Survey Response Details

Response Information

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Response Details

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1) Country

Rwanda (0)

2) Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

NATIONAL AIDS CONTROL COMMISSION (CNLS)

3) Postal address:

PO Box: 7162 KIGALI

4) Telephone:

Please include country code

Telephone: (+250)(0)788 407 969

5) E-mail:

gakunziseb@yahoo.com

6) Date of submission:

Please enter in DD/MM/YYYY format

31/03/2010

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7) Describe the process used for NCPI data gathering and validation:

Data for the National Composite Policy Index (NCPI) Questionnaire Part B were collected under the leadership of the Network of People Living with HIV (RPP+) and the NGO Forum on HIV/AIDS and health promotion. The NCPI Part B questionnaire was distributed to all the main NGOs working in the HIV field, to several human rights organisations, the HIV umbrella civil society organisations, the UN agencies and other development partners/donors. Following preparatory consultation with different constituencies, more than 55 stakeholders met on 18th December 2009 at Sports View Hotel for a large consensus meeting on the answers to the questionnaire. In order to guarantee full independence in the information provided, the government did not participate in that meeting. Part A of the NCPI Questionnaire was completed by CNLS staff, representatives from District AIDS Control

Committees (CDLS), the MOH, the Treatment and AIDS Research Center (TRACPlus), the National Blood Transfusion Centre and the EDPRS Sectors.

8) Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

No major disagreements were recorded around answers to the questionnaire. Large consultations and consensus meetings were held; discussions were transparent, open and constructive. Evidence/data was used to reach consensus when opinions were different.

9)

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

N/A

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10)

NCPI - PART A [to be administered to government officials]

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	CNLS	ASIIMWE Anita	A.I, A.II, A.III, A.IV, A.V

11)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	CNLS	AYINGOMA Jean Pierre	A.I, A.II, A.III, A.IV, A.V
Respondent 3	CNLS	DONGIER Pierre	A.I, A.II, A.III, A.IV, A.V
Respondent 4	CNLS	GAKUNZI Sebaziga	A.I, A.II, A.III, A.IV, A.V
Respondent 5	CNLS	IYAMUREMYE Marc Antoine	A.I, A.II, A.III, A.IV, A.V
Respondent 6	CNLS	KARAGIRE Itete	A.I, A.II, A.III, A.IV, A.V
Respondent 7	CNLS	KIROTA Kyampof	A.I, A.II, A.III, A.IV, A.V
Respondent 8	CNLS	KOLEROS Andrew	A.I, A.II, A.III, A.IV, A.V
Respondent 9	CNLS	MUTAMULIZA Florida	A.I, A.II, A.III, A.IV, A.V
Respondent 10	CNLS	NDENGEYE Joseph	A.I, A.II, A.III, A.IV, A.V
Respondent 11	CNLS	NZEYIMANA David	A.I, A.II, A.III, A.IV, A.V
Respondent 12	CNLS	RUSINE Emmanuel	A.I, A.II, A.III, A.IV, A.V
Respondent	CNLS	RWAKUNDA U. Amina	A.I, A.II, A.III, A.IV, A.V

13	CNLS	RWAKUNDA U. Amina	A.I, A.II, A.III, A.IV, A.V
Respondent 14	CNLS	UMUHIRE Sabine	A.I, A.II, A.III, A.IV, A.V
Respondent 15	CNLS	UWIMPUWE Sidonie	A.I, A.II, A.III, A.IV, A.V
Respondent 16	CNLS/UNFPA	NTWALI Andrew	A.I, A.II, A.III, A.IV, A.V
Respondent 17	CDLS/Gisagara	KAYIRANGA Callixte	A.I, A.II, A.III, A.IV, A.V
Respondent 18	CDLS/Kayonza	MUHIMA L. Edouard	A.I, A.II, A.III, A.IV, A.V
Respondent 19	CDLS/Kicikiro	MUKAMANZI N. Clotilde	A.I, A.II, A.III, A.IV, A.V
Respondent 20	CDLS/Musanze	MUTUYIMANA Justin	A.I, A.II, A.III, A.IV, A.V
Respondent 21	CDLS/Nyabihu	MUGWANEZA Clémentine	A.I, A.II, A.III, A.IV, A.V
Respondent 22	CDLS/Nyagatare	BIZIMANA B. Roland	A.I, A.II, A.III, A.IV, A.V
Respondent 23	CDLS/Nyamagabe	BANA Emma-Marie	A.I, A.II, A.III, A.IV, A.V
Respondent 24	CDLS/Nyarugenge	BUKEYENEZA Christelle	A.I, A.II, A.III, A.IV, A.V
Respondent 25	CDLS/Rubavu	TUYIZERE Joseph	A.I, A.II, A.III, A.IV, A.V

12) **If the number of respondents to Part A is more than 25, please enter the rest of respondents for Part A in below box.**

CDLS/Rulindo GATO Fredrick MININFRA MUSONI Emmanuel MINIYOUTH MUTABAZI Vianney MINIYOUTH NIYITEGEKA Jean Marie Vianney TRAC Plus/HIV HAJABASHI Jeanne d'Arc TRAC Plus/HIV HINDA Ruton TRAC Plus/HIV KARANGWA Chaste TRAC Plus/TB HABIMANA Innocent NB: The Respondents above responded to the parts : AI, AII, AIII, AIV and AV

13)

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	UNAIDS	PEGURRI Elisabetta, M&E Adviser	B.I, B.II, B.III, B.IV

14)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	UNAIDS	RUTURWA-H Dieudonné, SMA	B.I, B.II, B.III, B.IV
Respondent 3	WHO	SOBELA François, Team Leader, HIV Focal Point	B.I, B.II, B.III, B.IV
Respondent	UNICEF	KAMUKUNZI Mecthilde, Youth/HIV	B.I, B.II, B.III, B.IV

