PRESIDENCE DE LA REPUBLIQUE
Commission Nationale de Lutte Contre le SIDA




NATIONAL OPERATIONAL GUIDE FOR IMPLEMENTATION OF BCC PROGRAMMES IN FIGHT AGAINST HIV/AIDS TO PRIORITY TARGET GROUPS.

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We would like to make the use of this occasion, once again, to thank all those who devote much of their time contributing to strategies for fight against HIV/AIDS in Rwanda.

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ABREVIATIONS

ACPLRWA	Association des chauffeurs des poids lourds au Rwanda
APELAS	Association du privé et du para-étatique contre le SIDA
ARBEF	Association rwandaise du Bien-être Familial
ARV	Anti retroviraux
ATRACO	Association des transporteurs en commun
BCR	Banque Commerciale du Rwanda
BSS	Behavior Surveillance Survey
KAP	Knowledge, attitudes et practise
BCC	Behaviour Change Communication
CDLS	Commission de District de lutte contre le SIDA
CHAMP	Community for HIV/AIDS mobilization project
CNJR	Conseil National de la Jeunesse au Rwanda
CNLS	Commission Nationale de Lutte contre le SIDA
NURC	National Unity and Reconciliation Commission
ANC	Anti-natal Care
EGPAF	Elizabeth Glazer Paediatric AIDS Foundation
FHI	Family Health International
GLIA	Grate Lakes Initiative on AIDS
IEC	Information, Education, Communication
IMPACT	Implementing AIDS Prevention and Care Project
OI	Opportunistic Infection
STI	Sexually Transmitted Infections
KHI	Kigali Health Institute
KIE	Kigali Institute of Education
KIST	Kigali Institute of Science, Technology and Management
MAP	Multisectorial AIDS Projects
MINADEF	Ministère de la Défense
MINEDUC	Ministère de l'Education
MINISANTE	Ministère de la Santé
NGO	Non Government Organisations
OVC	Orphans and other Vulnerables Children

PEPFAR	President Emergency Plan for AIDS Relief
PMTCT	Prevention of Mother to Child HIV Transmssion
PSI	Population Services International
PLWA	People Living with AIDS
RCLS	Réseau des Confessions religieuses pour la Lutte contre le SIDA
RRP+	Réseau Rwandais des Personnes vivant avec le VIH/SIDA
AIDS	Anti Viral Immune Deficiency Syndrom
SWAA	Society for Women and AIDS in Africa
TRAC	Treatment and Research AIDS Center
UAAC	Université Adventiste d'Afrique Central
ULK	Université Libre de Kigali
UNR	Université Nationale du Rwanda
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
HIV	Human immunodeficiency Virus

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INTRODUCTION

- **Context.**

The National AIDS Control Commission (CNLS) is a national body entrusted with a principal mission of providing orientation of the national policy on HIV/AIDS and coordination of different interventions in national response to the epidemic in the country. In its attributions, the commission put in place different national- level guiding documents to give necessary guidance and orientations in the domain of prevention of HIV/AIDS. In effect, the commission has already developed principal guiding documents including the National Policy on HIV/AIDS 2002-2006 (revised for the period of 2005-2009), National Strategic Plan (revised for the period of 2005-2009), National Prevention Plan, National Strategic Framework for Rwanda in Behaviour Change Communication for HIV/AIDS/STD (BCC)

With regards to Behaviour Change Communication for HIV/AIDS, CNLS has identifies 14 main priority target groups at the national level to be central for BCC interventions. These groups are the following;

a) Primary School students (2nd cycle)
b) Secondary school students
c) University Students
d) Out of school youth
e) Truck drivers and tax drivers
f) Men in Uniform
g) Prostitutes and commercial sex workers
h) Prisoners
i) People living with AIDS (PLWA)
j) Adults Couples
k) Employers/employees
l) Refugies
m) Health servise providers
n) Children at risk (in difficult situation)

With this background, the CNLS finds it important to develop this national operational guide for the implementation of BCC programmes in the fight against HIV/AIDS among priority target groups with objective to orient conception of all interventions targetting one or more of priority groups indicated above.

- **Brief presentaion of the guide**

The guide for each of the priority target groups a planning matrix for eventual BCC intervention. It tends to refine “matrix” concepts as a planning model which guides the development of national operational plans for BCC interventions for each of identified priority target groups.This matrix indicates the principal elements necessary in the planing with regards to actual risk beheviours and influencing factors, desired behaviour

communication objectives, messages and communication approaches, the response programmes as well as indicators for evaluation of umpact of these programmes.
In addition, the guide presents, in its final parts, practical and more specific directives to persons in charge of BCC programs and managers of respective organisations for the conception, development of plan of action and implementation of proposed BCC programmes for each of priority target groups.

The directives indicate the following main steps:

1. Needs assessment by use of operational research to tartget groups
2. Trial piloting (pre-test) of messages and communication approaches
3. Conception, implementation, management and evaluation of programmes

It should be noted here that the intention is not to develop a BCC action plan for separate target group. This guide shows in a general context the processes to be followed for implementation at every stage indicated above.
It highlights for each BCC program implementer to either of the target group, the inspiring directives for the development of specific plan of action.

3. Methodology used to develop the guide

To eleborate this guide, two main complimenting methods were used.These are documentary review of research documents and discussions during the workshop by representatives from 14 priority target groups. Research documents provided some basic information specifically with regards to description of behavioural tendencies of certain target groups vis a vis the infection to HIV/AIDS.In this regards, three behaviour surveillance surveys (BSS) conducted by FHI/IMPACT-Rwanda in 2000, targetting the youth aged 15- 19 year, track drivers and the prostitutes.

The qualitative data on behaviour and the causing factors were provided by the participants who representated each priority target group.

The following practical modalities were followed:

- Forming of technical teams each of eight persons with working background in HIV/AIDS-BCC in different CNLS partner organisations and institutions, including INTRAHEALTH International, PRO-FEMMES/TWESE HAMWE, PSI-Rwanda, HEALTH UNLIMITED URUNANA, FHI-Rwanda. Working under the supervision of the CNLS, and with technical support from an international consultant, the team developed a draft guide document, using information from available research, experiences, the traits and specific behaviour observed to each priority target groups. As a result, a matrix was elaborated, fro each of the pririty target group, constituting the following key elements :
    - Risk behaviours and underlying causes
    - Desired behaviours

- Communication objectives
- Messages and communication approaches
- Programmes
- Evaluation Indicators.

- Since the firsts draft was in French, it was deemed necessary to translate it in Kinyarwanda to ensure understanding of the representatives of different priority target groups.

- Organisation of a three days national workshop (at Centre Iwacu de Kabusunzu in Kigali) which brought togather 120 representatives from13 priority target groups, apart from prisoners. Given the particularity of conditions with which the prisoners live, they were consulted within their setting in Kigali central prison on 26th April 2005. A total of 20 people; 13 prisoners, two prison guards, three health service providers within the prison, and two Ministry (MININTER) staff participated in the guided discussions.
  This kind of workshops intending to draw concerns of different groups, including the prisoners had the main objective of retrieving necessary information for the technical group to produce a first draft guide. In these workshops, participants were devided in different working groups. Each group was comprised of members of a priority target group, the representatives of the partner organisations which intervenes in the particular group and a group facilitator. Each work group was required to analyse, correct, and complete or rather accent contents in each of the matrix elements. The product of this workshop produced a second draft.

- Organisation of a four day workshop (held in Centre St André de Kabgayi) with a small group of a technical team of 10 people to do the last review and for finalisation of the draft guide produced in the previous workshop. This workshop, did also the incorporation of comments highlighted by technical staff, who represented organisations involved in the domain of HIV/AIDS in the workshop held in Kabusunzu. Some of these persons submitted constructive comments, after the workshop, to improve the draft guide.

- The 10 people technical team constituted of representative of certain organisations which have interventions target the priority target groups : CNLS, MIINISANTE, PSI, FHI-Rwanda, Network of PLWA, Network of Faith Based Organisation, CHAMP, HEALTH UNLIMITED URUNANA.

  It is in this workshop that the document which will serve as the National Operational Guide for the implementation of BCC programmes for HIV/AIDS to priority target groups was produced.

PART ONE

PRESENTATION OF TARGET GROUPS.

I. PRIMARY SCHOOL STUDENTS (2 CYCLE)

Primary shoool children contitute a special and strategic group with regard to BCC.In deed, this is a group comprised of people of the age which, as against the other priority target groups, presents a high need of knowledge to help in behaviour change. In effect, communication programmes need to, and should be channelled and focused in education programmes and through acquiring of basic knowledge related to HIV/AIDS. It is a strategic group in that they lack sufficient knowledge in sexual and reproductive health, therefore positioning them to be most vulnerable group to infection of HIV/AIDS/STIs.

Attitudes, Knowledge and Behaviour tendencies.

According to recent statistics, the age at sex debut is 12 among the male and 13 among the female[1], the age of which correspons with 2nd cycle of primary school, but there are reports of other students strating sexual relations at the age of seven years.
There is currently no official report to show the proportion of youth in secondary school who are sexually active, but teacher affirm that sexual practices among this group is innegligibly significant.

Pupils of second primary school cycle largely get sexuality knowledge through experiences or through observations; just other students, they have little basic knowledge about human physiology, nature of diseases and epidemics, social and moral aspects especially the ethical issues related to sexuality.
In most cases, students are seduced by the adult people (members of the extended family, house boys and girls, especially in urban areas) through gifts offering in return to inciting sexual relations.

The girls have the tendence of having boyfriends (as show-off)
The girls (with relatively big age) are more involved in sex practices than boys
The students have the attitude of exercising stigma and discrimination of fellows orphaned by AIDS or who are infected with HIV.

Undelying causing factors

The main factors influencing the mentioned behaviours are :
Lack of education and sensitisations related to HIV/AIDS/STIs and reproductive health especially at family level.
These phenomenon have been a result of traditional practices which tend to inhibit open discussions on sexuality, opposition from conservative groups like the religious, lack of training

[1] BSS Jeunes, 2000

of trainers, insufficient adoption of relevant training programs in school, and lack of reading materials, etc.

Age disparities within primary school classes : it is significantly observed that the the older students in class tend to mislead the younger counterparts and expose them to negative examples of sexual behaviour.

Lack of dialogue between parents and children in general and particularly on sexuality issues.
Bad examples by some parents in sexual behaviour matters (promiscuite) infront of their children. Their sexual behaviour does tempt the children to engage in sexual practices by curiosity.

Bad company and environment (eg. Urban areas) influence in a negative way the attitudes and behaviour of students.
Exposure to pornographic films

Attitudes, Knowledge and desired behaviour

There is a strong difference between the primary students in the first with the the second circle. While they seem not to have started sexual practices in the first circle, it is not the case in the second circle. As a result, there is a need to introduce themes on sexuality targeting students of initial classes of the second circle, as students of this level are in the age that is capable to absorb and accept the content of the messages which exposes them to understanding of how they could be affected by the expeted physiological changes. In that age, they need to be educated in basic knowledge centered on physiological aspects, social, moral and ethics. While we can hardly see immediate behaviour changes, the need for education and sensitisation is of great value.
In addition, the fact that the classes at this circle are not homogeneous in terms of age and sexual behaviour, we need to adjust themes to be more explicit on sexuality and the importance of abstinence especially at young age.

As for the last years of primary school circle, the direct accent should be on the importance of delaying sexual relations. With their behaviour and knowledge, it is important to develop the students of the second circle of primary school:

a) To have basic knowledge about reproductive health. Particular importance should be accorded to anatomy anf physiology of male reproductive organ, epeidemic phenomenon, risks associated to the exposure to sexual relations, causes and consequences of HIV/AIDS/STIs etc.

b) Accept and practise sexual abstinence ;

c) Understanding moral consequences, ethical ans social issues associated with irresponsible early sexuality;

d) To have positive attitude to people living with HIV/AIDS;

e) Understand the fact that accepting invitations and gifts from elder people is a risk behaviour that would lead them to being involved in irrresponsible sexual relations;

f) Refuse temptating invitations and gifts from the elders.

Objectives of Communication for behaviour change.

- Increase the proportion of students who have basic knowledge about reproductive health. Particular importance should be accorded to anatomy anf physiology of male reproductive organ, epeidemic phenomenon, risks associated to the exposure to sexual relations, causes and consequences of HIV/AIDS/STIs etc.

- Increase the proportion of students who accept and practise sexual abstinence;

- Increase the proportion of students who Understanding moral consequences, ethical ans social issues associated with irresponsible early sexuality;

- Increase the proportion of students who have positive attitude to people living with HIV/AIDS;

- Increase the proportion of students who understand the fact that accepting invitations and gifts from elder people is a risk behaviour that would lead them to being involved in irrresponsible sexual relations;

- Increase the proportion of students who refuse temptating invitations and gifts from the elders.

Messages and approches

Message:

Students, for all the questions related to reproductive health and sexuality, address your yourself toyour parent and to your teachers. This will help you to avoid risks of exposure to early sexual practices and HIV infection.

Approach:

- Insist about the fact that the parents and teachers are capable of providing accurate and true information related to sexuality;

- Encourage students to take active role and pose questions during the Elementary Science and Technology course, and consider this course as main source of information in this matter.

Message:

Abstain from sexual practices to avoid HIV/AIDS and other STIs.

Approaches:

Insist the fact, togather with the risk of being exposed to HIV/AIDS and the STI, sexual practice before marriege is wicked, and is against morality and ethics.
Message:

Don't accept every gift, as there are people who would give gifts to incite you into sexual relations..

Approch:

Explain to children that there are unscrupulous people who seduce the children using gifts (and other different strategies) in exchange for sexual relations.

Message:

Do not stigmatise your collegues who are infected and/or affected by HIV/AIDS ; they need you just as you need them in your daily activities.

Approach:

Eliminate rumous arround the transmission of HIV and outline true modes of transmission.

Programmes

*Basic Education Program for children-teachers interactions.*As mentioned earlier, there is a strong difference between students of first classes of the primary school and those of the last years of second circle. Subsequently, the tendency with the development of international programmes has been to elaborate training modules appropriate to age and the class, this should also be adopted at national programmes. The training targeting younger children is oriented towards giving basic education, which does not bring about immediate behaviour change; while training for the second circle primary students is intended to instil in theme the conscience of importance of sexual abstinence. At the same time, the teachers must be able to address means to respond to needs of the children who are already sexually active. For instance, by a presentation in the class on a particular topic on sexuality, or by instituting in a much more delicate way, inviting students who are sexually active to discuss beyond class environment to give them necessary advises.

*Basic Education Program for children-parents interactions.*There exist international guiding modals which encourage the participation of the parents to educate their children, and discuss about sexual education. These could be adopted at national level programmes to reinforce dialogue between parents and children.

Education programmes bases on children to children interactions. In this context, reinforcement of anti-AIDS clubs in schools and peer education programs among the members of thos clubs and their collegues especially those in the second circle classes.

The secondary target group is comprised of, the teachers, education officials at all levels and the parents.

Indicators.

To be able to monitor results of education programs in schools, the following indicators will be used:

- Proportion of students who are able to cite factors influencing exposure to sexual practices;
- Proportion of students who are able to cite methods of transmission and presention of HIV/AIDS and STIs;
- Proportion of students who are able to cite consequences of early sexual relations;
- Proportion of students affirming to refuse tempting invitation and gifts;
- Proportion of students affirming that PLWA are as important as other members of the community;
- Proportion of students expressing to have discussed sexuality related themes with their parents and/or teachers.

II. SECONDAIRY SCHOOL CHILDREN

This section put more accents to secondary school students. The importances accorded to this target group consider the fact that the rate of admissions to secondary school in comperatively high in relation to rate of admission to university level. The student's exposure of risk of being infected with HIV through sexual practices is influenced by their age. In addition, the fact that a big proportion of secondary school leaves doesn't get the opportunity to acces university education and don't get employed, places them in a risk situation for HIV infection. The following initiatives present unique reference to students who are in secondary school.

Altitudes, Knowledge and behaviour.

Sexual practices

- Early sexuality
- Multiple sexual partners
- Contacts with prostitutes/vagabond (for the boys)
- Have adult partners especially the girls
- Taking of drugs especially alcohol before sexual practises[2]
- Sexual violance, non consentual sexual practice [3] (boy the boys)

[2] Source : consensus by workshop participants ; extrapolation of youth BSS
[3] Source : consensus by workshop participants

- Passivite and submissive on the part of the gilrs, they don't have courage admit a refuse (don't say yes or no if the boys keeps on insisting)

Use of condoms

- Low utilisation of condom among sexually active youth.
- Low level of discussion/ negociation on the use of condom between sexual partners.
- Incorrect use and non constant use of condoms

Services

- Weal availability of VCT/STI services, and reproductive health services for the youth.

Influencing factors

a. Early sexual practices and multiple sex partners

- Environemnt (youth in urban settings are more likely to be sexual active than rural counterparts).
- Influence of companions (the peers, the boys/girl friends)
- Bad examples or lack of guidance by the parents
- Influence of firms, pornographic video and Internet sites (these practices are predominant in urban areas)
- Insufficient information on sexuality
- Social pressures : test of manhood among the boys
- Poverty: poor youth especially the girls, are more vulnerable to be indurged into sexual relations than those who are financially better off.
- Multitudes for materal things
- Insufficient knowledge of the HIV/AIDS/STIs problems
- Weak perception of the risks associated with sexual practices and infection of HIV/AIDS/STIs
- Lack of discussions arround sexuality, espcially at family level, as well as within other institutions such as in churches, schools etc
- Girls not being able to say « no » to boys proposing them fro sexual relations, even if they exercise that obligation, men don't respect their « no ».
- Abandoned use of social value
- Culture of sbmissivenes inculcated in the girls social education
- Consumption of drugs especially the alcohol to get away from difficult situations or to feeling satisfied
- Lack of decision power among the girls in sexuality matters.
- Lack of recreational events during holidays

b. Weaknesses in use of condoms

- Rumous related to use of condoms
- Lack of sufficient information on the use of condoms
- Condoms are not available every where and at every moment they are needed.

- Influence of religious organisatios
- The perception of risks remains limited.
- Sexuality is considered as a consacred topic (seen buying condom is a sign of being promiscous)
- Cost of condoms
- Insufficient knowledge related to HIV/AIDS and the STIs
- Weakness in negociation for the use of condom by the women
- Incorrect belief of fidelity among the partners
- Weak availability of condoms at sale outlets

c. Weak use of VCT services

- Geographical inaccessibility
- Demand exceeding the capacity of VCT sites
- Insufficient youth friendly VCT services
- Fear of stigma and discrimination or future life should the HIV test be positive.
- Fear of being seen at the VCT site.

Attitudes, Knowledge and desired behaviour

- Abstinence from sex until after marriage (preserve virginity)
- Maintain abstinence
- Open discussion between parents and children, parents and teachers,teachers and students
- Reduction of number of sexually partners.
- Eliminate or reduce operations of prostitutes/ vagabondity among the boys
- Avoid going to high risk places such as night clubs, bars where occational sexual partners attend ; and avoiding the use of alcohol
- Say « no » and remain firm on this position to avoid undesired sexual practice especially for the female
- The boys ought to respect the partner : should not insist having sexual practice even after the partner has refused.
- Exercise more control of oneself
- Visit the VCT center if you consider youself as having been exposed to HIV/AIDS/STI infection
- Use constantly and correctly a condom at every sexual practice
- Accept the PLWA as equal members of the society, deserving respect
- Remain fidel to your partner

Objectives of communication for behaviour change

- Increase the percentage of students who can demonstrate[4] their understanding of the following domains :

[4] L'évaluation de tous les objectifs de communication cités dans ce document sera basée sur un pré et post-programme à travers un questionnaire/groupes focaux.

- Physiology of the male and female reproductive organs
- Basic knowledge of HIV/AIDS/STIs
- Factors which influence the transmission of HIV/AIDS/STI like use of alcohol, inequality, poverty levels, negative cutural traditions, etc.
- Risks associated with early sexual practices and advantages of avoiding these practices
- Risks of having multiple partners
- Moral advantages, social, and ethical values of abstaining from sexual relations until marriage.

- Increase students'perception levels about individual risks of being infected with HIV/AIDS.
- Increase the percentage of the students who use the VCT services in case of exposure to risk of infection of HIV
- Increase the percentage of students who have positive attitude to PLWA
- Increase the percentage of students who have positive attitude to use of condom to prevent themselves from HIV/AIDS.
- Increase the percentage of students who declare practising abstinence or being fidel to their partners.

Messages and approaches

Message :

Abstain yourself from sexual practice and preserve your virginity until in the marriage..

Approaches :

- It is necessary to guide messages and discussions towards the importance of prolonged sexual debut. Inthis regard, the insistion should be on abtaining from sexual pracices until the time of physical maturity, social, and physiological maturity to permit responsible behaviours.
- The education should allow discussions on the concepts of physiological maturity and moral presented in a basic education for primary school, and in a much more indepth progressively in secondary schools
- The accent should be given on the importance of guaranting good welfare and future of adolescent in their families, completion of their studies and equally benefit from social and family life.
- Need to base discussion on the importance of Rwandese culture attached to virginity.

Message :

Be fidel to your partner, mutual fidelity among the partners is the sure means to ensure the protection against HIV transmission;

Approaches:

a) Accent put on the importance of not being engaged into sexual practices before marriage
b) Insist about inmportance of conjugal fidelity which should start with limiting the number of sexual partners at the younger age.
c) Insist on the consequences and risks associated with early sexual practices.
d) Insist on the risks associated with having multipla partners
e) Reminding now and then, that abstinence and fidelity are the most efficient was to ensure protection against HIV

Say « non » to sex sollicitations and be firm with your decision. Firmness block non desirable sex, be confident and respect yourself and avoid risks of being infected with HIV and pregnance ..

