



ANNUAL REPORT 2022

ABOUT HDI

HDI (Health Development Initiative) is a non-governmental, non-profit organization based in Kigali and registered with the Rwandan government. HDI strives to improve both the quality and accessibility of healthcare for all Rwandans. A dedicated group of Rwandan physicians with 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.



VISION

A society in which everyone has the opportunity to enjoy the highest attainable standard of health and well-being, regardless of social, cultural, economic or any other status.



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 inclusive, health-friendly policies and services for everyone regardless of social, cultural, economic or any other status.

AREAS OF INTERVENTION

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS:

with focus on adolescent SRHR, contraception, safe abortion, HIV (and other Sexually transmitted infections), gender equality, and comprehensive sexuality education.

COMMUNITY HEALTH & DEVELOPMENT:

with a focus on communicable and noncommunicable diseases, maternal health, newborn health, nutrition, water, sanitation and hygiene, harm reduction, and mental health.

HUMAN RIGHTS AND THE RIGHT TO HEALTH:

with a focus on human rights-based programming, social justice, accountability, inclusion and leaving none behind, and rights of patients and health service users.

OUR VALUES:

Equality: HDI promotes and advocates for the human rights of all persons using a rights-based approach.

Accountability: HDI is accountable to the communities it serves, its donors, and stakeholders for resources that come into its possession.

Partnership: HDI believes in building nurturing partnerships for efficient, effective, and collaborative service to Rwandan communities.

Transparency: HDI's primary responsibility is to stakeholder voices respected.

Sustainability: HDI believes that communities and partners should be left stronger and more resourceful after its interventions are complete.

Equity: HDI strives to ensure that everyone has a fair opportunity to achieve their full health potential regardless of any consideration.

WHO WE SEEK TO SERVE:



Women and girls



Adolescents and young people



People living with HIV/AIDS



LGBTQIA+ persons



Female and male sex workers



People with disabilities



Substance users and addicted Individual



SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

HDI's strives to provide comprehensive SRHR information and services to women, men, girls, boys and people of all gender identities, including vulnerable populations such as key populations, GBV victims, refugees, prisoners, and other marginalized groups. Direct service provision – through HDI's two clinics and toll-free hotline as part of the Center for Health and Rights – is critical to HDI's work to make rights-based, non-discriminatory SRH services available to those who need them most. It is also integral to our advocacy work as it allows us to demonstrate what stigma-free health care looks like and gather evidence for future advocacy

The HDI Toll-Free Hotline (3530)

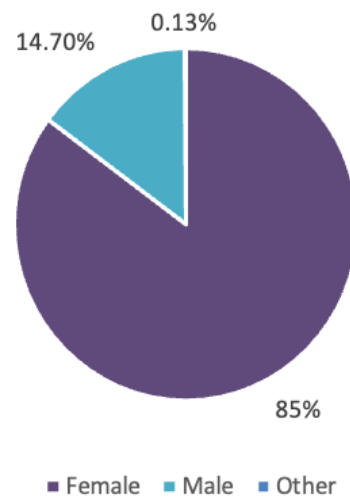
HDI's toll-free hotline (3530), has been one of its most effective approaches to reaching the most vulnerable and hard to reach populations in Rwanda with accurate information on SRHR and referral for services. Established in 2016, the HDI hotline has reached over 150,000 Rwandan residents across all 30 districts of Rwanda. The majority of these callers are adolescents and young people, especially young women and girls. Each year the number of rights holders who call the hotline has steadily grown.



This year, HDI received over 47,000 callers seeking SRHR information and linkage to services. 85% were women. Almost 70% of our callers this year were adolescents between the ages of 10 and 19, with an overwhelming majority identifying themselves as adolescent girls. More than half of the calls received in 2022 were from rural areas outside Kigali.

This year, due to a stark increase in demand for SRHR information compared to previous years, especially amongst women and adolescents, HDI has begun expanding the hotline into a call center. This change will allow HDI to reach even more community members and reduce the number of missed calls.

HDI Toll-Free Hotline Gender



The hotline plays an integral role in HDI's evidence-based advocacy. The data gathered through the hotline offers a unique look into the SRHR challenges faced by vulnerable communities.

Clinical Services Provided through the Center for Health and Rights

At the heart of HDI's work on SRHR is the Center for Health and Rights with branches in Kicukiro and Nyakabanda. The Center for Health and Rights is a stigma-free and SRHR-friendly service model established in 2015 to reach the most vulnerable populations in Rwanda with accurate and free information and services.

Those who often face stigma, discrimination, and unfriendly services from healthcare providers, such as LGBTQIA+ community members, men who have sex with men (MSM) adolescents, sex workers, female victims of GBV and refugees, come to our centers as alternative inclusive safe spaces for those who may not feel comfortable seeking services at health centers or hospitals.

The Center offers advice on family planning, emergency contraceptives, pre and post-abortion counseling, referral and legal aid for safe abortion, psychosocial support for survivors of GBV screening for HIV/AIDS and STIs.

This year, the Center for Health and Rights reached a total of 10,734 community members seeking SRHR clinical services. HDI's program for HIV/AIDS prevention, treatment, and counseling for men who have sex with men (MSM) enrolled 2,340 MSM and met 5,865 MSM for follow up.

In 2022, HDI reached over 10,700 community members with clinical SRHR services.



Expanding Access to Safe Abortion

HDI continues to be a leading player in expanding access to safe abortion services in Rwanda both through leveraging the hotline and through direct provision of pre-abortion counseling services and legal aid to women and girls visiting our Center for Health and Rights. Since the establishment of the Ministerial Order on Abortion in 2019, HDI has been supporting women to access safe abortion provided they fall under one of the five grounds for legal abortion.

