



**DELIVERING  
HEALTH  
FOR ALL**  
Biennial  
Report  
2014-2015



**HDI** HEALTH DEVELOPMENT INITIATIVE  
*Striving for a healthy society*



## Vision:

A society in which everyone has a right to enjoy the highest standard of health and wellbeing

## Mission:

To empower individuals, communities, and institutions to improve community health and development in Rwanda. Using a rights-based approach, HDI builds sustainable alliances to advocate for and support health-friendly policies and services for everyone regardless of social, cultural, or economic status.

## Priority Areas

- 1) Policy, Advocacy, and Governance: Working with policy makers, civil society organizations, and government institutions to advocate for positive policy change. This requires strong partnerships with like-minded individuals and organizations to ensure a united, powerful communication message.
- 2) Sexual and Reproductive Health and Rights: HDI works to improve the sexual and reproductive health and rights of different communities, with a focus on youth, young women and marginalized populations. It does so by providing comprehensive information and services, related to family planning, HIV and other STIs, gender based violence, safe abortion, as well as by working with the health system to increase access to information and services for all.
- 3) Community Health and Development: HDI provides under-served communities with support, training, and health education, empowering them to prevent and treat illness, with an emphasis on preventable diseases, nutrition, and hygiene and sanitation.
- 4) Medical and Technical Support: HDI works to strengthen the capacity of the health care system, by equipping health care providers with knowledge, skills and resources, and by exploring different approaches for equitable and user-friendly health service delivery.

## Message from the Executive Director

On behalf of the Board of Directors and Health Development Initiative, I am proud to present the 2014-2015 Biennial Report. In the past two years, HDI has ambitiously advanced our vision, identifying new partners and projects, all in the name of raising the standard of health and well being for everyone in Rwanda.

Our expansion in services included moving to a new office. The new office houses one of HDI's new projects, the Center for Health and Rights, which opened in 2015 thanks to generous support from our partners at Norwegian People's Aid. The Center for Health and Rights marks HDI's entrance into direct service delivery, with the ultimate goal of being a model for stigma-free youth-friendly service delivery in Rwanda.

The opening of the center and expansion of existing programs have all been in advancing our new Strategic Plan (2014 – 2017). In 2014, HDI took time to reflect as an organization, take inventory of both our strengths and the community's needs, and chart a path forward to better realize our vision. Two years in, we have made great strides to both align previous work and pursue new opportunities consistent with our priority areas. Through our commitment to achieving health equity among Rwanda's most vulnerable and marginalized groups, HDI continues to forge ahead in improving the health and well being of all people in Rwanda.

I would like to take this time to thank our generous supporters, which include but are not limited to: Rwanda Biomedical Center, Rwandan Ministry of Health, Ministry of Local Government, Ministry of Education, Rwanda Governance Board, GRET, Global Fund to fight AIDS, TB and Malaria, Metamorfose, Packard Foundation, Global Giving, HarvestPlus, Open Society, UHAI EASHRI Company Ltd, AVAC, University of North Carolina at Chapel Hill, Lawrence University of Wisconsin, AKIBA UHARI Foundation, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), Pygmy Survival Alliance (PSA), SIDA, Norwegian People's Aid (NPA), Stop TB Partnership, and Hôtel des Mille Collines by Kempinski.

I would also like to thank the staff members and volunteers whose dedicated work towards HDI's progress as an organization. Without your generous support, our work would not be possible. We look forward to the bright future of continuing our shared work, and we welcome collaboration with new individuals and organizations that share our vision of a healthy society for all.

Sincerely,

**Dr. Aflodis Kagaba**  
Executive Director

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## Acronyms

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>CSO</b>	Civil Society Organization
<b>EAHP</b>	East African Health Platform
<b>FBO</b>	Faith Based Organizations
<b>FSW</b>	Female Sex Worker
<b>HIV</b>	Human Immunodeficiency Virus
<b>LGBTI</b>	Lesbian Gay Bisexual Transgender Intersex
<b>MSM</b>	Men who have sex with men
<b>PSO</b>	Private Sector Organization
<b>STI</b>	Sexually Transmitted Infections
<b>VCT</b>	Voluntary counseling and testing
<b>SRHR</b>	Sexual and Reproductive Health and Rights
<b>TB</b>	Tuberculosis
<b>WHO</b>	World Health Organization
<b>PTA</b>	Parent Teacher Association
<b>RBC</b>	Rwanda Biomedical Center
<b>ART</b>	Anti-Retroviral Therapy

## A Brief Introduction

Ten years in, and HDI has not wavered from its founding vision of providing all Rwandans with access to quality health care. In 2014 and 2015, HDI made tangible strides in broadening the scope and reach of its programs, with a continued focus on marginalized communities in Rwanda who have been historically underserved.

