The UN Security Council Resolution 1820 adopted on 19th June 2008, recognized the rape as a war crime.

During the 1994 Genocide against the Tutsi in Rwanda between 250,000 and 500,000 women who survived were systematically raped, with the intention to infect them with HIV and 20,000 children born of these mass rapes.

As women were not comfortable to access HIV services due to stigma around rape.

It was of paramount importance to find a suitable solution to address this issue.

This paper highlights a model that can be used as a Human Right and HIV response in the post conflict environments.

Under the leadership and advocacy of H.E. Madam Jeannette Kagame, the First lady of Rwanda, a five year program “Care & Treatment Project” (CTP) has been launched in 2005 by Imbuto Foundation in partnership with Survivors’Fund, through 4 local NGOs namely: Avega-Agahozo, Solace, Ministries, Rwanda women Network.

The long term project objective was to improving the living conditions of HIV+ women survivors raped during the 1994 genocide.

The project offered a community based care with ART and comprehensive services to 2,500 HIV+ women and their families” by providing services in a safe and supportive environment through four special clinics serving for that purpose.

The project outputs aimed at enhancing the capacity of 4 local NGOs’ clinics to offering HIV/AIDS and other medical care to conform to the national norms of HIV/AIDS care.

• Data were collected using program monitoring and evaluation tools on quarterly basis
• Descriptive analysis have been generated using Microsoft Excel.

The program reached over 2500 HIV+ women aged between 18 to 59 years.

A total of 1,892 (75.68%) women accepted to be enrolled in the ART program in other Health centers.

All four clinics have a community-based and women initiated 22 income generating activities to cover their other social needs.

Around 1496 Secondary beneficiaries received psycho social, trauma management & education support.

The safe spaces and holistic services addressing individual, household and community needs, have helped the women raped to live positively with HIV and integrated in the national HIV programs.

The four special clinics have been integrated in the pool of health centers offering the ART Services in Rwanda.

This model can serve as a model of providing HIV quality services by addressing stigma around HIV related to rape and violence in post conflict countries.

Key words: Genocide, Women survivors raped, HIV

For more information: www.imbutofoundation.org