Approaches :

a) The discussions should give accent on firmness to say « no » by the girla and retain moral, ethical and legal context.
b) Alternatively say, women have legal rights, moral and ethics to refuse all un desired sexual practices. In addition, the discussion could be on difference between men and female sexual behaviuors.
c) The discussion should be oriented to the fact that the femeles needs to have capacity to determine risk situations which could expose them to undesired sexual (their relations, their affections, etc).

Message :

Do not be taken by presure of peers to indurge into sex adventures; protect youself against risks of being infected with HIV/AIDS.

Approaches :

a) The accent be given on the importance of taking logical decisions, based on the objective analysis of situaition (sexual) The importance of remaining firm about you decision or the right to say « no » is your defense.
b) Necessity to maintain the fact that all sexual practices done before marriage expose one at diverse risks and is a result of circumstances such as influence and peer presures.

Message:

Be aware of the functioning of your organs for better undertanding of your sexual impulsions and for avoiding unfounded myths about sexuality. This will help you to avoid the sexual experiences provoked by peers.

Approaches:

a) Accent be put on biology and reproduction, link between physiology, the adolescence and the emotions.
b) Important to insist about relation between the myth and sex experimentation which exposes to risks of being infected with HIV/AIDS/STI

Message:

Confirm yourself to moral and ethical principals in your sex life; you will be accorded with social respect that you deserve.

Approches :

a) Accent be put on moral aspects, social and etical values associated with sexuality.
b) Sexual behaviour implies a responsibility by partnes and not intended to sexual pleasure.
c) Insist on the personal status respected by the family and the society because of his/her examplary behaviours..
d) The accent on socioeconomic inequality as underlying factor which encourages young girls to indurge in sexual practices

Message:

Avoid sexual sollicitations of elder people who would offer you with gifts ; this will protect you agaist the risks of HIV infection.

Approaches:

e) The accent on socioeconomic inequality as underlying factor which encourages young girls to indurge in sexual practices

a) Need to educate the youth that elder people have lon sex experiences which make them vulnerable at risks of being infected with HIV/AIDS

Message:

Use condom correctly and ta every sexual practice to avoid infection of HIV/AIDS. Besides abstinence and fidelity, condom is another protection means

Approaches:

a) Important to underscore the consequences of doing un-protected sex.
b) Put an accent on the efficience of condoms for prevention of HIV/AIDS and undesired pregnance
c) Need to fight against myth and negative perceptions related to use of condoms.

Message:

Know you HIV status though the VCT services, this will allow you to take appropriate measures for your future life.
Approaches:

a) Need to indicate that the VCT is a sure way of testing the HIV
b) Insist on the dangers of continuing to reinfect yourself as it accererates the disease.
c) Need to encourage adoption and reinforcement of risk behaviours for the sero-negative..
d) Need to instist on the concept of « live positive with HIV/AIDS ».

Programmes

Teaching: Adapt teaching methodology for BCC programs targetting secondary students, in the domains of health and reproductive health including the aspects of sexuality and HIV/AIDS.

Interactives: Develop an interactive module which allows participation of students in the discussion.

Example of modules of interactive programmes:

- In Rwanda: theater plays of the National Universite of Rwanda, the audience participate in researching out the societal dilema from the play presented.
- In Thailand: the comedians play in a video program on the sexual life of adolescent, and the teachers stop it at the moment to facilitate discussion among the students on the possible solution for comming out of the presented dilemma
- Organisation of dialog day between parents, teachers and students.
- Theater in schools, sketching components of youth sexual experiences, HIV/AIDS programmes.

Peer education : Peer education in secondary school is a communication technic and a more experimental education used all over the world. Peer education is more particularly appropriate for addressing questions related to sexuality. Students are given opportunity to speak out about their sex experiences, apprehensions, irritations and hope ; these discussions, usually on sexuality topics is made open to all the peer students.

The BCC programmes with peer educaton component has to articulate, among other things on :

- Creation and reinforcing anti AIDS clubs by the MINEDUC in collaboration with MINISANTE and the CNLS
- Training the teachers who animate the anti AIDS clubs on peer education strategies.
- Contract of abstinence and virginity as it is known to be done in Uganda and in South Africa.
- Clubs to protect young girls/boys by mutual reinforcement of resistance capacity of the temptation and presure they encounter to do sexual practice (conduct a study on anti-AIDS club, reinforce and envisage their replications on other communities)

Put in place students' mentorship programmes during holidays
(recreations, sports and cultural competitions public debates etc.)

Indicators

- Proportion of students capable of citing modes of transmission and the methods of prevention of HIV/AIDS/STI
- Proportion of students capable of citing at least three consequences of early sexual practice.
- Proportion of students who affirms to have refused an invitation or gift in solicit for sex.
- Proportion of students declaring to have abstained from sex during their secondary education period by being firm to their refusal decisions to all sexual contact during their studies.
- Proportion of sexually active students who have reduced the number of sex partners
- Proportion of students who admits to have reduced contacts with prostitutes and vagabond.
- Proportion of male students who respects the « no » of the partner
- Proportion of students who declares to have said « no » to sex sollicitations by men; and percent of cases in which « no » was respected
- Proportion of sexually active students/pupils who have done the HIV test.

III. UNIVERSITY STUDENTS

Despite the fact thet the rate of students'admission to the universtity is still low, the number is increasingly progressing. In addition, the university mould the youth to conform to models that could be emulated by other young generation. Eventually, university students benefit from higher and advanced education, they are more capable of understanding riks of HIV/AIDS/STI, usually tend to adopt new positive behaviours, and they easily communicate among themselves.

Attitudes, Knowledge and behaviour

Sexual behaviours

- Sexual practice before marriage.
- Majority of University students are sexually active
- Multiple sexual partners
- Contacts with prostitutes/vagabond (men) or their boys and girl friends
- Sexual practice with a marries men
- Sexual practice with elder partners (girls)
- Week use of VCT services
- Taking drugs especially alcohol before sexual practice
- Non consensual Sexual practice (men)
- Passiveness among the females;
- Automedication in STI cases
- Stigma and discrimination of the PLWA

Use of condom

- Weak of condom use
- Lack of discussion/negociation of the use of condoms among the partners who do sexual practice

Use of health services

- Weak use of VCT/PMTCT services
- Weak use of IST services

Causing factors

a. Sexual practices before marriage and having multiple sexual partners

- Influence of the environment (peers, boys/girls friends)
- Banalisation of personal risks with HIV/AIDS/STI
- Lack of discussion on sexuality, especially within the famili, as well as in other institutions such as the church etc.
- Girls do not say « no » to sexual practices and boys do not respect a « no »

- Abandoned moral and social values
- Taking of alcohol to confront difficult situations and for perceiving leasure
- Low or insufficient knowledge of STI
- Weak decicion making power among girls in matters related to sexuality
- Belief that married men keep secret
- Thirst of getting materila wealth

b. Weak use of condoms

- Religious influence
- Sexuality considered as taboo subject in the Rwandan culture
- Banalisation of risks associated with HIV/AIDS.

c. Low use of VCT/PMTCTservice

- Insuffisant youth friendly services
- Fear of stigma if found to be HIV positive
- Doubt about the availability of sufficient facilities for care and support (drugs, appropriate nutritional support, etc.)

Attitudes, knowledge, behaviour

- Reduce the number of partners
- Eliminate and reduce contacts with prostitutes and vagabond for men
- Correct use of condoms
- Undestanding risks associated with attending to night clubs and the bars and occassional commercial sex workers
- Minimize use of alcohol
- For girls: be firm to resist to sexual sollicitations by saying «a categorically NO» and remain firm to that position to avoid non desired sexual practice.
- For men : respect girls' « NO » dont insist for sexual practice if the partner has refused
- Go to a VCT center if you have ever been exposed to risks of being infected with HIV/AIDS/STI
- In Case of STI, consult a medical practitioner/nurse, avoid automedication
- In case you are infected with HIV, consult care and support services.
- Do not stigmatize or discriminate PLWA

Objectives of communication for behaviour change

- Improve students knowledge in matters related to health and reproduction
- Increase the level of understanding of risks associated to having multiple sexual partners
- Increase the level of perception of personal risk of contacting HIV/AIDS
- Increase the level of comprehension of nature of moral, social and etical values for each and every sexual act

- Increase level of acceptance of PLWA
- Increase the proportion of students who understands the importance of VCT services and declare to have consulted
- Increase the proportion of students who declares to have used condom correctly and in every sexual practice
- Increase the proportion of students who declares to have abstain from sexual practices
- Increase the proportion of students who declares to have remain fidel to their partners
- Increase the proportion of students who uses care and support services (PMTCT, OI, ARV, STI, etc.)
- Increase the proportion of students who declare to have diagnosed correctly the IST cases

Messages and approaches

Message:

Pratice abstinence and remain virgin until marriage.

Approach:

The importance should be put in ensuring a guaranteed future welbeing of family, and that children will not be made orphans because the parents died of HIV/AIDS

Message:

Be fidel to your partner,it is one of methods of preventing your self against HIV/AIDS.

Approach :

Explain the concept of fidelity, and highlight dangers and risks associated with having sexual practices with more partners.

Message (for girls):

Say NO categicaly to your partner if you do not want to do sexual practice. This firmness will protect you from non desired sex and will give you advantage of being respected and will prevent you form risks of being infected with HIV/AIDS.

Approach:

The discussion will put more accent towards respecting « no » said by girls, and consider it to reflect moral, ethical and legal contexts. Girls have the rights to refuse non desired sex. In addition, the discussion should be centered around the difference between male sexual behaviour and that of the female, especially the intensity and agressivenes of male sexual desire and how they should control this forceful desire ; how does the taking alcohol provokes lack of judgement, how to to avoid social pressure from the peers.

Message:

Learn how to control your sexual desire to avoid risks of getting non desired pregnance and infection of HIV/AIDS..

Approaches:

a) Insist the fact that sexual practice is not merely ment for pleasure, but its final is procreation. Put more emplasis on the moral socioeconomic and physiological consequencese.. which would have otherwise have not allowed sexual practice before marriage.
b) Inform that excessive use of alcohol reduces capacity for self control Message:

Adop responsible sexual behaviour, this will give you respect in the society

Approach:

Insist the fact that responsible sexual behaviour confers family and social values. Irresponsible sexual behaviour is a risk as it would ruin the future of a university student

Message:

Go for a test (VCT), it is a sure means of knowing your serological status.

Approach:

Lead the discussion on the risk of doing un protected sex, give sufficient information on VCT, instist that care and support services to sero positive people is available..

Programmes

Integration of themes on health and reproduction in the education programmesof the university is necessary, because the majority of university students are of the age above 18 year, we need to have for instance themes on sexuality, which comprises discussion about condoms. We need to explore an interactive kind of education and the use of modern techniques of IEC/BCC

Put in place and formalize exchange activities between members of the university community about reproductive health and HIV/AIDS/STI.

Peer education: Peer education at the university level is a communication technique for behaviour change which has proved to be successful all over the world. There exist different models known to be used in Rwanda, Peer education is particularly appropriate to address questions related to sexuality. The students discuss openly about their experiences, irritations, threats, and their future with peer. These discussions are always open.The peer education at this level needs to touch roots of elements of sexual education related to HIV/AIDS/STI within the University environment.

Indicators

- Proportion of students declaring to have abstained from sex
- Proportion of students who express to have reduced the number of sex partners after sexual education sessions
- Proportion of students who admits to have reduced contacts with prostitutes and vagabond
- Proportion of students who appreciates moral, social, religious and ethical implications of sexual practices
- Proportion of students who affirm to have said « no » to a partner and remained firm
- Proportion of male students who respects the « no » of the partner
- Proportion of students who declared to have correctly used condom every time they had sex.
- Proportion of sexually active students/pupils who have done the HIV test.

IV. YOUTH OUT OF SCHOOL AGED 15 TO 25 YEARS [5]

The of majority this category of youth who live in the rural inhabitants (just like other category of Rwandan population) are employed in the agricultural sector and or artisan, but most of these youth don't work. Other youth live in urban areas. This group is more exposed to information related with HIV/AIDS, but at the same time more exposed to risks of being infected with the epidemic.

Attitudes, knowledge, and behaviour

Sexual practice

- Eraly sex esapecially in urban areas. The age at sex debut is 12 among the girls and 13 among the boys[6]
- Most of them have multiple sex partners at the age of 15 to19 years[7], however this rate tends to increase in the yoputh aged 19 to 25 years. Urban youth are more involved in sexual practices than rural counter parts because of more access to bars, night clubs…
- Youth aged 15 -19 years have less contacts with prostitute and vagabonds, but the contacts increases at the age of 19-25, especially in urban settings
- The majority of girls (54 %) have sex partners of the elder age[8]
- Use of drugs, alcohol before sex practice. This problem is more significant in rural areas but the tendency in rural areas in inneglible[9]
- Boys insist in adesirable sex, according to BCC data, this behaviour is found in both settings, and the tendency is high among the boys aged between 16-25 years.
- The girls show a passive behaviour in failure to refuse sexual proposals.The fact that more rural girls indicate high proportion of passive girls reflect the same in Rwandan culture.
- Inexistence of open discussion about sexuality among the youth.

Use of condoms

- Weak use of condomsamong the sexually active youth. Almost 10% of youth aged 15-19 have use condom at least once, 28 percent among the boys and 11 percent of the girls in the second sex practice. It is supposed that rural youth are more likely to use condom because of influence of access to media, less conservative and more modern environment.
- Absence of discussions/ negociations on the use of condom to sexual partners
- Absence of discussion among the boys on the use of condom.

Services

- Week utilisation of VCT services ; the rate is similarly weak in both rural and urban

[5] The official definition of a youth is 15-35. Here we have used UNAIDS definition of 15 to 25 years
[6] BSS Youth, 2000
[7] BSS for all the information of the youth aged 15 to 25 years
[8] BSS jeunes 2000
[9] BSS Youth, confirmed in the workshop

- Rare consultation of the health facilities in the cases of STIs
- Automdication of STIs
- Consultation of traditional healers for treatment of STIs.

Autres

- Rejetion of PLWA, considered to be high in rural areas than in urban, largely because of lack of appropriate information and conservative attitudes.

Causing factors

a. Early sexual practices and multiple sexual partners

- Influence of school : the youth who aged 15-25 who are not in secondary school are more sexually active than those that are in secondary;
- Influence of environment ;
- The company, peers, boys and girls friends and imitation of partners;
- Companion s of boy/girl friend ships are more observed in urban areas;
- The practice of elder women having younger boyfriend is more predominant in urban areas;
- Insufficient information on sexuality ;
- Lack of dialogue between parents and children;
- Curiosity gifts and trial of manhood on the part of boys;
- Poverty: poor women are more in acceptance of male sexua proposal than those who are financially able;
- Insufficient information related to HIV/AIDS and STIs, especially the campaigns;
- Weak perception of risks associated with infection of HIV/AIDS/STI;
- Lack of discussions on sexuality within the families, and within the churches and other institutions;
- Girls do not say « no » to sexual practices and the boys do not respect « no » said by girls;
- Abandonment of moral and social values (especially in urban areas)[10];
- Abandonment of the responsibility of the parents;
- Use of drugs especially alcohol to confront a difficult situation or for leasure (especially in urban areas);
- The influence of pronographic films and video;
- Girls having elder partners ;
- Influence of inequality between boys and girls;
- Socioeconomic measures: girls are more likely to be involved in sexual practices due to influence of favours and gifts;
- Impression of prestige by the girls who have elder partners, rich, they tend to bost to their friends.

[10] Participants in the workshop

b. Weak use of condoms

- Rumous and myth concerning the condom
- Insufficient information about the use of condoms
- Un availabilty of condoms to all who need it
- Influence of religious
- Insufficient perception of risks of being infected with HIV by doind unprotected sex
- Sexuality considered as taboo theme in the Rwandan culture
- Cost of condoms
- Ignorance of means of prevention of STIs

c. Weak utilisation of VCT services

- Insufficient and inaccessibility to VCT centers
- Financial problems
- Insufficient youth friendly center

d. Rejecting the PLWA

- Rejecting the PLWA: ignorance of the correct modes of transmission of HIV, contamination, and superstition as causes of infection to HIV.

Attitudes, knowledge and behaviour

Sexual practices

- Abstinence until marriage
- Reduce the number of partners
- Boys, reduce and eliminate contacts with the prostitutes and vagabonds in urban areas and or boys/girls friend in rural areas
- Avoiding high risks of going to night clubs, bars (urban) the areas where occassional sexual practices happen
- Evoid use of alcohol as it minimizes the capacity to control yourself
- Girls, say « no » arm in this decision to avoid un desired sexual practice
- Boys, listen to your partners, don't insist sexual practise even after the girl has refused
- Exercise more personal control
- Use correct a condom at at every sexual practice
- Consult VCT centre after non protected sexual act
- Consider PLWA as other citizens, friends, neighbours and normal persons

Objectives of communication for behaviour change

- Increase the percentage of youth who can demonstrate [11] their understanding of the following elements :

- Physiology of male and female reproductive organs
- Knowledge of basic knowledge of HIV/AIDS
- Factors influencing the transmission of HIV/AIDS /STI, such as alcohol, inequity between boys and girls, level of possession of basic materials, cultural and traditional barriesr
- Risks associated with early sexual practices and advantages of delayed sexual practices
- Risks associated with having multiple sex partners
- Advantages of moral, social and ethical values of abstaining fro sexual act up until when you get married.

- Increase the perception level of the youth on individual risks of being infected with HIV/AIDS;
- Increase the percentage of youth who go for VCT in case of being involved in a risk sexual act ;
- Increase the percentage of youth who have positive attitude to PLWA;
- Increase the percentage of youth who have positive attitude to use of condom to prevent HIV/AIDS;
- Incraese the percentage of youth who declare to have practised abstinence or fidelity to partners.

Messages and approach

Message:

Abstain from sexual practice and conseive your virginity, you will be protecting yourself from being infectec with HIV/AIDS

Approaches:

a) Need to orient the messages, discussions on the importance of delayed sexual relations. As well, insist on the abtaining from sexual practice until physiological maturing, social and phychological which allows for responsible behavoiurs.
b) Information during the discussion on concepts of physical marturity should be presented in an indepth way to secondary students than in primary
c) Accent be put on the importance of guaranteeing the youth about their future life, and completion of their programmes such as`education, as well as as benefiting from the good of social and family life
d) Important to base discusions of how the virginity is attached to Rwandan culture.

Message:

If yor are still single, abstain from sex if not use condom to avoid HIV transmission. If you are married, remain fidel, if you can not then use condom at every sexual act out of marriage to protect your self from HIV.

Approach :

1. Need to indicate that the condom does not authorise early sex practice nor having multiple partners, but we need to consider condom as used preventive measure at last resort;
2. Need to highligh that apart from abstinence and fidelity condom is a means to prevent fro HIV/AIDS/STI infection and non desired pregnancy;
3. Accent to the importance of wait until marriage to do sexual practice;
4. Insist on the importance of conjugal fidelity which needs to start with limiting the number of sexual partners during the youth time;
5. Insist about the consequences of and risks of being associated with early sex practices;
6. Insist on risks of eing associated with sexual practices with multiple partners;
7. Every time remind that abstinence and fidelity is the most efficient way to assure protection against HIV.

Message (to boys) *:*

Respect « no » of your partners; show respect to your partner to increase the possibility of reliable relations in the future.

Approaches ***:***

a) Need to put accent on the consequences of moral, legal, medical and ethical problems which would result form non desirable sexual practice.

b) Accent be put emphasis on equality of men and femele and how their expression of sexual desire differs.

Message (to females) :

If you don consent with sexual practice, tel your partner and remain firm. The firmness will help you to avoid non desirable sexual act, will give more fidelity and self respect, and avoid from risks of being infected with HIV.

Approach:

a) Important to highlight that neither the age of the man nor his socioeconomic situation should indurge you to paly sex with him. You always have the rights to say « no ». If in your reputation and behaviour you perceive your partners as being agressive or abusive say « no » imediately. If you have always been fidel, remain so, your image as a responsible person will be respected nd will be reinforced as you become an adult.

b) The discussion should put an accent to the firmness of girls saying « non » to maintain moral ethical and legal values. Alternatively say, that female has legal, moral and ethical rights to refuse all non desired sexual practice. In addition, discussion be centered around the difference between male sexual behaviour as against that of female, and that femele should have the capacity to avoid risk

situation which exposes them to un desired sexual practice (their relations, their friendship etc.).

Message (for boys):

Do not have contacts with prostitutes/vagabonds, and avoid occasional sexual practices. Avoid`risks of being infected withHIV..

Approach :

a) Need to highlight that the prostitutes is a group at high risk, that having contacts with them exposes one at risk of being infectec with HIV.

b) Put an accent to the fact that sexual trials with the prostitutes exposes more students at higher risk than any other group.

Message :

a) ***Know your serological status by going to VCT, this will help you to take appropriate measures for your future life.***

b) ***Go for a test (VCT) should you have been involved in unprotected sexual practice to know your serological status, this will give you chance of taking appropriate measures for your future life.***

Approaches:

a) Need to indicate that VCT is a correct way of knowing HIV status;
b) Nessd to emphasize the dangers of reinfection as its speed-up the effects of the epidemic;
c) Need to encourage adoption and reinforcement of favourabe behaviours to remain seronegative;
d) Imoportant to insist on the concep of « living positive with HIV/AIDS ».