HDI started this two-year period by critically evaluating its impact and charting the path forward. This evaluation led to the development of the current four-year Strategic Plan (2014 – 2017). Reflecting both on the health gaps in Rwanda, and HDI's growing expertise, HDI revised its priority areas, agreeing to focus on: policy, advocacy, and governance; sexual and reproductive health and rights; community health and development; and medical and technical support.

Reflecting the goals of the Strategic Plan, HDI worked to strengthen existing programs and build new partnerships and projects. Project SHARE was expanded to include a model using peer educators and HDI's work with the Community of Potters was expanded to include a new village and new interventions. Likewise, HDI embarked on new projects such as fighting respiratory illness with low emission cook stoves, increasing awareness on safe abortion procedures in Rwanda, and developing cooperatives for people living with

HIV. HDI continues its advocacy, hoping to reduce barriers to safe abortions and to decriminalize sex work in hopes of reducing stigma that hinders access to healthcare.

In addition, as a human rights organization, HDI focused on integrating the rights-based approach into all programs and advocacy initiatives. Fostering a respect of rights, by both rights-holders and duty bearers, ensures strong social institutions are built to protect rights. HDI uses this model to encourage sustainable human rights development, strengthening the institutions that will ensure their future protection.

HDI's largest undertaking has been the establishment of the Center for Health and Rights. The Center for Health and Rights marks HDI's entrance into direct service delivery regarding sexual and reproductive health and rights, in a stigma-free and youth-friendly environment. The Center will be a model for stigma-free sexual and reproductive service provision in Rwanda.



# Sexual and Reproductive Health and Rights

HDI Center for Health and Rights

Sexual Health and Reproductive Education for Youth: Project SHARE

Community Engagement on Sexual and Reproductive Health and Rights

Advancing Health and Rights for Key Populations

### *The HDI Center for Health and Rights*

To provide targeted and stigma-free sexual and reproductive health focused services, in 2015, HDI launched the Center for Rights and Health in Kicukiro District, Kigali. It allows HDI to supplement its advocacy and education efforts with direct service delivery. The Center for Health and Rights aims to provide a model of delivering youth-friendly, stigma free sexual and reproductive health services for all Rwandans, particularly young people and those from marginalized communities.

Services provided include:

- HIV prevention, treatment, care and support
- Sexual and Reproductive Health and Rights education
- STI prevention and testing
- Community health and rights awareness
- Information about and referral for other services

In addition to receiving clients at the Center for Health and Rights, HDI has ensured vulnerable populations access to their services through outreach campaigns. In partnership with public health centers in villages with high at risk populations, offering services provided at the Center.



*Our Impact*

867

Clients received for sexual and reproductive health and rights services or education

497

People tested for HIV

17,511

Condoms distributed



*Anonymous comments from client satisfaction survey*

"The team is very welcoming and well organized..."

"They give good counseling"

"The place is very clean and there are newsletters and booklets [on sexual and reproductive health and rights]"

"The services are helpful because they are free and easy to take advantage of"

"It's a great initiative and many people will benefit from it"

"I was really comfortable talking to the center team because they were not judging"

## *Sexual Health and Reproductive Education for Youth:*

### *Project SHARE*

Sexual Health and Reproduction Education (SHARE) is a school based sexual and reproductive health program. The program fills present gaps in sexual health education through a comprehensive curriculum taught in school Anti-AIDS/health clubs. SHARE challenges students to think critically about the important topics of sexual and reproductive health and rights. The weekly program is currently being implemented at 10 Kigali area schools, reaching 350 students annually.

- 60 in-school HIV awareness events were put on by anti-AIDS clubs, reaching 4,000 students in 2014 and 2015
- SHARE facilitators were successfully integrated into the initiative in 2014 and 2015. These facilitators, mostly trained university nursing students, visit the Anti-AIDS club twice a month to ensure consistency in teaching and foster relationships with the school community. It has been found that the facilitators positively affect the program in the following ways:
  - » Students feel comfortable approaching the facilitators with personal questions because they are close in age and trained to provide accurate, helpful

information

- » Anti-AIDS clubs are more active on campus, taking more approaches to educating their peers.
- HDI trained 96 students as peer educators to act as club leaders and student ambassadors. They were trained on leadership and club management as well as on HIV general knowledge and prevention. A 2014 survey showed that participants who completed the five-day peer education training showed an increase in knowledge of STIs and HIV prevention from 33% to 70%, a increase from 62% to 87% in ones reported ability to refuse unprotected/unwanted sex, and an increase in students who reported high confidence in referring peers to SRHR services from 50% to 90%.
- SHARE presented at the International HIV Research Conference held in Kigali in December 2014 discussing their contribution revitalizing existing Anti-AIDS clubs.

