

# HDI NEWSLETTER

FEBRUARY 2026



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**For questions, comments, or feedback, please reach us on:**

**Nasra Bishumba**

Senior Communication Advisor

**Email:** [nasra@hdirwanda.org](mailto:nasra@hdirwanda.org)

**Cell:** +250 788 309 262

**Dear Partner,**

Welcome to our **February Newsletter!**

This edition highlights our continued efforts to strengthen frontline systems and equip those closest to communities with the skills, tools, and perspectives needed to deliver inclusive, responsive, and rights-based health services. We begin with our engagement with university Gender Ministers across Rwanda, aimed at strengthening their leadership to promote inclusion, safety, and gender equality on campus. Through focused discussions on human rights and gender frameworks, participants deepened their understanding of how to address harmful norms and foster environments where all students feel respected, protected, and supported.

In Rubavu District, we strengthened frontline health response in cross-border communities facing increased vulnerability due to ongoing population movement. Through training of community health workers and healthcare providers, combined with community outreach and integrated service delivery, we improved access to sexual and reproductive health services, strengthened referral systems, and enhanced response to gender-based violence. We also worked with youth center staff across Kigali and surrounding districts to enhance their capacity to respond to the complex challenges young people face, including; substance use, mental health, and reintegration. The engagement emphasized practical, non-judgmental harm reduction approaches to better support young people's health and wellbeing while building trust in services.

Addressing stigma within service delivery remains critical. In partnership with IPAS Africa Alliance, we facilitated a Values Clarification and Attitude Transformation (VCAT) workshop, enabling healthcare providers to reflect on personal beliefs while strengthening their ability to deliver respectful, non-judgmental, and rights-based abortion care. Finally, we share insights from our operational study on early HIV detection, conducted in partnership with the Rwanda Biomedical Center. By introducing innovative testing approaches and engaging health facility teams, we strengthened the link between research and practice, improving early diagnosis and service delivery for key populations.

Across all these initiatives, one message stands out: strengthening systems must go hand in hand with shifting mindsets. Empowering frontline actors remains central to advancing inclusive, equitable, and rights-based health outcomes.

Ends



## EMPOWERING YOUNG LEADERS TO PROMOTE INCLUSION, SAFETY AND GENDER EQUALITY

In our continued efforts and deepened commitment to advancing human rights and protection against gender-based violence (GBV) and Sexual Exploitation, Abuse, and Harassment (SEAH), young people remain one of our main priorities.

Universities, as spaces where young people gather and learn, serve as critical entry points for engagement. University Gender Ministers act as the first line of support and representation for students on matters of gender equity and welfare. However, gaps remain in understanding key frameworks such as Human

Rights-Based Approaches (HRBA) and Gender Transformative Approaches (GTA) essential tools for building stronger, more responsive campus systems. To bridge this gap, we convened over 30 Gender Ministers from universities across Rwanda for a structured capacity-building workshop. The training aimed to enhance their understanding of Rwanda's gender and health laws, strengthen their leadership and advocacy skills, and equip them to promote gender-responsive programming and safer campus environments.



With guidance from gender and legal experts, participants were introduced to the concept of SOGIESC (Sexual Orientation, Gender Identity and Expression, and Sex Characteristics) within the Rwandan context, providing a foundational understanding for engaging with students of diverse identities.

The session emphasized the importance of these concepts in university settings, where Gender Ministers play a key role in promoting inclusion, student wellbeing, and equal access to opportunities. During the discussions, participants acknowledged that gender-diverse individuals are present on their campuses; however, many noted that they had not previously recognized that these individuals may require specific protection and targeted support due to the unique forms of stigma and discrimination they face. The session further explored stigma

as deeply rooted harmful social and cultural norms, negative attitudes, and beliefs directed toward individuals perceived as different, often resulting in exclusion, discrimination, and limited access to services, particularly for students with diverse sexual orientations and gender identities.

A key highlight of the training was the open engagement with SOGIESC concepts, which for many participants marked a shift in understanding. Additionally, the workshop strengthened participants' understanding of human rights, gender concepts, and Gender Transformative Approaches (GTA). Through interactive sessions and group discussions, participants explored how gender norms, roles, and power dynamics influence everyday life and leadership within university settings.