4	UNICEF	Officer	B.I, B.II, B.III, B.IV
Respondent 5	RRP+ (PLHIV)	MUTAGOMA Madina, M&E Coordinator	B.I, B.II, B.III, B.IV
Respondent 6	RRP+ (PLHIV)	GASAMAGERA Jean de Dieu, Directeur des Programmes	B.I, B.II, B.III, B.IV
Respondent 7	RRP+ (PLHIV)	NIZEYIMANA Isabelle, Animatrice Communautaire	B.I, B.II, B.III, B.IV
Respondent 8	RRP+ (PLHIV)	KAGOYIRE Beatrice, Présidente	B.I, B.II, B.III, B.IV
Respondent 9	RRP+ (PLHIV)	GUMUYIRE Joseph, Executive Secretary	B.I, B.II, B.III, B.IV
Respondent 10	RRP+ KICUKIRO	UWABASINGA Rose, Présidente	B.I, B.II, B.III, B.IV
Respondent 11	Rwanda NGO Forum	Aimable MWANANAWE, President	B.I, B.II, B.III, B.IV
Respondent 12	Rwanda NGO Forum	NSENGIMANA Fabien, Accountant	B.I, B.II, B.III, B.IV
Respondent 13	Rwanda NGO Forum	RUSANGANWA Léon Pierre, Secrétaire Executif	B.I, B.II, B.III, B.IV
Respondent 14	Rwanda NGO Forum	DUSABAMAHORO M. Gorethi, Assistante Administrative	B.I, B.II, B.III, B.IV
Respondent 15	Rwanda NGO Forum	HAKIZIMANA Théophile, Reporter	B.I, B.II, B.III, B.IV
Respondent 16	Rwanda NGO Forum	RUSIMBI John, M&E	B.I, B.II, B.III, B.IV
Respondent 17	Rwanda NGO Forum	MUREBWAYIRE Aline, Program/Assist	B.I, B.II, B.III, B.IV
Respondent 18	AVEGA	Dr. RANGIRA Ephrem, Représentant de l'ONG	B.I, B.II, B.III, B.IV
Respondent 19	FAAS Rwanda	TURYAHEBWA Robert, Chairman of the Board of Governors	B.I, B.II, B.III, B.IV
Respondent 20	KANYARWANDA	RUBAYIZA Samuel, Secrétaire Exécutif	B.I, B.II, B.III, B.IV
Respondent 21	Journal UMUSINGI	GATSIMBANYI Nerson, Editor-in-Chief	B.I, B.II, B.III, B.IV
Respondent 22	Ejonzamerante	RUKWATAGE Janvier, Représentant	B.I, B.II, B.III, B.IV
Respondent 23	SOLUVAS	BIGIRIMANA Célestin, Programme Coordinator	B.I, B.II, B.III, B.IV
Respondent 24	CREDI	NTAGANIRA Martin, Programme Officer	B.I, B.II, B.III, B.IV
Respondent 25	ATEDEC	MAHORO Rubibi Alexis, Coordinateur	B.I, B.II, B.III, B.IV

15) If the number of respondents to Part B is more than 25, please enter the rest of respondents for Part B in below box.

Hope for living NDUWAYO Clémence, Coordinatrice SODECO KAGABO M. Jean de Dieu, Accountant VSO NSHIMIYIMANA J. Claude, HIV Project Coordinator Right to Play KAMANZI Steve, Project Coordinator RCLS UZAMUSHAKA Ernestine, Gestionnaire ARDIF KANKINDI Jeanne, Chair UPHLS MAKAZI Roger, Stagiaire ABASIRWA TUMWESIGIRE Peace, Secretary General HDI-Rwanda Dr. KAGABA Aflodis, Executive Director AIMR TINYA Joseph, Program Director Rwanda News Agency RUTAZIGWA Alphonse, Reporter PREFED MPAKANIYE Laban, Programme Manager World Vision Rwanda MUTEBUTSI Hubert, HIV Program Coordinator ASSIST-Rwanda SHAMAKOKERA Emmanuel, Board-Chairman EPR Dr. KAYIHURA Félix, Program Coordinator AFRICAIRE GATAMBIYE Jean Pierre, HCTO FACT-Rwanda Dr. KASHAKA

KAREGEYA Davis, Executive Director FACT-Rwanda MUKASAKINDI Hildegarde, Rehabilitation Centre Manager PSI Rwanda Philibert RUGUMIRE, HIV PSI Rwnda Director Radio FLASH NTAWUYIRUSHAMABOKO Célestin, Journalist Radio SALUS NYANDWI Benjamin, Journalist Journal Amahoro NTAKINDI Amani, Journalist FAWE INGABIRE J. Claude Pacifique, APO CSDI KIMENYI B. Dieudonné, Chairman Board VCO MWUNGURA Armstrong, Field Facilitator SWAAR MUTABAZI Alex, OVC / Officer City Radio MUVARA Eric, Journalist Rushyashya BYIRINGIRO J. Elysée, Journalist VOCO RWAGASORE R. Jean, Project Manager ANSP+ TWAGIRIMANA François, V/S Président ICAP MUGISHA Veronique, Clinical director NB: The Respondents above responded to the parts : AI, AII, AIII and AIV

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16)

Part A, Section I: STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2)

Yes (0)

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17) **Part A, Section I: STRATEGIC PLAN**

Question 1 (continued)
Period covered:

2009-2012

18)

1.1 How long has the country had a multisectoral strategy?

Number of Years

8

19)

1.2 Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	Yes
Labour	Yes	Yes
Transportation	Yes	Yes
Military/Police	Yes	Yes
Women	Yes	Yes
Young people	Yes	Yes
Other*	Yes	Yes

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20) **Part A, Section I: STRATEGIC PLAN**

Question 1.2 (continued)
If "Other" sectors are included, please specify:

Economic Development Poverty Reduction Strategy (EDPRS) Sectors: Social protection, Education, Justice, Infrastructures, etc

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21)

Part A, Section I: STRATEGIC PLAN

1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	No
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k.HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

22)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

23)

Part A, Section I: STRATEGIC PLAN

Question 1.4 (continued)

IF YES, when was this needs assessment conducted?

Please enter the year in yyyy format

2008

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24)

Part A, Section I: STRATEGIC PLAN

1.5 What are the identified target populations for HIV programmes in the country?

Please refer to the list of target populations described in 1.4 above. This list includes all target populations identified in the multisectoral strategy.

25)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

26)

1.7 Does the multisectoral strategy or operational plan include:

a. Formal programme goals?	Yes
b. Clear targets or milestones?	Yes
c. Detailed costs for each programmatic area?	Yes
d. An indication of funding sources to support programme?	Yes
e. A monitoring and evaluation framework?	Yes

27)

1.8 Has the country ensured "full involvement and participation" of civil society* in the development of the multisectoral strategy?

Active involvement (0)

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28)

Part A, Section I: STRATEGIC PLAN

Question 1.8 (continued)

IF active involvement, briefly explain how this was organised:

The National Strategic Plan was developed between January and March 2009. The process, was led by the Executive Secretariat of the National AIDS Commission (commonly known by its French abbreviation "SE-CNLS"). It was designed to ensure broad participation in both the interpretation of the various analyses and the development of priorities and implementation strategies for the new Plan. The key stages in the process were as follows: 1. Design and Preparation of the National Strategic Plan development process: The process was designed by the SE-CNLS. As well as defining the remaining stages, timelines and modalities for ensuring participation at the appropriate stages, the SE-CNLS consolidated the key findings of the analytical work carried out in preparation

for the strategic planning process, and reviewed evidence of effective HIV interventions from Rwanda and globally. 2. Workshop, Know your epidemic; know your response, 20-22 January 2009: The aims of this workshop were to analyze the HIV epidemic in Rwanda; to review the national, regional and global evidence base for a number of key strategies to fight HIV and AIDS; and to define priorities for the next plan. Over 100 participants attended the workshop, representing all of the main government sectors, the key agencies involved in the response to HIV and AIDS, civil society organizations, district AIDS coordinators, and technical and financial partners. 3. Definition of strategic outline: Work was carried out internally by the SE-CNLS team, in consultation with the Centre for Treatment and Research on HIV/AIDS, Malaria, Tuberculosis and other epidemics and the Rwandan national network of people living with HIV (RRP+), in order to define the overall outline and vision for the National Strategic Plan. 4. Workshop, Strategic planning, 27-29 January 2009: During this workshop, stakeholders defined the key results and the strategies that could be used to achieve them for inclusion in the new National Strategic Plan. The workshop was attended by the same participants as the Know your epidemic; know your response workshop. 5. Development of operational details: Major operational details include targets, resource needs analysis, operational plan, budget, and the monitoring and evaluation plan. These aspects were developed through ongoing consultations with the relevant agencies and partners, including an operational planning workshop. The workshop also ensured harmonization of the NSP with the Health Sector Strategic Plan II and health sector plans for HIV and tuberculosis. 6. Situation analysis of the role of civil society in the response against HIV and AIDS in Rwanda: In order to better describe civil society's role in the national HIV response, a thorough process was undertaken by the coordinating agencies of CSOs (Civil Society Umbrellas) to analyze the present contribution of this sector to the HIV response and to identify the gaps and needs for the strengthening of the sector. 7. Finalization of the National Strategic Plan: The plan was drafted and finalized on the basis of the inputs described above. The final plan was validated by ongoing consultation with all the main actors during the finalization of the document, by thorough analysis of the document by a group of peer reviewers at the national and international levels and by a validation meeting including all the main stakeholders of the national HIV response, including civil society.