*Our Impact*

96

Number of SHARE peer educators trained to deliver gender-sensitive HIV and STI prevention information in Anti-AIDS clubs

350

Number of students who completed weekly sexual and reproductive health education program through Project SHARE annually in 2014 and 2015

4,000

Number of students reached with information about their sexual and reproductive health through awareness events



“Because [our facilitator] was sociable and free with us, it reduced our anxiety since our questions were answered and it was an example for us on how we can also handle our fellow students when helping and teaching them.”

~SHARE Participant

## *Community Engagement on Sexual and Reproductive Health and Rights*

Openly discussing sexual and reproductive health is still a taboo and often met with resistance. The Government of Rwanda recognizes the many public health and development challenges tied to the topic such as reducing the prevalence of HIV and STIs and expanding the use of family planning services. HDI works to be instrumental in this area, providing accurate, comprehensive education and awareness on the topic to key community leaders, government officials, and youth populations through various forums.

### *Sexual and Reproductive Health for Youth*

- In 2015, HDI hosted a Menstrual Hygiene Day awareness event, "Starting the Conversation on Menstruation," at a local secondary school. The event featured interactive, rotational stations of discussion, visual art, and drama activities designed to inform and educate. The event was also an opportunity to reveal challenges that Rwandan schoolgirls experience during their menstruation, and to advocate for the adoption of solutions to mitigate such challenges. Approximately 150 people, including school officials and the media, attended the event.
- HDI carried out a baseline survey on youth and SRHR knowledge. The results from our survey were shared with project beneficiaries and other relevant stakeholders. Our results served as a starting point for project design

and implementation, thus heavily influencing how HDI carries out its work with youth on the topic of SRHR the status quo regarding SRHR issues affecting young people in Rwanda.

- In 2015, 37 community members, including school leaders, PTA parents from 10 PTAs, and local social affairs officers participated in a sensitization workshop on young people's sexual and reproductive health and rights
- More than 3,000 youth received information on sexual and reproductive health through five interactive radio talk shows. The radio shows were tailored to youth listeners and on average around 200 individuals responded to each show via SMS, facebook message, Twitter, or phone.
- 57 civil society organizations and local media representatives participated in two-day training about human sexuality, sexual minorities, and the challenges faced by marginalized groups
- HDI is reviewing the newly published competence-based school curriculum to advise on its design and implementation with regards to the rights-based, gender-sensitive, and comprehensive sexuality education. HDI realizes the power and potential of an accurate and comprehensive school curriculum to bring about a more healthy society

### *Safe Abortion Access Campaign*

- 4,000 individuals including, university students, journalists, healthcare providers, prosecutors, advocates, civil society organization leaders, government officials and community members were reached by HDI's public awareness campaign about the four cases in which abortion doctors and mothers are exempt from criminal liability. HDI first worked with a human and sexual rights lawyer to draft the, "Brief on Legal Abortion in Rwanda," to explain the law regarding abortion in terms accessible for public consumption. The brief was instrumental in the development of the public awareness campaign.
- Organized a workshop for 25 representatives from civil society organizations serving women and youth regarding the promotion of discussion around the revised penal code related to abortion. Representatives who attended committed to increasing abortion related issues in their messages and projects, and mobilizing their respective organizations.
- HDI organized a workshop sensitizing 29 young women leaders from 22 universities on the provisions for safe abortions in Rwanda. Legal, public health, and medical experts were invited to share their expertise on how to best inform women. Participants were then helped to develop action plans to sensitize their peers. With HDI financial and technical support, outreach campaigns were successfully executed at 15 universities.
- As a first point of contact for women seeking abortions, health care providers play a critical role in helping to educate women about their rights and access to abortions in the four legal cases. HDI organized a workshop for health care providers from 31 hospitals, health centers, and private clinics, equipping them with the skills and knowledge to help women who need legal abortion services, and how to best direct them to services.
- HDI invited a legal expert with experience in human and sexual rights and advocacy to lead a training for 22 law enforcement and lawyers to raise awareness about their role in aiding women to accessing safe abortions
- HDI partnered with RBC to host a workshop for representatives from 27 print and electronic media publications regarding the media on their role in sensitizing the larger public on Rwandan abortion law to better inform women of their rights and fight myths regarding abortion services.
- HDI initiated a mass campaign through radio talk shows to raise awareness about the current situation, legal and social, about abortion in Rwanda. The program also addressed sexual and reproductive health and rights as well as maternal and child health and mortality. The 9 hour-long radio shows were aired to an estimated 3,000,000 people. The interactive shows allowed listeners to ask questions through various social media sites as well as WhatsApp and over the phone. Over 1400 comments were received, helping to shape the content of the shows.

