

HDI NEWSLETTER

APRIL 2023



WHAT'S INSIDE

Dialogue with pharmacists on values and attitudes towards safe abortion

Page 3-6

Engaging Young Legal Professionals on SRHR Strategic Litigation

page 7-10

Breaking Taboos around Sexual Health through Play

page 11- 13

Empowering pregnant women to take lead in prevention of Malaria

page 14 - 16

Dear Partners,

Welcome to our April Newsletter!

In this edition, we update you about some of the activities that we worked on in April.

We held an orientation workshop for district pharmacists aimed at equipping them with the knowledge and skills required for effective supply chain management. We share what the pharmacists learnt and their needs that they hope will improve adequate use and prevention of misuse of mifepristone/Misoprostol for safe abortion and post abortion care.

We also engaged young legal professionals on strategic litigation for Sexual Reproductive Health and human rights. We share some of the highlights, challenges and lessons learnt during the 3-day workshop.

We were also delighted to host students and teachers from University Colleges Leuven-Limburg (UCLL) in Belgium. In this edition, we share details about our partnership under which we are designing games that will be used to deliver sexual and reproductive health information to young people in a fun and friendly manner.

These and more stories can be found in this edition of our newsletter.

We welcome your feedback and invite you to follow us on our social media platforms for daily updates on the work that we do to serve our communities.

**Best Regards,
Communication Team.**



DIALOGUE WITH PHARMACISTS ON VALUES AND ATTITUDES TOWARDS SAFE ABORTION

This April, we held an orientation workshop for district pharmacists aimed at equipping them with the knowledge and skills required for effective supply chain management as well as the adequate use and prevention of misuse of Mifepristone/ Misoprostol for safe abortion and post abortion care.

Misoprostol is included for treatment of incomplete and missed abortion. WHO also recommends that pregnant persons in

the gestational age up to 12 weeks can opt to self-administer mifepristone and/or misoprostol medication without the direct supervision of a health worker.

However, beyond that period, pregnant persons are advised to have a source of accurate information and access to a health worker to use the regimen.

VALUES AND ATTITUDE TRANSFORMATION



As District pharmacy managers, your opinions about the safe abortion are diverse. It is important that you adopt a neutral and non-judgmental approach when making decisions on dispensing Mifepristone and Misoprostol medication that is required for safe abortion and post abortion care.

- Jocelyn Emery Ingabire, Director of Community Outreach at HDI



The training, facilitated in partnership with Rwanda Biomedical Center (RBC), attracted the participation of 32 pharmacy branch managers whose core responsibilities include ensuring dispensing of medical commodities to hospitals in districts all over the country.

The training also sought to raise awareness of the Ministerial Order on Safe Abortion and factors contributing to unsafe abortion to ensure a balanced and evidence-based approach and to clarify any myths and misconceptions around abortion.

The district pharmacy managers were updated on the legal and ethical frameworks governing safe abortion especially the Ministerial Order on Abortion, patient rights, and the responsibilities of healthcare providers.

They were also taken through a session on Values Clarification and Attitude Transformation (VCAT), which was designed to help them to explore and reflect on their values, beliefs, and attitudes regarding safe abortion.

The sessions were interactive, giving the pharmacists an opportunity to ask different questions including those related to awareness programs about the Ministerial Order on abortion in rural areas where unsafe abortion numbers are high and restrictions put on nurses and midwives from providing safe abortion services.

The participants also sought to know how the law protects service providers in cases where a patient has provided false information, whether spouses should be involved in decision making related to abortion and what the government is doing to ensure that the opportunity provided by the Ministerial Order on Abortion is not abused.

They touched on the challenges that they face in chain management especially shortage of Mifepristone/ Misoprostol.

They also pointed out that although there are orientation programs to ensure that pharmacists are aware of new medications and knowledgeable about their use, many have not received any orientation or introduction to Mifepristone/Misoprostol.

They recommended orientation workshops for private pharmacists and clinics on safe abortion services provision and the use of Misoprostol/ Mifepristone and refresher training- programs to address issues related to some pharmacists' conscientious objections due to their cultural values and religious beliefs.

They also recommended the decentralization of safe abortion services provision to health center level to increase their uptake.

Marie-Josée Niyonteze, the Nyamasheke district supply chain manager, admitted that before the training, she had no information about safe abortion in Rwanda.