In 2022, HDI received a total of 1,399 vulnerable women and girls seeking information and/or referral for safe abortion. Of these, 538 visited the HDI center for legal aid, medical aid, and/or counseling. These women also received referral and orientation to both private and public hospitals for safe abortion services and accurate information on the legal framework around safe abortion in Rwanda.

Most of the women and girls who come to HDI seeking information and/or referral are poor and vulnerable. The financial barrier to safe abortion is often too great for them to surpass on their own. In addition to our continued advocacy for a government regulation of the cost of safe abortion and removal of barriers to use of Mutuelle de Sante, this year, HDI financially supported 402 of these women and girls to access safe abortion.

Since 2018, HDI has conducted a countrywide sensitization program aimed at engaging communities, duty bearers, and opinion leaders on the Ministerial Order on Abortion. These include rights holders, local leaders, religious leaders, and law enforcement agencies among others. Among duty bearers who were reached through the program, HDI sensitized 420 local authorities and policy makers on the Ministerial Order on Safe Abortion.



This year, HDI empowered over 1,000 women involved in domestic work on the Ministerial Order on Abortion. Domestic workers are typically vulnerable young women with little education on SRHR topics. The campaigns highlighted their right to sexual and reproductive health, access to justice, access to medical services, and the provisions in the ministerial order on safe abortion for those who were sexually abused.

increased awareness of women and girls seeking safe abortion services. HDI hosts radio programs which are broadcast across the country that discuss issues regarding SRHR, including family planning and unwanted pregnancies via Isango star and Kiss FM every Saturday and Sunday.

This year, HDI held more than 100 radio programs. These radio programs have promoted HDI's services and raised awareness of SRHR including legal provisions on abortion in Rwanda, GBV, family planning and unwanted pregnancies among adolescents and young and vulnerable women.

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“Many women have been victims of sexual abuse and struggle to raise children born out of it, without knowing there is a way they can be facilitated earlier.”
.....

(Agnes, domestic worker)



Expanding Adolescent Access to SRHR

In 2022, HDI conducted activities to increase awareness on and knowledge of SRHR among youth and adolescents and increase availability and utilization of youth-friendly SRH services. HDI supported adolescents through school-based health clubs, reaching more than 1,150 students.

In addition to the adolescents who were reached, HDI equipped 114 teachers with knowledge and skills to adequately implement comprehensive sexuality education (CSE) curriculum in their schools. 945 adolescents were also engaged at their schools on Menstrual Hygiene Day, where HDI held conversations around prevention of unwanted pregnancies, menstrual hygiene and raising awareness about menstrual cycle tracking.

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"Teens, especially girls, simply want a say about their own bodies. All we ask is to be given a chance to have options. Not every 15 year old wants to use contraception but it is important to know that I have options should I find myself in a particularly tricky position,"
.....

(Janon Mudacogora, university student)





As Rwanda’s adolescents and young people are becoming more and more digital, HDI has seen greater value in conducting social media campaigns, adolescent-targeted radio programs on KISS FM, Isango Star and HDI TV, including through a YouTube TV series called Ingamba to increase access and create alternative channels to access information. HDI conducted digital outreach and awareness campaigns specifically targeting adolescents and young people and vulnerable women and girls. In total this year, HDI reached over 3.7 million people through these digital initiatives.

The Ingamba series, which provides accurate information on sexual and reproductive health and especially targets adolescents and young people, has reached over 190,000 people since its first episode in late 2020. In 2022, in total HDI produced 52 educational videos on YouTube, which reached over 560,000 viewers with accurate SRHR information. Over 83% of our viewers are adolescents and young people under the age of 34 and 56% are female. This year, HDI held two Adolescent Conferences

on SRHR. This conference serves as an interface meeting that brings together policy makers, duty bearers and adolescents. Together, the conferences attracted over 300 adolescents. The adolescents in attendance called on government actors to remove barriers that continue to make SRHR services hard to access.

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“The primary people that should be providing accurate SRHR information should be teachers and parents, but resources must be invested in educating them first. If they have the right information and attitude, it will be easier for them to encourage young people to visit these health centres for more.”

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(Deborah Kansiime, ALU)

Family Planning and Fertility Awareness



This year, HDI conducted training and awareness raising of more than 270 community members, 82 facility-based healthcare providers, 60 medical students, and 15 master trainers on fertility awareness methods and standard days methods. The initiative focused on family planning and fertility awareness through cycle beads. Apart from strengthening existing methods, the goal was also to introduce some technological innovations, such as using interactive voice response (IVR) to train community health workers.

During a campaign to celebrate World Contraceptive Day, HDI provided family planning services to 2,212 people, which resulted in a 3.1% increase in family planning uptake in Rusizi District. HDI also hosted a booth during the launch of the National Antenatal Care Guidelines, guidelines which will respond to identified areas of antenatal care that are critical to saving lives, improving quality of care. This year HDI also organized exploratory visits

to examine the availability of family planning services, identify whether the facility had trained family planning providers, and discuss problems service providers face related to family planning delivery. HDI visited 12 health centers, 11 facility providers, and 18 community health workers. Among the 12 health centers visited, 4 were faith-based.

HDI has also been promoting integration of modern family planning methods and fertility awareness among faith-based organization leaders. This year, HDI reached 30 religious leaders to discuss challenges related to family planning myths and misconceptions, and to increase the number of women who adhere to a family planning method post pregnancy. The discussions also focused on strengthening referral systems for family planning services.

Engaging the Media to Promote Sexual and Reproductive Health

The media is a key player in the promotion of SRH information and rights nationwide. In Rwanda, the media plays a vital role in disseminating relevant, conveniently available, and reliable information about SRHR. Given the important role the media plays, it is essential to ensure that journalists are well equipped to provide accurate, gender-sensitive information.

