



Striving for a healthy society



ANNUAL REPORT 2018

Promoting Health & Rights for All





CONTACT US

Phone

+250 788 309 262

Email

info@hdirwanda.org

Website

www.hdirwanda.org

Twitter

[Twitter.com/HDIrwanda/](https://twitter.com/HDIrwanda/)

Facebook

www.facebook.com/HDIrwanda/

Global Giving

www.globalgiving.org/donate/7133/health-development-initiative-rwanda-hdi/

Toll-Free Hotline for Information on SRHR

3530


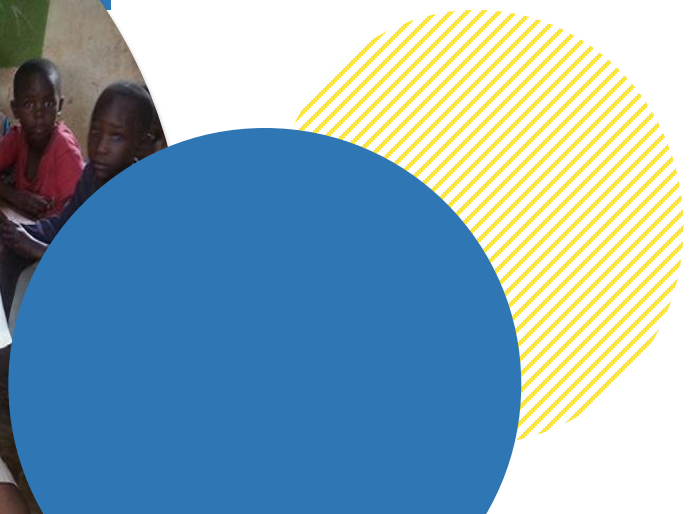


TABLE OF CONTENTS

- 4 Message from the Executive Director
- 5 About HDI
- 11 Sexual and Reproductive Health and Rights
 - 12 Women's Reproductive Rights
 - 15 Project SHARE
 - 15 Community Awareness
 - 15 HIV Prevention and Treatment
- 22 Community Health and Development
 - 23 WASH and Nutrition
 - 24 Socioeconomic Development
- 25 Human Rights and the Right to Health
 - 23 WASH and Nutrition
 - 24 Socioeconomic Development
 - 23 WASH and Nutrition
 - 23 WASH and Nutrition
- 29 Conferences and Research
- 31 Challenges and Lessons Learned
- 32 Moving Forward
- 33 Financial Documents
- 39 Our Supporters



MESSAGE FROM THE EXECUTIVE DIRECTOR



ABOUT HDI



HDI (Health Development Initiative)-Rwanda 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 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 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.





SEXUAL & REPRODUCTIVE HEALTH & RIGHTS

HDI empowers communities to lead healthier lives by providing stigma-free access to comprehensive sexual and reproductive health information and services.

COMMUNITY HEALTH & DEVELOPMENT

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

HUMAN RIGHTS & THE RIGHT TO HEALTH

HDI works with government institutions, policy makers, civil society organizations, communities, and individuals to advocate for and promote health-friendly policies and strengthen accountability.

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 other 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 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.

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



WHO WE SERVE

- Women
- Youth & Adolescents
- Historically Marginalized Communities
- People Living with HIV/AIDS
- LGBTI Persons
- Female and Male Sex Workers
- Persons with Disabilities
- Substance Users & Addicted Individuals



WHERE WE WORK

HDI provides services around the country through various programming, including: outreach campaigns, school visits, partnerships with community based organizations, self-help group meetings, and more.

Kigali

2 Centers for Health & Rights
XX Outreach activities
conducted
XX Schools provided with SRHR
info

Huye

2 Centers for Health & Rights
XX Outreach activities
conducted
XX Schools provided with SRHR
info

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. The organization focuses on family planning, maternal health, and comprehensive sexuality education for youth and key populations as well as access to safe abortion services.



WOMEN'S
REPRODUCTIVE RIGHTS



PROJECT
SHARE



COMMUNITY
AWARENESS



HIV PREVENTION
& TREATMENT



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 5 cases: rape, incest, forced marriage, child defilement 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, onerous legal regulations, and a pending ministerial order. 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. Providing family planning, educating men, and women about their legal rights, sensitizing them on gender dynamics and equality, and removing legal barriers through advocacy can protect women's reproductive health and rights.





The Demographic and Health Survey 2014/15 indicates an increase in childbearing among teenage girls in Rwanda from 6.1% in 2010 to 7.3% in 2015.

Open Day Events

Nyaruguru

Increase awareness and knowledge on HIV and other STI prevention and also sensitize the population to use different reproductive health services, including family planning methods. At this event, HDI provided HIV testing to 183 people, held an awareness session of condom use; sensitized 1200 people on family planning and distributed 9,042 condoms.

Gasabo

HDI staff shared information about family planning and HIV. We received over 250 visitors to our stand.