*Our Impact*

1,400

Comments received during via phone, WhatsApp, and social media during legal abortion radio series

3,000

Youth targeted as part of interactive radio show on sexual and reproductive health and rights

4,000

Individuals reached with information campaign regarding four cases of criminal exemption for liability



“They shouldn’t keep such matters [sexual and reproductive health education] a secret because children always find out, and if not from their parents, they might end up getting wrong information from the wrong sources.”

~Student attendee at HDI Sexual Education for Youth forum at Nobleza Hotel

## Advancing Health and Rights for Key Populations

*The Rwandan government does not criminalize sexual orientation and the law guarantees freedom of association; however LGBTI individuals and their organizations continue to face discrimination, stigmatization, inadequate protection, and lack of respect for their fundamental rights. MSM and FSWs are particularly affected by HIV and AIDS, yet they struggle to access prevention and treatment services due to fear of discrimination from revealing their identities.*

- HDI organized a social support workshop for 16 LGBTI community members and sex workers. The workshop focused on supporting mental and emotional health through sharing healthy coping mechanisms, and educating participants on human rights violation documentation.
- The peer education method used in HDI's Project SHARE was expanded to include 16 peer educators from 8 LGBTI organizations. Peer educators were trained on HIV/AIDS transmission and prevention, differences between sexuality and gender, STI prevention, drug abuse, how to be an effective peer educator, and peer educator reporting.
- The Rwandan legal community was sensitized on the human rights challenges faced by the LGBTI and FSW communities, and how to appropriately represent and defend clients from these communities.
- HDI organized 60 HIV education sessions for 160 LGBTI persons and sex workers, as well as one peer educator session for 27 MSM and provided 10 LGBTI associations with health care referrals, as well as packets of condoms and lubricants
- Created five friendly centers for the LGBTI community and sex workers where members can meet to address issues of concern to their respective communities such as stigmatization, social integration, and access to legal and healthcare services. The centers are connected to third-party healthcare providers, easing access to services and aiding in HIV prevention
- HDI coordinated an event with WHO, UNAIDS, and RBC, 25 individuals involved in providing HIV prevention services and education to key populations were trained on effective service delivery for key populations. The training, lead by WHO approved doctors, addressed clinical services, interpersonal and behavior change communication, and effective program management. Members of key populations were also invited to inform service providers about their experiences seeking services in Rwanda.
- HDI collaborated with RBC to train 112 healthcare providers throughout the country on providing friendly services, information and services to key populations
- In October of 2015, HDI partnered with Project San Francisco (PSF) on the "Implementing Evidence-based intervention on HIV among Key Populations" project.

HDI and PSF work to support these populations heavily affected by HIV with regular testing, HIV prevention education, and identification of stigma free services. During the programs first two months, November and December 2015, 86 MSM and 248 FSWs were tested for HIV and enrolled in the six-month program

*Our Impact*

10

Number of LGBTI associations supported by HDI

217

Total participants in peer education, drug abuse awareness, and human rights violation documentation trainings

546

Number of MSM and sex workers benefiting from participation in LGBTI associations

8

Health centers sensitized about providing quality, stigma free health service to key populations



“We also appreciated the activities, which have increased our relationships with existing resourceful persons such as lawyers, healthcare providers, policy makers and development partners including donors”

– Executive Director of LGTBI Association

# Community Health and Development

Empowering those Affected by HIV and AIDS

Community of Potters Health and Development (COPHAD)

Increasing Access to Health-friendly Cooking Technology

## Empowering those Affected by HIV and AIDS

*Approximately 3% of the Rwandan population, including 350,000 people between the ages of 15-49, was living with HIV and AIDS in 2013 . In addition to living with a serious health burden, HIV-positive individuals experience stigmatization from their families, friends, and wider community. They struggle to find employment. Close family and friends are also affected by having to take on additional caretaker responsibilities.*

- HDI has supported the establishment of twelve income-generating cooperatives made up of 240 members impacted by HIV in the Eastern province. HDI provided small business management trainings and seed money necessary to start an animal husbandry project. 24,000,000Rwf were invested among the twelve cooperatives.
- The 240 cooperative members and their family members were educated cooperatives about HIV prevention, family planning, and the rights of people living with HIV
- 120 leaders from the cooperatives increased their knowledge in cooperative development and business development through trainings, supervisions, and mentorships. Cooperative leaders were linked with sector leadership for future follow up after the funding phase
- Since their commencement, all cooperatives have thrived. HDI has helped the cooperatives to maximize the economic value from the selling the pig offspring.