They actively reflected on how these concepts can be translated into their daily activities on campus, including shaping student-led initiatives, influencing policies, and promoting inclusive practices within their respective institutions. During the discussions, participants expressed concern about the deeply rooted nature of harmful gender norms, noting that many of these originate within family structures and continue to influence behavior and attitudes at the university level.

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*From the experiences and cases presented, I have been able to trace it back to some instances I have witnessed and my colleagues have experienced back on my campus, where their rights have been violated over time. Understanding how some social, cultural, and religious norms contribute to these violations has made me realize the importance of fairness and equality. I believe there should be stronger measures in place to ensure everyone is treated equally in society.*

noted **Mujyambere Aldo** from Mount Kigali University (MKU).



Beyond individual reflections, participants examined the structural roots of inequality. Many pointed to deeply embedded gender norms, often shaped within families, that continue to influence behavior and leadership patterns on campus.

There was also a shared concern that gender-related roles are still widely perceived as women's responsibility, limiting broader engagement. This highlighted the need to actively involve men and promote shared responsibility in advancing gender equality. At the same time, the engagement revealed a clear gap: while women remain highly active in gender-related initiatives, broader and more inclusive participation—particularly from men—is essential for lasting impact.



The discussions reinforced the critical role of Gender Ministers in shaping inclusive and safe university environments. Participants acknowledged that while gender-diverse individuals are present on campuses, their specific needs and vulnerabilities are often overlooked.

The workshop emphasized the importance of moving beyond awareness toward action, strengthening reporting mechanisms, promoting accountability, and ensuring that all students can access opportunities free from discrimination. Equipped with new knowledge and practical tools, these student leaders are now better positioned to drive change within their institutions. As Rwanda's universities continue to evolve, empowering Gender Ministers will remain key to promoting equality,

safeguarding their peers, and ensuring campuses are safe and inclusive spaces for all building campuses where every student feels safe, respected, and included.



***This training opened my eyes to perspectives I hadn't considered before. I leave with the belief that human rights are not something to be debated about, everyone deserves to live freely, with respect and equal opportunities.***

Batamuriza Diane RP Kitabi.



## SUPPORTING REFUGEES AT NKAMIRA: DELIVERING CRITICAL HEALTH AND DIGNITY SUPPORT IN RUBAVU

**M**ore than 2,300 refugees and asylum seekers hosted at Nkamira Transit Centre in Rubavu District received critical sexual and reproductive health (SRH) services and essential hygiene support during a targeted humanitarian intervention responding to ongoing displacement from eastern Democratic Republic of Congo (DRC).

Implemented by Health Development Initiatives (HDI) from February 23 to 25, 2026, in collaboration with the Ministry in Charge of Emergency Management (MINEMA) and other partners, the intervention combined immediate service delivery with community outreach to address urgent health and protection needs in one of Rwanda's busiest transit centres.



Nkamira continues to receive daily arrivals of people fleeing conflict and insecurity across the border. Many arrive with limited access to healthcare, heightened exposure to sexual and gender-based violence (SGBV), and little information about available services. Women, adolescent girls, and other vulnerable groups face additional challenges, including lack of menstrual hygiene materials and barriers to accessing confidential reproductive health care.

In response, services were brought directly to the community through integrated outreach and on-site care. Through Nkamira Health Post, 84 refugees accessed voluntary family planning services, with young people aged 20 to 24 accounting for the largest proportion.

Emergency contraceptive pills were the most commonly used method, highlighting both immediate need and the importance of strengthening counselling on long-term contraceptive options. In addition, 131 individuals received voluntary HIV counselling and testing services. No new HIV cases were identified, reflecting continued engagement in prevention efforts within the transit population.

The intervention also strengthened support for survivors of sexual violence. Post-rape care, including emergency contraception, was made available, alongside reinforced referral pathways for services such as HIV post-exposure prophylaxis and comprehensive abortion care, ensuring timely and confidential access to critical support.