Message :

Use condom correctly at at every sexual practice to avoid HIV/AIDS.

Approaches :

a) Need to insist that, apart from abstinence and fidelity, condom is a sure mean of prevention against HIV/AID/STI.
b) Need to underscore the consequences of doing unprotected sex
c) Need to stress on the efficiency of the use of condom in the prevention of HIV/AIDS and unwanted pregnancies
d) Need to fight gainst myth and misconception attached to use of condoms

Programmes

Peer education in the informal envoronment such as night clubs, youth clubs, youth associations and movements, amrkets and in wedding ceremonies etc. In these programs discussions are, as usual interactive and friendly open. The approach, methods and behaviour of the peer educators and the participants addresses themselves to dominating adolescent behaviour and how some of collegues have regretted about these behaviours. These programmes are as appropriate in urban areas as in rural areas.

The peer educators programme components are reinforced through distribution of bronchures, multimedia presentations in the bars, and night clubs.
BSS Programmes in religious settingss. The basic programmes in the religious perspectives are offered in different issues such as early sexual practices, and having multiple partners. The church in Rwanda command respect and influence moral authority. Consequently, the church is better placed to educate the youth on moral, ethical, social and religious aspects of sexuality, appropriate for rural and urban areas.

Media Programmes

- *Mass media* : The media is an important source through which transmission of messages destined to youth is channeled. Spots, for example, on the themes of individual responsibility, No concept, the perception of « macho » to the boys, music campaigns in youth styles have proved to have a good impact;

- *The media interactions*: Radio programmes where the youth interract through telephone call is very popular and efficient.. Through answers that are provide in these Radio programmes, which are given directly on the Radio have proved to be effective in allowing the participation of the audience. "Straight Talk Foundation" in Uganda is a notable example in this approach;

Sports programmes are ideal to the youth, the topics on group responsibility (team, family), the « team work » (in a team, in a couple), the perception of « macho » etc. which is easily understood in the particular environment. This is more appropriate in rural areas.
Community activities, for instance youth clubs, especially in rural settings.

Public events, especially the concerts, using of the music of « rap » (Senegal) this attaracts the youth, and use this occassion to distribute bronchures and other publicizing materials (Ti-shirts and others).

Indicators

- Proportion of youth capable of citing modes of transmission and the methods of prevention of HIV/AIDS/STI
- Proportion of youth capable of citing at least three consequences of early sexual practice.
- Proportion of youth who affirms to have refused an invitation or gift in solicit for sex.
- Proportion of youth declaring to have abstained from sex during their secondary education period by being firm to their refusal decisions to all sexual contact before marriage.

- Proportion of sexually active youth who have reduced the number of sex partners
- Proportion of youth who admits to have reduced contacts with prostitutes and vagabond.
- Proportion of male students who respects the « no » of the partner
- Proportion of youth who declares to have said « no » to sex sollicitations by men; and percent of cases in which « no » was respected
- Proportion of sexually active youth who have done the HIV test.

V. TRUCK DRIVERS AND TAXI DRIVERS

Truck drivers and task constitute a goup at high risk in the same way as other transporters especially those who travel accross international boarders, these group is very mobile and are exposed to having sexual contacts with the prostitutes or occassional sexual partners. The BCC study conducted in 2000 showed that these group have insufficient knowledge about HIV/AIDS and other STIs. Of 64 % of the sampled from this group have attended primary education, 31% in secondary school, and 5% have never gone to school.

Attitudes, knowledge and behaviour[12]

Sexual practice

Truck drivers: Habitually, they have contacts with prostitutes, (35 %) of the truck drivers have had contact with at least three prostitutes. I twas observed that truck drivers, usually leave away from their families, have multiple partners, are prostitutes/vagabonds, have occassional or regular partners..

Taxi drivers : They are sexually active,the majority of whom are young single who have less social responsibilities. They normally have readily available money, and do sexual practices with students on holidays, but also students during school periods.

Taking of alcohol and other drugs

Almost all truck drivers and tax men take alcohol too much. Presque tous les camionneurs et chauffeurs de taxi consomment beaucoup d'alcool**. Drugs take up is significant among the truck drivers, in which** One in four 22% declare to have taken marijuana. Taking of marijuana is similarly predominant among the tax drivers, especially whn they are from the tour (drug consumption of drugs have the tendencie of being low as the drivers become old as the individual responsibility tends to increase)

Use of condomsf

- Utilisation of condom in a high risk sex among this group is comparatively high (63% with occassional partners; 91% with prostitutes)
- Truck drivers appreciate the fact that their profession exposes them at ahigh risk of being infected with HIV/AIDS. As a result, the frequence of using condom is high;
- The older use condom less than the youth;
- Tax drivers do not condider them selves as being at the same risk as the truck drives, and thsi is reflected in how they take precausions;
- The use of condom is not constant (dont use condom after a certain prolonged time of friend ship).

Services

- VCT : Week utilisation of VCT centers by truck drivers

- STI: Increase in prevalence of STI and automedication among the truck drivers

[12] BSS, transporters 2000. This study had a target group of truck drivers. Behaviours of tax drivers was highlighted by their representatives in Kabusuzu workshop

Causing factors[13]

Sexual practice

- *Exagerated myth of manhood* the truck drivers believe themselves to be masculin than other men. They tend to demonstate their manhood by the freqence of sexual practices that they do with multiple partners. This thinking is not common among the tax drivers ;
- The belief that sexual practice is a biologican necessity just like taking meals which can not be ignored. The tax drivers do not share with them this belief;
- Acceptance of behaviour modes by their wives/partner, and do not take courage of pressing their partners about their behaviour change;
- Belief that you can «identify » a risk person or infected, they say and do judgement based on appearance;
- The bilief that HIV/AIDS/STI is an intergrat part of truck drivers' life which must be accepted like any other car accident (this belief is not applicable to tax drivers);
- Belie that truck driver employment is associated with sexual adventures and with HIV jus like the prostitutes. This is not applicable to tax drivers ;
- Insufficient knowledge of HIV/AIDS/STI, the causes, Causing factors, transmission modes and prevention…etc.
- Very mobile and unstable life;
- Influence of peers ;
- « Lifts » given to women/girls ;
- Poor perceptions associated with risk of being infected with HIV with sexual partners, especially young students (especially tax drivers)
- Influence of certain women owners of taxis to young tax drivers;
- Belief in a partners after long time sexual relations;
- Women hiring cheap rooms around truck stops;
- Insufficient allowances given to the truck drivers compel them to spend a night in cheap rooms, and where cheap women are found;
- Belief that sexual practices is a cure of against venerial diseases especially for truck drivers who spends more days in their trucks;
- Too much time spend out of the family.

Weak use of condom

- Belief that using condom to young girls is not necessary, that they are likely not to have been infected;
- Fear of being seen buying condom;
- Lack of couple sensitisation programmes about the importance of condom use;
- Absence of dialogue between the couple about the necessity of using condom (especially after a prolonged absence of the husband in his family)

[13] La plupart des ces facteurs en cause sont basés sur les enquêtes réalisées ailleurs. Vu l'absence de données rwandaises et la généralisation des ces facteurs à l'échelle internationale, il est supposé qu'ils sont applicables au Rwanda. Comme le mentionne la note de bas de page précédente, la plupart des facteurs en cause sont les mêmes pour les camionneurs et les chauffeurs de taxi. Les cas exceptionnels sont indiqués en gras.

Attitudes, knowledge, and desired behaviour

- Fidelity / Abstinence
- Use of condom for all the sexual acts extra conjugal
- Franc and honest discussion between the couples/conjugal about the sexual life of truck drivers/tax drivers
- Utilisation of blood testing and STI treatment facilities
- Consultation of the VCT services.

Objectives of communication for behaviour change

- Increase the knowledge about HIV/AIDS/STI, the epidemiology, modes of transmission, the associated risks..etc
- Increase acceptance level of the importance of fidelity as being an essential moral, social and family life, especially prevention against HIV/AIDS/STI;
- Increase the acceptance level of condom use as a necessary element and indispensable in truck drivers life which has to be used in every sexual practice during their travels;
- Change attitudes toward myth of exageration of manhood, and empahsis on shared roles of a husband in the family, the need for the husband to protect his family and all the dependants;
- Change attitudes concerning the « necessity » of sexual practices that the truck drivers can be resposible in controlling their sexual desires;
- Increase the knowledge related to STI.

Messages and approaches

Message:

Be fidel to your spouse. This is the only way of preventing yourself from HIV/AIDS/STI and contributes to the better welfare of your family.

Approach :

Insist about the responsibility to protect the family and the children . Infecting the partner is a crime and a sin.

Message:

Do not have contacts with prostitutes/vagabonds nor occassional partners on regular, less you will be at high risk of being infected with HIV/AIDS/STI.

Approach :

Underscore the fact that the prevalence rate is very high among these women, that avoiding contacts with them reduces drastically the risk of being infected.

Message *:*

Use condon in every sexual practice out of wedlock. Apart from abstinence and fidelity, condom is a sure mean of preventing HIV/AIDS/STI. By protecting yourself you will be protecting your partner and your children.

Approach :

Remind that, with high prevalence in the Country, we suppose that every un protected sex put you at high risk of being infected.

Message *:*

If you notice a sign or symptom of STI, please go immediately to a health facility for diagnosis and treatment. Immediate treatment will heal the disease, but also will minimize possibilities of being infected with HIV.

Approach:

Highlight that the STI are dirrectly linked to transmission of HIV, in that the risk of HIV transmission are very high in presence of STIs. On the other hand, early treatment of STI is very simple and shows immediate healing results.

Message :

Go for a test (in VCT) to know your serological status.The VCT is a reliable mean of knowing that you are either or not infected with HIV. Should you be seropositive, avoid reinfection as it speeds the gravity of the disease, and if you are seronegative, then avoid all the risk behaviours for adequate protection of infections

Approach :

Facilitate the discussion about risk of unprotected sexual practce ; give sufficient information about VCT ; Instist about the vailability of care and support servives fo the PLWA.

Message :

Have franc and open discussion woth your partner about your sexual life. This will give confidence and fidel envirinment in your marriage.

Approach :

Have a honest an doper dialogue with your conjugal partner to build confidence and take collective measures for prevention of HIV in your family.

Programmes (in order of priority)

Peer eduacation : There is anned to have sensitization programmes for the truck drivers and tax drivers in their parking areas, or in places where park to seek for different (customs, hotels, bus stand, garages, etc.). The programmes ought contain comprehensive IEC/BCC services, such as

distribution of condoms, distribution of IEC (on HIV/AIDS/STI..etc.), sensitisation sessions, etc. Consider the timing and programmes differences between the truck drivers as against the tax drivers, as the former obligatorily stop at the international borders.

Other programmes **:**

- Special programmes which target the married drivers
- Programmes to sensitize the tanboys and other youth who do simple vehicle maintainance and those who work in the bus stand.
- Integration HIV/AIDS programmes in driving and mechanical schools
- Advocate that regional programmes are in favour of ensuring access of care, including the ARV for truck drivers.

Indicators

- Proportion of truck drivers/ tax drivers who affirm to have remained fidel to their spouses
- Proportion of truck drivers/ tax drivers who used condoms for all sexual practices with non conjugal partners
- Proportion of truck drivers/ tax drivers who declare to have discussed with the spouses about their sexual adventure and about HIV/AIDS/STI
- Proportion of truck drivers/ tax drivers who affirm to have consulted a health facility for blood test and STI treatment.
- Proportion of truck drivers/ tax drivers who have gone to a VCT center

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VI. MILITARY AND POLICE MEN (MEN IN UNIFORM)

Almost in the same way as the transporters, the military and policemen constitute a high risk group by being a mobile group and occassionally move to different population away from their families, which exposes them to being invilved in sexual practice with multiple or occassional partners.

Attitudes, knowledge and desired behaviours

1. Habitual contacts with the prostitutes
2. Multiple partners : prostitutes, occassional partners ou regular (similar behaviuor with the truck drivers, but will less frequency)
3. Weak use of condoms (similar behaviuor with the youth aged15 to 25 years)
4. Use incorrectly and irregularly the condom
5. Absence of franc and open discussion with spouses about sexual life.
6. Use of alcohol among this group is significant
7. Weak utilisation of VCT services

Causing factors[14]

Sexual practice

- The majority of the married military/police men, who live away from the families are always seen to be at high risk of being indurged into doing sexual practices with a non conjugal partner
- The tradition of transfer « when going for a pause » a girl friend and give sexual contacts before leaving
- Given the social recognition that the military and police men have, some women feel proud to have sexual partneship with them
- Majority of military and policemen are young, and therefore sexually active.
- Mobile and unstable life
- Being a soldier, young men in uniform, relatively rich, adventures
- Insufficient information on sexuality, especially about HIV/AIDS/STI
- Weak perception of personal risks of being infected with HIV/AIDS/STI
- Abandonment of social and moral values and largely influence of peers
- Consumption of drugs especially alcohol to confront difficult situations and for sensation of leasure
- Acceptance of behaviour of the spouse/ conjugal behaviour as being a tradition to the group, and no pressure from the partners for behaviour change.
- The police and military men do discuss about sexual practices among themselves but not with their spouses
- The belief that they can « recognise » a person who is at high risk or who is infected with HIV/AIDS by apperarence.

[14] The majority of causing factors are based on previous studies, the generalisation of this information to be applicable in Rwanda as there is no sufficient information from researches done in the country.

Use of condom

Weak use of condom due to the following reasons :

1. Insufficient information, or rumous
- Insufficient avilability (condoms are distributed by the army to military personnel just like any other medicine), yet there i slow access of condoms in military institutions, night clubs, bars, etc where they frequent.
- Desire to have children

Services

- Weak use of VCT services due to the following factors : a) do not use them because they are within their institutions ; b) Fear of stigma if used external services; c) can not get pay for private VCT services ; d) this service interferes with their work programmes
- Ignorance of existance of STI s, what are the symptoms, where and how to go for testing and treatment.

Attitudes, knowledge, and desired behaviours

- Conjugal fidelity and abstinence for the singles
- Reduce the number of partners, the prostitutes, occassional partners or regular partners
- Use of condom for all the risk sexual practice with prostitutes, occassional partners or regular partners
- Consumption of alcohol to the reasonable rate
- Use of condom with the partners after a long separation before you go for a test (both of you)
- Franc and honest discussion with your spouses/conjugal concerning your sexual life
- Have the knowledge of the signs, testing and correct treatment of STI
- Go to VCT after any un protected sex and before having children

Objective of communication for behaviour change

Increase :

- Increase the knowledge about HIV/AIDS/STI, the epidemiology, modes of transmission, the associated risks..etc
- Acceptance level of moral respobility in the extraconjugal sexual practice vis avis family welbeing
- Level of appreciation of the person risks associated with actual sexual behaviour of military/policemen, but which should be avoided.
- Increase the acceptance level of condom use as a necessary element and indispensable in military/policemen sexual life which has to be used in every sexual practice out of marriage.
- Positive attitude of fidelity or reducing the number of sexual partners.
- knowledge related to STI

- Use of VCT/PMTCT service
- The proportion of men in uniform who undestands that uncontrolled consumption of alcohol exposes them at risk sexual practice.

Messages and approaches

Message :

Practise abstinence or fidelity for prevention against HIV/AIDS/STI and better welfare of your family.

Approaches:

a) Highlight that fidelity is a clear element of stability in the family
b) Sexual activity is not ment entirely for pleasure or for physical satisfaction.It is an activity which has social, moral and ethical implications
c) Remind that, if your infect your self with HIV and transmit it to your partner, you will have committed a blameworthy and unacceptable act.

Message*:*

Avoid doing sexual relations with multiple prtners to minimize the risk of contracting HIV.

Approach:
Remind that the risk of HIV transmission increase with the number of sexual partners..

Message*:*

Use condom for all the sexual practices out of marriage to protect your self from HIV.

Approach:

Remind that, apart from fidelity and abstinence, condom is a means of prevention from HIV/AIDS/STI, that protecting your self is not only for your advantage but also for your family and for the community.

Message***:***

Go for a HIV test should you have done unprotected sexual practice out of marriage. VCT is the reliable means for a HIV test.

Approach:

Highlight that if you know your serological status it will eneble you to take approriate measures (If you are seropositive, avoid reinfection, and if you are seronegative, this is an occassion of avoiding adopting all risk behaviour which could lead to HIV infection.

Programmes

- *Reinforc existing programmes*. There already exist various programmes for peer education, formal sensitisation, access to VCT/STI ;

- *Facilitate access of sensitization,* and targeted support to senior officials at every level (General quarters, batalion, brigade)

- Reinforce intergration of HIV/AIDS services in ordinary military/ police health services (prevention, care and treatment)

- *Put in place programmes targetting the spouses* the police/ military and their spoises be invited in the discussion of official policy on sexuality (e.g. distribution/ availability of condom, normal life within the military services… etc.). The Nigeria experience is particularly worth adopting (in Nigeria there is association of spouses of military officers who provides information on activities related to fight gainst HIV/AIDS/ STI within the military and police settings).

- *Create a HIV/AIDS/STI committee* at each batalion which should be reporting, regularly, to all authorities at all levels.

- *Ensure regular and wider open interraction* between the men in uniform and sorrounding communities.

- Identify the « risk localities » neighbouring the military police base to which the prevention activities should be done.In the bars, hotels, restaurants frequented by military and policemen, need to reinforce intensive distribution of the condoms, avail the bronchures, involvement and participation of CSW (train them in their localities about negociation for theuse of condom as well as the principals of prevention)

- *Programmes of cooperatin between the batallions* or authorities exchanging ideas and experiences about their HIV/AIDS programmes;

- *Competitions between the batallions* based on the level of participation in Anti-AIDS clubs and other activities.

Indicators

Proportion of men in uniform who:

- Remained fidel
- Practised abstinence
- Have minimized the number of partners, who are prostitutes, or ocassional or regular partners
- Correctly used a condom, for all the risk sexual practice
- Understands that being promiscuous put their spouses/partners and children in danger
- Have minimized the rate of alcohol consumption
- Have consulted a health facility for testing and STI treatment.

- Have gone to a VCT center

VII. PROSTITUTES AND ENTRAINEUSES

The choice of this group as being the priority target group is for sure given the high prevalence of HIV among the prostitutes because of multiple sexual partners.
The BSS study conducted in 2000, which followed the one conducted in 1998 indicated an increased prevalence rate of 76% on the sample of 882 prostitutes in 5 provinces of the country. Prostitution, especially among the women, though not legalised in the country, constitute the main source of HIV transmission, and is mainly caused by unprotected sexual practices.

Attitudes, knowledge, and desired behaviours[15]

Sexual pracrices

- Sexual practices with multiple partners
- Frequence of sexual practices with high risk clients such as truck drivers, and men in uniform.

Use of condom

- Relatively low use of condoms (about 40%) with the commercial partner
- Weak use of condom during the night than during the day
- No negociation power of the use of condom with the clients
- Low rate of condom use with the partner who gives more money.

Use of services

- Poor demand (about 40 %) of VCT services
- Weak Utilisation of STI services (as a result the prevalence of STI among the prostitutes is extremely high)
- No legal measures against abusive clients
- Weak professional solidarity (lack of associations/organisations which encouradges the protection of prostitutes)

Causing factors[16]

Sexual practice

- The tendence of young children being brought in to prostituion as occassional or regular partners is a new and changing kind of prostitution in the country.

[15] La BSS 2000 (Prostituées/entraîneuses) n'a ciblé que les prostituées proprement dites. On n'a pas étudié les comportements, des entraîneuses. Donc, les données présentées dans cette section ne sont valables que pour les prostituées/entraîneuses. Néanmoins, vu la similarité des deux groupes en termes de comportement (les deux groupes échangent des faveurs sexuelles contre de l'argent ou autre rémunération), âge, niveau socioéconomique, etc., il faut supposer que la plupart de ces constats sont valables pour les deux groupes.
[16] IDEM – les facteurs en cause sont les mêmes pour les prostituées et les entraîneuses.

- The incidence of this destinguished kind of prostitution presents a difficult situation to the management of problems associated with Appât des biens matériels;

- Low formal anf informal education;

- Weak follow-up and guidance of the children by the parents;

- Liberty : the young girls who indurge into occassional sexual practices are of very young age, a behaviour which speeds up prostitution;

- High rates of alcohol consumption (25 % of the whole day)

- The clients of the prostitutes are the kind of the people who are at high risks, and who less take precausion of the sexual practice than the general popularion;

- These young girl are exposed to being tempted to obtain renumeration in exchange of sexual favour. Most of them work in bars, payed very littlr salary, tempted to accept sexual invitation from the clients of the bar;

- Banalisation of the consequences linked to multiple sexual practices.

Use of condom

- Price increase with a non protected sex;
- Belief of being able to notice a seropositive client;
- Non availability of condoms (with increase among the prostitutes of (20 %) who cited : « condom not available » as a reson for not using condom)
- Weak knowledge of HIV/AIDS/STI related matters (only 26 % have a good understanding)
- Weak perception of HIV risks;
- The poverty obliges the prostitutes to even accept clients who refuse to use condom.

