



**HDI**

**HEALTH DEVELOPMENT INITIATIVE**

*Striving for a healthy society*

A group of diverse children, mostly of African descent, are smiling and holding up pieces of white soap. They are outdoors, and the background shows other people and a bright, sunny environment. The children are dressed in casual clothing, including a blue shirt, a green and yellow patterned dress, a blue and white checkered shirt, a green t-shirt, a white t-shirt, a grey t-shirt with '65' and 'AROPOL' on it, and a blue and white patterned dress.

**A N N U A L  
R E P O R T  
2 0 1 6**

Promoting Health and Rights for All



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# ACRONYMS

- **AIDS** = Acquired Immune Deficiency Syndrome
- **EAC** = East African Community
- **FSW** = Female Sex Worker
- **GBV** = Gender Based Violence
- **GLIHD** = Great Lakes Initiative for Human Rights and Development
- **HDI** = Health Development Initiative
- **HIV** = Human Immunodeficiency Virus
- **IDAHOT** = International Day Against Homophobia, Transphobia, and Biphobia
- **IMRO** = Ihorere Munyarwanda Organization
- **JADF** = Joint Action Development Forums
- **MSM** = Men who have Sex with Men
- **SHARE** = Sexual Health And Reproductive Education
- **SRHR** = Sexual and Reproductive Health and Rights
- **STI** = Sexually Transmitted Infection



# MESSAGE FROM THE EXECUTIVE DIRECTOR

On behalf of Health Development Initiative, I am pleased to present our 2016 Annual Report. We accomplished some stellar work this year; our advocacy work, service provision, and community health educational programming have never been stronger.

This year we began partnerships with two volunteer programs: Global Health Corps and Peace Corps. These fellows joined our HDI team as indispensable colleagues, assisting us with technical advising and strengthening our monitoring and evaluation department.

Additionally in 2016, HDI became partners with 3 new organizations: Catholics for Choice, Promundo, and UNICEF. As we

continue to grow as an organization, we look forward to maintaining and strengthening our new and existing partnerships.

In 2016 HDI was also proud to have launched a new toll-free hotline for Sexual and Reproductive Health and Rights. This hotline allows people to anonymously call one of HDI's trained counselors to receive accurate and non-judgmental information about SRHR, learn more about the services our center provides, and receive referrals to appropriate providers, if needed.

I would like thank HDI's partners and donors. Without their generous support and funding, none of our work would be possible. Additionally, I want to commend the hard work and support of HDI staff, volunteers, local partners, and our board of directors. Thanks to their dedication, our vision of a Rwandan society with healthy Rwanda is that much closer to reality.

Yours Sincerely,



Dr. Aflodis Kagaba  
Co-Founder and Executive Director





# ABOUT HDI

HDI (Health Development Initiative)-Rwanda is a non-governmental, non-profit organization based in Kigali and registered under Rwandan law. HDI strives to improve both the quality and accessibility of healthcare for all Rwandans. A dedicated group of Rwandan physicians with a vast experience in the health sector founded HDI in 2005. This group was united by a shared commitment to advance health and inclusive development for disadvantaged communities.

HDI believes that health outcomes can be improved by putting in place laws, policies and programs that are responsive to the needs of those who are poor and vulnerable, such as women and children, historically marginalized communities, people living with HIV/AIDS, young people and other marginalized populations. HDI advocates for friendly health-related policies and builds the capacity of both duty bearers and right holders with tools and knowledge to advance the health and rights of their communities so that all Rwandans may lead healthy lives, free from preventable disease and premature mortality.

Today, HDI brings together a team with diverse experience in medicine, public health, and community development to bridge the gap between communities and the health care system. Using a rights-based approach, HDI builds sustainable alliances to advocate for and support health-friendly policies and services for every Rwandan regardless of social, cultural, or economic status.

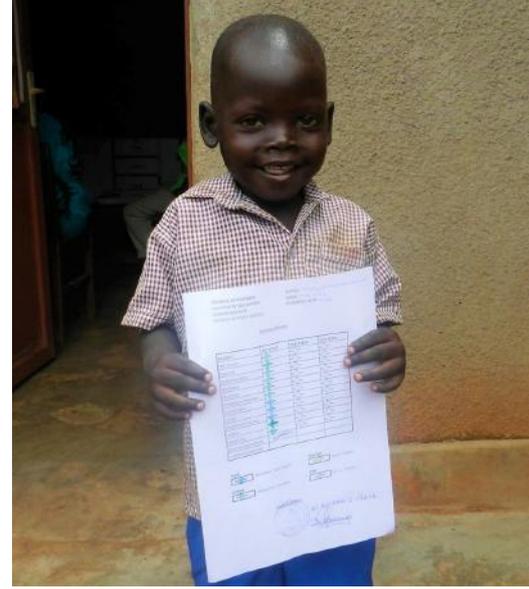
## Vision

A society in which everyone has the opportunity to enjoy the highest standard of health and well-being.