To further support dignity and wellbeing—particularly among women and adolescent girls—sanitary pads and essential hygiene materials were distributed across the transit centre. Thousands of items, including sanitary pads, soap, and other basic supplies, were provided to address urgent gaps in menstrual hygiene and personal care.

The high demand observed during distribution underscored the scale of unmet needs within the camp, particularly among newly arrived populations.



Alongside these direct services, community outreach activities were conducted to provide refugees with essential information on sexual and reproductive health and rights (SRHR), family planning, HIV and sexually transmitted infection (STI) prevention, and gender-based violence reporting pathways. Using community dialogues, demonstrations, and edutainment, the sessions helped address misinformation and encourage positive health-seeking behaviour. To sustain these efforts, the intervention also focused on strengthening frontline response systems within the transit centre. A three-day training brought together 29 participants, including community health workers,

refugee committee members, and healthcare providers from Nkamira and nearby facilities. The sessions focused on equipping frontline responders with practical skills in health education, disease surveillance, psychological first aid, and referral systems. Participants were also trained in SRHR, SGBV prevention and survivor-centred care, and the legal framework surrounding safe abortion. Through participatory approaches such as role plays, case studies, and group discussions, the training strengthened their ability to deliver confidential, respectful, and rights-based services in a high-pressure humanitarian setting.



The training further improved coordination between community health workers and Nkamira Health Post, strengthening referral pathways and ensuring that individuals requiring specialized care are identified and supported more effectively.

Despite these gains, challenges remain. High population density within the transit centre limits opportunities for individualized engagement, while continuous movement of refugees affects follow-up and continuity of care. Persistent myths and stigma around contraception, HIV, and SGBV also continue to hinder service uptake.

Healthcare providers involved in the intervention noted a significant shift in both knowledge and approach.

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*I did not know that some of the information we shared among ourselves was incorrect. After the sessions, I understand my rights better, especially around family planning and where to seek help. I also feel confident to share this information with other young people in my community.*

- **Judith Umutoniwase**, healthcare provider

For community health workers operating in such a dynamic environment, the training has strengthened their ability to respond effectively.

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*Here in Rubavu, many people are always moving, crossing borders, or arriving from difficult situations. The training helped us understand how to support everyone without judgment. It makes a big difference when services are respectful and accessible to all.*

- **Jean de Dieu Uwizeye**, community health worker at Nkamira Transit Centre



Overall, combining direct service delivery with community outreach and strengthened frontline capacity has improved access to essential health services, reinforced protection mechanisms, and built trust between refugees and healthcare providers.

As displacement pressures continue, sustained investment in both immediate humanitarian support and community health systems will remain critical to protecting the health, dignity, and wellbeing of refugees passing through Nkamira Transit Centre.



## ENHANCING YOUTH CENTRE CAPACITY TO ADDRESS SUBSTANCE USE, HEALTH, GENDER AND REINTEGRATION NEEDS

**W**ith young people making up the majority of Rwanda's population, youth centers have evolved beyond safe spaces, they are lifelines. Yet within these spaces, many young people navigate layered challenges, from substance use and mental health struggles to uninformed choices that heighten their vulnerability to HIV and other health risks. In response, this February, we convened over 25 youth center staff and several stakeholders from across Kigali and surrounding districts. These are frontline actors working closely with young people facing

overlapping and intersectional challenges. The session brought together a diverse group of stakeholders, including youth center staff, mental health specialists from Icyizere Psychotherapeutic Center, and representatives from the Ministry of Youth and Arts. This mix created a valuable space for cross-learning, reflection, and collaboration. They came together united by a shared commitment to better respond to the realities young people face every day.



This initiative primarily aimed to equip participants with practical, non-judgmental harm reduction approaches, enabling them to improve young people's health, overall wellbeing, and trust in services. In her opening remarks, Ariane Dusenge, the Deputy Executive Director, reaffirmed HDI's commitment to strengthening youth centers as safe and inclusive spaces where young people can access trusted information, care, and support.

She emphasized their role in empowering adolescents, preventing harmful practices, and reaching those most often left behind. The session kicked off with an introduction to the concept of harm reduction, including an overview of the

most commonly used substances and the risks faced by those who use them as well as practical response approaches. This segment highlighted harm reduction strategies that are already endorsed nationally through Rwanda's Minimum Service Package for People Who Use Drugs that have proven effective in reducing preventable harms, improving service uptake, and encouraging early help-seeking.