Services

- Social marginalisation of prostitutes
- Insufficient organised programmes to follow-up and guide the prostitutes
- Poor financial capacity to pay for STI services.
- Lack of knowledge of their rights
- Lack of interest on the part of the community to advocate for cases of sexual violence done to the prostitutes.
- Very weak knowledge of HIV/AIDS among their clients

Attitudes, knowledge and desired behaviour[17]

- Professional change, they say they would abandon prostitution if they would profit for another function
- Progressive reduced number of sexual partners
- Don't do the prostitution just for the sake of
- Progressive reduced alcohol consumption
- Use of condom in all sexual practice (paying and non paying)
- Permanent provision of condoms to the prostitutes at all times
- Use frequently the VCT services
- Test and correctly treat STI
- S'affilier à une association de prostituées ou à une organisation de soutien aux prostituées
- Negociation of condom use
- Indepth knowledge of women rights[18] which protects them before law the aggressive violence by the clients.

Objectives of communication[19]for behaviour change

- Increase the basic knowledge of HIV/AIDS to prostitutes
- Increase the percentage of prostitutes who have good knowledge of HIV/AIDS especially the phenomenon of link between HIV reinfection with multiple infected clients
- Increase the percentage of clients who know an organisation which helps prostitutes and the services offered.
- Increase the percentage of prostitutes who, capable of negociating condom use.

Messages and approaches

Message:

Use condom in all sexual practices with all your clients, paying and none paying. You will be increasing chances of not getting HIV/AIDS infection and reinfections.

Approaches :

a) Insist the fact tha in each sexual contact with HIV+ increase the level of multiplication of infections in your body and accelerates your evolution of AIDS.
b) Need to highlight the fact that having paying or none paying multiple partners expose you at increasing risk of being infected with HIV/AIDS/STI.
c) Indicate that the sero prevalence rate is very high among the clients of prostitutes (need to always assume that every client is seropositive, and not easily noticed by your eyes)
d) Insist more about the use of condom correctly and in every sexual practice.

[17] The desired behaviour of the prostitutes are the same in all the settings.
[18] There is no legal provision addressing rights of prostitutes
[19] DO

Message:

Always have a condom with you and oblige all the clients to use it.

Approache:
Insist on the advantages of equiping yourself with a condom..
The majority of the clients do not have the condom, it is the responsibility of the prostitute to have it before hand and give to the clients..

Message:

Avoid excessive use of alcohol with your clients to be able to preserve your desiresyou're your self control in matters related to sexual behaviour.

Approach :

It is important to underscore the role of alcohol in facilitaing sexual practices between the prostitutes and clients, the esccessive of which it becomes difficult to take a decision, especially concerning negociation for the condom use.

Message:

Organise yourself and get affiliated to an organisation which supports the prostitute for your legal protection and improving your living standards.

Approach:

Important to highlight that the supporting organisations are better placed to assist associations and individuals.

Message:

Search for other means and ways to improve your socioeconomic (other than prostitution) by income generating activities. You will better integrated in the society.

Approach:

a. Need to underscore the fact that prostitution life is full of exposure to miserables, social marginalisation, and deadly diseases.
b. Need to show that poverty should not be given as a reason for prostitution, knowing that the final consequences is (being infected with HIV/AIDS/STI, loss of social values, marginalisation etc.) .

Message:

Know your rights as other human, call to the relevant services (judiciary,health facility)in case of sexual violence. You will benefit from them just like any other necessary assistance.

Approach :

Need to instist about the fact that your legal protection as a woman will give you certain consideration and social respect.

Message:

Consult VCT service to know your serological status, and go for a HIV test after every non protected sexual practice. This will allow you to take appropriate measures according to test results..

Approaches :

a. Need to highlight that VCT is the right way to know your serological status.
b) Insist also on the advantages of avoiding reinfection in case you are HIV positive
c) Need to reinforce the conscious that doing that does not only protect your self, but also protect your clients in the framework of reducing the chain of transmission of HIV/AIDS..

Message:

Consult regulary the health facilities for the diagnosis of STI. You will benefit from ealy and appropriate treatment.

Approaches :

a) Important to indicate the complications of non- treated or maltreated STI IST such as sterility and others.
b) Need to remind than in a general manner the STI symtoms are not as same to women as men, and if not treated the consequences becomes very irritating.

Programmes[20]

- *Peer education programmes* to associations of prostitutes
- Informal organisation (for example , the groups of prostitutes who live toagther in their localitiest)
- *Putting in place a BCC HIV/AIDS programme* targetting prostitutes by the chain of elder prostitutes who have certain authority over young prostitutes
- *Programme for promotion of sexual practices* : increase access to judicial and police services, advocacy for the dscrimination of prostitution, free distribtion of condoms. (Example of "Sex Workers Education and Advocacy Task Force in Africa" (SWEAT))
- *Social marketing Programmes* which targets young training prostitutes and their clients, the bar propriators and managers, In these areas, the distribution of condoms will be done with acceptance of the owner, and training the young prostitutes as peer educators, and about the prevention of HIV. These young in training prostitutes will be able to assume

[20] Most of these programmes are targetting the experienced prostitutes, but could also be adopted to young in training prostitutes.

HIV prevention roles ; will turn down sexual invitations, and they will give good reference of HIV and on condom use

- *Programmes to promote income generating activities*. This programmes will contribute to abandoning the prostitution
- *Sensitisation programme through testimony* of former prostitutes (the testimonies based on the life experiences of those who have abandoned prostitution life in view of persuading others to follow the same example.)
- *Programmes targetting the clients of prostitutes*. It is evident that the prostitute will never manage the use of condom without acceptance from their clients.
- *Programmes targetting the police*. Certain policemen are quite complient to the prostitution, give them protection in favour of sexual exchane. On the other hand, there are some policemen who abuse their authoritative positions by intimidating the prostitutes. There are others who do not have interest in assisting the prostitutes to enjoy their civil rights. The sensitisation to policemen is particularly important.

Indicators

- Proportion of prostitutes who declare to use condom in every sexual practice
- Proportion of prostitutes who have used to condom to paying and non paying clients.
- Proportion of prostitutes who have requested their clients to use a condom
- Proportion of prostitutes who affirming to have minimized alcohol consumption especially before of during sexual practice and the proportion of those who have reduced the rate of alcohol consumption of their clents
- Proportion de prostituées/entraîneuses affirmant s'être fait tester VCT
- Proportion of prostitutes who have reguraly been tested for STI and who have gone for a test after notification of STI symptom
- Proportion of prostitutes who indicate to be members of association of prostitutes in what ever nature (informal, formal, etc.)
- Number of organisations or programmes which provides guidance or assistance to one or more association of prostitutes
- Proportion of prostitutes who declare to have minimized the number of clients and have searched for other source of livelihood.
- Proportion of prostitutes who declare to have submitted their case to the jurdiciary services about sexual violence imposed on them.
- Proportion of prostitutes who declare to have done a test and treatment STI.
- Proportion of prostitutes who have « good knowledge » of HIV/AIDS.
- Proportion of prostitutes who have adequate knowledge of the following questins mentioned; organisations, use of condoms, women legal rights, etc.

VIII. PRISONNERS

PSI published in April 2004 a research report (Pre-test on the perception of risk of the infection of HIV/AIDS and of the VCT in the prisons) which is the main source of the following informations. This information will be complemented by the intervention of the participants of the Kabusunzu workshop: It is imperative to note that the HIV prevalence rate in prisons is high (estimated at 15 %) [21]

Attitudes, knowledge and desired behaviours

- The vangabonist is very significant; at least 50 % of prisoners practise this.
- Anal sex is mostly practised, estimated at 90 % of homosexual practice
- Most of the sexual practices are done by older prisoners with younger ones with exchange of small gifts.
- Non use of condom because of homosexual practice
- Late consultation of the nurses in case of STI (syphilis is so rampant).
- Automediaction in of STI
- Share the blame with the rasoir and shaving equipments
- Non acceptation of the serological results by certain prisoners who have not been tested.
- High consumption rate of alcohol, prepared by local ingredients
- Use of drugs (Use of drugs has a high influence to sexual practices in prisons just like it is to other groups)
- Non protected heterosexual practices in the prisons (when visited by their wives or when out to the working sites).

Causing factors

Sexual practices

- Most of the detained children have no education (street children, orphans, etc.)
- The prisoners condemned for killings or who have no families are more involved in risk behaviours to HIV infection
- The difference in the means of living within the prisons (purchasing) facilitates sexual favours to the have nots
- Complicity of the prison surveillants who do not report of homosexual practices especially between the young boys and older prisoners
- The prisoners are isolated, every prisoner for him/herself, brutal. This condition favours promiscuity anf sexual violence
- The detentions do not separate prisoners according to the nature of their crimes, that is why some commit violent crimes because they have had records of committing other grave crimes. These pathology differences in crimes contribute to sexual violance. Faibles connaissances en matière de VIH/SIDA/IST
- The prisoners are not separated according to their age differences, as a consequence the sexual contacts between young/ minor and adults is easy.

[21] ARBEF 2004 (sample : 400) ; Kigali Health Institute (sample : 2400)

Use of condoms

- The Government position is that sexual practices within the prisons is prohibited, the is no programme in place to reduce this prejucices, or distribution of condoms.
- Insufficient information about the condom.

Utilisation of services

- Delayed consultation for STI in the reason of fear to be denounced by the authority, and to be rejected by the friends.
- Very little BCC programmes

Other factors favouring infection of HIV

- Sahring of objects (shaving equipments, injections,), sharing of disinfectants to sterilize injections and shaving materials
- For the women, there is a risk of contamination in the care givers of AIDS patients at final stages.

Attitudes, knowledge and desired behaviour

- Abstinence
- Adoption of high risk sexual behaviour (if you dont practise abstinence)
- Avoid anal sexual practice
- Use a condom for all sexual practice in the prisons.
- Consult mediacal practitioners at all times for testing and STI treatment.
- Avoid automedication of STI
- Avoid sexual practice with a detained former street children
- Refuse gift offers in exchange of sexual favours (for youth /minors)
- Consult immediately the VCT after release from the prisons
- Don not share objects such as injections and shaving equipments

Objectives of communication for behaviour change

- Increase the basic knowledge of prisoners in HIV/AIDS matters
- Increase the percentage of prisoners who understands that the risks of being infected with HIV is so high in prisons and the importance of protecting oneself/spouses and partners against the HIV..
- Increase the percentage of prisoners who accept the responsibility of using condom every time they do sexual practice
- Increase the percentage of prisoners who understands the importance of VCT and who would go for VCT when they reintegrate into the community
- Increase the percentage of prisoners who declares abandoning using of drugs.

Messages and approaches

Message**:**

Practise abstinence to prevent yourself from HIV/AIDS. You will feel proud to join the family after release from the prison.

Approach:

Need to underscore the fact that abstinence assure that you do not infect yourelves with HIV/AIDS/STI in prison and protecting your family (spouse, partner, children) after release.

Message (for the youth/minors)**:**

Avoid material favours such as small gifts offered by adults in favour of sexual practice with you. All homosexual practices within the prison are at high risk of transmission of HIV/AIDS/and other STI

Approach:

Show the importance that a period of abstinence in the prison guarantees you high protection against incurable infection.

Message**:**

Mobilise yourselves and be organised to do the advocacy for procurement of new razor blades and disinfectants for hair cut and shaving materials.

Approach:

Need to reinforce anti AIDS clubs in prisons which has a group of caders charged with sensitization fro prevention of HIV/AIDS infections.

Message**:**

Every time you are out of the prison, use condom in all sexual practices. This is an appropriate way of protecting your self ans especially protecting your partner, your future children against infection of HIV/AIDS.

Approache:

a) It is important for the prisoners to know their moral obligations of using condom with their partners (as they are exposed to different risk situations of being infected during the period when they are in prison)
b)

Message**:**

Should you do sexual practice during your prison serving period, use a condom. It is a reliable means of pretecting yourself, your partner and your future children against infection of incurable HIV/AIDS epidemic.

Approach:

Insist about the fact that prisoners are exposed at different risk situations of being infected with HIV, have moral obligations of using a condom with the partners.

Message**:**

Immediately as you get released from the prison, you shoud do the test with your partner. You will collectively be able to take corrective measures according to test results
If you will be found to be HIV+, you will take corrective measures to avoid reinfections which would speed up the infection in your body, for protection of your family.

Approaches:

a) Insist about the fact that prisoners are exposed at different risk situations of being infected with HIV, have moral obligations of doing a HIV test.
b) If you know your status, you will as a result plan for your future life

Message**:**

If you observe on symptom of STI, consult immediately the nurse and dont try to treat it by youself or a non medical practitioner. You will benefit from timely and adequate treatment..

Approaches:

a) Need to undescore the complications of STI related to non treatment or its mal treatment such as sterility.
b) Indicate that automedication contribute to disease antibiotics an dit will be difficult to get treated should you get a new infection.

Programmes

- *Multi strategies Programmes* education programme in prison ; intensive programme about prevention of HIV/AIDS/STI which comprised the orientation to benefiting from VCT before relase from the prison. Programmes for follow-up of released prisoners, extension and reinforcement of already existing Anti-AIDS clubs in the prisons.
- Creation of new *peer educators and orientation services*, to allow prisoners to discuss openly about sexuality, the STI, the VCT without intervention of prison authorities.
- *Integration of curriculum of HIV/AIDS* (BCC, VCT) in the programmes of National Unit and reconciliation commission (NURC) in the solidarity camps where all the released prisoners go through.

Indicators

Increase the number of the prisoners who :

- Have remained abstinent
- Have ceased to do sexual practice with minors, especially street children
- Have gone for a test and treatment of STI and who did not do automedication
- Paricipates in sexual education sessions in the prisons.
- Participates in anti AIDS clubs in the prisons.
- Have adopted low risk sexual behaviours if do not practise abstinence
- Do not any more do anal sexual practices
- Have used condom in all sexual practice before release.
- The youth/ minors have refused gift offers in exchange of sexual favours
- Demanding for VCT after release from the prisons.

IX PEOPLE LIVING WITH HIV/AIDS (PLWHA)

The PLWA constitute a priority group because all the programmes targeting them contribute to decreasing a continued infection of the epidemic in the population, redusing stigma and discrimination, and care and support to infected and affected people. There is little knowledge about the behaviour, altitude and knowledge of PLWA as target group. But the fact that they are already HIV positive, they know their serological status, are therefore likely to change their sexual behaviour.

Attitudes, knowledge, and behaviour

- The majority of PLWA do not use condom
- Certain PLWA take alcohol and smoke
- A proportion of PLWA who are not members of associations of PLWA
- Certain PLWA are involved in mutual cooperative activities.
- The PLWA who have high socio economic status do not want to publicly declare status (the seropositive male do not wanf to declare their sero logical status)
- The majority of seropositive men do not adhere to being in the associations of PLWA.
- Some of infected persons do not change behaviour and continue infecting others.
- The PLWA who need the ARV is so high, but the access is limited.
- All the PLWA who are eligible for ARV/prophylaxis treatment do not receive it
- Tendence, of big proportion infected people who have or have no children continuing the wish to bear children exposes amny people at high risk of being infected.
- Denegation of the disease.
- Absence of dialogue about sexual relations betweeen partners.

Causing factors

All the factors mentioned hereunder influence the existing behaviours.

- The stigma and discrimination persisting in Rwanda, poses a negative consequences
- Insufficient informations about HIV
- Cultural and religious barriers
- Lack of dialogue between partners
- Fear of esteemed social status given if HIV positive
- Abandoning certain PLWA
- Belief of benefitting socioeconomic advantages
- In sufficient accessibilities of ARV and prophylaxis
- Desire to have a children

Attitudes, knowledge, and behaviours

- Use of condoms in every sexual practice
- Conjugal fidelity of the PLWA

- Stopping sexual practice of the single PLWA with their partners and fidelity with future partners)
- The seropositive should inform their partners about their status
- The seropositive should be involved in prevention programmes, and social actions in prevention of HIV/AIDS
- The well to do with high socioeconomic status should declare their status and play important role in prevention programmes
- Ensure that the PLWA supported by HIV/AIDS programmes undestand that their sexual activities have health plans, ethical, moral and social consideration.
- Assure that the PLWA understand the importance of using a condom each time they do sexual practice.
- Assure that all the PLWA are up to date about the availability of the ARV
- Increase the percent of the PLWA who understands the existance of organisation involved in social care and support, economic and treatment in their favour.
- Increase the percent of the PLWA who are motivated in the fight against stigma and decrimination, and are involved in prevention activities.
- Increase the proportion of seropositive men who join the associations of people living with AIDS
- Increase the perception of individual risks associated with the desire of having a child while a seropositive.

Messages and approches

Message:

Use a condom in every sexual practice to avoid reinfection.

Approaches:

a) Remind/ inform that a non protected sexual practice increase the viral stength and accerelates the stage of the AIDS disease.
b) Remind that the PLWA have moral responsibility of protecting themselves and their partners.

Message:

Participate in public prevention activities for contribution in the fight against new infections and stigma.

Approach:
Insist about the fact that PLWA are well placed to persuade the other to prevent themselves from HIV/AIDS/STI and reduce stigma.

Message:

Join and adhere to the association of PLWA for your exposure and benefit from global care and support.

Approach:

Explain that the the association facilitate in being registered to the accessibilty of ARV programmes, to socio-economic, and judicial support and encourage their contribution to the HIV prevention programmes.

Message:

Take care of your health; you will be less vulnerable to opportunistic infections

Approach:

Stress that for their health, the PLWA should avoid taking alcohol and other substance which weaken their health, if the body remains strong it retards the advancement of the stage of the disease.

Programmes

- *Post test counseling*. It is an obligation in Rwandan medical protocole for a pre and post test. This orientation which allows contacts and discussion between the PLWA and health care provider is very important. This orientation improves the conditions of the PLWA, and is used as training opportunity and distribution of of IEC/BCC materials and follow-up of the patients.
- *Peer education.* This approach is very efficient, as has been indicated in the other target groups. The peer educators and the participants who are seropositive, provides for common experiences and credibility.
- *Income generating activities* : grace the fact that this programmes gives tangible thind and economic value which attracts participation of the PLWA in prevention programmes and care and support.
- *Programmes of care and treatement* : these programmes exist but need to be improved (traioning of personnel, distribution of IEC materials and follow-up of clients)
- *Renforcement of home based care* or the individual patient counseling.
- *Renforcement of ARV treatment programmes* (improve accessibility and availability of ARV services)
- *Renforcement of OI treatment programme*
- *Improve the accessibilite and availability of condoms at the community level*
- *Improve the integrated care and support.*

Indicators

Increase the percentage of the PLWA who :

- Use condom at the rate of 100% with the partner
- Have reduced the use of alcohol and tobacco
- Their seropositivity is known by the partner
- Are members of associations of the PLWA

- Play an active role in prevention, care and treatment, etc.
- Have easy access to ARV/OI services
- Understands the dangers associated with conceiving in seropositivity

X. COUPLES IN UNION

The majority of adult Rwanda are either amrried or live with a partner. The figures of adults who are mainly discussed in this documents targets also military and policemen, the prisoners , truck and taxi drivers etc
It is, therefore, not necessary in this part to show the issues which wqere earlier presented, the intention here is to analyse problems of behavoiurs of the couples in view of developing appropriate messages..

Attitudes, knowledge and desired behaviours

- Certain married persons have other partners
- The majority of the couples do not discuss openly about sexuality and risks associated with having multiple partners, importance of couple VCT, use of condom, family planning etc.
- The husband and wives stop the communication related to infidelity. (they become furious)
- The use of condom is very weak among the couples
- Non use of condoms among the discordant couples
- Rarely does the partners do the testing together
- Some pregnant women do not go the ANC and do not do the HIV testing
- The majority of men whose wives are in PMTCT have not gone for a test
- In most cases, the men or the women who are infected with STI do not declare to the partner
- The majority of the people infected with STI try to try the automedication.
- The men difficultly accept responsibilty in case they have STIs and bringing the spouse for treatment.
- Generally, in a couple or in partners no HIV test ahs been done, especially the men do not do the HIV testing.
- Looking for onother partner (regular) by some men, the women who are HIV positive and especialy who have started to develop the opportunistic infections.
- Some men reject/abandon their spouses in case of discordance of the results, especilly when it is the woman who is positive. Few cases of the women abandon their husband who is HIV positive..

Causing factors

Sexual practices/ conjugal infidelity

- Incomplete knowledge of issues related to sexuality
- Excessive consumption of alcohol
- Conflicts within the family
- Lack of open and franc dialogue metween the couples in sexuality
- Sexual dissatisfaction
- The men do not expose and talk about their sexual life, and risks associated with promiscuous
- Most men and women do not know their risk personal behaviours.

- Rwanda being a patrineal society, if the man does not want to discuss about sexuality, or doing a test, the partners have the difficulties in convincing him.

Use of condom

- The negotiation to use condom in the couples is not always easy.
- Use of condom outside the marriage also remains very weak in both the men and women
- Rwanda traditional cultural do not allow discussions on sexuality, nor the use of condoms.
- Belief of creating conflict between couples if you propose using a condom (especially that it shows infidelity).

Services

- Women are better positioned to do a test than men
- The causing factors of behaviours of men and women in the couple as related to the use of the services are as the same as those of the other groups discussed in this document.

Attitudes, knowledge and desired behaviours

- Mutual fidelity between the partners
- Franc and open discussions between the couples and their sexual behaviour and risks of being infected with HIV/AIDS/STI.
- Doing the test in couple to know their status, and as a result take appropriate measures
- Use the condom if the prtner is HIV positive, or if one of the prtner is considered to be at high risk of being infected.
- Conjugal fidelity even if the both or a partner is PLWA
- Consult immediately the health facility in case of STI and notify your partner.