This year, HDI trained 25 journalists on accurate family planning messaging and the importance of their role in informing the public about family planning. HDI has continued to hold the Reproductive Health Journalism awards, which recognizes outstanding journalists who report on sexual and reproductive health topics. Through this initiative, HDI has encouraged journalists to actively and openly report on issues related to sexual and reproductive health and rights.

HDI awarded 9 journalists for outstanding SRHR reporting out of a total of 151 submissions. The event was attended by government institutions and journalists from 63 media houses and serves to encourage journalists to openly report on SRHR issues.

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“I encourage you to continue giving your uniqueness, wisdom, and diversity to sustain Sexual Reproductive Health and Rights dialogue in society and as such, empower informed decision making especially for adolescents and youth.”

.....

(Bernadette Ssebadduka, UNFPA)



Training of healthcare providers and health facility partnerships



In 2022, HDI trained a total of 828 healthcare providers on a variety of topics to improve the availability and quality of SRHR service provision including, the legal framework around safe abortion, family planning, and the rights of health service users. Among them, 401 health care providers were trained on youth-friendly and stigma free service provision and 589 were trained on comprehensive abortion care. The training program sought to improve the knowledge of medical professionals, reduce unnecessary administrative delays, and eliminate stigma related to seeking and accessing safe abortion. More than 300 health care providers and support staff including medical doctors, nurses, midwives and other hospital support staff were trained on sexual and reproductive health issues, such as the Rwandan safe abortion legal framework, the medical and patient's charter which highlights patient's rights and the duties of a healthcare provider.

HDI believes that engaging healthcare providers based in hospitals will improve access to safe abortion as part of universal health care and

fundamental sexual and reproductive health rights for women. 81 of the healthcare providers who were trained on family planning were trained in particular on how to support service delivery by availing fertility awareness methods and strengthening their integration into family planning service delivery.

Beyond supporting healthcare workers to provide stigma-free services and equipping them with knowledge on the legal framework related to abortion, an important outcome from these trainings was the formal working relationships with both public (government) and private health facilities. As healthcare workers are better able to serve the community, they have begun to recognize the importance of HDI's trainings. To date, HDI has established formal partnerships with over 20 public and private health facilities who have committed to provide legal safe abortion services to women and girls being linked to their health facilities.

Training of future healthcare providers

Another important component in ensuring health care providers are providing informed, stigma-free, non-judgmental services is the training of future health care providers.

This year, HDI strengthened the capacity of over 500 members of health professional associations—including Medical Students for Choice, Medical Doctors for Choice, and Medical Students Association of Rwanda—by continuing to support their meetings, offering values clarification training and mentorships for their members, as well as creating spaces to network and engage with other SRHR focused organisations. These activities have allowed these medical professionals to remain actively informed and benefit from the experiences of young physicians in the field. They are currently being invited to spaces such as radio and TV programs, to discuss SRHR and safe abortion related issues.

In addition to working with the school of medicine at the University of Rwanda, HDI expanded its partnership with the university by engaging and building relationships with the school of nursing and midwifery and the University of Global Health Equity to advocate for curriculum review and institutionalize gender transformative SRH education with informal pre-service training of healthcare providers.

HDI also supported training of 18 lecturers from universities in Rwanda on new findings in family planning and fertility awareness, so they are able to transfer that knowledge to their students and facilitated 3 students at the University of Global Health Equity to write a research report on the Barriers to Contraceptive Access and Use Among Youth.

Technical support to the Ministry of Health

Through HDI's years of experience in sexual and reproductive health and rights, duty bearers and other stakeholders look to HDI for technical guidance. The Ministry of Health in particular frequently reaches out to HDI for technical support. In 2021 and 2022, HDI supported the Ministry of Health to produce the following two documents: Family Planning Reference Manual and the National Termination of Pregnancy Guideline.

HDI also engaged the technical working groups working on Family Planning, ASRH and RMNCAH. Heads of pharmacies were also trained to improve the family planning supply chain to ensure a regular supply of SRHR commodities, such as medications for safe abortion, emergency contraception through public and private facilities without financially burdening clients.



COMMUNITY HEALTH AND DEVELOPMENT

As one of HDI's earliest areas of intervention, HDI strives to improve the health and nutritional status of the Rwandan community, particularly among women, children, and economically vulnerable communities. HDI offers health services, leads community outreach campaigns, and reaches out through social media campaigns. As part of HDI's work around Community Health and Development, HDI has led community awareness campaigns on communicable and noncommunicable diseases such as Malaria and Hepatitis.

Community of Potters Health and Development Program

HDI has been working with historically marginalized populations since 2008 through a program known as Community of Potters Health and Development (COPHAD). The program uses multiple approaches to improve the lives of the communities living in the villages of Cyaruzinge, Bwiza, and Masaka.

The aim of this program is to improve health outcomes in the community by conducting nutrition programs, supporting health insurance and school fees, vocational and occupational training programs, and giving microloans for community members to start small businesses.

Since 2015, HDI has been supporting child nutrition in Cyaruzinge village. There are 130 young children enrolled in our nutritional program at Irerero Nursery School. The children in the school were also given vaccinations and vitamin supplements. Recently, this nutrition program has gained the attention of local leaders in Ndera Sector, who have agreed to provide milk to add to the porridge. This year, through the program HDI finished construction of a new section of the nursery school, which will allow more children to benefit from the nutrition program.

As the program in Cyaruzinge has gotten more attention, the City of Kigali also expressed its support by gifting cooking gas tanks, stove tops, sinks, food and soap to 56 families in the community. This comes as a welcome addition to the kitchen built in 2021.

The occupational education program, established in 2013 with an aim to keep young children off the street through sport and literacy, has continued to impact the lives of children 3 to 13 years old. This year, HDI reached over 70 primary school children and 11 out- returned to school as a result of HDI's efforts.