As discussions unfolded, a clear gap became evident. While harm reduction is widely recognized as an effective approach to reducing risks and improving access to services, many youth center staff lack the practical tools to apply it in their daily work.



This challenge is particularly significant as staff frequently engage with young people returning from rehabilitation and in need of continued psychosocial support. Gaps in knowledge, skills, and attitudes continue to limit their ability to respond in a supportive, non-judgmental, and evidence-based manner. Gaps in post-rehabilitation support became a center of conversation considering youth centres, as accessible community hubs, that are uniquely positioned to provide ongoing psychosocial support, relapse prevention, life-skills development, and linkages to health and social services.

Through guided discussions and shared learning, this introduction to the concept of harm reduction and its approaches created space to shift towards a non-judgmental, and youth-centered approach to better support young people's health, strengthen prevention efforts, and improve referral systems.

One of the most significant outcomes of the engagement was a visible shift in how participants perceive and engage with young people who use drugs.

Nzirayumusaraba Marthe, a youth center representative from the Eastern Province reflected:



*Before this training, I used to think that someone who uses drugs is a criminal. Now I see that they are like anyone else and deserve support, regardless of their circumstances.*

Similarly, Talemwa Tadeo the Kimisagara Youth Center Coordinator noted:



*Before this training, our anti-drug campaigns always involved law enforcement, focusing on prevention and punishing users. Now we understand the importance of support and care in helping young people make safer choices. We now see substance use as a public health and social issue. We are committed to adopting non-stigmatizing, youth-friendly approaches and integrating harm reduction into our daily services.*



Discussions deepened awareness of gender-specific vulnerabilities, particularly among young women and girls who use drugs. These young people face compounded risks such as sexual abuse, unintended pregnancies, HIV and other sexually transmitted infections (STIs), psychological trauma, and social stigma. Marginalization and limited access to critical health and support services further increase their vulnerability, leaving many without the resources they need to protect their health and wellbeing.



Specific challenges in accessing sexual and reproductive health and rights (SRHR) services exacerbate these risks. Issues such as period poverty, lack of youth-friendly services, and engagement in high-risk practices like chemsex among female sex workers (FSWs) highlight the urgent need for targeted interventions.

Addressing both health and social inequities is critical to ensuring that these young women and girls are empowered, supported, and protected. This segment led to a meaningful shift at the service delivery level.

The change in perspective was especially evident in participants' reflections. Habinema Hubert, a nurse at Gikondo Youth Center, shared: "Before this workshop, I often saw girls and women who use drugs only through the lens of their health risks, assuming their challenges were solely their own. Now, I understand the complex realities they face put them at even greater risk. This session has changed how I approach my work: I am now committed to listening without judgment, advocating for accessible services, and integrating gender-sensitive care into every interaction.

I want every young woman I meet to feel seen, valued, and supported, not just as a patient, but as a person with rights and potential." Overall, the engagement marked an important step toward strengthening youth centers as responsive and supportive spaces for young people facing complex challenges.

By building practical skills, shifting attitudes, and encouraging more inclusive approaches, participants are better equipped to respond to the realities of substance use, reintegration, and gender-specific vulnerabilities. These collective gains reinforced the critical role of sustained investment in youth center staff and the systems that support them.



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## EMPOWERING PROVIDERS TO IMPROVE SAFE ABORTION CARE

**E**ven with Rwanda's legal provisions allowing abortion under specific circumstances, access to safe and respectful care is still shaped by something less visible, but deeply influential: attitudes. Stigma, misinformation, and long-held social norms continue to affect not only those seeking services, but also the people responsible for providing them. It's within this context that in partnership with Partnership with IPAS Africa Alliance, a five-day Values Clarification and Attitude Transformation (VCAT) and Training of Trainers (ToT) workshop brought together HDI staff working in sexual and reproductive health and rights (SRHR), alongside healthcare providers. The goal was simple but critical: to create space for honest reflection, strengthen knowledge, and build the skills needed to engage communities and deliver care without judgment.