29)

1.9 Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?

Yes (0)

30)

1.10 Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?

Yes, all partners (0)

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31)

Part A, Section I: STRATEGIC PLAN

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?

Yes (0)

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32)

Part A, Section I: STRATEGIC PLAN

2.1 *IF YES,* in which specific development plan(s) is support for HIV integrated?

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	Yes
d. Sector-wide approach	Yes
e. Other:- District Development Plans (in 2007) - Rwanda District Health System Strengthening Framework undertaken by the Ministry of Health. This framework provides a full picture of the current state of the health system, and provides strategies to improve the system with estimates of the associated investment and operational costs. Based on this framework, detailed plans were developed with each district - Vision 2020 - OVC National Strategic Plan - National Youth strategic plan	Yes

33)

2.2 *IF YES,* which specific HIV-related areas are included in one or more of the development plans?

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
HIV impact alleviation	Yes
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access toland, training)	Yes
Other:Research, OVC, Health system strengthening, M&E	Yes

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34)

Part A, Section I: STRATEGIC PLAN

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?

Yes (0)

Page 17

35)

Part A, Section I: STRATEGIC PLAN

3.1 *IF YES,* to what extent has it informed resource allocation decisions?

4 (4)

36)

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?

Yes (0)

Page 18

37)

Part A, Section I: STRATEGIC PLAN

4.1 *IF YES*, which of the following programmes have been implemented beyond the pilot stage to reach a signifi cant proportion of the uniformed services?

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Other: Male circumcision	Yes

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38)

Part A, Section I: STRATEGIC PLAN

Question 4.1 (continued)
If HIV testing and counselling *is provided* to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

The HIV testing and counselling is provided on a voluntary basis to uniformed personnel. Care and support programmes reach uniformed services as much as is given to the general Population. Military and police hospitals all provide VCT and HIV care and support services including ART. Male circumcision services are also available on a voluntary basis at these hospitals.

39)

5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

Page 20

40)

Part A, Section I: STRATEGIC PLAN

5.1 *IF YES,* for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	No
d. Men who have sex with men	No
e. Sex Workers	No
f. Prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	

41)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

Many of the laws are implemented well and other are still in elaboration.

42)

Briefly comment on the degree to which these laws are currently implemented:

Almost of them are still at the begging stages

Page 21

43)

Part A, Section I: STRATEGIC PLAN

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

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44)

Part A, Section I: STRATEGIC PLAN

6.1 *IF YES,* for which subpopulations?

a. Women	No
b. Young people	No
c. Injecting drug users	No
d. Men who have sex with men	No
e. Sex Workers	Yes

f. Prison inmates	Yes
g. Migrants/mobile populations	No
Other: Please specify	No

45)

IF YES, briefly describe the content of these laws, regulations or policies:

Not an enabling environment for condom distribution in schools though not an official law, regulation or policy Condom utilization is avoided in prison while we know that homosexuality exist among prisoners

46)

Briefly comment on how they pose barriers:

This question is not clear – CNLS Rwanda suggests revision of it

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47)

Part A, Section I: STRATEGIC PLAN

7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes (0)

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48)

Part A, Section I: STRATEGIC PLAN

7.1 Have the national strategy and national HIV budget been revised accordingly?

Yes (0)

49)

7.2 Have the estimates of the size of the main target populations been updated?

Yes (0)

Page 25

50)

Part A, Section I: STRATEGIC PLAN

7.3 Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?

Estimates of current and future needs (0)

51)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

52)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)
(a) IF YES, is coverage monitored by sex (male, female)?

Yes (0)

53)

(b) IF YES, is coverage monitored by population groups?

Yes (0)

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54)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (b) (continued)
IF YES, for which population groups?

Coverage of facility-based services is monitored for the following groups: - Men and women - Adults and children - Prisoners - Refugees - People in uniform No coverage data for community-based services by population groups.

55)

Briefly explain how this information is used:

Is used to ensure geographic equity of interventions for facility-based services

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56) **Part A, Section I: STRATEGIC PLAN**

Question 7.4 (continued)
(c) Is coverage monitored by geographical area?

Yes (0)

Page 29

57)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (c) (continued)
IF YES, at which geographical levels (provincial, district, other)?

- District level

58)

Briefly explain how this information is used:

- Is used to ensure equitable repartition of interventions based on district needs.

59)

7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes (0)

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60)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)
Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

10 (10)

61)

Since 2007, what have been key achievements in this area:

 Development of an evidence-based national strategic plan using a results-based approach to planning and management Full alignment of NSP to other national strategic planning documents including EDPRS and HSSPII

62)

What are remaining challenges in this area:

populations and ensuring that they are implemented in a quality-assured and continuous manner Coordination of service delivery at the decentralized level, particularly among civil society implementing organizations

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63)

Part A, Section II: POLITICAL SUPPORT

1. Do high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

President/Head of government	Yes
Other high officials	Yes
Other officials in regions and/or districts	Yes

64)

2. Does the country have an officially recognized national multisectoral AIDS coordination body (i.e., a National AIDS Council or equivalent)?

Yes (0)

Page 32

65)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2001

66)

2.2 IF YES, who is the Chair?

Name	Dr WAYITU Apolline
Position/title	Chairperson

67)

2.3 IF YES, does the national multisectoral AIDS coordination body:

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	Yes
include the private sector?	Yes
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	Yes
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

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68)

Part A, Section II: POLITICAL SUPPORT

Question 2.3 (continued)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?

Please enter an integer greater than or equal to 1

7

69)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?

Please enter an integer greater than or equal to 1

2

70)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?

Please enter an integer greater than or equal to 1

1

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71)

Part A, Section II: POLITICAL SUPPORT

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?

Yes (0)

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72)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)
IF YES, briefly describe the main achievements:

Some of the achievements of umbrella organizations (ref. Situation Analysis of the role of civil society in the response to HIV/AIDS in Rwanda, April 2009) were: • Most umbrellas have created decentralized committees at district level. In many districts representatives of umbrellas participate in the District AIDS Committees (CDLS), which are in charge of the overall coordination of planning and monitoring and evaluation of all HIV-related activities in the district. • The existence of umbrellas and their advocacy efforts have led to a greater participation of civil society in planning and formulation of policies at the community and national levels. • Technical support coordinated by the umbrellas for their member organizations has had some positive outcomes in terms of improved interventions, for example the production of materials adapted to the needs of PWDS (UPHLS) or to religious leaders and communities (RCLS). Institutional strengthening has improved governance in associations and cooperatives of PLHIV (RRP+). However capacities to provide technical support remain limited and umbrellas still rely on external partners.