Since 2021, the micro-loan program has allowed community members to take out small loans to start businesses. In mid-2022, after loans were paid off, community members took out new loans and pitched their business plans. This year, the COPHAD project supported 39 community members with loans to open barbershops, salons, brick making businesses, and the purchase of sewing machines. These initial loans will improve the community members' self-sufficiency by supporting them to earn their own money.

Prevention of Gender-Based Violence



HDI pursues activities related to the fight for gender equality, positive masculinity, the fight against gender-based violence, and efforts to mainstream gender in all areas of life. In particular, HDI conducts campaigns and sensitization meetings, which mobilize young men and women, faith leaders, the media, and other critical actors to promote gender justice and prevent gender-based violence on and offline.

In November of 2022, HDI organised a community awareness campaign targeting 30 Inshuti Z’umuryango (Friends of the Family) members on the prevention of Gender-Based Violence and the gaps in the implementation of GBV-related policies and laws. Nominated by their communities, ‘Inshuti Z’Umuryango’ (IZU) are a pair (male and female) of community-based child and family protection volunteers found in each of Rwanda’s villages. IZU volunteers are

tasked with responding to the everyday needs of Rwandan children and families through household visits, during which they identify and handle Sexual and Gender-Based Violence and child abuse among others.

During the 16 Days of Activism against Gender-Based Violence, HDI conducted a social media campaign, which reached over 1 million social media users. The campaign was aimed at raising awareness around gender-based violence, with a focus on technology-facilitated gender-based violence, and to advocate with and mobilize actors to increase attention on efforts to end GBV.



HUMAN RIGHTS AND THE RIGHT TO HEALTH

HDI has observed a significant disconnect between the adoption of laws and policies regarding the SRHR of vulnerable and marginalized communities, such as people with disabilities, sex workers and LGBTQIA+ community members in Rwanda and the enforcement of the constitutional provisions prohibiting hate speech and discrimination. This increases the vulnerability of these communities as, if they are not aware of their rights, those rights can easily be infringed upon. Moreover, there is still a lack of stigma-free and accessible health services specifically geared toward these communities around their sexual health needs, including safe sex information and resources, HIV/AIDS counselling and treatment, and others.

Bolstering LGBTQIA+ and Sex Worker Rights

This year, HDI facilitated a consultative meeting with local leaders and law enforcement on the rights of key populations and the value of facilitating their access to stigma free HIV prevention and management information and services and workshops aimed at improving human rights approach to development, combating discrimination, and promoting inclusion. All of these local leaders and law enforcement officers have the responsibility to influence positive mindset change within their communities and this can only be achieved by including all the members of the community in the decision-making process.

HDI held two days of interface workshops with 60 Complaint Officers, Civil Status Registration Officers, and Community Based Organisation (CBO) leaders drawn from Nyarugenge, Kicukiro, and Gasabo districts aimed at improving the knowledge of duty bearers on human rights and inclusion. These workshops provided a platform for HDI to encourage reflections on appropriate interventions for tackling discriminatory attitudes toward the LGBTQIA+ and sex workers.

HDI celebrated the International Day Against Homophobia, Transphobia and Biphobia. Together with a large team of other CSOs working on human rights, HDI raised awareness of discrimination, and repression of the LGBTQIA+ community worldwide and in Rwanda and mobilized stakeholders to take action against discrimination and advocate for

an enabling environment to ensure enjoyment of non-discriminatory access to SRHR services for all.

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“When the workshop began, there was a lot of negativity, but by the time it was over, both groups were on the same page. The leaders were willing to listen instead of being defensive. Meeting them face to face is good because the next time we approach them with any challenge, we are sure that they will remember pledging to protect and serve us.”
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(Khatibu Hakizimana, Building Hope for Future)

Later in the year, HDI empowered 12 sex worker-led and 21 LGBTI-led community-based organizations in human rights advocacy, and provided mentorship around the growth of these organizations. Participants were informed about their right to health, right to education, right to freedom of movement and learned different principles, standards, and tips related to the documentation of human rights violations.

Strengthening Inclusion of People with Disabilities

HDI continues to work hand-in-hand with partners to ensure that the Sustainable Development Goal (SDG) Principle Two to 'Leave No One Behind' is incorporated in all its work. Although there is still a long way to go, the rights-based approach used by the government to build an inclusive society in which people with disabilities can thrive should be commended. Disability continues to be a sensitive issue in some local communities.

A significant number of people with disabilities continue to face challenges related to accessing services due to a lack of building accessibility, a lack of accessible resources, and a general lack of knowledge around how to care for individuals with disabilities. Furthermore, household stigma around disability causes some families still attach disability to shame and as a result, they choose to keep the family members with disabilities hidden or locked up in their home.

“We appeal for countrywide advocacy and sensitisation drives which will ensure that families understand that every child or adult with disability is a human being that can also go to school, visit a doctor and enjoy other basic rights as freely as every other citizen.”

(James Uwineza, National Council of People with Disabilities)



Strengthening the Capacity of the Media in Non-Discriminatory Reporting

In March 2022, APHRC in collaboration with HDI disseminated a study in 2021 that sought to provide a solid evidence-informed foundation on the lived experiences of LGBTQIA+ people, as well as the perception of issues around exclusion from the public in Rwanda. Although Rwanda's constitution guarantees the protections of freedom and privacy to freedom and privacy of all its citizens, including LGBTQIA+ individuals, individuals from this group continue to face stigma, discrimination, and various other human rights violations. The media has also voiced strong rhetoric against the LGBTQIA+ lifestyle and individuals, likening them to people lacking moral virtue. The effect of this is the incitement of violence and discriminatory rhetoric against LGBTQIA+ individuals.

In the month of November, HDI strengthened the capacity of 30 media professionals in a training on advocacy and communication skills to assess, document and report on sexual minorities in a non-discriminatory way. HDI also strengthened the advocacy capacity of 30 CSOs working with sexual minorities in Rwanda to equip them with skills on advocacy strategy and to strengthen the overall SRHR CSO movement in Rwanda.