Before diving into policies and technical guidelines, the training began with a people-centred approach, allowing participants to exchange on their values and lived experiences related to abortion. Through interactive sessions such as 'Reasons Why and Why Did She Die?'

They unpacked how personal perspectives are shaped by upbringing, religion, social expectations, and lived realities. These conversations were not always easy. Some participants encountered internal conflicts for the first time, while others began to see how stigma, often unintentional, can influence both language and action, but that discomfort became part of the process. By examining real-life scenarios and shared experiences,

participants moved beyond individual judgment to understand the broader system, legal, social, and health-related, that contribute to unsafe abortion and preventable harm.

As the training progressed, the focus shifted. Participants explored a critical question: What happens when personal beliefs meet professional duty? Through guided discussions, they examined how to separate personal values from their responsibilities as SRHR practitioners. The emphasis was not on changing beliefs, but on ensuring that care and services remain respectful, evidence-based, and aligned with public health and human rights principles.

This shift proved important. Many participants acknowledged that while personal views may remain complex, professional roles require clarity, empathy, and a commitment to do no harm.

The second half of the workshop moved from reflection to action. Using a Training of Trainers approach, participants practiced facilitating VCAT sessions themselves. Through “teach-back” exercises, they led discussions, responded to challenging questions, and received feedback from peers and facilitators.

These sessions revealed noticeable growth. What began as hesitation in navigating sensitive topics gradually turned into confidence. Participants demonstrated stronger facilitation skills, an ability to manage diverse viewpoints, and a clearer understanding of how to create safe spaces for open dialogue.

By the end of the training, the changes were evident. Participants reported feeling more comfortable discussing abortion-related topics, something that had initially been difficult for many. They showed improved ability to challenge myths, address stigma, and engage in constructive conversations, both within their work and in the communities they serve.



Just as importantly, there was a visible shift in empathy. Participants expressed a deeper understanding of the realities faced by women and girls navigating unintended pregnancies, as well as the challenges healthcare providers encounter when working in environments shaped by stigma and legal complexity. Many also made clear commitments to adopt more rights-based, non-judgmental approaches in their professional roles.

Several lessons stood out from the experience. Creating a psychologically safe space proved essential. Early exercises that allowed participants to share hopes, concerns, and hesitations helped build trust and openness for deeper discussions later on.



The use of participatory methods, movement-based exercises, storytelling, and real-life scenarios, also played a key role. These approaches went beyond theory, helping participants confront their own biases and better understand the human impact of stigma.

And perhaps most importantly, the training reinforced that technical knowledge alone is not enough. Addressing values, beliefs, and attitudes is a necessary complement to clinical skills and policy awareness especially when dealing with sensitive

issues like abortion. HDI plans to build on this momentum by integrating VCAT into its ongoing capacity-building efforts. Trained facilitators will continue to receive mentorship and support, while the approach will be expanded to partners and healthcare providers.

The aim is to ensure that the shifts seen during the training are not temporary, but sustained contributing to a broader effort to reduce stigma and improve access to safe, respectful, and rights-based abortion care.



## ADVANCING EARLY HIV DETECTION AND STRENGTHENING PROVIDER CAPACITY

**A**s the HIV epidemic remains a major public health challenge, key populations including female sex workers (FSWs), men who have sex with men (MSM), people who inject drugs (PWID), and adolescent girls and young women (AGYW) continue to bear a disproportionate burden of infection. This reality underscores the urgent need for targeted and innovative approaches to early detection and prevention. Within this context, vulnerability among key populations is shaped not only by higher-risk exposure but also by persistent structural, social, and legal barriers that limit timely access to services.



One critical question continues to shape HIV prevention and care efforts: how early can HIV be detected after infection? Addressing this question is essential to improving timely diagnosis and reducing onward transmission, particularly among populations most at risk.

This February, in partnership with the Rwanda Biomedical Center (RBC), Health Development Initiative (HDI) conducted an operational study on early HIV detection using p24 antigen testing.