Engaging Men and Boys

HDI conducted a 2-day national dialogue that brought together stakeholders involved in the fight against GBV and teenage pregnancies and aimed to engage men and boys. Sessions focused on case studies and success stories on men leading anti-GBV movements. Imbutu Foundation shared their presentation on first time young mothers. Adolescents and young people actively participated in the discussions and shared their ideas and thoughts. On the 2nd day of the dialogue, 6 adolescents held a press conference addressing the barriers that prevent adolescents from accessing SRHR services in Rwanda.



Every year 24,000 women require emergency treatment for medical complications as a result of unsafe abortions

SHARE PROGRAM

The **Sexual Health and Reproductive Education (SHARE)** program aims to help fill the current gap in sex education in Rwanda by increasing youth awareness of sexual and reproductive health rights.

Working with health clubs in schools and outside of schools, the SHARE program provides educational resources, guidance and skills to youth to improve their sexual and reproductive health. The SHARE program is based on the principle that all people, especially youth, deserve to be healthy and have a right to information about prevention of HIV and teenage pregnancy, healthy relationships, and positive masculinity.



HDI received 27 students from AJPRODHO's human rights training program, with the purpose of enhancing their knowledge about SRHR. It was an occasion for HDI to provide a safe space for students to express themselves on their needs and thoughts about SRHR.

APACE School Debates on Teenage Pregnancy

HDI facilitated a debate in APACE secondary school where over **100 students** participated. During the event, students debated the topic “poverty is the root cause of adolescent teenage pregnancy”, thus sharing their experience on how they can prevent young adolescents pregnancy. The students highlighted the difficulties they face in accessing services to prevent teenage pregnancy, stigma around talking about being sexually active and myths and misconceptions regarding teenage pregnancy.



67% of Rwanda's population is under **20 years old** – family planning and adolescent health remain top priorities for the Ministry of Health.

School Visits

HDI conducted **15** school events on SRHR. During these events, students perform sketches and songs about the role of guardians in advising young adolescents to prevent early pregnancies by avoiding peer pressure. The events hosted **10,327 students** and X teachers. HDI commits to continue providing materials to schools to improve knowledge and attitudes towards SRHR among adolescents.



Youth are an important part of the national conversation about sexual and reproductive health

15

schools visited

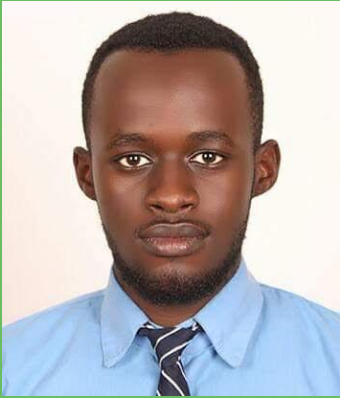
225

peer educators
trained

10,327

provided with SRHR
information

TESTIMONIES FROM SHARE PEER EDUCATORS



“The SHARE Program inspired me and taught me how to be more self-confident - before I was shy of discussing health development with my peers. I was so eager to know about human health and this encouraged and also inspired me to share it with my fellow students through health club ”

What did you enjoy about the training?

the training was good and I learned many things that I didn't know and I learned how I can take care above my self in this life

What are 3 things you will do with the information you learned during the training?

1. Tell my friends about sexual and reproductive health rights
2. Teach them about STIs
3. Teach about family planning

1. Helping people to know the human rights on sexual reproductive
2. STI prevention
3. Encourage good hygiene in community

What did you take away from the training?

“Everybody has the right to choose the way he/she can satisfy his/her sexual desire depending to what he/she likes.”

SRHR CAMPAIGNS



HDI strives to normalize discussions about sexual and reproductive health through campaigns



World Contraception Day

HDI celebrated World Contraception Day in Nyaruguru District. This year's theme was "Family Planning is your life, Family Planning is your responsibility". HDI provided 32 women with contraceptives for the first time and 231 people were tested for HIV/AIDS and received counseling.

World AIDS Day

In April, Gasabo District held a celebration for annual World AIDS day. HDI staff joined the Vice Mayor of Gasabo District to promote awareness and offer free testing and condoms. Over 500 people attended and 256 people were tested.



International Human Rights Day

HDI supported an event organized by a Safe Friendly Society (SFS) and Horizon Community Association (HOCA), both project proposal winners under the non-discrimination fund. The event was held to evaluate the progress of human rights and the way forward. Attendees included a representative of the EU to Rwanda, local leaders, CSO partners and CBO members. Participants enjoyed presentations and performances on non-discrimination.



Menstrual Hygiene Day

HDI celebrated Menstrual Hygiene Day Groupe Scolaire, a primary and secondary school in Ruhanga. Over 500 students participated and some of the students performed skits, dances and songs exploring the importance of good hygiene and girl empowerment. In celebration, HDI equipped the girls' room with 50 packets of pads as well as other hygiene products.

International Day Against Homophobia & Transphobia

HDI partnered with Isange Rwanda to celebrate IDAHOT. They welcomed Nicola Bellomo, the ambassador of the European Union in Rwanda and Miss Alma Ibrahimovic, representing the Kingdom of Netherlands. The event celebrated and promoted inclusion and the acceptance of all Rwandans. Persons that identify as LGBTI gave presentations and performances that carried key messages on the fight against discrimination and the importance of inclusion in Rwanda.