73)

Briefly describe the main challenges:

Capacities to provide technical support by umbrellas to their constituencies remain limited and umbrellas still need to rely on external partners. Please refer to civil society situational analysis, April 2009, for more details.

74)

5. What kind of support does the National AIDS Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	Yes
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Financial support, Equipments, Technical Assistant	Yes

75)

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National AIDS Control policies?

Yes (0)

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76)

Part A, Section II: POLITICAL SUPPORT

6.1 IF YES, were policies and laws amended to be consistent with the National AIDS Control policies?

Yes (0)

Page 37

77)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)
IF YES, name and describe how the policies / laws were amended:

Currently ongoing in collaboration with partners including USAID and UNAIDS. This is part of national strategy Penal code revision concerning the criminalization of men who have sex with men and Ministerial orders and instructions to strengthen enabling environment for HIV service delivery. For example: • Ministerial instructions for task shifting for provision of ART by nurses • Ensuring that all people eligible for ART are receiving it, etc.

78)

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:

Penal code revision will criminalize sex work and the purchase of sex

Page 38

79)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)
Overall, how would you rate the political support for the HIV programmes in 2009?

10 (10)

80)

Since 2007, what have been key achievements in this area:

 HIV was mainstreamed in the Economic and Development Poverty Reduction Strategy (EDPRS) and in the Rwanda Vision 2020; Each economic sector (e.g. Socio protection, Infrastructure, Agriculture, Education, Youth, etc.) has a HIV focal person. With decentralisation structure the Government of Rwanda dedicated 2 persons in charge of HIV/AIDS in each administrative district. Mayors of district signed annually a Memorandum of Understanding with the National Aids Control Commission for HIV activities in their respective district. Existing and working HIV and AIDS EDPRS sectors There is strong political will concerning HIV and AIDS in Rwanda. Successful revision of penal code decriminalizing MSM Integration of HIV in GBV management

81)

What are remaining challenges in this area:

 Still much work to do in integrating HIV in all EDPRS sectors at National and District levels, particularly in implementation of HIV mainstreaming District support for integrating HIV interventions (Insufficient communication between central and district levels for adequate financial resources allocation at district level for implementation of HIV response)

Page 39

82)

Part A, Section III: PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the *general population*?

Yes (0)

Page 40

83)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

a. Be sexually abstinent (0)
b. Delay sexual debut (0)
c. Be faithful (0)
d. Reduce the number of sexual partners (0)
e. Use condoms consistently (0)
f. Engage in safe(r) sex (0)
g. Avoid commercial sex (0)
i. Use clean needles and syringes (0)
j. Fight against violence against women (0)
k. Greater acceptance and involvement of people living with HIV (0)
l. Greater involvement of men in reproductive health programmes (0)
m. Males to get circumcised under medical supervision (0)
n. Know your HIV status (0)
o. Prevent mother-to-child transmission of HIV (0)

84) In addition to the above mentioned, please specify <u>other</u> key messages explicitly promoted:

Individual responsibilities; Family responsibilities; Focus on children; End stigma; Be compliant (with drug regimens); Go for testing; Behave well to break the chain of transmission; Live positive (for those who are HIV+), Use of condom, Talk about condom

85)

1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?

Yes (0)

Page 41

86)

Part A, Section III: PREVENTION

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes (0)

87)

2.1 Is HIV education part of the curriculum in:

primary schools?	Yes
secondary schools?	Yes
teacher training?	Yes

88)

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes (0)

89)

2.3 Does the country have an HIV education strategy for out-of-school young people?

Yes (0)

90)

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for most-at-risk or other vulnerable sub-populations?

Yes (0)

Page 42

91)

3.1 IF YES, which populations and what elements of HIV prevention do the policy/strategy address?

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Stigma and discrimination reduction	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Condom promotion	Men having sex with men, Sex workers, Clients of sex workers, Other populations
HIV testing and counselling	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Reproductive health, including sexually transmitted infections prevention and treatment	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Vulnerability reduction (e.g. income generation)	Other populations
Drug substitution therapy	
Needle & syringe exchange	

Page 43

92) **Part A, III. PREVENTION**

Question 3.1 (continued)
You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".

OVC, Persons in uniform, Youth, PLWH, Track drivers, Others MARPs

Page 44

93)

Part A, III. PREVENTION

Question 3.1 (continued)
Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

9 (9)

94)

Since 2007, what have been key achievements in this area:

 All people are requested to use condoms when having sexual relations, whether it is MSM or heterosexual, A small survey on MSM was conducted in Kigali City, In prevention programmes, we do not differentiate between safer sex that is MSM or heterosexual

95)

What are remaining challenges in this area:

 Finalize the process of integration of HIV in school curricula Finalize strategy for a comprehensive prevention package for youth (14-35) Develop a strategy for young adolescents (10-14) Put more efforts in policy or strategy to promote IEC and other preventive health interventions for MSM, IDU and Prison inmates, Advocacy for condom distribution in prisons change this situation. Advocacy for development of targeted services for MSM, Sex workers and other marginalized groups.

Page 45

96)

Part A, III. PREVENTION

4. Has the country identified specific needs for HIV prevention programmes?

Yes (0)

Page 46

97)

Part A, III. PREVENTION

Question 4 (continued)
IF YES, how were these specific needs determined?

Through the previous NSP review and through the KYE exercises (Triangulation, Mode of Transmission), we have identified gaps in our prevention strategies and designed new strategies in the new NSP.

98)

4.1 To what extent has HIV prevention been implemented?

	The majority of people in need have access
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	N/A
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	
HIV prevention in the workplace	Don't agree
Other: please specify	

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99)

Part A, III. PREVENTION

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

9 (9)

100)

Since 2007, what have been key achievements in this area:

There has been an increased awareness in the importance to target MARPs in HIV prevention programmes and an attempt to scale up prevention services for these groups. There has been an effort to overcome social taboos and address explicitly issues that were previously ignored (condom use, especially for young people, pre-marital sex, extra-marital sex, sexual abuse of

children by adults, transgenerational sex, ...). Scaling up of VCT/PMTCT services in the whole country (PMTCT from 285 in 2007 to 373 in 2007 and VCT from 316 to 403) Implementation of a better PMTCT regimen (dual therapy instead of single dose niverapine) Initiation of Male circumcision program 80% increase in number of condoms distributed(from 10 millions to 18 millions) PIT started being implemented, Couple counselling and testing promoted

101)

What are remaining challenges in this area:

Implementation of comprehensive prevention package for marginalized and stigmatized groups (sex workers, MSM, prisoners) with specific outreach strategies adapted to their different situations. Ensure continuity and geographic coverage of full prevention package for general population and for target groups.

Page 48

102)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes (0)

Page 49

103)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

104)

1.2 IF YES, does it address barriers for most-at-risk populations?

Yes (0)

105)

2. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 50

106)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)
IF YES, how were these determined?

In terms of geographic area, there is a mapping that is done regularly to assess the geographic coverage of HIV services. New Health facilities are equipped to deliver HIV services in under serviced areas. The target of the HIV NSP is that by 2012, all health centres will offer comprehensive services, so that all Rwandans would have access to services within one hour walking distance from their homes.