Objectives of Behaviour Change communication.

- Couple sensitisation about the importance of fidelity
- Increase the level of perception of the risk factors for infection of HIV/AIDS and other epidemic.
- Increase the level of understanding of the STIs and their relations with HIV
- Increase the percentage of couples who are well sensitized on the importance of dialogue about sexuality.
- Increase the level of appreciation of the importance of using a condom in couples especially in cases of doubt of the fidelity on the part of the partner or other risk situations.
- Increase the level of appreciation of the importance of testing for HIV
- Increase the level of appreciation of the importance of notifing your partner tour status after consultation with a medical practitioner for STI
- Increase the percentage of men who agree to go for a test accompanied with their wives.
- Increase the percentage of men who declare to have done the test with their spouses
- Increase the number of persons in union who have used condom in a risk sexual practice.

Messages and approaches

Message:

Remain fidel to your partner. It is a sure and effective means of prevention against HIV/AIDS/STI.

Approaches:

a) Need to reming that marriage is a sacred between a husband and a wife, the values and respect given in marriage sacrament, legal status given to it by the government, an dis known by the society as being a basic element of the cultural.
b) Put an accent on the fact that if you put yourself in the risk of being infected, you also put your partner in danger as well as the whole family including infecting your future children.
c) For a couple which has a religious belief, need to remind that fidelity conforms to religious values, a clear element of solidarity in the marriage, the expression of honest and respect for the others.

Message:

If you have a partner out of your marriage, encourage your partner to facilitae the acceptance to using a condom and testing for HIV..

Approach:

a. Need to put an accent on the importance of open and franc discuss about the responsibility in the marriage. The responsibility of affection of father and mother of the family. The couple should ensure the protection of future children from HIV infection.
b. Insist on the fact that although the open discussion about sexuality is difficult and not in our culture, the reality of the AIDS and the associated mortality obliges our behaviour change.
c. Important to highlight that an infection of HIV to a women has a bearing cause of the infection to the born child. In the same way, the infection of the man is the origin of the infection to the born child.

Message:

If you have sexual partners out of the marriage, use condom in all sexual practices that you do with them for all the time that you have not done a HIV test and other STI.

Approaches:

a) Need to remind the importance of values of the fidelity between the couples and the sacred characters of the a marriage
b) It is necessary to stress that negociation in matters of condom use between couples is not easy, but the contamination of one partner is much more difficult to tell or to accept.

Message:

If you have a partner out of the union, do the HIV test with them. With a HIV positive results you have to change behaviour to stop progression of the virus and take appropriate measures to protect yourself as well as your partner. If you are negative you have to change your behaviour and remain fidel in your partnership.

Approaches:

a) Insist about the importance of testing HIV as sole means of knowing your serological status.
b) Need to know the result of the either partner, to know your result does not necessarily mean that the partner has the same..

Message (for men):

The signs of the STI among the men are highly manifested. If you realise that you have STI, send your partner to the health facility for examination and for a HIV test.

Approache:

a) Need to insist immediate treatment, not only for stopping the disease but also for reducing the possiblity of being infected with HIV/AIDS.
b) Need to remind on the fact that the STIs are directly linked to transmission of HIV.
c) Insist about the fact that the symptoms of STI are more manifested to men, and since they are the ones who are more responsible to take care of the health status of the wives and the children, it is necessary for them to inform the spouses about their health status and invite them to come togather in the health facility for STI treatment..

Programmes

- There are relatively few programmes which specifically target the couples, in general sutuations, citing them would allow them to take into account their civil status in the marriage settings.
- *Renforcement and duplication of the programmes* inited by diffrent faith-based organisations to target yhe couples before marriage ; programmes which insists on the importance of fidelity, HIV testing and sexuality problems.
- *Put in place programmes which target other priority target groups* such as the truck drivers, police and military to integrate the sexuality components. There are programmes which put more emphasise on individual behaviour change, but does not consider the aspects of sexuality in couples. We need to modify the programmes to integrate themes which touch conjugal life.
- *Specific programmes* dans toutes les confessions religieuses *ciblant les jeunes* qui se préparent au mariage aussi bien que les couples déjà mariés en matière de prévention du VIH/SIDA en particulier et de la sexualité en général
- *Programmes spécifiques ciblant les hommes* pour la prévention du VIH/SIDA et particulièrement pour les services de Conseil et dépistage volontaire du VIH/SIDA/IST.

Indicators

- Proportion of couples who have discussed their extra marital activitiesof
- Proportion of couples who have done the HIV testr (one partners ; both)
- Proportion of couples who have used condom for the reason of prevention against HIV/AIDS/STI.

XI. EMPLOYERS/EMPLOYEES

Employees in private and parastatal companies are not different from adults in couples, or out-of-school youth. This means that their profession is not exposing them in the same way as for soldiers, policemen, sex workers/procuresses or truck drivers. In general, they are more stable and less moving. However, their behaviors are almost influenced by the same factors as those known in adult couples such as the lack of information, low level of risk perception, gender inequalities, influence of peers, etc.

Existing attitudes, knowledge and behaviors[22]

- Infidelity (some of them, namely those who possess more means, get extra marriage partners and are having sexual intercourses for money or not)
- The majority does not use condoms for this extra marriage sexual intercourses
- They rarely use VCT services
- They are likely to be tested in a health center other than theirs
- They are afraid of frequenting other public services for fear to be seen by other people and prefer anonymity.
- Senior staff tend not to go for the test
- They don't seek appropriate services for their blood test and STI treatment
- They practice auto-medication
- They buy medicines in pharmacies
- They are used to consulting their colleagues
- Husbands do not inform their partners (spouses); when they are infected, they prefer to get treated separately
- Women can also infect their husbands
- Women (namely those with a very low socio-economic status **)** are reluctant to say « no» to undesired sexual intercourses proposed by their superiors or colleagues
- Men do not accept the « no » from their partners
- In case of discordance, if the woman is infected , she is rejected by her husband, which rarely happens in the contrary case
- Stigma and discrimination decrease considerably in companies that have undertaken sensitization activities, contrary to those that have not yet started
- The majority of PLWHA avoid revealing their status to their superiors and colleagues.

Causing factors

a. *Sexual intercourses*

- Influence of the environment namely within big companies where anonymous relationships are possible
- Company, peers, friendship
- Abusive and hidden sexual relationships among employees and senior staff
- Lack /insufficiency of information on sexuality

[22] Ideas were mostly provided by workshop participants

- Materialism : some young ladies and women are more likely to be attracted to sexual proposals by richer men
- Women, in order to get trusted by their superiors or to keep their jobs, are obliged to have sexual intercourse with them
- Insufficiency of information on HIV/AIDS and other STI mostly in rural areas.
- Low level of risk perception of HIV/AIDS/TSI
- Lack of discussion about sexuality within the family and within other institutions such as the church, the school, etc.
- Loss of some social and traditional values (respect for others'wives namely in urban places, decent dressing, etc.)
- Excess of alcohol consumption
- Movies , internet (communication through internet mostly in cities)
- Influence of gender disparity.

b) Low level of condom use

- Rumors and myths on the condom
- Lack /insufficiency of information on the use of condom
- Condoms not available every where
- Influence of religion
- Insufficient risk perception
- Sexuality regarded as a taboo subject from a cultural point of view
- Ignorance about the existence STIs
- Trust in the partner
- The fact of ignoring his/her serostatus especially when one thinks he/she is infected.

c) Low level of VCT services use

- Fear of obtaining a positive result
- Fear of losing their social position (respect) once infected
- Availability of services
- The cost of services (for badly paid employees).

Desired attitudes, knowledge and behaviors

- Conjugal faithfulness
- Abstinence till marriage
- Reducing the number of partners
- Proper use of the condom for each extra marriage sexual intercourse
- Women should say openly « no » and stick to it when they wish no sexual intercourses
- Respecting the « no » expressed by the partner
- Sincere and honest dialogue between spouses, partners and colleagues
- Facilitating access to VCT services and to condoms for employees
- Reducing the level of stigmatization and discrimination of PLWHA within companies

BCC objectives

- Sensitizing employees on the importance of dialogue on sexuality within a company or in the family
- Increasing the level of the risk perception for HIV and other STIs
- Increasing the level of knowledge on STIs and their connection with HIV
- Increasing the comprehension level of the importance of the proper and constant use of the condom in extra marriage sexual intercourses
- Increasing the comprehension level of the importance of blood test
- Increasing the comprehension level of the importance of getting his/her spouse know one's status after the medical consultation for STIs
- Increasing the percentage of employees/employers who claim having remained faithful
- Increasing employers' level of comprehension of the benefits of integrating HIV/AIDS prevention programs within their companies
- Increasing the comprehension level of employers on the benefits of integrating PLWHA Support within their companies.

Messages and approaches

Message:

Senior staff, don't use the position held in the company to sexually abuse your subordinates. Thus you will have avoided to get exposed to HIV/AIDS infection.

Approach:

The benefits of adopting a proper behavior should be shown as giving a good example to colleagues and subordinates; Not only one is protecting himself against the risk of getting infected by HIV/AIDS but also one's dignity and respect is safeguarded as a senior staff member.

Message:

Do not let yourself get intimidated by your superiors or colleagues and refuse their sexual attracting means since they bring you the risk of getting HIV infection.

Approaches:

a) Focus on the fact that having sexual intercourse with your superiors and colleagues does not only expose you to the risk of getting infected but also it makes you lose your respect.
b) Compare the benefits proposed to the employee by his superior with the risks of getting infected and other family problems related to sexual intercourses between the employee and his superior.
c) Focus on the fact that the legislation protects the employee from sexual abuse.

Message (for employers):

Bear in mind that by providing prevention services and support to your employees, you protect yourself, and protect the interests of your company.

Approach:

a) Show that human resources are considered to be the most important factors for the development of a company
b) Underline the advantage of keeping trained, experienced and productive employees by protecting them from getting infected by HIV or by providing them with support if they are infected.

Message:

Employees and employers, remain faithful to you partners. It is the only effective way to protect yourselves from HIV/AIDS/STIs.

Approach:

a) It is reminded that the marriage is considered to be a sacred act between a husband and a wife, trust consecrated by the marriage sacrament, legally coned by the state, and recognized by the society as a basic cultural component.
b) Focusing on the fact that if you expose yourself to HIV infection, you are putting also your partner in danger as well as all your family including your future children who could be born infected.
c) For employees and employers, members of a certain religion, it is also reminded that fidelity follows religious precepts, an important characteristic of marriage solidity, an expression of virtues of honesty and the respect for others.

Message:

If you have got extra marriage sexual partners, try to discuss it with your spouse in order to facilitate the acceptation of condom use and HIV test.

Approaches:

a) Focus on the importance of open discussions within the couple and underline that thanks to those discussions, the husband and the wife could be able to fulfill their respective responsibilities as a good father or responsible wife, a mother and the «heart» of the family. The couple could thus ensure protection of the children to be born
b) Focus on the fact that, even if sincere discussions on sexuality are difficult to hold even are taboo subjects in our culture, AIDS is real, and the death that it brings should lead us to change our behavior.

c) Underline the fact that an infected wife could give HIV infection to the child to be born. Likewise, the fact that a husband is infected by HIV could explain also the transmission of HIV infection to the child.

Message:

If you have got extra marriage sexual partners, try to use the condom for each sexual intercourse with your spouse as long as you have not passed yet HIV or other STIs test. Thus, you will have protected yourself, your partner and your future children from getting contaminated by HIV/AIDS.

Approaches:

a) Try to remind the importance and the value of faithfulness within a couple and the sacred nature of the marriage.
b) Try to indicate that it is not easy to conduct discussions about the condom within a couple, but it is even more difficult to explain or to accept the contamination of a partner.

Message:

Try to use the condom for each extra marriage sexual intercourse. Thus, you will have increased the chance of avoiding getting infected, infecting your partner or your future children.

Approach:

Explain first, that some jobs always expose to sexual enticement (in bars, hotels, night shifts, etc.), and that one should carry the condom for precaution measures.

Message:

If you have got extra marriage sexual partners, try to undergo the test together with your spouse. If you get a positive result, you will have to change your behaviors in order to stop the progress of the virus, thanks to appropriate measures for protecting yourself and your partner. If you have a negative result, you have also to change your behaviors by remaining faithful to your partner.

Approaches:

a) Focus on the importance of getting tested for HIV as the only way to determine your serologic status.
b) Explain that the result from one partner is not enough and his result is not necessarily the same for the other.

Message (for men):

Signs of STIs for men appear very quickly. If you think you have got STI, try to go with your spouse in a health center for test and treatment; but also get HIV test.

Approaches:

a) Underline that a direct treatment not only heals your disease, but also it reduces the possibility of getting infected by HIV.
b) Focus on the fact that STIs are directly linked with HIV transmission.
c) Focus on the fact that signs and symptoms of STIs appear much earlier for the man and that, as a responsible father, caring for the health of his wife and family, he should inform her about his status and invite her to go together to a health center for an appropriate treatment.

Programs

Model programs herein proposed for the companies are drawn from experience which succeeded elsewhere. Programs succeeded mainly because of a firm commitment of employers to support the interventions hereafter:

- Prevention programs
- Sensitization programs during working hours which include group discussions, distribution of printed material and integration of the other family members of employees (spouse and children)
- Programs of condom distribution in companies
- Programs of VCT consisting of HIV testing and STI treatment
- Programs of PLWHA (employees) care, governed by a clear and fair policy
- Advocacy programs at the level of companies' federation for the integration of an HIV/AIDS program in their activities and for their capacity development.

Indicators

a) Proportion of employees who declare to have reduced the number of partners
b) Proportion of employees who admit to have decreased their frequentation of prostitutes and procuresses.
c) Proportion of employees who explains this behavior change by moral, ethical, or social reasons.
d) Proportion of employees who declare to have said "no" to sexual proposals from their superiors or colleagues
e) Proportion of male employees who acknowledge to have respected their female partner's "no" upon a sexual proposal.
f) Proportion of employees who understand significant aspects of HIV/AIDS/STI (for example modes of transmission, epidemiology, etc.)
g) Proportion of employees who have undergone an HIV/AIDS voluntary test (VCT)
h) Proportion of companies having integrated programs of HIV/AIDS prevention and care.

XII. REFUGIES

This target group is often characterized by promiscuity, idleness and even despair which can easily lead to unprotected sexual intercourses, even because of unavailability or non use of condoms. Refugees include all categories of age and their behaviors are the same as those of the other priority target groups.

Existing attitudes, knowledge and behaviors

- Persistent illegal marriages
- Cultural practices exposing to HIV/AIDS infection (gucyura, kwinjira)
- Marriage of minors of age and frequent separations
- Marriage without prior HIV/AIDS voluntary testing
- Polygamy
- Frequent non desired pregnancies
- Widowers / widows having sexual intercourses among themselves and with young refugees
- Condoms are distributed but not used
- There is no communication on sexuality, no information sharing on some diseases like STI in refugee camps.
- In the case of STIs, refugees are not correctly treated.
- Non use of VCT services
- Problem of stigmatization and discrimination towards PLWHA and even towards people who want to be tested.

Causing Factors

- Promiscuity in refugee camps. In some cases, houses are very narrow and children live in their own houses/tents where there is no parental control
- People live in idleness
- Poverty and ignorance are special factors exposing to sexual intercourses
- Few or lack of sensitization on the fight against HIV/AIDS
- A lot of rumors around the condom (the condom can slip during a sexual intercourse, etc.)
- Fear for stigmatization or lack of financial means (for going to VCT)
- Shame to go publicly for STI medical care at a doctor's.
- Few/lack of VCT services.

Desired attitudes, knowledge and behaviors

- Fidelity among spouses
- Open, honest, and frank dialogue between spouses
- Denial of cultural practices exposing to HIV/AIDS infection risk.
- Use of a condom between sexual partners or spouses in case of HIV positivity or exposure to the risk of infection.

- Use of a condom for any sexual intercourse out of marriage
- Monogamy
- Abstinence for young refugees
- Correct testing and treatment of STIs
- Use of VCT services
- Avoid rejection, stigmatization and discrimination of PLWHA

BCC Objectives

- To increase the knowledge level on HIV/AIDS/STI
- To increase knowledge of the danger of multiple sexual partners
- To increase knowledge of the condom, its use, its role in HIV/AIDS/STI protection, its place in a broader context of prevention (in addition to abstinence and faithfulness), and to create a favorable attitude.
- To increase knowledge of VCT and its use
- To reduce stigmatization and the discrimination of PLWHA in camps
- To increase knowledge of STI symptoms and the proportion of refugees who look for appropriate health treatment.
- To increase the level of abstinence among young refugees
- To increase the proportion of men/women committed to remain faithful to their spouses.

Messages and approaches

Message:
In spite of exposition to promiscuity, take your responsibilities towards your children to reduce their risk of HIV/AIDS/STI infection.

Approaches:

- To recall that there is no end to parents' responsibilities, regardless of the circumstances.
- To invite parents to take part in the choice of their children's friends and to control their activities.

Message:

Discuss with your children on sexuality and HIV.

Approach:

- Especially stress the fact that information given by peers will be often false, if the latter are young with little experience. Also you would never like to entrust sexual education of your children to adults who want evil to them.

Message:
Practice abstinence, remain faithful to your spouse or use a condom to protect yourself from HIV/AIDS.

Approach:

- To insist on the fact that there is a very high risk of contracting HIV/AIDS in refugee camps and that for this reason it is necessary to use all possible means to protect oneself.

Message:

Look for appropriate treatment for any STI case to avoid serious complications for your health and that of your family.

Approach:

- Remind that, as soon as one notices a possible STI symptom, it is necessary to go for testing and treatment at a doctor's because, more one waits, more one is exposed particularly to sterility. Insist on the fact that non treated STI facilitates HIV/AIDS transmission.

Message:

Although VCT services are not very accessible, make your best to be tested to know your serologic status and to use comprehensive care services.

Approaches:

- Insist on the duty to know one's status and to adopt suitable measures.
- Remind that ARVs and other HIV/AIDS care services are available for HIV positive people.

Programs:

There is very little written documentation on the programs targeting refugees, but in short:

- If refugees are placed in temporary camps where the population is transitory, the best programs are those which underline condom use for any sexual intercourse.

- Recommended programs:
  - Peer Education among youth and adults
  - To avail condoms in a greater number of places
  - Mass communication using audio-visual media
  - Nutritional follow-up for PMTCT and ARV cases
  - Promotion of VCT in refugee camps
  - Programs of comprehensive care of PLWHA in refugee camps

- Programs for refugees who live in communities (who do not live camps) are not different from those intended for the other populations.

Indicators

- Proportion of refugees affirming to have remained faithful to their spouses
- Proportion of young refugees confirming to practice abstinence
- Proportion of refugees confirming to be able to correctly use the condom

- Proportion of refugees parents confirming to have had discussions with their children on sexuality
- Proportion of refugees saying to have decreased the number of partners compared to that of before education sessions.
- Proportion of refugees having used VCT services
- Proportion of refugees having used STI care services.
- Reduced number of cases of stigmatization of PLWHA in refugee camps
- Number of meetings of peer sensitization (children and parents).

XIII. HEALTH CARE PROVIDERS

Health service personnel are concerned with programmes targeting priorty groups, not because they are likely to expose themselves to HIV/AIDS through sexual intercourse, but because hey are permanently in contact with infected people that may eventually constitute a source of infection to HIV/AIDS.

Existing attitudes, knowledge and behaviours

- At hospital level, gloves are regularly used in maternity, operating theaters and mortuary services.
- However, although gloves are also available in laboratories, they are only used for blood test
- As for low risk services such as vaccination, gloves are available but their use is neglected (personnel's choice).
- Gloves, especially in laboratories, are washed and reused.
- The use of gloves in peripheral health centers is not regular.
- The use of protecting glasses is almost inexistant in all health facilities.
- In all health facilities, syringes that cannot be separated from needles are available everywhere, mostly for vaccination. But also we can find there syringes that can be dismantled, i.e. syringes and needles can be separated and used several times. Tubes used in blood taking can also be separated from needles and both can be cleaned and reused.
- Security boxes can be found in high risk services like maternity, oeration theatres and laboratories; they are used but not so regularly. Besides, they are quickly filled but are not replaced immediately.
- Due to the fact that security boxes are not used correctly, used needles and syringes are often scattered everywhere, constituting a big danger for cleaners.
- The habit of always washing hands after each contact with body fluids is not always respected.
- Health care personnel at all levels neglect the risk of accidental contamination and do not know what measures to take in case of accident.
- Most deliveries take place at home with the assistance of traditional birth attendants but they take no precaution to protect themselves against HIV.

Causing factors.

- Universal precaution equipment (gloves, glasses, security boxes, incinerators, etc.) exists, mostly in high risk services but their supply is not always regular or sufficient. There are frequent stock shortages, and those equipments are insufficient in peripheral health facilities.
- Even when the equipments are there, they are rarely used according to instructions and protocols, due to the lack of training and information, or the lack of personal risk awareness.

- There is no protocol concerning prevention of accidental contamination or procedures to be followed in case of accidents.
- Traditional birth attendants work outside the official health system and, although they asked for training for self protection, resources are not enough to address their needs.