"I was only hearing rumors about safe abortion in Rwanda. I had doubts. After this training, I know that safe abortion is permitted in Rwanda for five categories of people, and that the law was amended to protect women and girls from seeking the services of quack doctors", Marie-Josée Niyonteze, Nyamasheke district supply chain manager

LESSONS LEARNT

At the end of the training, pharmacists pledged to prioritize Mifepristone/Misoprostol when making medication refills and to provide of safe, timely and stigma-free services.

Women and girls seeking safe abortion services often face barriers including those related to the long distances between themselves and health facilities providing these services, family and communal stigma and the refusal of health workers to provide an abortion based on personal conscience or religious beliefs.

This not only results in outcomes that negatively affect their quality of life and well-being, but some also experience life-threatening complications.

Gaspard Harerimana, the Rwamagana district supply chain manager appreciated the training and pointed out that learning about the Ministerial Order on Abortion was an eye opener and had changed his attitude towards safe abortion.



This training has taught me many things, especially the Ministerial Order on Abortion. What patients need is care, not judgment. We were able to understand the perspectives and concerns of individuals seeking safe abortion services better, and going forward, I believe that patient needs are going to be a priority for many of us.



Gaspard Harerimana

Rwamagana district supply
chain manager



ENGAGING YOUNG LEGAL PROFESSIONALS ON SRHR STRATEGIC LITIGATION

In partnership with Wellspring and CERTA Foundation, we organized a 3-day training program for young legal professionals on Sexual Reproductive Health and human rights.

The training sought to enhance the knowledge and commitment of young lawyers to SRHR strategic litigation, equip them with knowledge on SRHR advocacy mechanisms and support them

to assess gaps in the legal framework on access to health and sexual reproductive health information and services.

The training was also an opportunity to introduce the participants on strategic litigation and how it can be capitalized on to solve some of the social justice related issues in our community.

Strategic litigation is often used as an advocacy tool to highlight social injustices, promote human rights, and address systemic inequalities.

Successful strategic litigation can lead to significant social change and address discriminatory practices and promote equality.

The discussions also focused on regional and international legal framework on sexual reproductive health, domestic legal framework on SRHR, Gender Based Violence and SGBV.

The young lawyers were familiarized with the international and national legal frameworks that protect and promote SRHR including International Conference on Population and Development, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Maputo Protocol and the Sustainable Development Goals among others.



They also covered common legal issues related to SRHR, such as laws and policies related to safe abortion, contraception, gender-based violence and the right to make decisions about one's own body and sexuality.

The participants were also taken through a session on Values Clarification and Attitude Transformation (VCAT) to support them to explore and examine their personal beliefs, values, and attitudes towards safe abortion.

This VCAT session sought to foster understanding, fight stigma, and improve informed decision-making, all of which are essential to the promotion of women's health and reproductive rights.

They examined the legal and policy framework on the existing laws on GBV, as well as the procedures to consider when filing a GBV case and how to go about collecting the required evidence.

They were introduced to strategic litigation, including its meaning, process, and significance. During discussions on

this topic, the young legal professionals were taken through different public interest litigation cases that have so far been filed in Rwanda and the impact they have had on the society.

During this session, the participants learnt how public interest litigation serves as a tool to combat GBV and violations of human rights and were broken up into groups and tasked to assess some of the existing gaps in the law that can serve as basis for strategic litigation.

LESSONS LEARNT

- ✓ The participants admitted that their knowledge in relation to the Ministerial Order on abortion has been limited where most of them only learnt about it for the first time at the workshop.
- ✓ It was also observed that many young lawyers are still shying away from sexual and reproductive health related topics.
- ✓ Additionally, it was observed that strategic litigation as a tool for advocacy is still a new area that is yet to be understood by many lawyers.



RECOMMENDATIONS

- ✓ The participants recommended more such workshops on SRHR related laws and advised more engagement with law schools and SRHR mobile clinics.
- ✓ The participants also recommended HDI to create a deeper relationship with university students' associations to improve their knowledge on SRHR and human rights in general.
- ✓ On matters related to Gender Based Violence, it was recommended that there should be training for prosecutors on evidence collection for effective justice to the victims.
- ✓ They recommended the creation of a platform to foster more discussions between young legal professionals and Prosecutors.



BREAKING TABOOS AROUND SEXUAL HEALTH THROUGH PLAY

Adolescents and young people face a multitude of challenges related to sexual and reproductive health. Stigma, taboos, and lack of access to information and services are just some of the barriers that prevent young people from making informed decisions about their sexual and reproductive health.

Adolescents and young people face a multitude of challenges related to sexual and reproductive health. Stigma, taboos, and lack of access to information and services are just some of the barriers that prevent young people from making informed decisions about their sexual and reproductive health.

