ **PMTCT is integrated into sexual and reproductive health services** with the following components:
 - **Safe maternity** and infant health.
 - Family planning.
 - Prevention and treatment of **sexually transmitted infections (STIs)** and HIV/AIDS.
 - **Adolescent** reproductive health.
 - Prevention and care of **sexual violence victims**.
 - Social initiatives to **increase the decision making power** of women.⁵⁷
- **Media campaigns are covered under the Strategic Plan**.⁵⁸ The CNLS 2007 Annual Plan also covers media campaigns on television and newspaper advertisements about HIV/AIDS, addressing prevention in the general population including girls and young women.⁵⁹

QUOTES AND ISSUES:

- “The National Guidelines on condom distribution and use is in place but like in many other countries, **female condom use has been completely disparaged** by all walks of women in Rwanda; elite and semi elite in both rural and urban.” (Interview – Director, Family Planning Association)
- “**VCT and ARV services are available and free of charge for everyone**, treatment for sexually transmitted infections is also available in health centres and hospitals but there is **no single sexual and reproductive health clinic in the country**.” (Interview – SRH for adolescents officer, UN Agency)
- “VCT is open and accessible for everybody in Rwanda. However, there is **need to create age and gender based specific VCT services**.” (Interview – Health Advisor, International NGO)
- “**Female condoms** are available in Rwanda but they **are not as well known as male ones**, which limits their utilisation.” (Interview – PMTCT Coordinator, Treatment and Research on AIDS Centre)
- “**VCT** in Rwanda, especially for girls, **needs to be increased**. There is also a **need to continue and reinforce sensitisation** on HIV prevention and increase the education on sexual and reproductive health.” (Interview – male Executive Secretary, national PLHIV network)



KEY POINTS:

- In reality there are multiple **social, logistical and financial barriers** to girls and young women accessing services in Rwanda, including:
 - **Judgemental attitudes** of families, community members and health workers.
 - **Stigma** associated with HIV and AIDS makes people reluctant to visit voluntary counselling and testing (VCT) centres.
 - **Insufficient information** about available services.
 - **Distance** to services and **costs** of transport, particularly in rural areas.
 - Insufficient **privacy and confidentiality** is a significant barrier to access in Rwanda.
 - Traditional norms of **gender inequality**.

Many of these barriers particularly affect girls and young women living in rural areas.⁶⁰

- **HIV prevention and sexual and reproductive health (SRH) services**, (including voluntary counselling and testing VCT)⁶¹ **are equally open to all**, including girls and young women and girls who are HIV positive, negative or untested.⁶²
- Some VCT providers/centres **may ask clients for a small contribution** (generally less than 1 USD). However in principle, VCT services are free for everybody.⁶³
- Despite some positive policies, it is conceded that **services are less accessible for women** in general, and particularly for young women and girls.⁶⁴
- The **number of women attending VCT is a little higher than the number of men**. The Treatment, Research and AIDS Centre (TRAC) 2006 Annual Report shows that 817,508 women accessed VCT services compared with 714,034 men.⁶⁵
- **Some condoms** are provided **free of charge**. The **cost of a condom**, if not free, is usually **about 100RWF (2 cents)**. Approximately **75% of Rwandans believe that condoms should be provided** in public places.⁶⁶
- Antiretroviral drugs (**ARVs**) are **free for people classed as 'poor' or 'low income'**. However, for others they were US\$18 per month in 2004.⁶⁷
- **Health care workers' issues** related to HIV/AIDS **stigma and discrimination are addressed** in the VCT/PMTCT information package of the Ministry of Health for VCT/PMTCT Health Care Workers.⁶⁸
- **Specific media campaigns for girls and young women are undertaken by the National Youth Council (NYC) and the National Women Counsel** which are both under the CNLS (National AIDS Commission) umbrella.⁶⁹
- There are **over 100,000 child-headed households** in Rwanda (households in which a child or children take over the running of the house with no adult to look after them),⁷⁰ many of these are due to the genocide and the impact of HIV/AIDS. **Young people and children may not be able to access education, HIV prevention and other services** due to time and family constraints.⁷¹ Many young people are suffering the brunt of **caring for family members living with HIV** which may also restrict their ability to access services.⁷²

QUOTES AND ISSUES:

- **"Consent as well as support** from their husbands is **necessary** for married women **to access services** such as antenatal care (ANC) and family planning. To some extent this a barrier – in a few cases **where men are cooperative** it's an asset." (Interview – Director, Family Planning Association)
- **"Location of service providers, privacy, confidentiality and attitudes of parents still hinder the utilisation of services** to some extent." (Interview – Social Mobilisation Officer, UN Agency)
- **"Boys can play a bigger role**, they even interact in youth centres, if they can themselves change behaviour, then they can also **influence their counterparts**." (Interview – SRH for adolescents officer, UN Agency)
- **"Attitudes of parents and friends are barriers to girls and young women using HIV prevention services. Sexuality is a taboo in the Rwandese culture."** (Interview – Health Advisor, International NGO)
- **"Some service providers adopt judgemental attitudes**. They adopt negative attitudes **which stigmatise** certain categories of girls and young women." (Interview – PMTCT Coordinator, Treatment and Research on AIDS Centre)
- **"ARVs for infants and children and PMTCT services for pregnant women are available. But in some rural areas people have to travel long distances to access these services, which may be a barrier."** (Interview – male Executive Secretary, national PLHIV network)



KEY POINTS:

- The Government of Rwanda **ratified the Convention on the Rights of the Child (CRC) in 1991** and the **Convention on the Elimination of Discrimination Against Women (CEDAW) in 1981**. They have not signed the Convention on the Consent to Marriage, Minimum Age for Marriage and Registration of Marriages.⁷³
- Within the National AIDS Council (CNLS), there is a focal person that leads on issues relating to **orphans and vulnerable children (OVCs)** and **gender issues**. However, **this person does not appear in the official CNLS internal structure**.⁷⁴
- There is an officer in charge of the **community sector** within CNLS. This **covers issues relating to people living with HIV (PLHIV)**. CNLS has created umbrellas for specific sector HIV/AIDS response coordination, among which is the national network of people living with HIV/AIDS.⁷⁵
- The **National Youth Council (NYC)** is mandated to **promote the rights of youth including girls**. The mission of the National Women's Council is to promote the rights of women on a global level. The two councils are under the CNLS umbrella, mandated to **promote HIV prevention among both youth and women**. The SRH needs are addressed as a separate programme component in the National Youth Council and in the **Information Education and Communication (IEC) and Behaviour Change and Communication (BCC) components** of the HIV/AIDS fight. There is also the HAGURUKA Association, which **advocates for and promotes the rights of children and women**.⁷⁶
- The current **National AIDS Strategic Plan** was **developed through a participatory process** involving all national and international stakeholders in the national response to HIV/AIDS, including input from girls and young women.⁷⁷
- Membership of the main network for people living with HIV/AIDS, **the Rwanda Network of People Living with HIV/AIDS (RRP+)**, is **open to all** – both those living with and affected by HIV.⁷⁸
- The **capacity of PLHIV is built through various PLHIV networks**, including the Network RRP+. International Non-Government Organisations (INGOs) and Faith Based Organisations (FBOs) support PLHIV in associations. The main programmes are:
 - World Bank MAP
 - CHAMP: Collaboration
 - Global Fund
 - Luxembourg Cooperation⁷⁹
- There are numerous **opportunities for girls and young women** in Rwanda to **speak openly about their HIV status**, and it is done through various fora.⁸⁰

QUOTES AND ISSUES:

- “In Rwanda, **women have a coherent civil society platform** as well as in the government, and all decision making organs.” (Interview – Director, Family Planning Association)
- “**Elites and intellectuals who are sero-positive are still reluctant to get involved with the network of people living with HIV/AIDS**.” (Interview – Social Mobilisation Officer, UN Agency)
- “**Rwanda is a leading example in promoting women’s participation**, with the biggest percentage of women lawmakers in the world.” (Interview – SRH for adolescents officer, UN Agency)
- “**The national response to AIDS is needs-based and not so much rights-based**. This is an area which needs to be strengthened.” (Interview – Health Advisor, International NGO)
- “I think **the national response to AIDS is rights-based**. The national AIDS policy recognises and addresses the **sexual and reproductive health rights of HIV positive women**.” (Interview – Executive Secretary, national PLHIV network)
- “**The National HIV/AIDS Strategic Plan** was developed in a **participatory approach** involving different categories of people, including girls and young women.” (Interview – PMTCT Coordinator, Treatment and Research on AIDS Centre)
- “I think the national **response to AIDS is rights-based**. For example, services like PMTCT and condom provision to PLHIV are rights-based.” (Interview – male Executive Secretary, national PLHIV network)