Desired attitudes, knowledge and behaviors

- Avoid any unprotected contact with body fluids (i.e. without gloves)
- Avoid pricking oneself with needles during blood sampling or any other intervention using cutting objects.
- Seeking treatment immediately in case of accidental prick.
- Never reusing gloves, syringes, tubes and needles in blood testing.
- Traditional birth attendants must follow training on HIV/AIDS and on self protection, and they should get required equipments.
- Develop, adopt and distribute security protocols, ensure regular availability of universal precaution equipments.

Behavior Change Communication Objectives

- Increase knowledge of health care personnel about the transmission of HIV/AIDS and other similar infections, especially in health facilities.
- Increase knowledge of health care personnel about prevention means and their adequate use.
- Increase the proportion of traditional birth attendants who understand the importance of protecting oneself and who use security equipments against HIV infection.
- Increase the proportion of cleaners who take precautions while handling contaminated objects.

Messages and approaches

Message:

Protect yourself and protect your clients. Use universal precautions to avoid HIV infection.

Approach:
Remind that health care personnel is at high risk of HIV/AIDS/STI infection, due to their frequent contact with body fluids and contaminated objects, and that they must use universal methods and equipments to protect themselves and their clients.

Message:

Take precautions to avoid accidental infection.

Approach:
Remind that, even when there are protection equipments, there is always a risk of infection if one does not pay attention to accidental pricking and cutting objects.

Message:

If you have pricked yourself, go immediately to the clinic for prevention treatment against HIV.

Approach:
The risk of HIV infection due to a single prick is very little but not insignificant, especially since you work in a health facility where the prevalence of HIV is often high compared to the general population.

Message:

Ensure the availability of protection equipments in the service under your responsibility.

Approach:
Insist on the security of stock for protection equipment at every level of hierarchy.

Program

A national program should comprise the following elements:

a) *Developing protocols* concerning the adoption of universal precautions, protection against accidental infections, and procedures to follow in case of contamination.
b) *Popularization of those protocols* and training health care personnel for implementing them.
c) *Assessment of needs* in prevention/protection within health facilities, i.e. availability of protection materials and capacity to use them (present knowledge, attitudes, and behavior of health care personnel)
d) *Prioritization of needs* by each type of facility: hospitals, health centers, community centers, etc.
e) *Prioritization of needs* by each type of service: laboratory, mortuary, operation theater, maternity, etc.
f) *Supply program* for prevention material.
g) *Training and technical support program* for all HIV exposed personnel.
h) Follow up program.

Indicators

- A reduced number of accidents, accidental pricking and contacts with body fluids.
- Proportion of health personnel using correctly available means of protection and universal precautions (for instance gloves, glasses, boxes for dangerous refuse, etc.)
- Proportion of personnel getting treated immediately in case of accidental pricking.
- Proportion of traditional birth attendants participating in training programs and taking appropriate precautions (considering economic constraints) during delivery.
- Protection protocols developed, popularized at all levels
- Number of stock shortage reduced in health facilities.

XIV. CHILDREN AT RISK

There are several categories of vulnerable children, mostly orphans, children in adoptive families, heads of households and street children. The first two are endangered because of behaviors of certain adoptive parents who, in principle, have the responsibility to take care of those children. Those children are mistreated or forced into prostitution. Children heading households are very exposed to sexual intercourses due to unfavorable socioeconomic conditions in which they live.
However, street children are in danger especially due to their own behaviors. But they are sometimes raped by individuals with improper behaviors. For those children in difficult situation, their behaviors are often influenced by those of secondary target groups (adoptive parents, teachers, animators, etc.)

Existing attitudes, knowledge and behaviors.

Sexual intercourses

- Prostitution (which exposes them to HIV/AIDS/STIs)
- Rape by people with improper behaviors who attack children in a difficult situation.
- Early sexual activities, mostly unprotected.
- Homosexuality.

Condom use

Little use of condoms.

Use of services

- Non use VCT.
- Self-medication (fear of treatment in case of STI)
- Infected children heads of households do not want to be treated (fear to discourage children under their responsibility)

Causing factors

- The 1994 genocide that left behind a lot of orphans and unaccompanied children.
- Slackening of traditional mores that puts those children in a difficult situation where they are exploited by those who are supposed to protect them.
- Ignorance of those children in matters of HIV/AIDS/STI and care/treatment programs for PLWHA.
- Living conditions which are extremely difficult (poverty, lack of shelter, food and health care)
- Insufficient programs targeting this group.
- Children at high risk are not sufficiently informed on the HIV/AIDS.
- Certain women sell young girls as prostitutes.
- Drugs put them in immediate danger and affect their judgment capacity.
- Promiscuity exposes them to multiple sex partners.

- Stigmatization and discrimination towards infected children in difficult situation (like other HIV/AIDS infected or affected persons)
- Fear that younger brothers/sisters will know his/her status (HIV+) and get hopeless (for child headed households)
- Dropping out of school for some children.
- Poverty
- Going to high risk pornographic films are shown.
- Depression and mental trauma
- Rumors about sexuality.
- Lack of training in HIH/AIDS for mentors of children in hard situation.

Desired attitudes, knowledge and behaviors.

- Abstinence
- Leaving prostitution
- Avoiding drug consumption
- Protected sexual intercourses (use of condom)
- Early testing and treatment of STIs.
- For mentors: adopting parental behaviors that protect children in hard situation against HIV.

Behavior Change Communication objectives

- Increase the percentage of children in hard situation claiming to have adopted abstinence.
- Increase the percentage of children in hard situation admitting to have abandoned practices, like prostitution and drug consumption that expose them to HIV infection.
- Increase the percentage of children in hard situation having basic knowledge on HIV/AIDS.
- Increase awareness of the importance of using correctly and constantly a condom on each sexual intercourse.
- Increase the number of child mentors and educators with parental behaviors and who protect children against HIV infection.
- Increase the percentage of children knowing and visiting organizations that provide social and health services.
- Increase the percentage of "parents" understanding their family responsibilities.
- Reduce cases of sexual abuse of orphans and adoptive children.

Messages and approaches

1. For children in hard situation:

Message:
Abstain from sex or use a condom for each sexual intercourse. Except for abstinence, the condom is the only efficient means of protection against HIV.

Approaches:

- Show that abstinence is the most secure method for youth to protect themselves against HIV/AIDS/STIS.
- Stress the importance of condom use in every sexual intercourse, for prevention HIV infection.

Message:

If you avoid drug and alcohol consumption, you will increase your self-control capacity, and thus you will be able to avoid sexual activities that expose you to HIV infection.

Approaches:

a) Stress the relationship between drug/alcohol consumption and the risk of contracting HIV for youth.
b) Show consequences of drug and alcohol consumption for youth, at the physical, mental and social health.
c) Insist on the loss of social value, intellectual and professional capacities for those who become drug addicts.

Message:

If you notice that your adoptive parent or anybody wants to lure you to sexual intercourses, report it to the nearest defenders of your rights, they will help you.

Approaches:

a) Insist on the fact that there are national and international laws which are clear on child protection.
b) Stress that they must seek help from competent authorities when they have been victims of sexual violence.
c) Emphasize that in Rwanda sexual abuse is a crime worth a death sentence.

Message:

You have enough strength to work and satisfy your daily needs without waiting for assistance from those who ask for sex in return. Thus you will protect yourself against HIV.

Approaches:

a) Show the benefits of saying categorically NON to sex enticements regardless of gifts or any kind of service that the partner is offering.
b) Indicate that there are social organizations that assist children in hard situation by creating small scale income generating activities for them.
c) Show that it is possible to find small remunerated jobs with which a young person can satisfy daily needs.
d) Insist on that hard living conditions should never be a reason for venturing in sexual intercourses, which constitute a high HIV risk factor.

2. For adoptive parents:

Message:

Treat your adoptive child like your own; protect him/her against risk situations that could push him/her to sexual intercourses. Thus you will be satisfied for having protected him/her against HIV/AIDS by your good education.

Approaches:

a) Remind them of laws protecting children in general and those for adoptive children in particular.
b) Emphasize moral and social responsibility of parents for the education of their adoptive children.
c) Insist on moral satisfaction, self esteem, familial and social consideration of a parent who ensures good education for her/his adoptive child until the latter reaches adulthood or even marriage.

Programs

- Interventions directly targeting vulnerable children where they live or where they are spending time have succeeded to motivate their participation in more structured programs such as those concerning prevention of drug consumption.
- Educational programs which are adapted to children at risk (since the latter listen to and trust those who understand their conditions).
- Programs that are varied and centered on specific problems of children at risk like street children, drug addicts, etc.
- IEC/BCC programs in the area of HIV/AIDS targeting the young heads of households, the youth in camps and their educators.
- VCT programs accessible for OVCs in educational camps.

Indicators

- Number of street children having adopted adequate practices to protect themselves against HIV/AIDS/STI, including direct measures like condom use, and indirect measures like stopping drug and alcohol abuse.
- Number of street children having asked for social and health services.
- Number of orphans having asked for social and legal services.

Second part

IMPLEMENTATION OF BCC PROGRAMS

I. INTRODUCTION

This chapter is developed to support people in charge of BCC programs and managers of private and public organizations, in finalizing the development and implementation of programs which are recommended in previous chapters of this document. This chapter will present specific guidelines concerning the following elements:

- How to assess needs for further research on specific target audiences and how to carry that research if needed.
- How to pretest strategies and approaches of specific messages presented in this document. Those approaches are a result of deliberations of target audiences; they reflect successful communication strategies applied in different places all over the world. Nevertheless, they were not tested in Rwanda, and that is required.
- How to finalize, implement, manage, follow up and evaluate those programs.

The chapter is divided into the following sections according to target audiences:

II. SCHOOL EDUCATION

Steps to be followed for implementing education programs in schools, whether primary, secondary or post-secondary, are fundamentally the same and then will be developed in the same section. But whenever a specific step cannot be applied to one or more education levels, or whenever further steps must be added, that will be specified.

1. Assessment of needs for further research on the target audience.

No additional information is required about primary school pupils, as most of the communication meant for them will be delivered through formal educational schemes.

For the age group of 15 to 25 (secondary and post-secondary students), there is enough information on their knowledge, attitudes and practices, due to KAP studies that were conducted on that group.

2. Pretest of messages and communication approaches.

There are a good number of international modules on HIV/AIDS/STI teaching in primary, secondary and post-secondary schools. The central principles, approaches and messages have been presented in previous chapters. However, those principles, approaches and messages will have to be pre-tested in the field, in order to determine their relevance to the local real situation of school education in Rwanda. They should also reflect with scrutiny social and cultural aspects, language, local teaching methods, preferences, background and perspectives

It is then recommended to conduct two studies in order to determine the relevance of proposed messages and approaches, as well as their acceptability for teachers who will present them to students.

It would be convenient that the first study, conducted among teachers (primary, secondary and post-secondary), be realized before the development of educational programs and be designed in a way that can help to determine whether those teachers agree with established communication objectives, whether they find those messages important and relevant, and whether the IEC materials are considered relevant and interesting for students.

It would be appropriate that those studies be simple, direct, qualitative and conducted in a systematic way. When teachers are identified in a given school or group of schools, it would be necessary to gather them and give them a brief questionnaire with a series of questions reflecting the C*ommunication objectives and messages* proposed in this guide.

When the questionnaire is filled (questions answered), a facilitator of the discussion group, trained to that effect, will animate group debates on the results of the questionnaire, in order to better and deeply understand collective convictions, attitudes, knowledge and perspectives.

Pretest of produced educational materials:
The pretest of approaches and messages for secondary school students is important, both for the formal in-school education and the peer-education programs in secondary and post-secondary schools. A number of messages proposed for the students, namely those[23] based on faithfulness, respect of moral principles and ethical role of a human being in society, are relatively new in the area of BCC on HIV/AIDS in Rwanda (and elsewhere). It is then important to examine how students respond and react to them. Other additional important messages, namely the right for girls to say "no" to sexual proposals and the boys' duty to respect that right, are evident and clear for persons in charge of BCC but may not be so for the target group. It is also important to add that girls may feel powerless to resist to male proposals and consider the message as useless.

Therefore, before initiating any formal or peer-education program, it would be appropriate that those in charge of the program start with a pretest of selected messages and approaches. That pretest would be done as follows:

- Selection of two groups of eight students from each school where the intra-school and peer-education program will be implemented.
- Preparation of a brief questionnaire (not progressive but comprising some conditional questions) on the message to be transmitted (cfr. **Messages** in the section concerning secondary and post secondary students)
- Development of a group discussion methodology, according to which the facilitator encourages group debate on answers provided by the questionnaire.
- Analysis of all the results of questionnaires and group discussions for consequent modification of messages and approaches.

3. Final program design and management

a. Programs designed for PRIMARY SCHOOLS are supposed to comprise the following elements:

- In-class teaching
- Parental education and training.

Steps to be followed to finalize the development of the programs and to launch them in primary schools re the following:

- Analysis and evaluation of existing programs designed to prepare youth in prevention of HIV/AIDS/STI, in the instance of programs developed to that effect, based on behavioral and communication objectives presented in the above chapters.
- Development of a project based on existing interventions, i.e. aiming at reinforcing, scaling up or replacing them with new programs.
- Identification of funds sources. So far, thanks to a loan of the World Bank, the Government has financed a program of HIV/AIDS education for primary schools. It would be necessary to determine whether those funds are sufficient.

[23] Further studies and pre-test concerning primary school students are certainly important in the ideal situation, but they are considered too problematic from the methodological point of view and less likely to provide reliable or valid results.

- Request for approval and support from the Ministry of Education and the District Education Department for interventions of education in primary schools. To that effect, a proposal will be submitted to them, comprising the following elements: objectives, schools to be reached, sample of the planned study, sample and methodology of the training, duration, indicators, etc.
- Creation of a task force group for the program development, made of representatives of the Ministry of Education, District Education departments, NGOs, FBOs, etc. That group will be responsible for finalizing the development of study programs, training documents, etc.
- District level and collective debates (meetings including school managers, teachers, parents, etc.), concerning the same elements provided to education officials (see chapters above). The aim of those meetings is to obtain approval and agreement of all concerned parties.
- Final selection of classes to include in the program. Some programs will prefer to focus on younger students and on basic elements of social behavior underlying their future reproductive health. Others will prefer to focus on elder students to whom they can give direct information about HIV/AIDS/STI.
- Preparation of lesson plan for selected classes. As indicated above, the aim of those programs is not to change existing education programs, but to find means of integrating new elements.
- Preparation of a course module and a teaching guide based on the latter.
- Pretest of the module and the guide.
- Development and implementation of a training course meant for teachers.
- Development and implementation of an education and training program for parents. That program could include: a) regular meetings of parents and teachers, at school, for discussing the progress of new educational programs, collect observations, comments and suggestions, b) Information documents sent to all parents of students participating in the program, about HIV/AIDS/STI, the role of the school and that of parents.
- Identification of technical officials of the program, either collaborators of the implementing organization or the District Education department, who will be in charge of monitoring the training, ensuring technical advice and support to teachers and reporting to school and implementing organization's officials.
- Development of evaluation plan based on indicators presented in this guide, namely before and after the implementation (questionnaire and individual interviews) in order to determine at which extent indicators have been achieved.

b. The programs for SECONDARY and POST-SECODARY SCHOOLS are susceptible of including the following elements:

- In-class teaching
- Parental education and training
- Peer-education

The required steps for the development and implementation of in-class education project for secondary schools are exactly the same as those intended for primary schools mentioned above.

The following are steps required for designing and implementing peer-education programs in secondary schools:

- Analysis of national and international models that seem to be more appropriate and more relevant for your specific needs. There are a lot of excellent examples of peer-education programs implemented in FBO schools, based on moral, ethical, social and religious values, emphasizing faithfulness, abstinence, the role of teenagers in the family and the society, and the religious context in which reproduction and the sexual activity take place. There are also programs encouraging a broader debate on sexuality, sexual intercourses, affective reactions and specific means of protection in addition to other more fundamental topics.

- Development of a peer-education program based on those models but adapted to sociocultural norms of the country. That development will not require active participation of the Ministry of Education or the District Education Department, although their approval will be needed. It would be convenient to form a task force composed of professionals of the public sector and NGOs, in order to ensure the use of a broader experience in developing local programs. The basic elements of the program will be : a) Establishment of a program guide, namely consisting of all topics that will be debated, group dynamics, programming and synchronization, etc. b) Development pf a training manual for peer-educators, c) Development of a monitoring, follow up and and evaluation system.

- Organization of a municipal meeting in which parents, teachers and community leaders are invited to discuss, make comments and suggestions on the proposed program.

- Within the schools selected for peer-education programs[24], selection of peer-educators. Qualifications of those students are rarely different. They should be group leaders, respected by peers, intelligent, disposed to listen to advices and follow recommendations, flexible and not willing to reflect only their personal opinions and ideas, sociable (and not introverted) so as to establish the best relations with their peers.

- Pretest of all messages and communication approaches proposed above.

- Development of education and training program for parents (this is not applicable for university programs). That program could comprise the following: a) regular meetings of parents and teachers within a school in order to debate on progress achieved by new education programs, stimulate comments and suggestions, b) information documents on HIV/AIDS/STI, the role of the school and that of parents, sent to all parents of students participating in the program.

[24] It is always more efficient to select a certain number of schools, whatever the program you have. The charges of training documents development, training itself, technical support, supervision, etc., are thus distributed in a bigger population.

- Develppement of monitoring and evaluation program, including technical assistance, evaluation of performance at a regular basis, and evaluation of the program impact before and after its implementation.

- Selection of teachers for the follow up: they will be in charge of monitoring and supporting peer-education programs implemented in the school. It is advisable that those teachers are appreciated by their students, that they do not make judgements, (It is preferable that peer-education be based on that model, namely with a group of young peers who are not dominated by adult symbols of authority)

- Implementation of all elements of the program.

- Evaluation of the program.

III. OUT-OF-SCHOOL EDUCATION

1. Research on the target population, pretest of messages and communication approaches.

The BSS for youth provides in-depth analysis of the age group comprising the majority of out-of –school youth, including their age, sex and religion, but it presents data without making distinction between rural and urban youth. In addition, participants in the National Workshop for the Identification of Messages and Programs (April 2005) shared their views and agreed on behaviours caracterizing their peers. Youth in urban area are more likely to frequent pubs, clubs and other places where they are exposed to sexuals temptations and risks. They are generally more educated, with a bigger percentage of youth having finished secondary school (than those from the rural area)[25]. In addition, they are more exposed to advertisement, television, films and music whose majority carries sexual implicit or explicit themes.

Although we can learn about those habits and factors based on the BSS and the National Workshop, it is recommended to collect additional information. It would be convenient to do so using the methodology of pre-test[26], by which specific proposed messages and approaches (cfr. Messages for out-of-school youth, listed above) are presented to typical members of the target group in order to stimulate their reactions and then correct the messages and approches:

- Select at least two groups each composed by 8 young people from the target population (e.g. urban youth, rural youth, etc.)
- Prepare a brief questionnaire (oriented but including some conditional questions) concerning messages to be transmitted (cfr. *Messages*, in the above section « Out-of School Youth »)
- Develop a methodology for group discussion, according to which the facilitator encourages collective on answers provided in the questionnaire.
- Analyse the results of the questionnaire and the discussion in order to modify messages and approaches accordingly.

2. Development, implementation, management and evaluation of the final program.

There are literally, in public and private sectors, hundreds of different programs for out-of-school youth. On the one hand, there are religious instructions given to the youth through their churches. Those instructions are given in the form of sermons, youth groups, catechism or other religious teaching. On the other hands, we can find programs intended for the youth who frequent pubs, dancing clubs and other leisure places, where condoms, printed documents and other advertising materials are distributed. Between those two examples, there is a big range of interpersonal, collective and media interventions. The present section cannot be exhaustive on the implementation of each of those programs, but it emphasizes typical programs which are most common.

[25] I twas observed earlier that secondary school students constitute a population at higher risk than their rural peers.
[26] KAP studies are reliable only when they are realized on a big sample, developed according to recognized models (e.g. DHS) and carried out by experienced and qualified researchers. Those studies, even when they fulfill requirements, are expensive.

Parish based programs

- *Selection of message and approach:* It would be advised that each religious organization choose messages and communication approaches that best suits its principles and precepts.

- *Program design::*

    - *Weekly sermons:* it is recommended that each church develops an annual program that integrates messages and approaches in regular Sunday sermons or/and on other occasions. As thoses sermons are preached to the whole parish community, including youth and their parents, it is recommended that messages be developed in a way to interest both of those categories of parish members. Themes of social and moral responsibilities, ethical values, namely the role of each individual in the family and in the society, will be particularly suitable for both groups.
    - *Programs for youth:* it is recommended that each church identifies programs for youth where they can introduce new themes, and determines the best way to do it. Peer-education is the most used and most successful formula for youth groups.

- *Identify sources of financing* to support the programs. PEPFAR funds are particularly relevant, because 30% of those funds must go exclusively to the promotion of faithfulness and abstinence, an approach that is common to most churches in Rwanda.
- *Follow the guidelines* presented above concerning the development, implementation and coordination of peer-education programs in schools, adapting them to specific religious contexts (e.g. the supervisors will be members of the clergy, priests, etc., instead of teachers)
- *Determine* which printed or audio-visual materials will support those programs. Persons in charge of the FBO program will review all materials and documents in the country in order to determine which are relevant and useful for their objectives, to adapt and reproduce them.
- *Create a BCC committee* representing parents, teachers, youth, BCC professionals, community leaders, etc., in order to support the design and implementation of programs developed by the church.