107)

2.1 To what extent have the following HIV treatment, care and support services been implemented?

HIV treatment, care and support service	The majority of people in need have access
Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: Treatment in Prisons, Treatment and Care for Refugees,	Agree

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108)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?

Yes (0)

109)

4. Does the country have access to *regional* procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy drugs, condoms,

and substitution drugs?

Yes (0)

Page 52

110)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 4 (continued)
IF YES, for which commodities?:

Procurement of all commodities occurs at once or two times per year through CAMERWA. But condoms are also supplied by partner organizations like UNFPA and PSI.

Page 53

111)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

10 (10)

112)

Since 2007, what have been key achievements in this area:

 Existing and working Policy for HIV and AIDS care and treatment, There is a regular procurement plan of commodities and drugs, Civil society is participating and has increased awareness in HIV and AIDS care and treatment, Drugs to treat all population (including children infected) are available, but the families are still not bringing their children to receive drugs, so we are not reaching all the children who are in need. The number of people under treatment (ART) has rapidly increased over the last few years (check exact numbers, but I would say from 47,755 in 2007 to than 76,726 in 2009. The coverage is increasing but we are still around 70%, especially with the newly adopted criteria for initiating treatment (from CD4<200 to CD4<350) Lab quality control and scaling up of early infant diagnosis

113)

What are remaining challenges in this area:

 For children infected and affected by HIV, some families are still not bringing them to receive drugs, so we are not reaching all the children who are in need. With the new threshold for treatment initiation, we are targeting people who are still asymptomatic, and therefore less likely to be diagnosed and to be compliant to regular ART. We have to increase efforts for testing of people at risk, especially those in discordant couples, and to sensitize infected people to the importance of treatment, even if they are asymptomatic. Problem of patients lost to follow up (patients in care but not in treatment) Problem of timely detection of treatment failures that need second line treatment Psychosocial support of families of PLWHA.

Page 54

114)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

5. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?

Yes (0)

Page 55

115)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

5.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?

Yes (0)

116)

5.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?

Yes (0)

117)

5.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?

Yes (0)

Page 56

118)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 5.3 (continued)
IF YES, what percentage of orphans and vulnerable children is being reached?

Please enter the rounded percentage (0-100)

12

119)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

8 (8)

120)

Since 2007, what have been key achievements in this area:

Mutuelles gives easier access to health care for people who would otherwise be unable to pay for services, including OVC. Programs for OVC support have been scaled up in recent years, but are

still far from covering the needs of even the most vulnerable children.

121)

What are remaining challenges in this area:

The needs of most vulnerable children are enormous, and access to minimum package of services is very limited. There is also a lack of reliable data both to estimate the actual needs and to assess the degree of access to needed services for OVC.

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122)

Part A, Section V: MONITORING AND EVALUATION

1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?

Yes (0)

Page 58

123)

1.1 IF YES, years covered:
Please enter the start year in yyyy format below

2009

124)

1.1 IF YES, years covered:
Please enter the end year in yyyy format below

2012

125)

1.2 IF YES, was the M&E plan endorsed by key partners in M&E?

Yes (0)

126)

1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?

Yes (0)

127)

1.4 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?

Yes, all partners (0)

Page 60

128)

Part A, Section V: MONITORING AND EVALUATION

2. Does the national Monitoring and Evaluation plan include?

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	Yes
a strategy for assessing data quality (i.e., validity, reliability)	Yes
a data analysis strategy	Yes
a data dissemination and use strategy	Yes

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129)

Part A, Section V: MONITORING AND EVALUATION

Question 2 (continued)
If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	Yes
Evaluation / research studies	Yes

130)

3. Is there a budget for implementation of the M&E plan?

Yes (0)

Page 62

131)

Part A, Section V: MONITORING AND EVALUATION

3.1 IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?

Please enter the rounded percentage (1-100). If the percentage is less than 1, please enter "1".

6

132)

3.2 IF YES, has full funding been secured?

Yes (0)

133)

3.3 IF YES, are M&E expenditures being monitored?

No (0)

Page 64

134)

4. Are M&E priorities determined through a national M&E system assessment?

Yes (0)

Page 65

135)

Part A, Section V: MONITORING AND EVALUATION

Question 4 (continued)
IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:

A national M&E system assessment is conducted once every 2 years using an M&E assessment tool called the Monitoring and Evaluation Systems Strengthening Tool (MESST) based on the 12 components of a functional M&E system as approved by the international Monitoring and Evaluation Reference Group (MERG). This exercise includes government and non government HIV M&E stakeholders.

136)

5. Is there a functional national M&E Unit?

Yes (0)

Page 66

137)

5.1 IF YES, is the national M&E Unit based

in the National AIDS Commission (or equivalent)?	Yes
in the Ministry of Health?	Yes
Elsewhere? (please specify)	

138) ### Number of permanent staff:

Please enter an integer greater than or equal to 0

5

139) ### Number of temporary staff:

Please enter an integer greater than or equal to 0

2

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140)

Part A, Section V: MONITORING AND EVALUATION

Question 5.2 (continued)
Please describe the details of <u>all</u> the permanent staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	Director	Full time	2005
Permanent staff 2	M&E Officer	Full time	2007
Permanent staff 3	Analyst	Full time	2005
Permanent staff 4	Analyst	Full time	2009
Permanent staff 5	Data manager	Full time	2006
Permanent staff 6			
Permanent staff 7			
Permanent staff 8			
Permanent staff 9			
Permanent staff 10			
Permanent staff 11			
Permanent staff 12			
Permanent staff 13			
Permanent staff 14			
Permanent staff 15			

141)

Please describe the details of <u>all</u> the temporary staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Temporary staff 1	School of Public Health M&E Fellow	Full time	2009
Temporary staff 2	School of Public Health M&E Fellow	Full time	2009
Temporary staff 3			
Temporary staff 4			
Temporary staff 5			
Temporary staff 6			
Temporary staff 7			
Temporary staff 8			
Temporary staff 9			
Temporary staff 10			
Temporary staff 11			

Temporary staff
12
Temporary staff
13
Temporary staff
14
Temporary staff
15

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142)

Part A, Section V: MONITORING AND EVALUATION

5.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?

Yes (0)

Page 69

143) **Part A, Section V: MONITORING AND EVALUATION**

Question 5.3 (continued)
IF YES, briefly describe the data-sharing mechanisms:

The National HIV M&E Plan describes the overall reporting mechanism and data flow for routine program data from service delivery level to the national HIV database (CNLSnet), including all relevant data collection and reporting tools. Data is aggregated at the district level and shared with district-level stakeholders through quarter meetings (Joint Action Forum). Data at the national level is accessible to all stakeholders through the CNLS database CNLSnet.

144)

What are the major challenges?

- Some implementing partners don't report at all, others don't report on time - Joint Action Forums sometimes aren't regularly held in the district each quarter - Issues with data quality in routine programmatic data aggregated at district and national levels - Insufficient feedback from central to district level about quality and content of reports

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145)

Part A, Section V: MONITORING AND EVALUATION

6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?