## 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 every Rwandan regardless of social, cultural, or economic status.





## Core Values

- **Rights-Based Approach:** HDI values strategies that promote and protect the human rights of all persons, especially the right to health.
- **Accountability:** HDI is accountable to its donors, the communities it serves, and all other stakeholders for the resources that come into its possession and in all that it does as an organization.
- **Partnership:** HDI believes in building and nurturing partnerships for efficient, effective, collaborative service to the communities we serve.
- **Transparency:** HDI's primary responsibility is to the target beneficiaries of its interventions; the organization operates in an open manner, with all stakeholder voices respected.
- **Sustainability:** HDI believes that communities and partners should be left stronger and more resourceful after its interventions are complete.

## Priority Areas

- Sexual and Reproductive Health and Rights
- Community Health and Development
- Advocacy and Accountability
- Medical and Technical Support

# SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

HDI empowers communities to lead healthier lives by providing access to comprehensive sexual and reproductive health information and services. Focus areas include: family planning, maternal health, and comprehensive sexuality education for youth and key populations.

- Project SHARE
- Increasing Community Awareness
- Women's Reproductive Rights
- HIV Prevention and Treatment



Over **19,500** people served

# Project SHARE: Teaching Sexuality Education to Teenagers and Educators

Sexual Health And Reproductive Education (SHARE) aims to help fill the current gap in sex education in Rwanda. Schools teach basic anatomy with a focus on abstinence-messaging. Parents discourage openly discussing or asking questions about sex. An environment where sex-related topics are taboo results in youth having misconceptions about sex and ignorance about their sexual and reproductive rights.

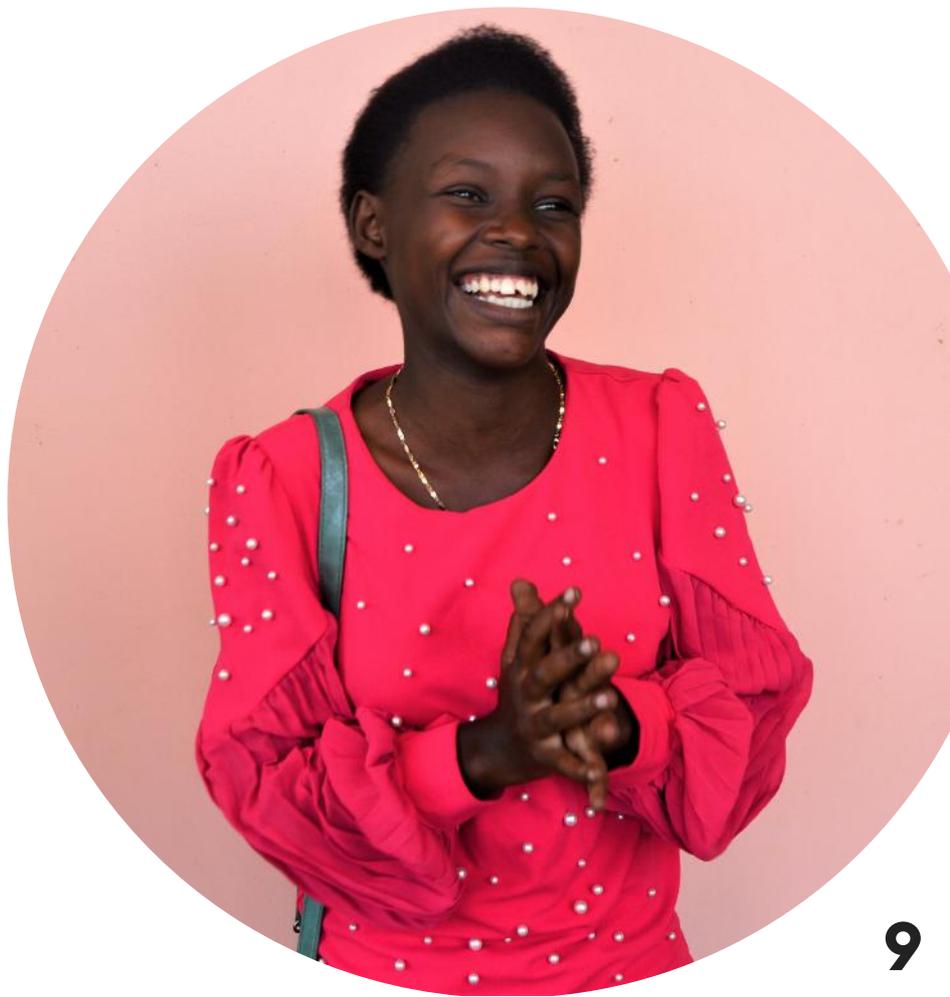
Project SHARE provides comprehensive sexual and reproductive health education to adolescents in Kigali via anti-AIDS clubs. SHARE empowers Peer Educators to teach their fellow youth about sexual and reproductive health issues and to organize awareness events to educate their classmates and communities. SHARE facilitators visit these clubs monthly to provide educational materials, answer questions, and assist in club activities. Facilitators also collected anonymously written questions from students and compiled them and their answers into an Open Talk Newsletter to distribute to clubs.