Programs for rural youth organizations

There are several organizations of active youth in the country. Of course a good number is in the urban area, but they are more and more active in the rural area where the majority of the population lives and where simultaneous leisure activities for youth are fewer. The most important network, “Youth Council”, composed of nearly public organizations, operates at all national administrative levels and offers a good range of services for youth, including professional training, business creation, civil services and, nowadays, services against HIV/AIDS. A lot of churches have got youth organizations, belonging either to the Catholic Youth Organization or independent organizations. The organizations of youth were also created under the patronage of the National University of Rwanda. International and national NGOs have also created, in the context of their programs in the area of Reproductive Health, youth

organizations in which information on HIV/AIDS is provided and discussed, as well as peer-education programs, etc.

Steps of implementation of the BCC program on HIV/AIDS within youth organizations, either new or revised, are simple:

- It is recommended that the Youth Council realize an evaluation of its BCC programs on HIV/AIDS and determine present needs, in terms of coverage (for example the percentage of youth groups with HIV/AIDS/STI interventions), quality (exhaustiveness and relevance of thematic content, training, documents, etc.) and management (adequacy of management, supervision, reporting and follow up)
- It is recommended that the Youth Council convenes a national workshop including all its provincial and district representatives selected for debating those needs and deciding a plan of action.
- It would be advisable that the National Youth Council office realize a final plan of action, have it examined and ratified by its provincial and district level members.
- It is recommended to establish a contest where all district offices of the Youth Council submit financing proposals (through the National Council, CNLS and donors)

The programs for the Youth Council could include:

  - *Peer-education programs (*detailed in this document). The Youth Council educators would train their colleagues, members of the Council, or would offer a social intervention for the whole community.
  - *Activism : It would be* proper that the Council branches develop social action and activism programs, based on the youth's natural propension to realize positive change in the world

- Once the finacancing is obtained, the district Council branch will finalize the program, train partners and volunteers if necessary, produce print documents and other required materials, and will ensure the implementation.
- The other programs for identified youth (for exemple those carried out by a local NGO in a given district) according to the same global procedures: conducting the assessment of existing activities and determining new elements to be eventually included in the program and how to do it, elaborating financial proposals to be submitted to the CNLS for transmission to donors, realizing preliminary technical activities (training and printing information documents), developing a monitoring and evaluation plan, and implementation.

Community shows in rural areas.

Community shows for the rural population constitute popular entertainment and possess a potential for transmitting information on HIV/AIDS. Those commuity shows can be designed for youth, but also will be nice exhibitions for elder citizens. Those shows may include the following:

- *Concerts, drama and other exhibitions.*
- *Sports activities*
- *Special shows coinciding with religious feasts, civil national holidays, and special days (Mothers day, Fathers day, etc.).*

Those shows could be organized at the district or lower level, and their planning would be done accordingly. Ideally, the planning would be done through the decentralized planning system proposed in the National HIV/AIDS Prevention Plan (November 2004) in order to increase multisectoral support and financing possibilities. Steps would be the following:

- Identification and development of the community show. The most interesting shows for youth are musical, dancing and sports ones. The least expensive are sports events, namely matches between local teams. Concerts of local musicians are also cheap and easy to organize. The key element of those events remains the diffusion of relevant information on HIV/AIDS/STI prevention. The event itself is an attraction. The local community will elaborate, with support of NGOs, advertisement materials (for example banners carrying relevant and clear messages). It will also ensure that singers and musicians are communicating the messages to the concerned public, etc.
- Determing the costs
- Preparation of a mini project proposal for MAP (through decentralized branches of CNLS)
- Implementation and evaluation of the program (the evaluation will include: Number/frequencies of members, polls of client satisfaction, etc.).

Programs targeting pubs and youth clubs in urban areas

A number of international programs were based on promotion of safer sexual activities, in places where youth are exposed to sexual temptation and risks. Pubs and night clubs are places where the youth find partners for occasional sexual intercourses, where sexual relationships for money are established with hostesses, etc. In addition, even for clients who are not in search of sexual partners, night clubs and pubs are ideal places for the distribution of condoms (especially) and advertisement or fashion articles (t-shirts, key-holders, etc). Some countries chose fashionable night clubs for holding rap and dancing concerts, etc., « promoted by » an HIV/AIDS association.

Most of those programs encompass clients and hostesses, as well as peer-educators who, in fact, do not moderate organized groups, but go through clients for raising discussions, when they have occasions, on safer sexual relationships.

Most of those programs in urban area are promoted by private partners, usually international NGOs which have their own funds. Measures to be taken for developing and implementing those programs are the following:

- Develop a program: according to the examples above, a program could have the the following components:

- *Peer education*: Hostesses can be recruited to promote safe sex among their clients. That would be a component of a program aimed at reducing occasional sexual contacts between hostesses and their clients and also promoting the use of condoms. In programs developed for pubs and night clubs, there is no peer education as such, but prevention messages and important information transmitted by peer group members (hostesses trained to that effect) to their clients.
- *Distribution of print document:* It is a simple and efficient means of transmitting information to youth. However, regardless of their type, those documents must be suitable to the night club environment: the most appropriate are cartoons, leaflets, etc., written in a popular style, in jargons, etc.
- *Distribution of trade style advertisement materials:* for example, t-shirts, key-holders, etc. although their distribution itself is simple, their production is expensive unless it is done in bigger quantity. If an NGO acquires sufficient resources from a donor, it will be able to design and implement a comprehensive program, covering several pubs and night clubs at Kigali (or any other big town) where peer-education, print and advertisement materials will have more impact.

- Obtain funds
- Identify of night clubs and pubs where the program will be implemented.
- Obtain agreement of owners and managers of those places in order to carry out there specific activities.
- Identify of active roles for owners, managers and hostesses.
- Identify of voluntary peer-educators, known in the community and frequenting those places
- Train of all the personnel of the pubs and volunteers of the program.
- Obtain a sufficient number of condoms and advertisement/information documents.
- Establish a timetable for the program and a plan of monitoring and evaluation
- Implement, follow up, and provide a technical support and evaluate the program. It would be advisable that the evaluation include: concluding discutions with pub clients, individual or collective talk with hostesses and owners, etc.

IV. TRUCK AND TAXI DRIVERS

1. Research on the target population, pretest of messages and communication approaches.

There is a lot of information on knowledge, attitudes and practices of truck drivers, thanks to data provided by the BSS 2000. Although there is no quantified information about taxi drivers, one can reasonably extrapolate from target groups with similar occupations (truck drivers), similar age and area of residence (urban youth), same demographic characteristics (adults in couples), etc. (see above).

However, it is recommended that messages and communication approaches above be validated by surveys on the target group and then, when program documents are developed, they should be submitted to the target group for approval.

The methodology should be the same as the one presented above for in-school and out-of-school youth:

- A series of focus group discussions with truck and taxi drivers where recommended messages and communication approaches are presented to participants in order to collect their feedback that will allow improving those messages and approaches.
- Another group discussion will be organized when the documents, peer education guides, etc., have been developed. The discussion must probe the reaction of the target group concerning specific BCC products that will help to reach them and their peers.

2. Final program design and management

2.1. Programs intended for truck drivers can include the following components:

- Training of truck drivers on HIV/AIDS/STI, by means of information sessions, meetings etc., organized through haulage companies.
- Peer education programs, in which chosen are trained in HIV/AIDS/STI prevention and then train their peers.
- Peer education programs in which commercial sex workers become peer educators.
- Distribution of printed information documents
- Reinforcement and creation of services concerning HIV/AIDS/STI, in central places like international borders, truck transit, etc

To develop adequate programs, the following activities should be conducted:

- Identify all trading associations, international agencies, NGOs and public organizations intervening for truck drivers, and choose those which will be ideal partners for the implementation of the project. Thoses organizations will be central actors in programming any intervention intended for the target group.
- Develop a project proposal to be discussed with the target group and potential partners in order to agree on project objectives, activities, investments, extras, etc.
- Obtain the required funds for the implementation of those activities
- Realize small studies on truck drivers' life in transits, in order to determine their needs in the fight against HIV/AIDS. In that regard, it will be necessary to identify transit places

and the time they spend there, care and treatment services that are available or needed in those sites, what they do on each stop, their housing, etc. Those small studies would be completed by discussions with customs officials and border police agents, sex workers, hostesses, truck maintenance services and community.

Programs intended for truck drivers will include the following components:

- *Peer education:* truck drivers and sex workers can be recruited and trained in order to carry out peer education activities. Although we can certainly find committed and serious peer educators among the truck drivers community, it could be more preferable to consider the possibility of using a social marketing program, in which those educators can also sell condoms and other commercial products (cigarets, first-aid products, etc.) in order to encourage their participation. The prostitutes could be more likely to participate as peer educators when they have really understood the danger they are exposed to by unprotected sexual intercourses.
- *Broader services on HIV/AIDS/STI in road transits*: to date, there are several small businesses that provide service to truck drivers by boarders or main crossroads. They collectively respond to various needs of drivers: spare parts for trucks and repair, telephone, first-aid products, food and drinks. It is recommended that NGOs implement the programs and truck drivers identify commercial establishments and the way they can provide additional services related to HIV/AIDS/STI. One could solicit the participation of pubs, restaurants, etc., in the same way for the youth (cfr. Section on Out-of-school Youth) and hostesses (cfr. Section on Sex Workers and Hostesses).

- Develop and disseminate IEC/BCC materiasl: production and multiplication of the materials, distribution of print documents. The peer educators will be involved in the distribution of thoses materials.
- Develop a referal system for orienting clients towards health facilities for HIV/AIDS/STI diagnosis, care and treatment. In addition, truck drivers being a very mobile group, it would be better that affordable medical services are available in all stops.
- Develop appropriate methodologies for technical assistance, monitoring and evaluation.
- Implement and monitor the programs.

2.2. The programs intended for taxi drivers will certainly comprise the following elements:

- Distribution of condoms and information documents in pubs and other places frequented by taxi drivers in their zones of operation.
- Peer education for taxi drivers.

The following elements constitute specific measures to be taken by program managers in order to reach that audience:

- Identify all professional associations, international agencies, NGOs and public institutions interventing for taxi drivers, and choose those which will be ideal partners in the implementation of the project.
- Develop a project proposal to be discussed with the target group and potential partners in order to agree on project objectives, activities, investments, etc.
- Conduct studies on drivers' life in general in relation to their profession so as to determine their specific needs in the fight against HIV/AIDS. To that effect, it will be necessary to identify taxi parks and the average time they spend there, prevention programs and care and treatment services available and the ones needed in those places. Those small studies will be completed by discussions with heads of their associations, sales, car maintenance and repair services, and other services existing in taxi stations and around (cafés, pubs, shops, restaurants, etc.).
- Those studies will be carried not only on daily services related to the driving profession in general, but also on sexual behaviors of taxi drivers within and outside working hours.

  The programs intended for taxi drivers could include the following components:

  - *Peer education.*
    That education will be realized through associations of public transport/taxis drivers. Peer educators will be identified among axi drivers and will be then trained. It will be required to develop a training module and then put in place an implementation program for peer education among drivers. Taxi drivers will maintain regular formal and informal contacts with their peers.
  - *Distribution of information documents d'information through the association of public and taxi transport:* owners of taxi companies will certainly accept without any problem the distribution of developed IEC/BCC materials and products to their drivers, in order to support the program of fighting HIV/AIDS among the population in general and taxi drivers in particular.
  - *Distribution or sales of condoms through the association of public and taxi transporters:* the association will certainly have no objection to the distribution of condoms. That distribution would be either free of charge or done against a small remuneration. The association will have to encourage that distribution because it will much profit from it by protecting its members against HIV/AIDS/STI.
  - *Distribution of information documents, condom distribution or sale in taxi stations and around:* Those documents and condoms will be made available in places like pubs, restaurants and other places frequented by a big number of taxi drivers. The materials to be distributed will be identified among those already existing in the country and then will be produced in big quantity, but also a specific IEC/BCC material will have to be produced for the target group.
  - *Establishing a referral system:* The associations of public transport (and peer educators) will be able to play an essential role in orienting taxi drivers to health facilities for diagnosis and treatment of STIs, and in encouraging them to use VCT services.

- Develop an appropriate methodology for technical support, monitoring and evaluation.
- Implement and manage the programs.

V. ARMY AND POLICE FORCES

1. Research on the target group, pretest of messages and communication approaches

Few quantitative studies were carried out on military or police forces and, as indicated before, it can be assumed that they have considerable characteristics of the truck-drivers (high mobility) and the young people from 20 to 25 years, two populations which were studied in quantitative evaluations.

It is however recommended to follow the same steps as those indicated for all the other groups presented in this guide, in order to validate the messages and the approaches presented above, and to pretest IEC/BCC materials produced for this purpose, as well as planned media and educational interventions:

- Present the materials, messages and communication approaches suggested in this document, by means of questionnaires and focus group discussions in order to stimulate the discussion, comments and recommendations
- Adapt the materials on the basis of collected comments

2. Design and management of the program

A number of measures have to be taken to conceive, develop and manage programs for the police and army forces. In most of the cases, these measures are the same for the two groups; otherwise the specific aspects will be mentioned:

- Evaluation of existing activities: At present, the police and the army institutions have undertaken programs to reach their troops. Before these programs are scaled up or modified, it would be better to carry out a deep evaluation, if needed, inspired by international programs which succeeded. It would be appropriate for soldiers and police personnel to conduct the evaluation themselves, although they undoubtedly require a technical assistance. It would be appropriate, in particular, that this evaluation covers the following elements:

  - Existing services: Does the program provide services of complementary BCC or provide information, prevention services and products (VCT, condoms, diagnosis and treatment of STI, care of PLWHA)?, etc.
  - Behavior Change Communication (BCC) strategies used: Does the program include courses in class, peer education, interactive education, distribution of printed documents? Etc.
  - Evaluation of existing BCC programs: Have BCC programs succeeded? To answer this question, it would be advisable that the appraisers :
    a) discuss with all the programs stakeholders, including medical personnel, psychosocial advisers, peer educators, senior employees, etc to obtain an objective evaluation of the performance, b) organize informal or more structured meetings, including soldiers or policemen, in order to observe the reaction of the participants

- *Participation of high ranking authorities*: Did the program have an active participation of the commanders of brigade and battalion (and police stations) where the programs are implemented?, which is the type and the level of their committment? This step can be achieved by means of discussions.
- *Decentralization:* are the implemented activities at the low level of police or military hierarchy? Are all the services available at all levels?
- *Technical capabilities:* does the program have sufficient collaborators and senior members to ensure the effective operations? Does it have or has it access to support and technical assistance?

  - *Design of an adapted program: let us list below the various possibilities of interventions.*

- Peer Education: a) an adequate selection of the peer educators constitutes the key for the program success. b) making of a guide for peer- education. This guide will have to reflect the Rwandan experience, knowledge, attitudes and behavior of soldiers and policemen, the environment in which they work and live in, their routine practices which influence their risky behaviors etc.
- *Diagnosis and improved treatment of STI:* it would be advisable to improve the existing medical set up of the police and the army, if necessary. It would also be advisable to launch a program of IEC/ BCC on STI, within the police and the army institutions.
- *Integration of HIV/AIDS subject in the military and police academies:* the health issue will be discussed within the framework of the training of the soldiers and the police forces. However, this training is not enough to bring the motivation required for behaviors change. It would be advisable to review the existing training schemes, to revise them and make more them specific and relevant, compared to the existing behaviors
- *VCT*: It is expected that all the health centers of soldiers and police forces have VCT services in the future. Meanwhile, it would be advisable to encourage the soldiers and police officers to request VCT services even outside their institutions.

  - Obtain financing for the program: identify and contact the potential donors
  - Design and implement a system of management and follow-up: good management includes a programme of supervision visits with regular intervals, by which the technical experts go in the military or police establishments of lower level, with the follow-up ensured by higher rank collaborators, at each level of the hierarchy.
  - Evaluation: it would be advisable to work out a protocol of evaluation based on the indicators appearing in this document.

VI. SEX WORKERS AND PROCURESSES

1. Research on the target group, pretest of messages and communication approaches

As indicated above, a BSS was carried out (in 2000) among prostitutes in Rwanda. This investigation did not include the procuresses. As indicated previously, the procuresses constitute a different category from the prostitutes, because although they exchange sexual intercourse against remuneration in cash or in material, they are employed full-time as procuresses and the sexual trade can be considered as a parallel, occasional and opportunistic activity.

In both cases, however, as in the case of the target groups dealt with in the present document, it would be appropriate to set up two series of discussion groups, with the prostitutes and the procuresses. The goal of these groups is: a) to validate the messages and the approaches presented in this document and if necessary to produce others, and b) to pretest the messages and the communication approaches

2. Final design, development and management of the program

The programs for prostitutes and procuresses are likely to include the following interventions:

- Training on the negotiation of condom use
- Reinforcement of the local organizations of prostitutes, in order to include more services, products and activities related to prevention of HIV/AIDS/STD
- Commitment of the prostitutes by means of peer educators, in customer centered programs (for example programs intended for the truck-drivers, taxi drivers, soldiers and policemen).

Here are the recommended steps to follow in the development of these programs:

a) For the prostitutes:

- Evaluation of existing programs: to determine their conformity level compared to the standards of the international programs
  - Reinforcement of the existing organizations: do the existing programs reinforce or include the participation of the existing prostitutes organizations? Are these organizations sufficiently solid and effective to offer a protection to the prostitutes? What kind of services delivered: legal, medical, professional, etc?
  - Popularization: do the existing programs touch the prostitutes of the street if they cannot be touched within the organizations? In the affirmative case, which are the services provided?
  - Results: do these programs achieve their goals? In the negative case, why? For lack of relevance, bad quality of service, mediocrity of the access?
- Design of new programs or modification of existing programs: it would be advisable to conceive the programs according to results of the evaluation and in accordance with the international successful programs. In particular, how the existing supervisory organizations can: a) provide the prostitutes with negotiation capacity for the use of the

condom, b) give them the organizational and financial support in order to be able to get out of prostitution c) to improve their access to the medical, social and legal services, and d) train them to become peer educators. Moreover, how the programs of popularization can be improved in order to a) cover more prostitutes, b) to provide more services.

The specific stages of program design could include in particular:

- Identification of associations of prostitutes participating in the interventions: it would be appropriate that the program starts with associations having a certain longevity, organized relatively well and structured, having a clear orientation and a higher authority
- Identification of realistic elements of programs: to include the promotion of condom use and its availability
- Funds mobilization: once associations quite made up, with the support of the supervisory organizations, they can have recourse to micro finance institutions which are currently numerous in Rwanda.

- Implementation and management of the programs: It would be appropriate that associations of prostitutes themselves endorse the responsibility to supervise and manage their own programs, but it would be advisable to provide them with a technical, external assistance, through national or international NGOs.
- Evaluation: it would be advisable to conceive and use a protocol of evaluation, in accordance with the indicators provided in the preceding pages (cfr Prostitutes).

b) For the procuresses

- Evaluation of everyday life and sexual behaviors of the procuresses: no systematic study of these patterns and behaviors was carried out, but it is essential to the design of new programs. It would be appropriate that this study includes: a) places of high frequency, conditions and working hours, b) estimated number of paid sexual intercourses over a given period of time, c) place of these sexual intercourse, d) relations with the owners of pubs/night club, etc
- Negotiation with the owners of pubs and selection of participating establishments: Not all the owners of bars will be willing to allow an external organization to hold activities of VIH/AIDS prevention in their establishment. And if they allow it, they are likely to ask remuneration. The implementing agencies will have to negotiate with the owners to obtain their support and manpower in the interventions of the program.

- Designing the program: an exhaustive program of the night club/pubs will include a whole or part of the following services and products : a) identification of procuresses, candidate peer educators, b) training the procuresses in peer education, using a condom or giving up the occasional sexual intercourses, c) wide training of all the procuresses focusing on the importance of the reduction of the number of partners d) availability of condoms, e) distribution of printed documents such as posters, leaflets, comic strips, brochures, booklets, and/or of advertising materials, such as tee-shirts, key-holders, etc.

- Implementation: according to the number of interventions, the persons in charge for the programming will have: a) to select the procuresses disposed to take part in the program,

b) to work out a training scheme with their intention c) to create a system of motivation, based on the anticipated results, d) to design, produce, reproduce and distribute the printed documents

- Management, supervision, monitoring: as envisaged for the other target groups, it is appropriate that all the programs are supervised in a regular way, that one provides them a technical assistance and that the results are measured. This evaluation could be based on the discussions with the customers, e.g.: discussions with pubs customers aiming at determining the level of contact with the procuresses educational peers, the number of times where the use of the condom was required during sexual negotiations, etc). The overall performance could be based on discussions with the procuresses and the owners of bars, the number of distributed condoms, etc.

- Evaluation: it would be appropriate that the program is evaluated according to indicators' presented in this document (cfr. Prostitutes matrix)

VII. **PRISONERS**

1. Research on the target group, pre-test of messages and communication pproaches.

A qualitative research was recently carried out among the prisoners in Rwanda. Moreover, prisoners were invited to take part in a meeting organized within the penitentiary establishment of Kigali where they could share their own HIV/AIDS related behaviors with a technical team from the National Aids Commission. This information confirmed the existence of the risky behaviors like homosexual intercourse, alcohol and narcotics consumption, razor blades and mowers sharing.

Just like for the other target groups discussed above, it would be appropriate to obtain additional information concerning the prisoners, but it would be advisable to obtain them by means of a test (pretest) to evaluate the relevance, the quality of the messages and communication approaches discussed in the present document and to possibly determine others which would be much more suitable.