Yes, but meets irregularly (0)

146)

6.1 Does it include representation from civil society?

Yes (0)

Page 71

147) **Part A, Section V: MONITORING AND EVALUATION**

Question 6.1 (continued)
IF YES, briefly describe who the representatives from civil society are and what their role is:

All civil society HIV umbrella groups are represented in the HIV M&E Technical Working Group and actively participate in meetings. These umbrella organizations represent their constituencies, largely comprised on HIV implementing partners at the service delivery level.

148)

7. Is there a central national database with HIV- related data?

Yes (0)

Page 72

149)

Part A, Section V: MONITORING AND EVALUATION

7.1 IF YES , briefly describe the national database and who manages it:

There is a CNLS database that includes programme monitoring indicators from the decentralized level (CDLS): type of activities (coded), geographical areas, implementers, beneficiaries, funds budgeted and spent, result indicators. It is a web-based database. Data are entered from the district and transferred up to national level for aggregation and analysis. There is also a database for HIV clinical and treatment data: TRACNet, managed by TRACPlus. . Data atHealth facilities are entered into a phone data capture interface and electronically submitted to TRAC Plus via TRACnet. The TRACnet database currently collects site-level ART data from each health facility providing ART in the country and it is being expanded to collect VCT, PMTCT, HIV/TB, STI and nutritional (for HIV positive patients) data and will be updated to include patient-level monitoring from electronic medical records, in addition to site-specific information, so that real-time data will be available on individual patient outcomes over time. The database will ensure patient confidentiality while improving access to relevant information to the selected end users.

150)

7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?

Yes, all of the above (0)

Page 73

151)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	Yes

Page 74

152) **Part A, Section V: MONITORING AND EVALUATION**

For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.

For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?

District Hospital

153)

8. Does the country publish at least once a year an M&E report on HIV, including HIV surveillance data?

Yes (0)

154)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

4 (4)

155)

Provide a specific example:

In general, M&E data has been used to inform national strategic planning processes such as Economic Development and Poverty Reduction Strategy (EDPRS) 2008-12 and the NSP 2009-12. For example, HIV-discordant cohabitating couples have been highlighted as a priority risk group for targeted HIV prevention based on the results of recent research and epidemiological modelling.

156)

What are the main challenges, if any?

The main challenge involves the use of routine programmatic data to inform programmatic decisions, both at central and at the decentralized level.

Page 75

157) **Part A, Section V: MONITORING AND EVALUATION**

9.2 To what extent are M&E data used for resource allocation?

4 (4)

158)

Provide a specific example:

M&E data was used to inform the costing exercises of recent Global Fund grant proposals, including the National Strategic Application (NSA), particularly for epidemiologic and programmatic assumptions.

159)

What are the main challenges, if any?

As mentioned above, the use of programmatic data for resource allocation remains a major challenge.

Page 76

160)

Part A, Section V: MONITORING AND EVALUATION

9.3 To what extent are M&E data used for programme improvement?:

4 (4)

161)

Provide a specific example:

Routine health data included in the health information system (HMIS) is used at the facility level to orient community health workers' community education campaigns.(clinical programs: stock outs, new treatment regimen, ...)

162)

What are the main challenges, if any?

Routine use of community-based routine program data for program improvement.

Page 77

163) **Part A, Section V: MONITORING AND EVALUATION**

10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:

Yes, at all levels (0)

Page 78

164)

10.1 In the last year, was training in M&E conducted

At national level?	Yes
At subnational level?	Yes
At service delivery level including civil society?	Yes

Page 79

165) Part A, Section V: MONITORING AND EVALUATION

Question 10.1 (continued)
Please enter the number of people trained <u>at national level.</u>

Please enter an integer greater than 0

11

166) Please enter the number of people trained <u>at subnational level.</u>

Please enter an integer greater than 0

60

167) Please enter the number of people trained <u>at service delivery level including civil society.</u>

Please enter an integer greater than 0

15

Page 80

168)

Part A, Section V: MONITORING AND EVALUATION

10.2 Were other M&E capacity-building activities conducted other than training?

Yes (0)

Page 81

169) Part A, Section V: MONITORING AND EVALUATION

Question 10.2 (continued)
IF YES, describe what types of activities:

Participation in skills-building workshops including the use of EPP and SPECTRUM

Page 82

170) Part A, Section V: MONITORING AND EVALUATION

Question 10.2 (continued)
Overall, how would you rate the M&E efforts of the HIV programme in 2009?

8 (8)

171)

Since 2007, what have been key achievements in this area:

- New M&E plan 2009-2012 with new indicators - The web based tools facilitate planning and reporting of activities. - More M&E trainings to increase capacity of M&E professionals

172)

What are remaining challenges in this area:

- Definition of indicators at all levels by category and setting all targets and baselines for the indicators is work in progress - Data quality issues, particularly of routine program data from the community-based M&E system - Insufficient of use of data generated at all levels

Page 84

173)

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 85

174)

Part B, Section I. HUMAN RIGHTS

2.1 *IF YES,* for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	No
d. Men who have sex with men	No
e. Sex Workers	Yes
f. prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Refugees, Disabled People	Yes

175)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

IF YES, Briefly explain what mechanisms are in place to ensure these laws are implemented, the content of these laws and comment on the degree to which they are currently implemented: Mechanisms: Policies for the protection of vulnerable sub-populations include Vision 20/20, the Economic Development and Poverty Reduction Strategy (EDPRS), and health and HIV policies. National institutions with an emphasis on the protection of vulnerable sub-populations include MIGEPROFE, CNLS, National Youth Council, National Refugee Commission, National Women's Council, and National Council for Disabled People. In addition, civil society, the media, and trade unions contribute processes designed for the protection of vulnerable sub-populations. The

existing problem with all international instruments is enforcement; there remains the need to educate and sensitise people about these instruments. The judicial system, the police, and the Court of Appeal provide means for redress for all Rwandans in case of unfair treatment or discrimination. Other resources include the judiciary police department, the Law Society, the Ombudsman, and umbrella organisations/civil society.

176)

Briefly describe the content of these laws:

Additionally, we can mention the Policy of protection of OVC (MIGEPROF), the Convention for child protection, the New gender policy, the Law on prevention, protection and punishment of any GBV.

177)

Briefly comment on the degree to which they are currently implemented:

Women: There are specific provisions for women in the Constitution of Rwanda (Articles 185 and 187 of the Constitution) Young People: Law 27-2001 protects minors from violence. The National Youth Council is also in place (Article 186 of the Constitution) Prison Inmates: Protective measures for prison inmates are included in the Constitution, the Penal code, and in policies for the treatment of prisoners living with HIV. Migrants/mobile Population: The Constitution protects migrants and mobile populations. Rwanda has ratified the African Charter of Human and Peoples Rights, including the right to free movement (Article 16). Refugees: Rwanda is a signatory to the 1941 UN Convention on Refugees. Disabled: Regarding people with disabilities, a protective law was introduced in 2005.

Page 86

178)

Part B, Section I. HUMAN RIGHTS

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?

No (0)

Page 88

179) **Part B, Section I. HUMAN RIGHTS**

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?