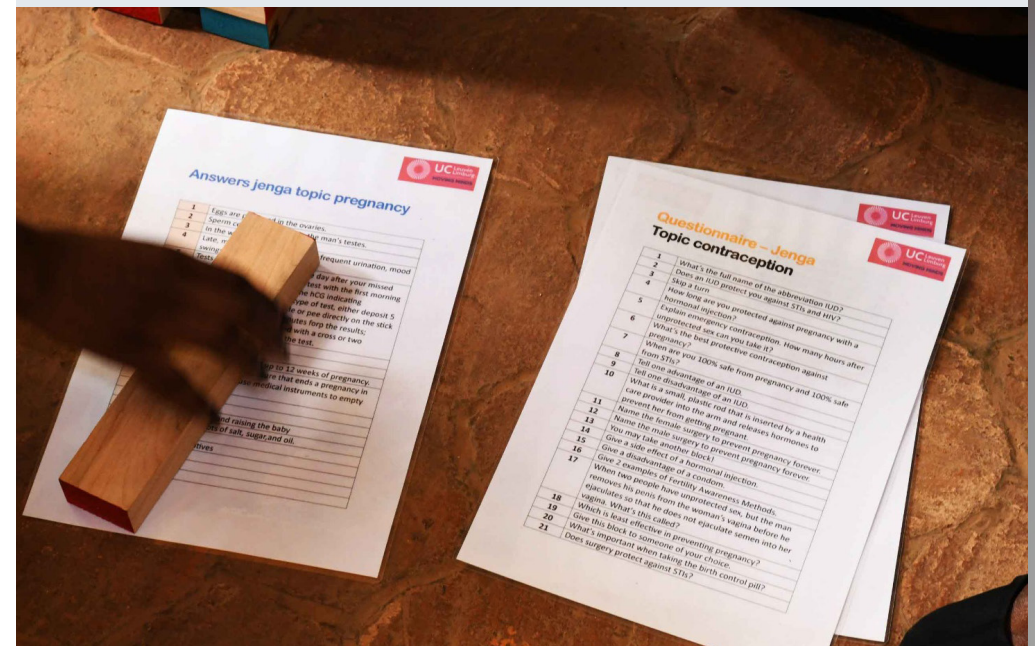
To address these challenges, we partnered with the University Colleges Leuven-Limburg (UCLL) in Belgium to develop and design games aimed at delivering sexual and reproductive health information to young people in a fun and friendly manner.

Throughout this partnership, six games were developed, and a group of 10 students from this university and their teachers visited our offices in April to test the games.

The students came up with a variety of game ideas, including but not limited to a version of “Jenga” that focuses on the importance of contraception, safe sex, questions on HIV and STIs, and so on; a card game called “Memory” that teaches young people about a variety of contraception methods available in Rwanda and how they work; and many more games.

The students tested the games with different groups of adolescents, including adolescents in school, teen mothers, and members of the community of potters in Cyaruzinge Village, to assess their functionality and adaptability to the Rwandan context.

The games proved to be a great success, with young people responding positively to the fun and interactive approach to sexual and reproductive health education. The games also provided a safe space for young people to ask questions and discuss sensitive issues related to their sexual and reproductive health.





I enjoyed myself during the SRHR games experiment. I was able to gain invaluable knowledge that will help me continue making informed decisions about my body and future. We acted out the scenarios, and each game was both fun, interactive, educational, and impactful.

Leslie Bukana, 18 years old.

Sex is still a taboo topic in many societies, and young people often face social stigma and discrimination if they seek information or services related to sexual and reproductive health.

The games were designed to break down these taboos and provide a safe and fun space for young people to learn about their sexual and reproductive health.

This particular activity also highlights the importance of innovative approaches to sexual and reproductive health education. Traditional approaches, such as classroom lectures and pamphlets, have proven to be ineffective in reaching young people.

The use of games to deliver information in a fun and interactive manner is a promising approach that can be used to improve the sexual and reproductive health of young people in Rwanda and other countries in the region.

By designing games that are both fun and educational, the students have provided an approach to delivering information and breaking down the taboos that prevent young people from making informed decisions about their sexual and reproductive health.

This is a testament to the power of young people to effect change and make a difference in the world.

EMPOWERING PREGNANT WOMEN TO TAKE LEAD IN PREVENTION OF MALARIA

This April, we partnered with the Rwanda Biomedical Center (RBC) and the United Nations Population Fund (UNFPA) to conduct an outreach campaign to raise awareness about the dangers of malaria during pregnancy.