- SHARE was implemented in **18** clubs.
- HDI trained **47** Peer Educators and **5** SHARE Facilitators.
- **10** schools held public debates to promote awareness on sexual and reproductive health and rights. Approximately **1350** people attended these debates.

**“It has always been my dream to meet and educate people about what I am privileged to know. SHARE is helping me achieve this dream.”** -Uwase, Angelique, SHARE Peer Educator



Teaching teachers is an excellent investment. Their knowledge will have an impact on generations of students to come. In addition to empowering students to know their rights and health, Project SHARE also trains teachers to properly deliver sexuality education to their students and support health clubs.

HDI trained **40** teachers and school staff members on comprehensive sex education, sexual and reproductive rights, laws, and policies. After these trainings, teachers held regular meetings with their Peer Educators to support the SHARE health clubs as mentors.



# Raising Community Awareness of Sexual and Reproductive Health and Rights Through Campaigns

Openly discussing sexual and reproductive health issues is still taboo in Rwandan society. Raising public awareness educates people on important topics on a mass scale. HDI uses the media and awareness campaigns to educate Rwandans on these sensitive, yet necessary topics. When sexual and reproductive health issues are normalized and openly discussed in public events and the media, then they become normalized and openly discussed in the community and home as well. People become educated about topics that they might not have learned about otherwise.



- HDI shared information about SRHR with the community at the Gasabo Open Day event and the Kicukiro JADF Expo. At these events we received over **560** visitors to our stands.
- HDI commissioned an educational 20 minute video to teach SRHR. It will be distributed to schools and other partners in Rwanda.



- HDI celebrated Menstrual Health Day at Kagarama Secondary School together with **230** students. Students competed in a quiz on menstrual health, watched an educational film on menstruation in different cultures, and participated in a discussion on the importance of breaking menstrual taboos.
- HDI trained **34** journalists about laws and policies regarding SRHR for young people and key populations, encouraging them to write more about sexual and reproductive health issues.
- HDI hosted **17** radio programs discussing topics such as women's rights, reproductive health, sexual rights, and family planning. These programs were hosted live by experts in health and law. The public sent over **1300** messages live. HDI published the radio programs onto CDs for distribution.

**"If there was a machine to detect women who aborted maybe all of us would be in jail. I am a mother of four and I have other orphans that I raise. I got pregnant for the first time and I aborted it. Soon after I got another unplanned pregnancy, I was not prepared and the man who had impregnated me had another wife. So you understand the situation, In this case you keep quiet and find a solution.**

**What you can do for us is that advocacy."** -Anonymous message sent to our *Consequences of Unsafe Abortion* radio show

- HDI participated in World AIDS Day in Kigali to raise awareness about HIV. We marched and hosted an exhibition on family planning and HIV prevention services available in Rwanda. Over **500** people visited our stand to read our educational materials and ask us questions about health. We distributed over **1700** condoms.
- HDI launched a toll-free line for anyone to call **3530** and anonymously receive accurate information SRHR. In 2016 we received over **1600** calls.
- HDI celebrated IDAHOT (International Day Against Homophobia, Transphobia, and Biphobia), together with the LGBTI community and supportive partners. At the event, we officially launched the HDI booklet “Can anybody hear us? Realities of being gay, lesbian or transgender in Rwanda.” Guests symbolically lent their voices to read aloud some of the testimonies captured in the booklet, watched a short movie, and engaged in a discussion on stigma and discrimination against LGBTI people in Rwanda.