Profits were used to increase the nutritional standard of their diets, but also to invest in maize production, purchase health insurance, and to cover transport costs to allow members to adhere to ART. The number of cooperative members and their families benefitting from the program now totals 973 Rwandans.

- In 2015, HDI trained 10 community health workers for a day door-to-door campaign about HIV emphasizing prevention, reducing stigma and discrimination, and encouraging male circumcision. The 30-day campaign reached 2,819 households, and resulted in 2368 men committing to get circumcised.

*Our Impact*

973

Members of cooperatives and their family members benefitting through improved economic security from the program

2,369

Men committed to getting circumcised

2,819

Households reached with HIV sensitization campaign

24,000,000Rwf

Invested in seed money to the 12 cooperatives



"Before the cooperative began, I was shy and avoided seeing people in my community because of the embarrassment and shame of being HIV positive. After joining the cooperative, I began to gain confidence and a sense of self worth by being able to generate income and taking part in its support network. I also learned how to improve my nutrition, which allowed me to fully benefit from my anti-retroviral therapy. Through the cooperative I have been able to rear animals at home, which has allowed me to improve my house, pay for my children's needs, and live an overall healthier and happier life."

- Member of cooperative for people living with HIV  
Munyimya Sector, Rwamagana District

## Community of Potters Health and Development (COPHAD)

*The Community of Potters at Cyaruzinge village is a historically marginalized population. Community members experience extreme poverty, food insecurity, unemployment, discrimination, and elevated rates of maternal and child mortality. To mitigate these challenges, HDI began working with the Pygmy Survival Alliance in 2008. Since then, HDI has undertaken a holistic approach to address the root causes of illness and poverty.*

### Cyaruzinge Village

- To combat food insecurity, HDI supported the community through the sustainable cultivation of 1.5 hectares for harvesting sweet potatoes. Farmers have since sold four to five profitable yields of sweet potatoes. The program expanded, with the creation of the Abahuza Cooperative which has started a greenhouse project growing green vegetables and tomatoes
- Volunteers from University of North Carolina – Chapel Hill constructed 40 additional vegetable gardens so that now every family has sustainable, affordable access to fresh vegetables, often for the first time.
- To combat school absenteeism, HDI worked to develop a youth soccer program. To participate, members are required to maintain regular school attendance. To date, 65 students from the community of potters and neighboring community have registered. Students who had previously dropped out are re-enrolling in school to participate. In 2015, the program expanded to supplement soccer practices with hygiene lessons.
- To increase economic self-sufficiency, GlobeMed interns designed and built a pig cooperative. The cooperative began with 4 pigs and has grown to 21 pigs. The members were trained on pig breeding and basic finance management. Breeding will continue until it's able serve as a sustainable source of income and food.
- Four local shopkeepers received microloans to invest in their businesses. The project has lead to self sufficiency among each participant allowing for three meals a day, a level of nutrition not achieved by most families in the community
- 79 people from Cyaruzinge village were tested for HIV. Eight community members were referred for ART treatment

### Bwiza Agaseke Cooperative

- In 2014, 32 women came together to form the Bwiza Agaseke Cooperative, creating traditional Rwandan baskets called agaseke. In 2015, University of North Carolina–Chapel Hill interns created a training program to advise on financial management and expand the skill set of the cooperative women to include knitting. The group also supplied knitting machines to allow the women to produce product more efficiently.
- The cooperative opened a bank account, and through its members, raised 200,000RwF for the cooperative.
- Recognizing their success, two women from the cooperative were sponsored by Kigali City Council to hold a training in Kigali to promote savings and microloans, and share best practices from their success.
- The women of the cooperative received hygiene education and materials to improve hygiene such as hand washing stations, water filters, and latrine slip covers

*Following the success of the Cyaruzinge village, in 2015, HDI analyzed other local villages that the program could be expanded into. Masoro is home to a similarly marginalized population that owns no land, doesn't have homes, has no health insurance, and whose kids are not enrolled in school. Masoro was in part selected for their leaders' readiness and interest to partner with HDI.*

### Masoro Village

- To mitigate the sanitation concerns, HDI initiated an education campaign on proper waste disposal with the village provided the necessary equipment to expand proper sanitation for 169 people living in the village
- To expand economic empowerment, HDI held a 3-day training for 37 community members on cooperative management, leading to the creation of the Abadasumbwa ba Masoro Cooperative. In cooperation with local leaders, 1.5 hectares of land was donated for maize production
- 150 members of Masoro Village were provided healthcare through the Rwandan public healthcare system. Members of the village now report taking their children to the health center when they're ill
- 181 people from Masoro village were tested for HIV. 5 community members were referred for ART