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- ² The age by which one half of young people ages 15-24 have had penetrative sex (median age)
- ³ The age by which one half of young people ages 15-24 have had penetrative sex (median age)
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- ¹⁰ Ibid.
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RECOMMENDATIONS



Based on this Report Card, a number of programmatic, policy and funding actions are recommended to enhance HIV prevention for girls and young women in Rwanda. Key stakeholders – including government, relevant intergovernmental and non-governmental organisations, and donors – should consider the following actions:

LEGAL PROVISION

1. Recognise that **sex workers constitute the biggest single vulnerable population** in Rwanda, **review and revise laws around the criminalisation of sex work** that will enable organisations and services to implement a wider range of prevention interventions.
2. Ensure that all **laws and conventions** that have been ratified, particularly those related to HIV prevention and safe-guarding women, are **fully respected and enforced** so that the reality equals the policy rhetoric.
3. **Pass the current bill against gender-based violence** and ensure its widespread dissemination and enforcement.

POLICY PROVISION

4. Review and strengthen Rwanda's action in the light of the aspects of the **Political Declaration on HIV/AIDS** from the 2 June 2006 High-Level Meeting (to follow up on UNGASS) that particularly relate to HIV prevention for girls and young women. These include sections: 7, 8, 11, 15, 21, 22, 26, 27, 29, 30, 31 and 34.
5. Conduct in-depth research on **the scale of sex work within Rwanda** by conducting a **comprehensive mapping exercise** across the country.
6. Support the **development of action plans with universal access targets** that are in line with the Economic Development and Poverty Reduction Strategy (EDPRS) and relevant Millennium Development Goals (MDGs)
7. A strong commitment to support **comprehensive life skills and sexuality education programs** should be made, especially in rural areas. Specifically:
 - Peer educators should be equipped to **provide referrals** to services in the community
 - **Teachers** should receive **adequate training and support** in HIV prevention and safer sex
 - Teachers should receive adequate support to put **life skills education** (including relationship skills) into effective practice
8. **Keep HIV testing as voluntary and 'opt-in'** and ensure to continue supporting evidence based interventions.

AVAILABILITY OF SERVICES

9. **Increase the availability of HIV prevention services in rural areas** so that they are genuinely accessible for all. Where appropriate, an effective way of achieving this could be through the **provision of integrated services** which may also help to reduce the associated stigma and discrimination.

10. Ensure that **all sexual and reproductive health (SRH) services** are able to deal with the impact and effects of unsafe abortion, as part of a wider commitment that targets women's health.

11. Increase the number of programmes put in place to support **child headed households**, in particular, girls and young women who are infected and/or affected by HIV/AIDS so as to **relieve the burden of care and support this group is facing**.

ACCESSIBILITY OF SERVICES

12. Ensure **comprehensive training of health care workers** on issues relating to **stigma and discrimination** and privacy and confidentiality so as to foster an **inclusive environment** that will not deter or prevent people, particularly young women and girls in rural areas, from accessing services.
13. Ensure that **access to all HIV and sexual and reproductive health (SRH) related services are free**, in particular, to voluntary counselling and testing (VCT) and condoms.
14. Increase the number of HIV and SRH services in rural areas, particularly in places where local transport is limited. Provide **transport subsidies** to those in most need so that **accessing services becomes a tangible reality**.

PARTICIPATION AND RIGHTS

15. Specifically **target sex workers** in terms of a **rights based approach to universal access** to HIV prevention, treatment, care and support rather than tacitly acknowledge their existence. This should include:
 - Addressing the **economic, social and gender-based reasons** for entry into sex work
 - **Providing health and social services** to sex workers
 - **Providing viable opportunities to alternatives to sex work**
16. **Work more with boys and men** to improve their understanding and behaviour around sexual health and HIV prevention issues so as to reduce the transmission of HIV and sexually transmitted infections (STIs) to their regular and/or recreational partners.
17. **Strengthen the capacity of youth organisations** to become better advocates for positive change, particularly girls and young women.

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