**“I believe that organizations working on LGBTI issues can make a difference. When members of the LGBTI community can come together, it is easier for us to have one voice. In that way, we can be a stronger force for creating a society where we can be accepted and not be marginalized.”** -Richard, a member of the LGBTI community

# Promoting and Protecting Women's Reproductive Rights



In line with the regional Protocol on the Rights of Women in Africa, Rwandan law specifies that women have the right to access safe abortion in 4 cases: rape, incest, forced marriage, and the endangerment of the health of the baby or pregnant woman. However, various barriers prevent women from exercising this right, including a lack of awareness about the law and onerous legal regulations. Reproductive rights and abortion are taboo and rarely discussed. Women often lack control over their reproductive health due to social norms which dictate that men should make decisions concerning sex. As a result, women are frequently forced to resort to unsafe abortions, which can cause major health complications and even death. At HDI, we consider this a great injustice. Women's reproductive health and rights can be protected by providing family planning, educating men and women about their legal rights, sensitizing them on gender dynamics and equality, and removing legal barriers through advocacy.



- HDI trained **23** young female leaders from 20 higher institutions in Rwanda on the current climate on abortion rights, contraception, and unintended pregnancy. These women are now advocates for women's rights and family planning in their respected institutions.
- HDI held 2 meetings with **290** university students on family planning services available in Rwanda.
- HDI conducted **10** outreaches to 10 higher learning institutions, holding discussions on women's issues regarding contraception and decreasing unsafe abortion.
- HDI trained **30** community leaders on GBV reporting, unwanted pregnancy, and safe abortion services.



# HIV Prevention and Treatment

In Rwanda, 3.1% of adults ages 15 to 49 are living with HIV. In 2015, 200,000 people were living with HIV in Rwanda. That same year, nearly 3000 people died from AIDS and there were 70,000 orphans due to AIDS. HDI targets HIV prevention by focusing on key populations: men who have sex with men (MSM) and female sex workers (FSWs). These groups have been identified by the government of Rwanda as groups at significantly higher risk for contracting and transmitting HIV than the general population.

## Center for Health and Rights

HDI's **Center for Health and Rights** has two branches in Kigali; our main office is in Kicukiro and our outreach branch is in Nyamirambo. Young people and key populations regularly face discrimination from the healthcare system, especially when accessing sexual and reproductive health services. HDI wanted to fill this gap by creating a model for high-quality and non-discriminatory healthcare. Our center focuses on providing youth-friendly and stigma-free sexual and reproductive health services, particularly for youth, key populations, and those from marginalized communities.

- **9,191** people were tested for STIs and/or counseled on sexual and reproductive health
- **296,155** condoms distributed
- **46,035** lubricants distributed



# Outreach Programs in the Southern Province



HDI reached out to the communities of key populations and health care providers in 4 districts in the Southern Province in order to prevent the spread of HIV.

- HDI organized monthly meetings for **948** FSWs to collect data on HIV and STIs, make referrals for HIV testing, and to promote family planning and condom use.
- HDI tested **833** people for HIV.
- HDI distributed **37,600** condoms and **1000** lubricants.
- HDI trained **190** FSW and MSM leaders on STI prevention and healthy behaviors for them to share with their peers. Over **1000** people received condoms from them and over **500** people received health center referrals.



# COMMUNITY HEALTH AND DEVELOPMENT

- Nutrition
- Socioeconomic Development
- Tuberculosis Prevention

HDI provides communities with support, training, and health education, empowering them to prevent and treat illness, with an emphasis on infectious disease prevention, nutrition, and hygiene and sanitation.



# Nutrition: Empowering Marginalized Families to Eat Healthier



- With the help of visiting GlobeMed students, HDI provided **28** Masoro families with 5 sac gardens each for a total of **125** kitchen gardens. Vegetables included cabbage, spinach, carrots, and dodo. These gardens made it easier for families to access vegetables and eat more nutritiously.
- HDI advocated with the local government to donate farmland to Masoro Village. HDI provided seeds and farming materials for the planting of maize and mushrooms. **28** families benefited and profited from these crops.





- HDI held a 3-day training for **60** participants in Cyaruzinge and Masoro. Lessons included cooking, nutrition, water purification, hygiene, sanitation, and family planning.



**“I am able to own a farm, and grow beans and maize because of HDI. Our children go to school with clean clothes because of HDI. Before we used to beg for money, but now we can work and cultivate.”** - Claudine, Cyaruzinge Community Member

# Socioeconomic Development



- HDI provided the funds for the tuition and school uniforms of **42** Cyaruzinge students to attend nursery school. They are the first members of their community to ever attend nursery school.



- HDI constructed a building for the Cyaruzinge women's cooperative to create and store their agaseke baskets. This project benefited the **33** cooperative members who now have a safe community space to work and hold meetings.