Yes (0)

Page 89

180)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)
IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

The NSP 2009-12 states that: “As well as strengthening the existing system, alternative justice mechanisms will be introduced, and citizens will be sensitized to new laws and mechanisms to ensure justice and protection of rights. New legislation against gender-based violence is a pre-condition for ensuring access to justice for women, and will be accompanied by training of judicial personnel, police officers and prison staff on human rights, gender-based violence and the management of cases involving vulnerable and disadvantaged groups. Special attention will be given to the monitoring and protection of human rights in general, and those of women, children, people living with HIV and AIDS and vulnerable groups in particular”.

181)

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, most-at-risk populations and/or other vulnerable subpopulations?

Yes (0)

Page 90

182)

Part B, Section I. HUMAN RIGHTS

Question 5 (continued)
IF YES, briefly describe this mechanism:

A specific mechanism does not exist. However, there is the general application of the constitutional provisions and other laws that prohibit discrimination of any kind under Article 11 of the Constitution. The National Commission of Human Rights has a focal point dealing with HIV cases. The Commission can provide legal aid and other assistances.

183)

6. Has the Government, through political and fi nancial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

Yes (0)

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184)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)
IF YES, describe some examples:

The national strategy on HIV was designed with the participation and consultation of civil society and representatives of most-at-risk populations. Funding has been allocated for planning meetings and income-generating activities (IGA) for most-at-risk populations.

185)

7. Does the country have a policy of free services for the following:

a. HIV prevention services	Yes
b. Antiretroviral treatment	Yes
c. HIV-related care and support interventions	Yes

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186)

Part B, Section I. HUMAN RIGHTS

Question 7 (continued)
IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

There is a policy of free VCT, ART, PMTCT, and TB treatment throughout the country. Treatment for other opportunistic infections is not free but can be covered through health insurance (mutuelle de santé).

187)

8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?

Yes (0)

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188)

Part B, Section I. HUMAN RIGHTS

8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?

Yes (0)

189)

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

Yes (0)

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190)

Part B, Section I. HUMAN RIGHTS

Question 9 (continued)
IF YES, briefly describe the content of this policy:

The most at risk populations identified in the new NSP 2009-12 are sex workers, discordant couples, and young women aged 19-24. Each of these populations has a number of specific vulnerability factors that need to be addressed through targeted interventions to reduce HIV infection. Many other groups have been identified as being at risk for HIV infection because of their behaviours or situations (for instance men who have sex with men, mobile populations, prisoners, and people with disabilities), and although these groups do not account for as high a proportion of new HIV infections, it is still important that they are reached by prevention programs. Many of the interventions will contribute not only to stemming the spread of HIV, but also to improving life skills in general and sexual and reproductive health in particular – not only are these important ends in themselves, but they are also known to be good entry points for HIV prevention efforts. In addition, according to the multi-sectoral approach, the CNLS has prepared IEC guides proposing different approaches for groups such as youth, people who are disabled, and truck drivers. The respective umbrellas also use different approaches with the different most-at-risk populations. Prisoners do not receive complete prevention measures (there is HIV sensitization in prisons but condoms are not available). Prison inmates do not have access to condoms because the ministry of justice does not wish to be seen as condoning sexual intercourse among inmates. In boarding secondary schools, access to condoms is limited if not absent

191)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

Yes (0)

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192)

Part B, Section I. HUMAN RIGHTS

Question 9.1 (continued)
IF YES, briefly explain the different types of approaches to ensure equal access for different populations:

Many of the interventions will contribute not only to stemming the spread of HIV, but also to improving life skills in general and sexual and reproductive health in particular – not only are these important ends in themselves, but they are also known to be good entry points for HIV prevention efforts. In addition, according to the multi-sectoral approach, the CNLS has prepared IEC guides proposing different approaches for groups such as youth, people who are disabled, and truck drivers. The respective umbrellas also use different approaches with the different most-at-risk populations. Prisoners do not receive complete prevention measures (there is HIV sensitization in prisons but condoms are not available). Prison inmates do not have access to condoms because the ministry of justice does not wish to be seen as condoning sexual intercourse among inmates. In boarding secondary schools, access to condoms is limited if not absent

193)

10.Does the country have a policy prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?

No (0)

194)

11.Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

Yes (0)

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195)

Part B, Section I. HUMAN RIGHTS

11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?

Yes (0)

196)

IF YES, describe the approach and effectiveness of this review committee:

RPP+, which represents PLHIV in Rwanda, is a member of the committee. Meetings are held on a monthly basis and on average ten proposals are reviewed per session. An administrator has been appointed within the Ministry of Health to manage the committee. All study proposals in Rwanda need to pass through the committee to ensure that national and international standards are followed to protect the rights of the population studied.

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197)

– Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work

Yes (0)

198)

– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment

No (0)

199)

– Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts

Yes (0)

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200)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)
IF YES on any of the above questions, describe some examples:

National Institutions: HIV and AIDS issues have been integrated into all organizations and institutions working on human rights in Rwanda. Examples include National Human Rights Commission, RWANDA , AJPRODHO, HAGURUKA, CLADHO, LDGL, ARDHO and FACT Rwanda. Performance indicators: As per NSP 2009-2012, people infected and affected by HIV have the same opportunities as the general population. As per NSP output 3.3.1.1, the rights of people infected and/or affected by HIV are assured in the legal framework

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201)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

Yes (0)

202)

– Legal aid systems for HIV casework

Yes (0)

203)

– Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV

Yes (0)

204)

– Programmes to educate, raise awareness among people living with HIV concerning their rights

Yes (0)

205)

15. Are there programmes in place to reduce HIV-related stigma and discrimination?

Yes (0)

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206)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
IF YES, what types of programmes?

Media	**Yes**
School education	**Yes**
Personalities regularly speaking out	**Yes**
Other: Counselling, involvement of religious leaders and communities, and cultural activities	**Yes**

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207)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

8 (8)

208)

Since 2007, what have been key achievements in this area:

During this period, the National Strategic Plan 2009-2012 was put in place with a key outcome to promote the rights of people who are affected by or infected with HIV. The EDPRS 2008-2012 integrates HIV prevention in all sectors of government; in particular, the justice sector reviewed laws to ensure they address Human Rights and HIV. Prevention efforts have been intensified, with additional emphasis on education. There has been increased participation in policy design, with new umbrellas for faith-based organisations and people who are disabled. There are now more organisations advocating for the rights of PLHIV. Understanding of HIV/AIDS human rights issues have improved, with greater integration of HIV/AIDS into overall programmes for human rights. Work has been done in the area of policy-change with regards to increased access to health insurance. The process of decentralisation has been strengthened since 2009. EDPRS has been put in place and CNLS, FAAS, and CLADHO have held regional meetings regarding the rights of PLHIV. Civil society has carried out advocacy to ensure that revisions of laws respect the rights of MARPs and vulnerable groups.

209)

What are remaining challenges in this area:

- Ensure implementation of NSP 2009-12, in particular in relation to HIV services for most-at-risk groups - Enforcement of existing laws

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210)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

8 (8)

211)

Since 2007, what have been key achievements in this area:

- Authorities are regularly asked to speak about HIV and AIDS and human rights at public functions. - A meeting has been held for all public authorities at national and district levels, encouraging them to integrate the fight against stigma and discrimination into their programmes. - The Initiative of the First Lady to protect the rights of children has helped to fight stigma related to HIV/AIDS, encouraging adults to treat each child as their own. - A media umbrella organisation has been created to promote positive messages in the media. - Training sessions to educate people about their rights have been conducted within PLHIV organisations. - There are an increased number of VCT, PMTCT, and ART sites. - Health insurance membership has increased, making treatment for opportunistic infections more accessible. - A performance-based approach has been established to improve the quality of care being provided. - VCT and ART have been introduced in prisons.