This method detects an HIV protein in the blood shortly after infection, enabling earlier diagnosis compared to conventional testing approaches. Building on this work, a two-day workshop

was convened, bringing together Heads of Health Centers and Data Managers from 25 participating health facilities, alongside representatives from additional centers providing services to key populations. The workshop provided a platform to validate preliminary study findings while enabling providers to engage directly with the evidence, assess the methodology, and reflect on its implications for routine service delivery. By connecting research with frontline experience, the engagement strengthened understanding of how innovative testing methods can be applied within real-world healthcare settings.

Discussions extended beyond reviewing study findings to exploring practical strategies for integrating early detection approaches into routine HIV services.

Health facility teams shared lessons from their respective sites, highlighting both successes and persistent gaps. These exchanges encouraged peer learning and strengthened collective problem-solving around improving referral pathways, service quality, and responsiveness to the needs of vulnerable groups.

The engagement also created space for dialogue on the practical considerations of implementing p24 antigen testing, including workflow integration, data management, and coordination between service delivery points.

In addition to technical discussions, the workshop reinforced alignment with national policies and legal frameworks guiding service delivery. Participants were introduced to the newly enacted law regulating healthcare services, with a particular focus on adolescents' access to sexual and reproductive health services and information. A refresher session on the Ministerial Order on safe abortion further strengthened providers' understanding of legal provisions and their role in ensuring rights-based care.

These reflections underscored the importance of grounding service delivery in both clinical evidence and legal frameworks, while equipping providers to deliver services that are confidential, responsive, and respectful of client rights.



The workshop highlighted the importance of continuous engagement with frontline providers in translating research into practice. By bringing together health facility leaders and data managers, the initiative strengthened collaboration, while laying the foundation for scaling evidence-based approaches.

As Rwanda continues to advance its HIV response, strengthening early detection remains a critical priority. Equipping providers with innovative tools, timely data, and practical guidance will be essential to improving early diagnosis, strengthening linkage to care, and ultimately improving health outcomes for key populations.

## IN OTHER NEWS

This February we hosted the following radio shows:



**7<sup>TH</sup> FEBRUARY 2026:**  
HOW TO PREVENT UNINTENDED PREGNANCIES

**14<sup>TH</sup> FEBRUARY 2026:**  
UNDERSTANDING TRICHOMONIASIS AS AN STI

**21<sup>ST</sup> FEBRUARY 2026:**  
UNDERSTANDING COMMON CANCERS AFFECTING  
SEXUAL AND REPRODUCTIVE HEALTH

**28<sup>TH</sup> FEBRUARY 2026:**  
THE MENTAL BURDEN OF TEENAGE PREGNANCIES  
ON VICTIMS



**1<sup>ST</sup> FEBRUARY 2026:**  
UNDERSTANDING MENSTRUAL HYGIENE

**8<sup>TH</sup> FEBRUARY 2026:**  
ROLE OF YOUNG PEOPLE IN FIGHTING AGAINST GBV

**15<sup>TH</sup> FEBRUARY 2026:**  
HYGIENE TIPS DURING PUBERTY AND ADOLESCENCE

**28<sup>TH</sup> FEBRUARY 2026:**  
SOCIAL NORMS THAT HINDER THE WELLBEING OF  
YOUNG GIRLS AND WOMEN.

# STAKEHOLDERS SPEAK:



**HDI Rwanda**  
@HDIRwanda

In displacement settings, where overcrowding, and vulnerability increase public health and SGBV risks, equipped community health workers play a key role in early detection, timely referral, and risk mitigation.

To strengthen their frontline role, we are in @RubavuDistrict facilitating a three-day capacity-building training for Community Health Workers at Nkamira Refugee Camp on health promotion, disease surveillance, essential clinical care, and prevention and response to SGBV.

The engagement seeks to strengthen the camp's first line of defense and ensure timely, coordinated support for the community.

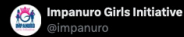


**HDI Rwanda**  
@HDIRwanda

While religious leaders shape norms and influence attitudes, their spouses reinforce this impact through mentorship and creating safe spaces within the congregation.

Leveraging these roles, we partnered with @OEPSD\_Tabará to support @Gasabo\_District Pastors and their spouses with practical tools to integrate GBV prevention and teenage pregnancy awareness into sermons, pastoral counselling, and community outreach.