2. Design and management of the program

Taking into account the programs suggested above (see Prisoners matrix), it would be advisable to take following measures to conceive, develop, implement and evaluate these programs and others, intended for prisoners:

- Identify the programs already providing BCC and other services to prisoners, (e.g.: ARBEF)

- Carry out an evaluation of these programs, centered on coverage, range of the services, satisfaction of the customers (prisoners) and personnel (prison administration, guards, medical offers, social workers, etc), the gaps of service, etc. Within this same framework, to determine the provision of the penitentiary authorities, at all the levels, to support completely and to take share with the programmes of prevention of the VIH/SIDA.
- Conceive a program centered on the needs identified during the evaluation. This program would be developed in collaboration with the penitentiary authorities and the potential partners willing to take part in this program
- Present the program at the services concerned in the Ministry of Interior and at the authorities of the prisons which are agreed to take share, for their approval, etc.
- Start the implementation of the preliminary activities of program: a) identification of the teachers of the pars, b) development and production of guides of animation for the use of the educational pars, c) training of the educational pars d) development and production of material IEC/BCC adapted to the target group of prisoners, etc, E) To study the possibilities of integrating this catch of load in the medical department of the prisons or of reinforcing it where it exists f) Put in place an orientation system for the released prisoners, which easily enables them to be followed in the social services and of health Community.

- Conceive a system of follow-up, supervision and technical support, including the prison authorities, the agencies of execution (e.g.: ONG), community organizations

- Conceive a protocol of evaluation which will measure the indicators envisaged above?

- Implement the program

- Evaluate the program.

VIII. **PEOPLE LIVING WITH HIV/AIDS (PLWHA)**

1. Research on the target group, pretest of messages and communication approaches

No information whatever is available on the knowledge, attitudes and practices of the people living with HIV/AIDS in Rwanda, and international data are rare and often specific to each country. Although some PLWHA shared their personal experience and that of their peers during the national workshop, there are no reliable data. It is thus recommended to carry out a quantitative KAP study on this target group.

It would be advisable to take following measures to conceive and undertake the afore mentioned study:

- To use BSS as a model: it is a kind of survey on knowledge, attitudes and practices. This survey can be used in particular as example in the selection of a sample, the design, of the development of the questionnaire, etc. It would be appropriate that the survey is subdivided according to same demographic categories' as BSS
- Elaborate the questionnaire on the basis of existing behaviors mentioned in this guide, in particular the attitudes of the PLWHA related to fidelity, the use of the condom, adhesion and the participation in associations of PLWHA, etc (cfr PLWHA matrix).

Before conceiving programs for the PLWHA, it would be advisable to pretest the messages and the approaches, in the same manner as that envisaged for the other target groups.

2. Final design, implementation, management and evaluation of the program

Programs for the PLWHA could be the following:

- Peer-education
- Referral towards comprehensive care services (ARV, PMTCT, OI, etc.)
- Referral towards the services of diagnosis and treatment of STIs
- Training of the PLWHA on HIV/AIDS/STI prevention
- Creation and management of income generating activities.

The necessary steps for the execution of these programs are the following:

- Carry out an evaluation of the existing programs carried out by or for the organizations of PLWHA. It would be appropriate that this evaluation is carried out by one of the national organizations of PLWHA, with the technical aid of a third institution
- Select local organizations which are laid out and able to take part in new activities
- Conceive a program in which whole or part of suggested programs above-high are included. The decision concerning the programs to be retained will be based on the success of the existing interventions, the request for new services on behalf of the target group, the profitability of the programs suggested, the availability of the funds, etc.
- Implement the activities of the program

- Make the monitor and evaluation of the program (in accordance with the indicators proposed in this guide).

Description of some programs suggested above:

- *Programmes of peer-education*: a) to identify peer educators within organization of PLWHA, b) to work out a module of peer-education, which indicates the topics to be discussed and the methodology to be used, c) to train the peer educators d) to provide a technical support and to set up a system of follow-up and supervision.
- *Creation and management of income generating activities:* in many cases, income generating activities require a starting-up capital. With this intention one can mobilize necessary resources among the associative members and, if need be, among potential partners. It should be also noted that a good management of such activities requires a training in professional skills.

IX. **COUPLES IN UNION**

1. Research on the target group, pretest of messages and communication approaches

There is few information on the dynamics of sexual negotiation within couples, but by experience it is known that couples often discuss sexual issues but not, especially, extra marital sexual activity. The essential question is to know how to encourage an open communication in the couple on sexuality issues without going against the generally accepted social norms.

It is thus recommended to undertake a study to determine possible types of dialogue between married partners. This could be done by means of a questionnaire or focus group discussion. The participants could be invited to indicate the maximum of information which they would give to their partners on their sexual life and their extra marital sexual activities.

2. Design, implementation, management and evaluation of the program

There are several ways to provided information to the couples and here are those with the best potential:

- *Churches*: Churches have a convincing capacity to address the couples of their parishes: they wish, for the majority, to promote fidelity by way of moral and religious values.
- *Groups of couples*: under the facilitation of some institutions like the umbrella of FBOs or another organization intervening in the fight against HIV/AIDS, regular meetings can be organized between couples to stimulate them to hold discussions on sexuality.

- *Women Associations*: these groups have a very significant role to play because of the vulnerability of the woman in the man-women relationship. Well organized women associations, committed to improve women condition, can recommend to women to tackle delicate subjects with their husbands, while giving them a moral support and social support for this purpose.

Specific measures to take for implementing these programs are the same as in the other sections of this document, particularly in Out-of school Youth section.

X. EMPLOYERS/EMPLOYEES

1. Research *on the target group, pretest of messages and communication approaches*

No specific study on knowledge, attitudes and practices of the employers and employees of companies was carried out in Rwanda. Although some employees and employers took part in the national workshop and shared their professional experiences related to HIV/AIDS, it is important to carry out a KAP survey to have deeper information on their behaviors and factors of their risks.

Just like the other target groups detailed in this document, whereas it is possible to make an assumption of the knowledge, attitudes and existing behaviors of the employers and the employees, it is the not possible to make an assumption of their reactions to the proposed behavior change, messages approaches, it would thus be advisable to carry out two pre tests:

1) evaluate the reaction of the employers and the employees to the proposed messages and approaches,
2) pretest IEC/BCC materials produced for this purpose.

Design, implementation, management and evaluation of the program

Here are some advisable measures to be taken for conceiving and implementing programs for employers and employees:

- *Evaluation of current activities*: There is an association (APELAS) which coordinates various activities of fighting HIV/AIDS in Rwanda, in the private and parastatal sectors. A good number of activities are also carried out in the public sector. It would then be advisable to carry out a thorough evaluation of these programs in order to determine their specificities, their success and their gaps.

- *Needs assessment*: although some activities are undertaken in the fight against HIV/AIDS in the professional environment, it would be necessary to undertake a study to examine possibilities of introducing programs into new companies and improve the existing interventions.

- *Program design:* Here is some types of programs which could be included in the initiatives for the workplace:

    - *Peer-education*: peer education was largely detailed in other sections of this guide. However, a prerequisite for launching a peer education programme at the workplace is the authorization of the employer to carry it out during the working hours. This authorization not only shows the manager's commitment, but also it encourages the employees' participation.

- *VCT and* HIV/AIDS*/STI care and treatment programs*: Some big companies have their own health services and it would be advisable to evaluate them to determine their capacity to meet the expected increasing demand resulting from BCC activities. For the companies without health services, it would be appropriate to establish a good referral system.

- *Acquisition of funds* : It is in the interest of the company to allocate part of its budget to the activities of fighting HIV/AIDS even without waiting for external funding.
- *Elaboration of program documents:* it is appropriate to design and produce the documents (protocols, management tools, IEC/BCC materials, training guides, etc.
- *Implementation and management of the programs*: it would be appropriate that the programs for the workplace are managed by the company and possibly in partnership with a supporting NGO. This partnership is to be encouraged to ensure the success of the program.
- *Evaluation of the programs:* According to the indicators defined above (cfr. Employers/Employees matrix).

XI. **HEALTH CARE PERSONNEL**

1. Research on the target group, pretest of messages and communication approaches

The health care personnel have sufficient knowledge on HIV/AIDS. However, they are not sufficiently informed on precautions to take in case of exposure to HIV/AIDS infection risk related to their work. It is recommended to carry out basic research to determine their current level of knowledge and practices related to the precautions to be taken.

Moreover, as it was recommended for the majority of the other target groups, it would be advisable to carry out two pre-tests:1) to evaluate the reaction of the health services personnel to proposed messages and approaches, and 2) to pre-test IEC/BCC material produced for this purpose.

2. Design, implementation, management and evaluation of the program

The recommended steps are the following:

- *Evaluate the current situation of the universal precautions*: An evaluation will indicate: a) the existence of instructions related to the precautions, b) the type of precaution equipment available, c) the training level concerning their use.
- *Evaluate the levels of knowledge and sensitization* of support personnel (the cleaner).
- *Design the programs, particularly*:

    - Training: it would be appropriate to train all the personnel in two fields: a) how to avoid accidents exposing to HIV infection, and b) action to be taken in case of accident. It would be advisable to develop training modules based on international models, to produce information documents, etc.
    - Practice: it would be appropriate to allow the personnel to put into practice what they are taught on the universal precautions: An on-the-work training during which the employees will be followed, their performance evaluated and remedial courses offered. Moreover, it is important to make required equipment available.
    - *IEC Materials :* it would be necessary to produce posters, leaflets and booklets on the use of universal precautions for all the personnel.
    - *Procurement*: the logistics and the management procurement will be significant and necessary elements of this program, since the universal precautions can be implemented only if protection products and materials are available .

- *Funding*: it would be appropriate to mobilize required funds through the Ministry of Health and the National Aids Control Commission. Taking into account the funds shortage, a thorough analysis of the cost-benefit needs to be conducted. For example, the following questions can be examined: which are the most cost-efficient universal precautions? For example, would it be preferable to provide sufficient proper needles and syringes to all health centers of the country? Or to provide all the universal precautions to the most exposed services in hospitals and health centers, in particular surgery, maternity and laboratory services?

- *Implementation of the program*: Implementation of training programs, supply of equipments of universal precautions and distribution of documents.
- *Evaluation of the program*: as above mentioned, it would be advisable to work out and implement protocols based on indicators, by using evaluations of performance and impact.

XII. **REFUGIES**

1. Research on the target group, pretest of messages and communication approaches

As indicated above, refugees can be classified in two categories: those who live in temporary shelters, of recent transition, and those living in more permanent camps. Few information on their knowledge, attitudes and practices is available and it would be appropriate to carry out a survey of the BSS type. It would be appropriate to base this survey on the research methodology used by BSS and to cover the various types of refugees, including the reasons for their refugee status, their place of residence, and especially time that they have passed in these refugee conditions , etc.

The same pretest methodology recommended for the other groups would be applied to the refugees, when a suitable program is developed.

2. Design of the program, implementation, management and evaluation

The following are some steps necessary to develop a program of BCC for refugees:

- *Evaluation*: it would be advisable to carry out a thorough examination of the conditions existing in refugee camps, in particular to determine the institutional and community structures in which BCC information could be disseminated.

- Design of the program:

  - *Community approach*: a large number of stable refugee camps can benefit from some community services, like local health services or interventions of national or international NGOs. These services can be reinforced for a better integration of information on HIV/AIDS /STD prevention and care.
  - *Community shows*: just like those recommended for the youth, community shows in refugees zones are excellent means of attracting the general public and an appropriate opportunity of disseminating information.
  - *Solidarity Camps*: Solidarity Camps organized by NURC, even if they are only periodical, offer an organized means to touch recently repatriated refugees (who are still in transit camps).
  - GLIA: This organization currently plans programs which will reach refugees. In fact, some of the programs above could be carried out in partnership with GLIA.

- *Implementation and management*: The community shows are periodic events, but as refugee camps do not have a stable community, it will be a duty of an external organization to plan these events. One of the strategies would be to use mobile services which can move from one camp to another.

- *Monitoring and evaluation*: there is no particular difference between the needs for monitoring and evaluation for the refugees and those of the other target groups.

XIII. **CHILDREN AT RISK**

1. Research on the target group, pretest of messages and communication approaches.

No research was carried out on high-risk children (especially street children), but in Rwanda there are many information non based on a scientific research. There is not enough information on their sociodemographic characteristics and their risky behaviors. For example: there is few information on drug consumption by street children, the type of drugs, the frequency of their consumption, where, with who, etc. In the same manner, although it is known that street children have sexual activities, one knows a little of their sexual practices. In short, a study on street children would provide a significant data base, on the basis of which BCC, care and treatment programs could be developed.

The same information shortage on the life of orphans, adopted children and children heads of households exists in the country; it is thus suggested that surveys be carried out on these various categories of children in difficult situation.

The appropriate methodology would be as follows: individual talks and group discussion. Along with the execution of this basic research to determine knowledge, attitudes and practices of these children at risk, it is possible to evaluate messages and communication approaches presented above.

The issue of adopted children is more complex, because it requires to also target the adoptive parents. Although a study similar to that proposed for the other risky children is useful, few parents would be willing to participate, given the revealing nature of the questions and the fear for legal consequences that honest answers would bear.

3. Design, implementation, management and evaluation of the program

Some street children programs were implemented in Rwanda and elsewhere. The steps to be followed for their design and their implementation are the following:

- Evaluation of existing programs
- Identification of sources of financing
- Design of the program:

    - Social Services: as above indicated, the most effective way to provide information on the prevention of HIV/AIDS/STI would be to use the already existing social services for children in difficult situation.
    - Orphanages: Some orphanages, held by religious organizations, exist in the country and constitute an excellent place to integrate BCC programs on HIV/AIDS/STI
    - Violent Parents: there are a few systematic ways to reach adoptive parents in order to prevent violence against the adopted children. It would be necessary to set up media campaigns to touch all adoptive families, by means of messages on the rights of children in general and adoptive children in particular.

- *Implementation, management and evaluation:* the majority of the programs on HIV/AIDS/STI targeting these children could be integrated in other support and assistance programmes for OVCs implemented by various organizations (NGO, FBOs, etc). These programs have already their own institutional organization and their own systems of management and evaluation.

APPENDICES

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75	Fortunée NYIRANZEYIMANA	"		Kigali City
76	Cécile DUSHIMIMANA	"		Kigali City
77	Jean Damascène HABIYAREMYE	"		Kigali City
78	Léonidas NSANZABAGANWA	ECOSE Musambira		Gitarama
79	Emmanuel HITIMANA	E.S. Nyamagabe		Gikongoro
80	Willy AMIZERO	"		Gikongoro
81	Pacifique IRAFASHA	G.S.N.D.L Byimana		Gitarama
82	Viviane MUKANYILIGIRA	MINEDUC		Kigali City
83	Cécile MUHIMPUNDU	Intiganda Association	**High-risk youth**	Ville de Butare
84	Joseph KAZUBWENGE	Street Chilldren Project		Kigali City
85	Irène UWANYILIGIRA	Bethesaida		Kigali City
86	Afisa MUSHIMIYIMANA	"		Kigali City
87	Raphael HABIYAMBERE	"		Kigali City
88	Solange BAMPIRE	Intwari-Abadacogora		Kigali City
89	Théodette KAJABO M.	Head of Family Children		Kigali City
90	Jean Pierre KANYAMDEKWE	"		Kigali City

91	J.M.V. MUNYANKUMBURWA	"		Kigali City
92	Pascal UWIZEYIMANA	"		Kigali City
93	Gaëtan URIMUBENSHI	Association TUBEHO		Kigali City
94	Festus NIYIBIZI	FIDESCO-Rwanda		Kigali City
95	Emmanuel TWAGIRAYEZU	CNJR	**Out of school youth**	Kibuye-Rusenyi
96	Godfrey MUGISHA Kanyoni	"		Umutara
97	Jean Chrysostome MUGABO	"		Butare
98	Nicolas NIYONGABO	"		Kibungo-Mirenge
99	Epaphrose MUKIZA	"		Byumba
100	Jean de Dieu MUHIRE	"		Gikongoro
101	Emmanuel SHAMAKOKERA	CNJR		Kigali City
102	Berthilde MUKANGANGO	CNR		Kigali City
Nº	**First name and Name**	**Institution**	**Represented target group**	**Place of origin City/District**
103	Georges NGARAMBE	CNJR		City of Kabuga
104	Jean Claude RUTAYISIRE	Kibungo Province	**Couples in union**	Kibungo
105	Marie Francine MUKANDAHIRO	Kibungo Province		Kibungo
106	Alodie MUKAMURERA	Kibungo Province		Kibungo
107	J.M.V. SEBAHIZI	Kibungo Province		Kibungo
108	Jean Claude RWAMFIZI	Gikongoro Province		Gikongoro
109	Véronique NIYONZIMA	SWAA-Rwanda		Gitarama
110	Marie Josée MUKASHYAKA	SWAA-Rwanda		Gitarama
111	Lambert MURENZI	SWAA-Rwanda		Gitarama
112	Pélagie UKWITEGETSE	RRP+	**PLWHA**	Gisenyi
113	Richard Nixon	RRP+		Gisenyi
114	Théoneste KARUHIJE	RRP+		Cyangugu
115	Célestin BIGIRIMANA	RRP+		Kigali City
116	Batamuliza Ange Claire	RRP+		Kigali City
117	Soline MUKARWEGO	RRP+		Kamonyi-Gitarama

118	Berthilde MUKAHIRWA	Association Bethesaida		Kigali City
119	Anne NYIRABIKIZA	Association Bethesaida		Kigali City
120	Laurence MUSABYIMANA	Kibingo-Butare		Butare
121	Zabulon MUTABAZI	Nyanza Health District	**Health Care Personnel**	City of Nyanza
122	Joéphine ZANINYANA	Gitega Health Center		Kigali City
123	Innocent BIGANZA	District Sanitaire Muhima		Kigali City
124	Joseph NKINZINGABO	Rwamagana Health District		Kigali City
125	Lt Théobald RWIRIRIZA	MINADEF-Kamembe		Cyangugu
126	Aline I. MUKABALISA	ULK-Kigali	**University students**	Kigali City
127	Tito RURAMIRA N.	ULK-Kigali		Kigali City
128	Victor KURAMBA	ULK-Gisenyi		City of Gisenyi
129	Aristide K. RUTAYISIRE	UNR/LUCS		City of Butare
130	Judith KAZAIRE	UNR/LUCS		City of de Butare
131	Rachel BAKAMURERA	UAAC/Mudende		Kigali City
Nº	**First name and Name**	**Institution**	**Represented target group**	**Place of origin City/District**
132	Jérôme NSHIMYUMUREMYI	UAAC/Mudende		Kigali City
133	Jean Pierre SINIBAGIWE	KIE		Kigali City
134	Jean Paul UZABAKIRIHO	KIE		Kigali City
135	Thierry ISIZEJURU	KIST		Kigali City
136	Pascal KWITONDA	KIST		Kigali City
137	Christophe MUHETO K.	KHI		Kigali City
138	Patrick NKUSI	KHI		Kigali City
139	Jean Colomb MUGAMBI	BCR		Ville de Kigali
140	Materne NDAHUMUKIZA	SULFO Rwanda	**Employees/Employers**	Kigali City
141	Alphonsine CYABUKOMBE	TOTAL-Rwanda		Kigali City
142	Jeannine UWAMAHORO	APELAS		Kigali City
143	Jacqueline MUKAKAZENGA	APELAS		Kigali City

144	Jean de Dieu HITIMANA	UTEXRWA		Kigali City
145	Agnès MAWAZO	UTEXRWA		Kigali City
146	Clément HAKIZIMANA	UTEXRWA		Kigali City
147	Angélique NIYONSENGA	UTEXRWA		Kigali City
148	Séverin NIZEYIMANA	UTEXRWA		Kigali City
149	Gema UMUHOZA	UTEXRWA		Kigali City
150	Devota MUKANKUSI	UTEXRWA		Kigali City
151	Patricie MUKANKUSI	UTEXRWA		Kigali City
152	Sylvère MUGABO	UTEXRWA		Kigali City
153	Muhamed YAZIDI	UTEXRWA		Kigali City

2.2. Representatives of partner institutions

Nº	First name and Name	Institution	Place of origin
1	Léonard GAKERA	GSP-Concern	Butare
2	Célestin NYIRIMIHIGO	SWAA Rwanda	Kigali City
3	Geneviève MUKANDEKEZI	ITF	Kigali City
4	Elisabeth MUKAMAZIMPAKA	AFRICARE/Gikongoro	City of Gikongoro
5	Félicitée NSHIMIYIMANA	Concern/Worldwide	City of Butare
6	Verdiane UMUTESI	ARBEF	Kigali City
7	Aline MUKUNDWA	EGPAF	Kigali City
8	Joséphine TUYISHIMIRE	CARE	Kigali City

3. Participants in the workshop for finalizing this guide

Nº	First name and Name	Represented Institution
6	Anne Marie AYINKAMIYE	FHI
3	Christine KABAGIRE	MINISANTE
7	Emmanuel MUNYAMBANZA	FHI
8	Emmanuel RUGIRA	FHI/TRAC
2	Félix BIGABO	RCLS
1	Jean KARAMBIZI	CHAMP
9	Jean Paul NGILIMANA	PSI
5	Mechtilde KAMUKUNZI	CNLS
4	Olive GATESI	RRP+
10	Samuel KYAGAMBIDWA	Health Unilimited/Urunana