At both meetings, participants mentioned that there is a need to sensitize family members on laws and policies that safeguard the life of LGBTQIA+ people in Rwanda in order to reduce individual's stigma





RESEARCH AND ADVOCACY

Advocacy for change cannot be started without evidence. HDI prides itself on its ability to collect evidence for advocacy initiatives. Since its establishment, HDI has used research to form the foundation of initiatives to decriminalize sex work, expand access to safe abortion, and address barriers to adolescent access to SRHR information and services.

Empowering Civil Society Organizations in Evidence-Based Advocacy

HDI takes pride in its work to empower civil society organizations to actively contribute to the building of the broader SRHR movement. In this year, HDI empowered and mentored more than 80 civil society organizations with the skills necessary to join the SRHR movement such as evidence-based advocacy and policy influencing, communication, human rights, financial management and in some cases how to register their organizations.

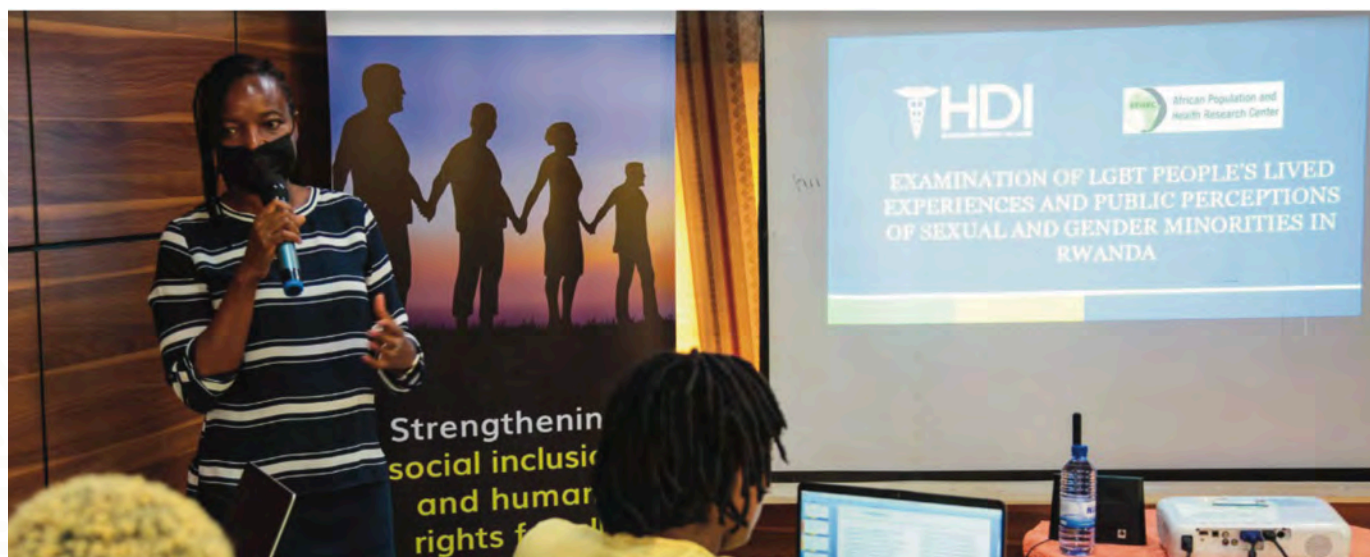
HDI strove to increase participation of 26 women- and youth-led organizations in policy reform by encouraging them to actively participate in technical working groups for gender equality, women's empowerment, child protection, and family promotion. 45 CSOs from across Rwanda and the region called on governments to renew their commitment to improve CSE and Adolescent SRHR. The call was made in November 2021 in a meeting ahead of the International Conference on AIDS and STIs in Africa. The conference brought together Ministries of Health, and Education from over 20 countries, including Rwanda.

In 2019, HDI began a program on Policy Influencing and Evidence-based Advocacy that built the confidence, skills, capacity and strengths of 50 CSOs to enable them to contribute effectively to influencing policies, law and advocacy.

Support of CSOs leads to joint efforts to advocate for SRHR issues. In 2022, HDI produced a policy brief entitled Linking CSE to Reproductive Health needs of Adolescents and Youth in Rwanda. Since March 2021, HDI has been conducting consultative meetings to engage CSOs and youth-led organizations in the FP2030 commitment process. In November 2022, those proposed FP2030 commitments were validated and will be shared with the highest level stakeholders for input. HDI also held a dissemination meeting of the international ICPD25 commitments, which reached 250 participants.

“Issues around reproductive health do not discriminate. We are facing these challenges collectively as a community and we must find the solutions together. For example, if our religious leaders were to embrace this Ministerial Order and take it back to their congregations, some of these issues would be history,” (Dr. Anicet Kibiriga, the Mayor of Rusizi District)

Research initiatives to inform advocacy



This year, HDI held a dissemination meeting on the findings of the ‘Study on Lived Experiences of LGBT Community in Rwanda’, which is a study conducted to provide insights into how LGBT individuals in Rwanda are living and the factors that contribute to their social exclusion. The study also sought to examine appropriate recommendations and to inform interventions that tackle indifference and hostility toward the LGBT community. The study was conducted in six districts in the City of Kigali and Southern Province targeting individuals aged 18 and older who self-identify as LGBT, and the general population who are not part of the LGBT community.

The study revealed that 22.6% of study participants had experienced discrimination while trying to access healthcare services and 48% agreed that community members are fearful of LGBT people. This study highlighted the critical importance of continued sensitization of duty bearers around LGBT rights, especially around access to stigma-free healthcare.

HDI also held a dissemination meeting on Injecting Drug Use Practices and HIV infection among People Who Inject Drugs in Kigali. The study was published in the Harm Reduction Journal, a peer-reviewed medical journal. The meeting also provided a platform for open discussions on the feasibility of providing harm reduction interventions and other health and social services to People Who Inject Drugs (PWID).