*Our Impact*

91

Members of Cyaruzinge and Masoro villages working toward economic self-sufficiency through cooperative participation

150

Members of Masoro village were enrolled in public health insurance program

181

Members of Cyaruzinge and Masoro village tested for HIV



One of the four community members supported by HDI was a local construction worker. HDI provided a microloan of 20,000RwF (26 USD) to purchase the necessary materials to do his work. His small construction flourished. He was able to save money from his construction business to open a small shop in 2015. After initial success with the shop, it was expanded to include a small bar. In 2015, he earned a monthly profit of 70,000 Rwf (93 USD).

## Increasing Access to Health-friendly Cooking Technology

Ninety-eight percent of the Rwandan population relies on firewood or charcoal for cooking. In addition, cooking done with these fuel sources usually occurs in small, poorly ventilated areas. Women and children are historically tasked with the role of cooking in Rwanda, and are exposed to harmful air pollution for hours a day. Household solid fuel is associated with 4.3 million deaths a year according to WHO. Even though the health burden of household solid fuel related exceeds that of other illnesses including malaria, HIV, and tuberculosis, there is little awareness and attention given to its significant negative health consequences.

- HDI partnered with Metamorfose to introduce a technologically improved cook stove that is affordable, culturally appropriate, fuel-efficient, and reduces dangerous solid fuel smoke emissions that affect respiratory health
- HDI targeted their distribution efforts in the eastern province by partnering with 14 community leaders to build 242 cook stoves for 117 families in the Nyamata sector. Distribution campaigns were linked with sensitization campaigns to educate community members about proper use and the cook stoves' importance to respiratory health.
- Along with sensitizations about cooking-related respiratory health, community members were also educated on safe food preparation and kitchen hygiene to help decrease food related illness
- Following the initial distribution of stoves, HDI and Metamorfose wanted to capture the real-world impact of cooking with Metamorfose stoves. HDI worked with Metamorfose to conduct a technical research campaign to analyze and document the many positive consequences of changing to a cleaner cooking means. Families participating studies were randomly divided into a control and intervention group. At the conclusion of the study, 100% of the intervention families reported less eye irritation, dizziness, rapid breathing, and shortness of breath from cooking. Anywhere from 75% - 90% of the families a decrease in following respiratory illness symptoms as a result of cooking: coughing, wheezing, and tightness of chest. As expected, the control group reported no decrease on any of these respiratory symptoms.

<sup>1</sup>World Health Organisation, (2014), WHO indoor air quality guidelines: household fuel combustion, WHO Document Production Services, Geneva, Switzerland

*Our Impact*

14

Village leaders who were sensitized on cook stoves and their health benefits

242

Cook stoves built and distributed

117

Families received a stove, were sensitized on their benefits, and educated on food and kitchen hygiene

50%

Decrease in firewood usage and carbon dioxide emission



“The stove is working well because there is no smoke in the kitchen, food cooks quickly and with less wood, it is easy to use without bending over, and it is clean. Now the children get time to study without spend it to find wood, and we are healthier because we cook without smoke.”

-Mother on using Metamorfose stove  
Nyamata Sector, Bugesera District

# Advocacy & Accountability

Rights-based Programming  
Advocacy  
Annual Awareness Day Events

## *Rights-Based Programming*

In 2014, HDI welcomed a partnership with GIZ (German Gesellschaft für Internationale Zusammenarbeit) under the Rights Based Program. Through the partnership, GIZ provides HDI with technical advice – through the placement of a Development Advisor at the organization – capacity building, and financial support to bolster HDI's ability to implement human rights-based approaches, conduct rights advocacy, and encourage citizens to claim their rights. HDI worked to shift from a needs-based approach to a rights-based approach, thus streamlining the rights-based approach into their work and integrating it into all programs.