- HDI provided health insurance to **150** members of Masoro Village, making it possible for them to access medical care.

# Sensitizing At-Risk Populations and Health Care Providers on Tuberculosis Prevention and Infection Control

According to the World Health Organization, tuberculosis is the leading killer of HIV-positive people and one of the top 10 overall causes of death worldwide. In Rwanda, 56 out of 100,000 people developed tuberculosis in 2015. We can lower rates of tuberculosis in Rwanda by raising awareness about prevention and risks of contamination. In 2016, HDI held sensitization meetings to educate high risk groups and health care providers on how to prevent and contain tuberculosis. This empowered community members to protect themselves from the spread of tuberculosis and built the capacity of community health workers on sensitizing high risk groups, provision of tuberculosis care, and treatment adherence.



- **243** diabetic patients were sensitized on the risk of contracting tuberculosis
- **300** brochures for sensitization of Tuberculosis prevention were distributed
- **10** sensitization meetings for high risk groups such as the elderly, Tuberculosis contacts, and children in the community were supervised in 5 district hospitals
- **10** coordination meetings with health worker leaders were held in 5 district hospitals to brainstorm collaborative solutions to problems involving health and logistics.

# ADVOCACY AND ACCOUNTABILITY



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HDI works with government institutions, policy makers, civil society organizations, communities, and individuals to advocate for and promote health-friendly policies and strengthen accountability on their implementation. This requires forging partnerships with like-minded organizations and other stakeholders, gathering evidence, and building capacity for advocacy and accountability.

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HDI shared its legal positions via policy papers with the Rwanda Law Reform Commission and members of parliament in order to engage them in making potential amendments to medically-relevant sections of the penal code. These positions were adapted into two policy briefs, which were developed to distribute to the media, government ministries, and other relevant stakeholders. These briefs were made in collaboration with GLIHD and IMRO.

- *Protecting the Health and Rights of Vulnerable Women Engaged in Sex Work*

advocates for the decriminalization of sex work in Rwanda. Rates of HIV among FSWs are 17 times higher than the general population. When sex work is criminalized, it makes FSWs more vulnerable to the spread of HIV and rights

violations. If their work were decriminalized, it would become easier for them to access medical and legal services without fear of discrimination and prosecution.



- *Safeguarding the Sexual and Reproductive Health and Rights of Women and Girls Through the Penal Code Amendment* advocates for more lenient laws regarding abortion in Rwanda. Currently, in order to obtain legal permission to obtain an abortion, women must overcome unreasonable and bureaucratic barriers. These include court orders (the process of which often takes longer than the pregnancy itself) and/or a medical doctor's permission (the ratio of doctors to the general population is 1 to 15,510). We want these barriers lifted. In addition, this brief recommends that child defilement should be added to the list of exemptions from criminal liability for abortion and that other qualified professionals such as nurses and midwives be allowed to perform abortions.

HDI collaborated with reputable firms to translate, simplify, and print important documents. This will increase access and comprehension of important information for students, teachers, medical professionals, patients, and key stakeholders:

- *The National School Health Policy* was simplified for schools for students and teachers as well as to other key stakeholders.
- *The Medical Insurance Liability Law* was simplified and disseminated to healthcare providers and their clients.
- *The Adolescent Sexual and Reproductive Health and Rights Manual* was translated for health care providers.
- Information Education Communication materials and policy briefs were developed on young people, the National Strategic Plan on HIV and AIDS, and key populations' rights to SRHR.

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HDI has developed a good working relationship with the parliament, ensuring that we are frequently updated on legislative processes and upcoming laws as they are being written. This will allow us to strategically and continuously engage with the legislature and policy makers to ensure that rights are protected.





By arranging connections and discussions between people, HDI is able to promote better understanding and cooperation between rights-holders and duty-bearers. These meetings allow us to advocate for comprehensive sexuality education, wider access to contraceptives, the rights of marginalized populations, and the decriminalization of abortion and sex work.

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HDI co-organized and provided inputs during the High Level Pre-Summit meeting at the 27th African Union Summit under the theme African Year of Human Rights with a particular focus on the Rights of Women.

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HDI, in collaboration with East African Health Platform (EAHP), contributed to the development of the EAC's *Reproductive, Maternal, Newborn, Adolescent, and Child Health Policy* by participating in the EAC and country consultative meetings and sharing our views on how the policy could be best formulated.

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HDI facilitated meetings, workshops, and consortia for **294** people, including key population leaders, government officials, health care providers, civil society organization leaders, and members of parliament.