According to the research, at least 17% of people who inject drugs start before they turn 18 years old. There is also a high prevalence of people who inject drugs in Kigali. Findings also show that 91% of study participants mentioned having shared a needle in their lifetime. The HIV prevalence among people who inject drugs is three times higher than the national average at 9.05%. This supports HDI’s efforts around the importance of harm reduction as a means to prevent the spread of HIV/AIDS and Hepatitis, among others.



INSTITUTIONAL GROWTH

This year, HDI developed policies around Environmental Protection; Human Rights, Diversity and Inclusion; and revised its Sexual Exploitation, Abuse and Harassment Policies, Partnership Policy, Gender Policy, and Safeguarding Policy.

7 HDI staff went through a 6-month mentorship on the Human-Centered Design Approach to self-managed abortion care. The mentorship increased knowledge among HDI staff on how to provide human-centered counseling services through hotline and in-person while applying the principle of Do no Harm. HDI has adopted the Human centered design model in its programs, and HDI will sensitize other organizations to mainstream this model into their program interventions. Because of this, hotline staff, staff from the communications and legal departments were trained on laws and policies regarding gender-based violence.



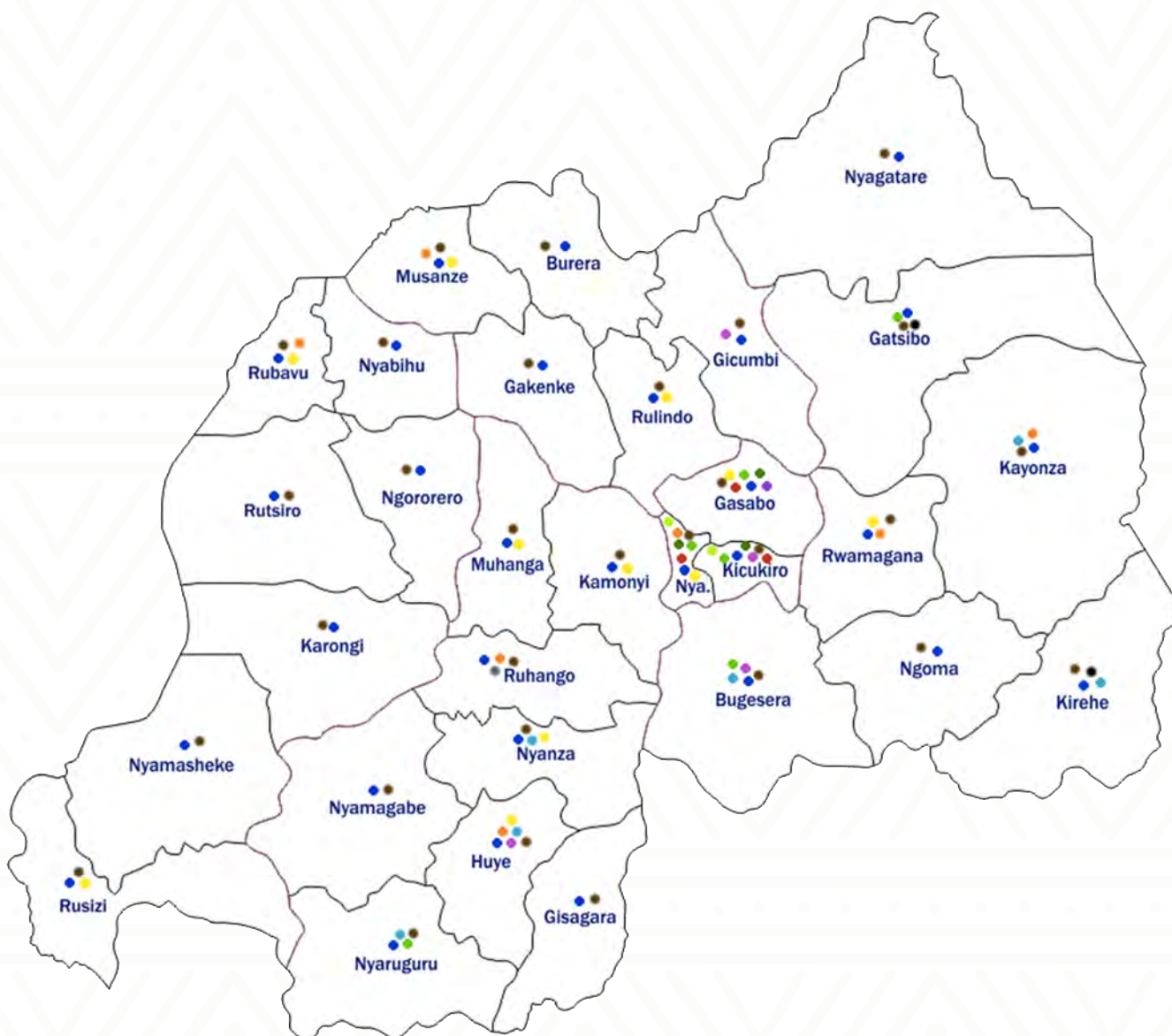
For example, they learned how to interact with callers on sensitive SRHR topics such as abortion using non-stigmatizing language. Furthermore, staff who receive clients have been trained on policies that govern sexual harassment, abuse and exploitation as well child protection in all HDI and partner interventions.