Together with GIZ and the other partners in the Rights Based Program, HDI hopes to bring a shift in development thinking when it comes to the perception and role of rights in development. By empowering rights-holders and strengthening the capacities of duty bearers, many of the social and government institutions that make up the foundation of development can be strengthened. HDI's mission and vision is grounded in the "Right to Health" and the human rights principles of equality, non-discrimination, and empowerment in particular. It has done extensive health rights education, and is working to sensitize civil society organizations and government partners about their role in supporting and protecting human rights. Below is a sampling of HDI's rights-based work:

- Educating youth on sexual and reproductive rights through Project SHARE
- Trainings for Rwanda's legal community on human rights and their advocacy and protection
- Trainings for LGBTI associations on documenting human rights abuses
- Counseling on reproductive rights through the Center for Health and Rights
- Advocacy for a women's right to a safe abortion and the decriminalization of sex workers and their clients

## Advocacy

### Advocating for the Removal of Barriers to Safe Abortions

In 2012, HDI spearheaded the movement that led to the adjustment of the penal code that exempt women and medical doctors from criminal liability for abortion in four cases: Rape, Incest, Forced Marriage, and Maternal and Child Endangerment. Since then, HDI focused its efforts on advocating for better access to abortion services in these four legal cases.

To increase awareness of the revised penal code, in 2014, HDI conducted a legal analysis on the current legal situation regarding abortion. This analysis looked at the specific definitions of the terms involved in the four cases, eligibility criteria for the exemptions, and the procedures for accessing abortions in these four cases. HDI was actively involved in creating a document with the Ministry of Health on abortion-related communication within the Rwandan community.

In 2015, HDI drafted a position paper entitled, "The Criminalization of Sex Work and Abortion in the Penal Code," to remove further barriers limiting a woman's access to a safe abortion. Following a critical review of the penal code, from a public health and human rights perspective, HDI has outlined several recommendations for revisions to the penal code that would advance the reproductive rights

of women and girls. Among the recommended alterations include: making child defilement an accepted case for a safe abortion; expanding the pool of health professionals exempt from criminal liability for performing an abortion; and to take into account the mental as well physical health of the pregnant woman when analyzing the threat to the health of the woman. HDI will engage in direct advocacy in pursuit of making these changes a reality.

### *Decriminalization of Sex Workers and Their Clients*

In 2014 and 2015, HDI did much work expanding sex workers access to stigma free health services. However, internationally recognized evidence points to a strong link between criminalization of sex work and the increased vulnerability of men and women engaged in prostitution to HIV, sexually transmitted infections, unwanted pregnancies, violence and other human rights violations. Given these detrimental consequences, HDI is advocating for the decriminalization of sex work. HDI sent their position paper, "The Criminalization of Sex Work and Abortion in the Penal Code" to the National Law Reform Commission. The paper explains how the criminalization of sex work and their clients adversely affects efforts to reduce the impact of HIV among sex workers, a group significantly affected by HIV and highlighted as a key population in the National Strategic Plan on HIV and AIDS. Moreover, human rights

infractions resulting from the criminalization of sex work and their clients such as violations of right to freedom and security of person and to equal protection of the law worsen the situation of already vulnerable men and women. HDI will continue to meet with key stakeholders and decision makers to bring about reform on this initiative.

### *East Africa Health Platform*

In 2012, the East African Community launched the EAHP a regional forum for CSOs, FBOs, PSOs, and other health-related interest groups to identify and advocate for regional policies and legislation to advance health in the region. The Executive Director of HDI serves on the Platform's governing Steering Committee, helping to guide the organization's strategic direction.

In 2015, HDI contributed to the EAC Reproductive, Maternal, Child and Adolescent Healthy Policy Guidelines and Strategic Plan (2015 – 2020), working to ensure its inclusion of the rights based approach. HDI also serves as the focal organization for Rwanda in ensuring the advocacy and implementation of the Guidelines and Strategic Plan on the country level.

### *Technical Working Groups*

As outlined above, HDI uses a rights-based approach to make quality healthcare accessible to marginalized populations. In our policy and advocacy efforts, our goal is to create a political and social atmosphere that supports health and well-being for all. HDI participates in technical working groups to contribute to policies and strategies put in place by the Rwandan government regarding important public health topics and vulnerable populations. Technical working groups and advocacy forums in which HDI participated in during 2014 and 2015 include:

- Adolescents' Sexual and Reproductive Health
- Maternal and Child Health Prevention of Mother to Child Transmission of HIV
- Key Populations Technical Working Group

### *Awareness Day Events*

Each year HDI organizes events on awareness days related to their work including International Day Against Homophobia and Transphobia, World Tuberculosis Day, World AIDS Day, and World Human Rights Day. These awareness days are important occasions for us to evaluate and recommit our collective efforts in advocacy of these important causes. HDI sees them as opportunity to galvanize the larger community into action. See how we've raised awareness and inspired progress on these topics over the past two years.