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HDI is a member of multiple technical working groups which work toward advocating for more inclusive and progressive policies. Some groups include:

- *Key Populations Technical Working Group*
- *Adolescent Sexual and Reproductive Health Technical Working Group*
- *HIV Prevention Technical Working Group*
- *Maternal and Child Health Technical Working Group*



# MEDICAL AND TECHNICAL SUPPORT

HDI works to strengthen the capacity of health care providers, stakeholders, and future leaders through educational and sensitization programming. Empowering duty bearers to effectively fulfill their obligations is a sustainable way to ensure the protection of health and rights for all.



## Training Health Care Providers

- HDI trained **18** staff from 4 health centers on how to provide youth-friendly HIV prevention and treatment.
- HDI held a values clarification workshop for **116** healthcare providers, counselors, medical students, and medical doctors on abortion to discuss professional ethics and responsibilities.
- HDI trained **24** women serving in civil society organizations and Isange One Stop Centers (centers for victims of GBV). The training focused on exploring values on abortion, related services, and referrals as well as discussing the legal inconsistencies between Rwanda's penal code and international health standards on women's rights to access legal and safe abortions.



## Sensitizing Future Doctors on Advocacy for Health and Human Rights

Every month HDI hosts fifth-year medical students from the University of Rwanda to come and discuss Sexual and Reproductive Health and Rights. Executive Director Dr. Kagaba leads these sessions, explaining the importance of medical professionals sharing their skills with the community outside of the hospital and providing stigma-free services.

**"For a doctor to do their work well, they should respect human rights. Helping key populations without stigmatizing or judging them is necessary because it is their right to have health care...I will put my patient's human rights above my own personal feelings about them. If I receive a patient, all I will do is give them the services that they need without considering other factors such as who they are or where they're from. I will give them services because they need them just like any other person."** -Oda Munyura, Future

Doctor





HDI hosted **17** interns in 2016. These interns had an interest in public health and wanted to learn more about health and rights. This experience empowered the next generation of leaders by building their capacity in NGO medical work.

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HDI invested in the development of its staff by carrying out three learning visits to SRHR organizations and clinics in the East Africa region. The purpose of these visits was to share best practices and innovations with partners in health and to build HDI's capacity for providing high-quality services.

- In Uganda, 3 HDI staff members visited *Reproductive Health Uganda* to observe and discuss their methods of providing rights-based SRHR information and services to vulnerable and underserved communities.
- In Kenya, 3 HDI staff members visited *The Center for Reproductive Rights* to discuss how to effectively use research, advocacy, and public litigation to advance human and reproductive rights.
- In Kenya, 3 HDI staff members visited *Trust for Indigenous Culture and Health* to learn about how they manage their counseling hotline, work with university students and peer educators, and identify service providers who provide stigma-free services.



# CHALLENGES AND LESSONS LEARNED

As a growing nonprofit, HDI is always looking for ways to develop its internal capacities. In 2016, we identified a weakness in our monitoring and evaluation. Although we know that we have made incredible changes in the lives of our beneficiaries, HDI struggled to effectively measure and document this impact. We learned that we would benefit from earmarking funding and staffing specifically for M&E as well as hiring a consultant for a needs assessment.

HDI feels passionate that our work in SRHR is some of our most important and needed. However, due to cultural norms concerning sex in Rwanda, we often face challenges finding partners and allies in overcoming stigma. Stakeholders are sometimes hesitant to openly associate with us. Catholic-run centers are unable to provide contraceptives or youth-friendly services. Journalists sometimes decline to cover our events if they involve taboo topics. For us, this reaffirms the necessity for starting a national discussion on SRHR. We have learned that normalizing public discourse on SRHR takes patience and sensitivity. We will continue to tread lightly, present our position diplomatically, and engage people while respecting their deeply held convictions.

A recurring challenge is that the need is often greater than what we can provide. At many of our trainings, more people wanted to participate than we could afford. During our SHARE trainings, Peer Educators asked for more time and content for learning than we had funded. Our partner schools asked for more educational materials for our SHARE awareness events than was financially possible. We often run out of IEC materials due to the high demand. This shows that our work is well-needed and encourages us to continue searching for additional sources of funding and partners. We hope to expand our efforts until every Rwandan has access to the services and information that they need.



# MOVING FORWARD

HDI welcomes new opportunities to expand our programming in order to reach more people with information and services regarding their health and rights.