The campaign aimed at encouraging expecting mothers to sleep under mosquito treated nets as a way to prevent maternal mortality and morbidity.

The government has initiated a drive to distribute over 7.5 million long lasting treated insecticide nets, as part of the country's plan to end malaria by 2030. As part of the global campaign, HDI conducted an online campaign under the hashtag #zeromalariastartswithme to raise awareness among young people and pregnant women. The campaign attracted a 375,000-user reach in Rwanda and across the region.





Offline, the campaign was conducted, where a sensitisation drive targeting pregnant women was conducted at the Kirinda and Murambi health centers. Over 100 attended these sensitisation drives.

Sensitizing pregnant women on the prevention of malaria is an important strategy to protect both the mother and the unborn child from this potentially dangerous disease.

Malaria during pregnancy can lead to severe complications, such as anemia, miscarriage, stillbirth, and low birth weight. The campaign touched on the following key areas:

Education and Awareness: We provided comprehensive information to pregnant women about the risks of malaria, its transmission, and the preventive measures they can take. This included knowledge about the signs and symptoms of malaria, the importance of early diagnosis and treatment, and the use of preventive measures.

Insecticide-Treated Bed Nets: We also encouraged pregnant women to sleep under insecticide-treated bed nets to protect themselves from mosquito bites and reminded them that nets are effective in reducing malaria transmission and have been shown to significantly decrease the risk of malaria in pregnant women.

Antenatal Care (ANC) Visits: We emphasized the importance of regular ANC visits for pregnant women and pointed out that these visits are also an opportunity for healthcare providers to screen for malaria and other health conditions, provide appropriate treatment, and offer advice about other preventive interventions.

Prompt Diagnosis and Treatment: The outreach was also an opportunity to educate pregnant women about the importance of seeking prompt medical attention when they experience symptoms of malaria, such as fever, headache, chills, and body aches and the value of early diagnosis and treatment in the prevention of severe complications to both mother and unborn baby.

On World Malaria Day observed on 25th April, Consolatrice Uwimana, Deputy Head of the Kirinda Health Center, touched on some of the support that they provide to guide pregnant women in the prevention of malaria.



Besides education and awareness, we also supply mosquito nets to pregnant women on their first antenatal visit or when they bring their babies for the second vaccination

- Consolatrice Uwimana,
Deputy Head of Kirinda Health Center

HDI WISHES TO THANK OUR PARTNERS AND SUPPORTERS

- AMPLIFYCHANGE
- BLACK WOMEN'S HEALTH IMPERATIVE
- CATHOLICS FOR CHOICE
- CRICKET BUILDS HOPE
- DELEGATION OF THE EUROPEAN UNION TO RWANDA
- EAHP
- EQUIMUNDO
- FEMNET
- FOSI/OSIEA
- GIZ
- GLIHD
- GLOBAL HEALTH CORPS
- IMBUTO FOUNDATION
- IMRO
- IPPF-Asociación Profamilia
- JHPIEGO/MCGL
- MINISTRY OF GENDER AND FAMILY PROMOTION
- MINISTRY OF HEALTH
- MINISTRY OF JUSTICE
- MINISTRY OF LOCAL GOVERNMENT
- NORWEGIAN PEOPLE'S AID
- PARLIAMENT OF RWANDA
- PLAN INTERNATIONAL RWANDA
- PSA
- RNGOF
- RWANDA CIVIL SOCIETY PLATFORM
- RWANDA SOCIETY OF OBSTETRICIANS AND GYNECOLOGISTS
- RWANDA BIOMEDICAL CENTER
- RWANDA EDUCATION BOARD
- RWANDA GOVERNANCE BOARD
- RWAMREC
- SFH
- SISTERLOVE INC.
- SOCIETY FOR FAMILY HEALTH
- STEPHEN LEWIS FOUNDATION
- STOP TB PARTNERSHIP
- THE CENTER FOR REPRODUCTIVE RIGHTS
- THE DAVID AND LUCILE PACKARD FOUNDATION
- THE EMBASSY OF SWEDEN
- THE EMBASSY OF THE KINGDOM OF NETHERLANDS
- THE GLOBAL FUND
- THE NEWTIMES
- UHAI-EASHRI
- UNAIDS
- UNFPA
- UNICEF
- VSO
- WELLSPRING PHILANTHROPIC FUND
- WEMOS
- WHO
- WOMEN'S LINK WORLDWIDE