This engagement aims to better equip congregations to identify and respond to risks effectively, and foster accountability as active partners in preventing violence and safeguarding adolescents.



**Impanuro Girls Initiative**  
@impanuro

This week, our Project Lead, Ema Fidelite Niyonkuru, joined a training organized by @HDIRwanda on Technology-Facilitated Gender-Based Violence (TFGBV).



**Muganga Joana**  
@Muganga\_Joana

Appreciation to @HDIRwanda for championing inclusive, human-rights-centered harm reduction and investing in youth-serving organizations. #InformedGens

**Informed Future Generations** @informed\_gens · 9 Feb  
Last week, We participated in a capacity-building workshop organized by @HDIRwanda on applying harm reduction approaches in youth centers.

The training strengthened non-judgmental, practical skills for harm reduction and improving health outcomes...



**HDI Rwanda**  
@HDIRwanda

**How early can HIV be detected after infection?**

We held a two-day workshop with healthcare providers supporting key population services to validate preliminary findings from a study on early HIV detection using p24 antigen testing, which spots an HIV protein in the blood shortly after infection.

The workshop focused on reviewing and interpreting preliminary findings, assessing study methods, discussing practical implications for early HIV detection, identifying implementation challenges, and proposing next steps or recommendations.

It also provided an opportunity for our team to introduce to them the newly enacted law regulating healthcare services, refresh participants' knowledge of the Ministerial Order on safe abortion and collectively reflect on challenges and recommendations to strengthen key population programs.



**Medical Doctors For Choice (MDFC)**  
@MDFC\_Rwanda

We are excited to announce the 3rd cohort for the 5-day #VCAT & #CAC Training. This will also bring 9 health facilities to strengthen the capacity and readiness of multidisciplinary healthcare providers in district hospitals and medicalized health centers to offer friendly, stigma-free, and legally aligned #SRHR services.

As we begin tomorrow, stay tuned for stories of change, key insights, and special moments from this journey of learning and growth.

#SNAPInitiative  
#VCAT2026



**Umwall Initiative**  
@umwallinitiativ

Today we had the privilege of joining @HDIRwanda trainings on Sexual and Reproductive Health and Rights (#SRHR), focusing on Gender-Based Violence prevention, survivor-centered responses, and Rwanda's legal framework protecting girls and women.



HDI Rwanda and 9 others



**Saleh AHISHAKIYE**  
@salimsaleha2

This is powerful work.

Creating youth-led spaces for learning and dialogue is how change starts. Respect to the students for their curiosity and leadership, and to the team for supporting access to confidential, youth-friendly SRHR services. The first health club is a milestone.

# HDI WISHES TO THANK OUR PARTNERS AND SUPPORTERS

- AMPLIFYCHANGE
- ANGEL FAMILY FUND
- BLACK WOMEN'S HEALTH IMPERATIVE
- CATHOLICS FOR CHOICE
- CRICKET BUILDS HOPE
- DELEGATION OF THE EUROPEAN UNION TO RWANDA
- EAHP
- EQUIMUNDO
- EXPERTISE FRANCE
- FEMNET
- FOSI/OSIEA
- FP2030
- GIZ
- GLIHD
- GLOBAL HEALTH CORPS
- IMBUTO FOUNDATION
- IMRO
- IPPF
- JHPIEGO/MCGL
- MEDECIN DU MONDE
- MEDICAL DOCTORS FOR CHOICE
- MEDICAL STUDENTS FOR CHOICE
- 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
- ROBERT ANGEL AND FAMILY FOUNDATION
- RWANDA CIVIL SOCIETY PLATFORM
- RWANDA SOCIETY OF OBSTETRICIANS AND GYNECOLOGISTS
- RWANDA BIOMEDICAL CENTER
- RWANDA EDUCATION BOARD
- RWANDA GOVERNANCE BOARD
- RWAMREC
- SISTERLOVE INC.
- SOCIETY FOR FAMILY HEALTH
- STEPHEN LEWIS FOUNDATION
- STOP TB PARTNERSHIP
- STRIVE FOUNDATION RWANDA
- 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

