



# ROADS II Countries: Rwanda

## Introduction

ROADS II Rwanda began operations in 2008. Interventions are geared to increase services in HIV prevention, care and treatment, family planning/reproductive health (FP/RH), maternal and child health (MCH) and gender-based violence (GBV) along transport corridors linking Rwanda with other countries in the region.

The project also builds the capacity of Rwandan organizations to respond to health issues affecting their communities, with approaches that are innovative and appropriate and solutions that are locally relevant and sustainable.

ROADS II Rwanda is implemented in two truck stop areas of Kigali (Kicukiro and Gasabo) and the border towns of Rusizi (across from Bukavu, DRC),

Bugarama (bordering Burundi and DRC), Gisenyi (across from Goma, DRC) and Gatuna (across from Katuna, Uganda).

## Partners

- Government of Rwanda: Ministry of Gender and Family Promotion (MIGEPROF), Ministry of Health (MOH) and other public institutions
- Rwanda Biomedical Center/ Institute of HIV/AIDS, Disease Prevention and Control (RBC/IHDPC)
- Decentralized districts
- Health facilities
- Local CBOs/NGOs/FBOs
- Private sector (e.g., Gahaya Links Company)

## Project Activities

ROADS II combines conventional HIV risk-reduction strategies for most-at-risk populations with more comprehensive programming, including:

- Innovative strategy to identify and reach “hidden” populations of young sex workers, linking them with a range of health and social services
- HIV prevention through immediate social networks
- Outreach HIV testing and counseling
- Linkages to care and treatment services
- Support for orphans and other vulnerable children
- Creation of economic opportunities for people living with HIV or at risk of HIV due to economic vulnerability
- FP/RH and MCH
- Nutrition

## Spotlight: Tapping into Social Networks through the Cluster Model

ROADS II Rwanda works with more than 400 CBOs in distinct clusters operating in Kigali, Gicumbi, and Rusizi. Of these groups, more than 80 percent had never received donor support, including capacity building, prior to ROADS. A “cluster” is defined as an association of like-minded community groups brought together for joint planning and implementation, through a simple, transparent governance structure for sustainability in the community.

Linked closely with health facilities, cluster members provide HIV prevention, FP/RH and MCH education, counseling, and support, as well as home care and other community-based services.

Low-Income Women cluster members reach peers through their “immediate social networks” where they are accepted as trusted advisors thus ensuring that their interventions are targeted to the specific needs of the people they reach.

Clusters of people living with HIV (PLHIV) conduct prevention and adherence counseling with their peers and provide referrals to care, *mutuelle* (national health insurance) enrollment and information on and links to ROADS economic strengthening programming.

Youth clusters reach age mates focusing on HIV prevention and FP/RH education and promoting involvement in economic strengthening for out-of-school youth.

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