212)

What are remaining challenges in this area:

- Access to condoms in prisons - Increase prevention of and protection from sexual and gender-based violence

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213)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?

5 (5)

214)

Comments and examples:

Civil society has initiated some studies that informed the development of the new NSP 2009-12 such as the first Rwanda Stigma Index Study (2009), the exploratory study on MSM and the evaluation of capacity of the network of people living with HIV in the prevention area (“Evaluation des capacités des associations members du RRP+ en matière de prévention”). Civil society is more and more involved in advocacy meetings related to HIV.

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215)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?

5 (5)

216)

Comments and examples:

Civil society has been involved in the evaluation of the former NSP (2005-2009) and has strongly participated in all steps of the process of planning and budgeting for the new NSP 2009-2012.

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217)

a. the national AIDS strategy?

5 (5)

218)

b. the national AIDS budget?

4 (4)

219)

c. national AIDS reports?

4 (4)

220)

Comments and examples:

Monitoring of CSOs interventions and results needs to improve (CNLSnet should focus more on achievements/results by CSOs at district level). During the evaluation of the former NSP 2005-2009, there was a lack of data concerning civil society interventions and related coverage.

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221)

a. developing the national M&E plan?

4 (4)

222)

b. participating in the national M&E committee / working group responsible for coordination of M&E activities?

5 (5)

223)

c. M&E efforts at local level?

3 (3)

224)

Comments and examples:

Civil society representatives participate in: - joint action forum meeting at district level - regular field visits to evaluate the progress of HIV response at the local level organized by NACC (CNLS) Also, civil society representatives are member of M&E technical working group; however, work sessions need to be more regular.

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225) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?

5 (5)

226)

Comments and examples:

PLHIV: • Umbrella CSO's (PLHIV, Disabilities, NGO Forum, ABASIRWA, FBOs, PSF • National NGOs and international NGOs (see list with NGO forum) • CBOs • Non health sectors Cfr CSOs situation analysis report at NGO Forum web: www.rwandangoforum.org

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227)

a. adequate financial support to implement its HIV activities?

3 (3)

228)

b. adequate technical support to implement its HIV activities?

4 (4)

229)

Comments and examples:

Since HIV interventions related to care and treatment/ clinical interventions are more expensive, civil society organizations working with communities have lower budget allocations.

Page 109

230) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

Prevention for youth	>75%
Prevention for most-at-risk-populations	
- Injecting drug users	<25%
- Men who have sex with men	<25%
- Sex workers	25-50%
Testing and Counselling	51-75%
Reduction of Stigma and Discrimination	25-50%
Clinical services (ART/OI)*	25-50%
Home-based care	>75%
Programmes for OVC**	51-75%

Page 110

231)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)
Overall, how would you rate the efforts to increase civil society participation in 2009?

9 (9)

232)

Since 2007, what have been key achievements in this area:

• CSOs situation analysis • Involved in the review of NSP and the development of New NSP • Development of NSA • Training on Result Based Management • Active advocacy on the ongoing process of draft bills (Reproductive Health, Penal code, GBV) • Decentralization of CSOs umbrellas structures • Trained in Leadership and Networking • Meaningful participation in JADF (Joint Action Development Forum) • Trained in GF grant mobilization and Management More and more civil society organizations are involved in the HIV response and there is increased funding. Prospects for increased finding are very positive from 2010 due to the involvement of civil society in the National Strategy Application (NSA) to the Global Fund that has been awarded to Rwanda.

233)

What are remaining challenges in this area:

Cfr CSOs situation analysis, 2009

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234)

Part B, Section III: PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?

Yes (0)

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235)

Part B, Section III: PREVENTION

Question 1 (continued)
IF YES, how were these specific needs determined?

The new NSP 2009-12 was based on the review of the old one (2005-09), including research findings but also focus groups with beneficiaries at the local level. Representatives from civil society have participated in all phases of its development, including PLHIV, other beneficiaries of services and HIV implementers.

236)

1.1 To what extent has HIV prevention been implemented?

	The majority of people in need have access
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	N/A
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Don't agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Don't agree
Other: please specify	

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237)

Part B, Section III: PREVENTION

Question 1.1 (continued)
Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

8 (8)

238)

Since 2007, what have been key achievements in this area:

See table above – number of services in existence are high: - Interventions of civil society mainly focus on prevention targeting general population and most at risk covering all country although need for scale up - For sex workers refer to “mapping of interventions” study (CNLS and UNFPA, 2009) - Civil society contributed to include most at risk groups in NSP 2009-12 - Advocacy on male circumcision - Strategic Plan condoms - WAC - Introduction of health mentors in community to offer psychosocial treatment and sensitization about prevention - Inclusion of activities on disability in NSP - More VCT - Open discussion about sex in society, the debate is opening up

239)

What are remaining challenges in this area:

- Cultural obstacles for key populations MSM, sex workers - Access of condoms in prisons - Some health centres do not allow condoms distribution - Need to scale up – accelerate - Preventions intervention were not focused on MARPs but more on general population - Continuity of funds – NGOs funds not sustained (some years it breaks) - Some donors support implementation but with no coordination – staffing, functioning costs not provided for - Disparate geographical coverage – remains a problem – NGOs do not go in far away areas - Monitoring of prevention activities needs strengthening

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240)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

1. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

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241)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)
IF YES, how were these specific needs determined?

There has been an evaluation of existing care and treatment services. Civil society intervening in this domain has been involved in the overall planning process.

242)

1.1 To what extent have the following HIV treatment, care and support services been implemented?

HIV treatment, care and support service	The majority of people in need have access

Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	

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243)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1.1 (continued)
Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

8 (8)

244)

Since 2007, what have been key achievements in this area:

- Mobilisation and sensitization of PLHIV to have “jardin potagers” (gardens) to improve nutritional status - Sensitization of PLHIV for good adherence - Strengthening linkage between community and health services for increase access - ART coverage was increased – decentralization continued – sustained availability of ART - Prophylaxis post exposure not only for health staff but also for victims of rape - Increased number of sites offering ART - Associations of PLHIV changed in cooperatives in 2008 – with IGAs to become sustainable

245)

What are remaining challenges in this area:

- Nutritional support very weak - Workplace programs insufficient - Improve psychological support for PLHIV

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246)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?

Yes (0)

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247)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

2.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?

Yes (0)

248)

2.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?

Yes (0)

249)

2.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?

Yes (0)

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250)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

7 (7)

251)

Since 2007, what have been key achievements in this area:

- Development of OVC policy - Development of OVC selection criteria - Definition of minimum prevention package in 2008 - Organization of one national Paediatric Conference per year

252)

What are remaining challenges in this area:

Many OVC still do not receive support. The minimum package of services is not complete, e.g. school fees are paid but there is no contribution for books. Though the criteria to define OVC are clear, the mechanisms in place to identify them have some shortcomings. For instance, OVC have to be identified in public, which is unfair to them. There is still stigma and discrimination in schools.