### *International Day Against Homophobia and Transphobia (IDAHO)*

In 2014 and 2015, HDI celebrated International Day Against Homophobia by hosting a two-day art and performance competition to provide an open space for partnering LGBTI members to share their experiences of community acceptance and discrimination in solidarity. In 2014, the competition had the theme, "Freedom of Expression and Information". Ten individuals competed and were judged in either plastic or performing arts categories, with three individuals being named as winners and receiving awards. Following the event, a representative of the LGBTI community delivered a speech about the joys and challenges of being a member of the LGBTI community, encouraging members not to see themselves through the lens of negative stereotypes but rather to fully accept themselves for who they are wholly.

In 2015, HDI collaborated with 8 LGBTI associations for a ceremony focused on LGBTI Youth under the theme of "Fight for Visibility, Respect, and Equality."

### *World Tuberculosis Day*

In March of 2014, HDI organized a tuberculosis awareness event with Hotel Milles Collines for sixty hotel employees. At the event, HDI passed out informational materials from Stop TB Partnership regarding tuberculosis prevention and diagnosis. In 2015, HDI organized a workshop, inviting local LGBTI associations, to share information regarding the prevention and transmission tuberculosis.

### *World AIDS Day*

Both years, HDI reached out to Rwanda's LGBTI community to help fight stigma and discrimination against people living with HIV or AIDS. For 2014, HDI conducted an event for 16 LGBTI Rwandans to create awareness about the stigma and discrimination preventing LGBTI members from seeking necessary HIV prevention and treatment services. In 2015, HDI came together with 10 LGBTI organizations under the theme of "Think Positively, Reverse HIV." The day consisted of roundtable discussions on HIV prevention and transmission education, stigma and other challenges preventing those who need service from accessing services, and increasing awareness of available services

## *Human Rights Day*

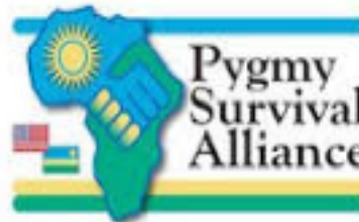
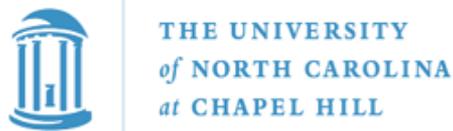
To commemorate Human Rights Day in 2014, the SHARE team at HDI organized a human rights awareness event with the Brightway Foundation for 50 out-of-school and in-school youth. Event presentations, discussions, and activities emphasized the importance of exercising sexual and reproductive health rights, such as the right to say no to sexual intercourse and the right to use protection. The theme in 2015, was “Our Rights, Our Freedom, Always,” emphasizing rights-based empowerment. HDI welcomed 49 participants from 9 Rwandan LGBTI organizations, as well as 12 Burundian LGBTI participants to use various forms of physical and performing arts to express their ideas about the importance of human rights. Also in 2015, the Executive Director of HDI also participated in a panel discussion organized by the GIZ Rights Based Program on the theme “Towards 2030: Empowerment, Civil Society and Human Rights”.

## Our Supporters



### **We Impact Because of You**

Without generous supporters and volunteers, HDI would not be able to serve the thousands of people that participate in our programs. In 2014 and 2015, HDI received over \_\_\_\_\_ from granting organizations and \$39,178 from individual donors. HDI also benefited from the dedicated work of \_\_\_\_\_ volunteers. We cannot thank you enough for the enormous support you have given us this year.



## The Future of HDI

One of HDI's most exciting and challenging tasks to come is the building of an inclusive primary health care medical center. The medical center will be equipped to serve all Rwandans, with specific attention to those who are unable to access adequate, affordable, and stigma-free care because of their social, cultural, or economic status.

The center will integrate both primary care services as well as prevention programs, with the hopes of becoming a model center, where doctors-in-training can come to learn about the provision of high-quality, non-discriminatory care. HDI anticipates the center to officially open in 2020.

The center will also include a stigma-free youth hub that will offer both sexual and reproductive health services as well as opportunities for social and cultural exchange. Services offered will include VCT, safe houses, and HIV and STI testing. The hub will also be a place for youth-friendly associations to come for support and learn income-generating activities to ensure their sustainability.

Organizationally, HDI will bolster its efforts by investing in its monitoring and evaluation capacity. HDI plans to carry out both project-and issue-based research to inform its future work. HDI believes that through assessment and

evaluation, it can effectively tackle and alleviate Rwanda's most challenging and pressing public health issues.

HDI also foresees a broader and deeper coalition of international public and private support, allowing the organization to deepen and extend its involvement in the underserved Rwandan community. HDI has been pleased to begin forming long-term partnerships, and in this new capacity, has prospected more sustainable and scalable projects in the coming years.



P.O Box 3955, Kigali, Rwanda

[www.hdirwanda.org](http://www.hdirwanda.org)

[info@hdirwanda.org](mailto:info@hdirwanda.org)