In 2022, HDI made a step towards decentralizing decision-making by creating a second tier of leadership. The restructuring created three new independent departments: the Department of Knowledge Management and Learning, which manages monitoring and evaluation, data analysis, IT, and learning; the Department of Community Outreach, which coordinates our outreach activities to ensure the communities most in need are being reached; and the Department of Health Systems strengthening, which coordinates our work with the Ministry of Health and training of healthcare professionals. The departments are led by middle managers who inspire their team to lead the process of change and development. This change has

been in response to HDI's rapidly expanding programs and the growing demand for HDI's expertise. The change in structure has allowed for flexibility and expansion, and has given middle managers, who are experts in their respective fields, the ability to better lead their teams. It has also created an opportunity for women at HDI to play an active role in decision-making at the management level.

HDI has been working to ensure gender equality and gender mainstreaming are embedded in all HDI activities. HDI staff members have been attending trainings related to gender-based violence and gender mainstreaming such as in-depth training on gender equality and gender-based violence. This has increased staff knowledge to respond to the needs of survivors of GBV, many of whom are vulnerable women and girls. HDI staff also participated in an in-house round table discussion on gender disaggregated data in implementation and reporting.

DISTRICTS OF ACTIVITY IMPLEMENTATION



- Raising community awareness on access to safe abortion
- Implementing evidence-based HIV prevention services for key populations
- Strengthening knowledge on family planning methods
- Strengthening adolescent access to SRHR information
- Public policy information monitoring and advocacy
- Promoting gender justice and preventing GBV
- Reduction of HIV/AIDS new infections, mortality, and morbidity
- Community of potters health and development
- Community values clarification training
- Strengthening civil society organizations' effective participation in policy processes
- Empower, Include, Respect: making human rights work for LGBTI and sex worker communities in Rwanda
- Hotline reach for SRHR information and service referral
- Community reach with stigma-free SRHR services and information (Kicukiro and Nyakabanda centers)

**HEALTH DEVELOPMENT INITIATIVE
REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022**

**Health Development Initiative
Report and financial statements
For the year ended 31 December 2022**

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**Health Development Initiative
Report and financial statements
For the year ended 31 December 2022**

Acronyms

HDI:	Health Development Initiative
GIZ:	Deutsche Gesellschaft für Internationale Zusammenarbeit
RBF:	Results based financing
UHAI EASHRI:	Eat African Sexual Health and Rights Initiative
UNAIDS:	United Nations Programme on HIV/AIDS
IPPF:	International Planned Parenthood Federation
RSSB:	Rwanda Social Security Board
PAYE:	Pay As You Earn
CBHI:	Community Based Health Insurance
GRET:	Groupe de Recherches et d'Echanges Technologiques
IMRO:	Ihorere Munyarwanda Organization
EKN:	The Embassy of the Kingdom of the Netherlands
GLIHD:	Great Lakes Initiative for Human Rights and Development
RNGOF:	Rwanda NGOs Forum on HIV/AIDS and Health Promotion
APC:	Amplify Change
UNICEF:	United Nations International Children's Emergency Fund
COPHAD:	Community of Potters Health and Development Program
RSOG:	Rwanda Society Of Obstetrics And Gynaecologists
SAAF:	Safe Abortion Action Fund
NPA:	Norwegian's peoples aids

DIRECTORS

Dr Joseph Nkurunziza	Chairperson (Appointed 31/01/2013)
Dr Dan Lutasingwa	Member (Appointed 31/01/2013)
Dr Jennifer Mbabazi	Member (Appointed 31/01/2013)
Dr Jean Marie Vianney Rukanikigitero	Member (Appointed 31/01/2013)
Dr Michael Kalisa	Member (Appointed 31/01/2013)
Me. Christian Garuka	Member (Appointed 03/12/2017)
Ange Victoire Muhimpundu	Member (Appointed 19/08/2018)
Nadege Munyaburanga Uwase	Member (Appointed 19/08/2018)
Josiane Manishimwe	Member (Appointed 03/03/2019)
Dr Aflodis Kagaba	Executive Director

REGISTERED OFFICE & PRINCIPAL PLACE OF BUSINESS

Health Development Initiative
KK 649, Kicukiro - District
Kigali, Rwanda.

AUDITOR

KPMG Rwanda Limited
5th Floor, Grand Pension Plaza
Boulevard de la Révolution
Kigali-Rwanda
P. O. Box 6755
Kigali -Rwanda

BANKER

Bank of Kigali
BPR Bank Rwanda Ltd
Guaranty Trust Bank (Rwanda) Ltd
I&M Bank Rwanda Ltd

LAWYER

Me Christian Garuka
B.P 120 Kigali
Email; chrisgaruka@gmail.com

**Health Development Initiative
Report of the directors
For the year ended 31 December 2022**

The directors have pleasure in presenting their report together with the audited financial statements for the year ended 31 December 2022.

1. Registration

Health Development Initiative (HDI) is registered as a Non-Profit Organisation legally operating in Rwanda granted legal personality No. 77/11 of 11 May 2009.

2. Principal activities

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.

3. Going concern

The directors have performed going concern assessment of the entity and have reasonable expectation that the entity will be able to meet its obligations as and when they fall due and will have adequate reserves to conduct operations into the foreseeable future. The financial statements are prepared on the basis of accounting policies applicable to a going concern. This basis presumes that the organisation will continue to receive funding support from donors.

4. Operating results

The results for the year are shown in page 9.

5. Directors

The directors who served during the year are set out on page 3.

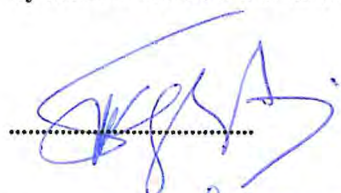
6. Auditor

The auditor, KPMG, has expressed willingness to continue in office and is eligible for re-appointment.

7. Approval of Financial Statements

The financial statements were approved and authorised for issue on March 31, 2023

By order of the Board of directors



Date: March 31, 2023

**Health Development Initiative
Statement of directors responsibilities
For the year ended 31 December 2022**

The Directors are responsible for the preparation of financial statements of Health Development Initiative, as set out on pages 9 to 20, comprising the statement of financial position as at 31 December 2022, and the statement of income and expenditure, the statement of changes in accumulated funds and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and other explanatory notes, in accordance with Health Development Initiative Accounting policies, as disclosed in note 2 of these financial statements.