- HDI is taking steps towards reaching its goal of building a hospital which will provide inclusive care to all Rwandans, regardless of social, cultural, or economic status. In 2016, HDI met with architectural students to design a prototype and have started meeting with potential partners. To help realize this goal, HDI expanded its scope with the official registration of HDI-United States, our new sister organization. This partner will be able to fundraise for us in the United States and support our efforts to scale up.
- HDI is improving Project SHARE by expanding the program to 15 schools in Kigali and developing lesson plans to complement Rwanda's new comprehensive sexuality curriculum. We hope to someday expand SHARE to youth nationwide and supplement our program with a website with resources for adolescents, including lesson plans, educational videos, and a Q&A section.
- HDI wants to reduce the amount of time members of the community of potters spend fetching water by securing them with a fresh water pipeline. We are also planning on providing financial literacy lessons to empower community members to make informed decisions about savings and investments.
- HDI wishes to strengthen our toll-free hotline so that more people can call for accurate information, services, and referrals outside of regular office hours.
- HDI wants to increase our number of radio programs we produce so that we can raise community awareness about health and rights every week.
- HDI is exploring expanding our work with key populations to include other marginalized people groups such as single mothers, male sex workers, drug users, and house servants.
- HDI wishes to continue our advocacy efforts toward the decriminalization of sex work, remove barriers to safe abortion, and improve access of services to young people and marginalized groups.

# FINANCIAL DOCUMENTS

Health Development Initiative (HDI)  
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July 2017

Dear Sir,

**Subject: Audit Report on Financial Statements of HDI**

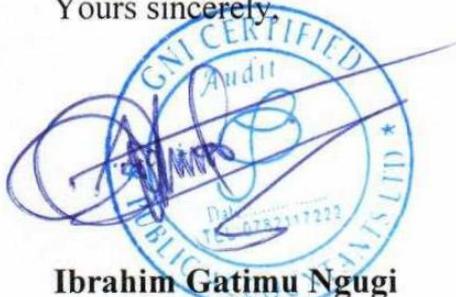
We are pleased to submit our report on HDI.

This report brings to your attention matters that came to our notice during the course of the audit and our recommendations on the findings. The report has been structured as follows;

- Section 1 Executive summary
- Section 2 Statement of management responsibilities
- Section 3 Accounting policies
- Section 4 Independent auditor's report
- Section 5 HDI Financial Statements

We wish to express our appreciation to HDI for the opportunity accorded to us to provide our professional services. We also wish to thank the management and staff of HDI for their cooperation during the audit.

Yours sincerely,



**Ibrahim Gatimu Ngugi**  
Managing Partner

## 1 Report of the independent auditor



To the Board of Directors of HDI

### Opinion

We have audited the accompanying financial statements of Health Development Initiative as set out on pages 8 to 10. These financial statements comprise the Statement of Financial Position as at 31 December 2016, the Statement of Revenue and Expenditure and the Statement of Cash Flows for the year then ended, and a summary of significant accounting policies and other explanatory notes.

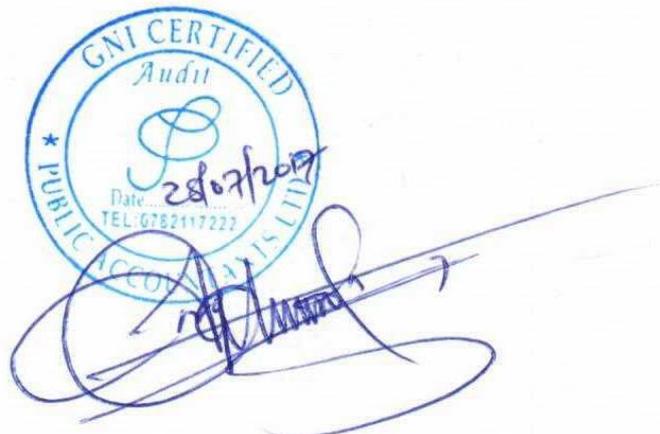
In our opinion, the accompanying financial statements give a true and fair view of the state of affairs of Health Development Initiative as of 31 December 2016 and of its financial performance and cash flows for the year then ended in accordance with Generally Accepted Accounting Principles, HDI Statute and HDI Governing Policy

### Basis of opinion

We conducted our audit in accordance with International Standards on Auditing (ISAs). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the HDI in accordance with the International Ethics Standards Board for Accountants' Code of Ethics for Professional Accountants (IESBA Code), and we have fulfilled our other ethical responsibilities in accordance with the IESBA Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Board of Directors and Management Responsibility for the Financial Statements

The Board of Directors is responsible for the preparation and fair presentation of these financial statements in accordance with Generally Accepted Accounting Principles, HDI Statute and HDI Governing Policy. This responsibility includes: designing, implementing and maintaining internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.



## Auditor's Responsibility

The objectives of our audit are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs, we exercise professional judgment and maintain professional scepticism throughout the planning and performance of the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

We are required to communicate with management and the Board of Directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

The engagement partner responsible for the audit resulting in this independent auditors report is CPA Ibrahim Ngugi Gatimu CPA (R) - P/No. NOPC/CPA0180/0053



**Ibrahim Ngugi Gatimu**  
Engagement Partner

Date: 28/07/2017

## 2 Consolidated Statement of Revenue and Expenditure

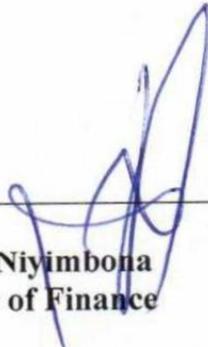
Description	Notes	Amount 2016	Amount 2015
Grants & Donations	5.1.1	700,808,713	495,383,798
Project direct Expenses	5.1.2	(401,512,579)	(270,049,564)
<b>Gross Surplus</b>		<b>299,296,134</b>	<b>225,334,234</b>
Other Incomes	5.1.3	-	18,624,245
Staff Expenses	5.1.4	(176,622,577)	(95,367,853)
Administration Expenses	5.1.5	(38,033,274)	(28,054,708)
Establishment Expenses	5.1.6	(15,000,000)	(8,300,000)
<b>Total Operating Expenses</b>		<b>(229,655,851)</b>	<b>(131,722,561)</b>
Operating Surplus		69,640,283	112,235,918
<b>Surplus/(Deficit) for the year</b>		<b>69,640,283</b>	<b>112,235,918</b>

The financial statements were authorized for issue jointly by:



  
**Aflodis Kagaba**  
 Executive Director



  
**Audace Niyimbona**  
 Director of Finance

Date July 28, 2017

Date 28/07/2017

3 Statement of financial position

Description		Amount 2016 Rwf	Amount 2015 Rwf
<b>CURRENT ASSETS</b>			
Other receivable	5.1.7	-	1,831,817
Cash and Bank balances	5.1.8	273,784,771	175,221,311
		<b>273,784,771</b>	<b>177,053,128</b>
<b>TOTAL ASSETS</b>			
		<b>273,784,771</b>	<b>177,053,128</b>
<b>EQUITY AND LIABILITIES</b>			
Accumulated funds	5.1.9	226,918,057	161,072,520
		<b>226,918,057</b>	<b>161,072,520</b>
<b>CURRENT LIABILITIES</b>			
Other payables	5.1.10	<b>5,998,059</b>	6,564,811
Project payables	5.1.11	40,868,654	9,415,796
		<b>46,866,713</b>	<b>15,980,607</b>
<b>TOTAL EQUITY AND LIABILITIES</b>			
		<b>273,784,771</b>	<b>177,053,127</b>

The financial statements were authorized for issue jointly by:




Aflodis Kagaba  
Executive Director



Audace Niyimbona  
Director of Finance



Date July 28, 2017

Date 28/07/2017

#### 4 Statement of Cash flows

Description	Notes	2016 Rwf	2015 Rwf
<b>Cash flow from operating activities</b>			
Surplus/(Deficit) for the year		69,640,283	112,235,918
Adjustments for non-cash income and expenses:		-	-
Depreciation of property, plant and equipment		-	-
Operating surplus(deficit) before working capital changes		<b>69,640,283</b>	<b>112,235,918</b>
<b>Changes in working capital</b>			
Decrease/(increase) in other receivables	5.1.7	1,831,817	(1,531,817)
Increase/(decrease) in other payables	5.1.10	(566,752)	6,564,811
Increase/(decrease) in project payables	5.1.11	31,452,858	9,415,796
Net cash from operating activities		<b>102,358,206</b>	<b>126,684,708</b>
<b>Cash flows from financing activities</b>			
Adjustment on Accumulated funds	5.1.9	(3,794,746)	(3,005,573)
Net cash flows from financing activities		<b>(3,794,746)</b>	<b>(3,005,573)</b>
Net increase/(decrease) in cash and cash equivalents		<b>98,563,461</b>	<b>123,679,135</b>
Cash and cash equivalents at 01.01.2016		175,221,310	51,542,175
<b>Cash and cash equivalents at 31.12.2016</b>	5.1.8	<b>273,784,771</b>	<b>175,221,310</b>



The Statement of Cash Flows is to be read in conjunction with the notes to and forming part of the financial statements as set out on pages 12 to 16.

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