Directors are also responsible for such internal control as the directors determine necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error, and for maintaining adequate accounting records and an effective system of risk management.

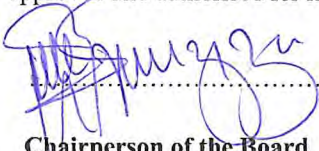
Directors have made an assessment of the ability of the Organisation to continue as a going concern and, and having taken into account all information at hand, have no reason to believe that the organisation will not be a going concern for at least the next twelve months from the date of this statement.

In addition, directors are responsible for ensuring compliance with grant agreements between donors and the Health Development Initiative with respect to use of funds provided to Health Development Initiative.

The auditor is responsible for reporting on whether the financial statements are prepared, in all material respects, in accordance with HDI's accounting policies as prescribed in note 2.

Approval of the financial statements

The financial statements of Health Development Initiative, as set out in pages 9 to 20, were approved and authorised for issue by the directors on March 31, 2023.


.....
**Chairperson of the Board
Health Development Initiative**


.....
**Executive Director
Health Development Initiative**

Date: 31st March 2023



KPMG Rwanda Limited
Certified Public Accountants
5th Floor, Grand Pension Plaza
Boulevard de la Révolution
PO Box 6755
Kigali, Rwanda

Telephone +250 788 175 700/ +250 252 579 790
Email: info.rw@kpmg.com
Internet: www.kpmg.com/estafrica

Independent auditor's report

To the members of Health Development Initiative

Opinion

We have audited the financial statements of Health Development Initiative ("the Organisation"), as set out on pages 9 to 20, which comprise the statement of financial position as at 31 December 2022, and the statements of income and expenditure, changes in accumulated funds and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements are prepared in all material respects, in accordance with Health Development Initiative accounting policies described in note 2 of these financial statements.

Basis for 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 Health Development Initiative in accordance with *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.

Emphasis of Matter - Basis of Accounting and Restriction on Use and Distribution

We draw attention to 2 to the financial statement, which describes the basis of accounting. The financial statements are prepared to assist the Organisation's directors to comply with the internal financial reporting requirements. As a result, the financial statements may not be suitable for another purpose. Our report is intended solely for Health Development Initiative and should not be used by or distributed to parties other than Health Development Initiative. Our opinion is not modified in respect of this matter.

Other information

The directors are responsible for the other information. The other information comprise the information included in *Health Development Initiative Report and Financial Statements 31 December 2022*, but does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express an audit opinion or any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.



Independent auditor's report

To the members of Health Development Initiative (continued)

Responsibilities of the directors for the financial statements

The directors are responsible for the preparation of the financial statements in accordance with Health Development Initiative and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the Organisation's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Organisation or to cease operations, or has no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives 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 skepticism throughout 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 Organisation's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Organisation's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Organisation to cease to continue as a going concern.



Independent auditor's report

To the members of Health Development Initiative (continued)

Auditor's responsibilities for the audit of the financial statements (continued)

We communicate with the directors, 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 auditor's report is CPA Wilson Kaindi- [PC/CPA/0642/0123].

KPMG Rwanda Limited
Certified Public Accountants
Grand pension Plaza
Boulevard de la Révolution
P O Box 6755
Kigali – Rwanda



Date: 31 March 2023

**Health Development Initiative
Statement of Income and Expenditure
For the period ended 31 December 2022**

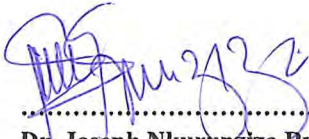
	Note	2022 Frw	2021 Frw
Income			
Grants income	3	2,651,910,576	2,650,269,588
Project direct costs	4	<u>(2,165,965,354)</u>	<u>(1,804,053,171)</u>
Surplus after direct project costs		<u>485,945,222</u>	<u>846,216,417</u>
Indirect costs			
Indirect staff costs	5	(283,252,006)	(215,835,330)
Administration costs	6	(251,666,032)	(168,486,949)
Establishment cost	7	<u>(34,103,336)</u>	<u>(19,800,000)</u>
Total indirect costs		<u>(569,021,374)</u>	<u>(404,122,279)</u>
(Deficit)/Surplus for the year		<u>(83,076,152)</u>	<u>442,094,138</u>

The notes set out on pages 13-20 form an integral part of these financial statements.

**Health Development Initiative
Statement of Financial Position
As At 31 December 2022**

	Note	2022 Frw	2021 Frw
CURRENT ASSETS			
Other receivable	8	85,279,873	52,250,124
Cash and Bank balances	9	<u>1,726,836,541</u>	<u>1,814,876,522</u>
TOTAL ASSETS		<u>1,812,116,414</u>	<u>1,867,126,646</u>
EQUITY AND LIABILITIES			
Accumulated funds	Page 10	<u>1,736,627,860</u>	<u>1,819,704,012</u>
		<u>1,736,627,860</u>	<u>1,819,704,012</u>
CURRENT LIABILITIES			
Other payables	10	22,233,821	16,935,441
Project payables	11	<u>53,254,733</u>	<u>30,487,193</u>
		<u>75,488,554</u>	<u>47,422,634</u>
TOTAL EQUITY AND LIABILITIES		<u>1,812,116,414</u>	<u>1,867,126,646</u>

The financial statements of **Health Development Initiative**, as set out on pages 13 to 20, were approved and authorised for issue by the Board of Directors on March 31, 2023.


.....
Dr. Joseph Nkurunziza-Ryarasa
Chairperson of the Board


.....
Dr. Aflodis Kagaba
Executive Director

The notes set out on pages 13-20 form an integral part of these financial statements.