HIV PREVENTION & TREATMENT



Rwanda has a national HIV prevalence rate of 3%, which is low for the region. However, Kigali has a prevalence rate of 6.3%.

CENTER FOR HEALTH & RIGHTS

HDI's Center for Health and Rights has two branches in Kigali, our main office in Kicukiro and our outreach center in Nyamirambo. HDI's centers provide youth-friendly and stigma-free access to sexual and reproductive health services. These include: HIV screening, SRHR education, family planning, substance use counseling, STI screening, blood tests, pregnancy tests, abortion counseling, and gender based violence counseling. The center in Nyamirambo also provides office space for several CBOs focused on human rights and health

Providing friendly sexual and reproductive health services to the most vulnerable

2,238

people tested for HIV

2,269

provided SRHR information

56

health center referrals

2,361

provided counseling services



OUTREACH

HDI ensures vulnerable populations have access to SRHR services by partnering with public health centers in villages with large numbers of at risk populations. In 2018, HDI conducted 13 outreach programs in 5 districts throughout Rwanda in order to prevent the spread of HIV. Moreover, we conducted 20 “Moonlight Sessions”, an intervention where HDI staff identifies nighttime “hotspots” for sex workers in Kigali and provides them with free HIV and STI counseling and testing services.

Bringing SRHR services to the areas most in need

2,432

people tested for HIV

36

health center referrals

75.5%

of people that tested positive started ARVs

According to the Demographic Health Survey 2014-15, the contraceptive prevalence rate in Rwanda is **48%**

COMMUNITY HEALTH AND DEVELOPMENT

HDI's WASH programming requires a renewed approach as our research has shown that knowledge-dissemination interventions alone will not have the desired effect. Therefore, we develop partnerships that improve access to facilities in conjunction with awareness-raising activities. HDI employs a holistic approach to our community health portfolios by disseminating information and services on child nutrition, addressing the intersection between WASH and nutrition through improved information-dissemination and behavior change communication interventions at the community level, provides technical expertise in improving community health to service providers and policy makers and shares our research to foster learning and best practices.



NUTRITION



SOCIOECONOMIC
DEVELOPMENT



HYGIENE
& SANITATION



Community of Potters Salon Coop

This year, HDI supported the Community of Potters in opening a salon as a form of income generation. Currently, 14 people have been given training to work there. The salon and the local school have agreed on a partnership that allows students to get a haircut at a discounted rate.



Access to Health Care

Every year, HDI support 50 people from the Community of Potters with Mutuelle de Sante, national health care. Access to health care has allowed pregnant women to deliver in hospitals, decreasing maternal and child mortality rates. It has also increased the number of people that go to a hospital more generally.



WATER, SANITATION & HYGIENE + NUTRITION

HDI recognizes the importance of WASH and nutrition in leading a healthy life and therefore works with historically marginalized communities to increase awareness about the importance of water, sanitation, hygiene and nutrition. While working with the Community of Potters, HDI has provided access to a steady source of water as well as access to materials needed to maintain good hygiene and sanitation.

Football, Hygiene & Sanitation

HDI has used the love of football to encourage students to attend school. Kids are allowed to play if they have a good attendance record, and after the game, the students receive lessons on the importance of sanitation and hygiene.



PRESCHOOL



HDI has supported student education in the Community of Potters for the past 3 years. We provide tuition fees, uniforms and school materials for 63 students in the primary school. Moreover, HDI has increased access to nursery school for 36 kids.

Bwiza Cultural Village

Bwiza Cultural Village allows the Community of Potters to share their music and dancing traditions as well as their artistic work with others.



SOCIOECONOMIC DEVELOPMENT

In order for people to fully live healthy lives, they must be able to generate an income. In this vein, HDI has developed several programs to provide education and jobs for the Community of Potters.

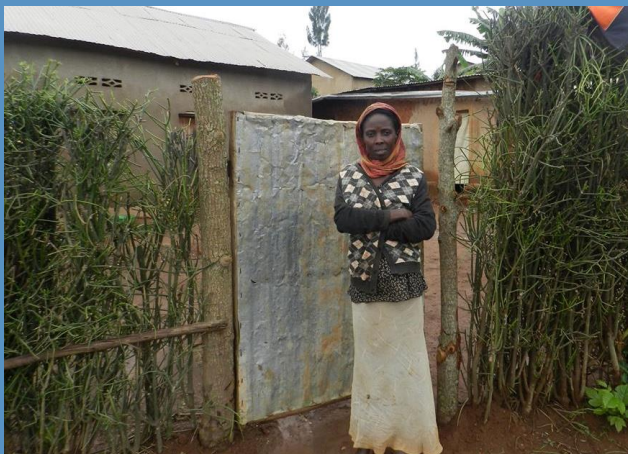


Cooperatives

The Community of Potters has started several cooperatives for income generation. These include a mushroom farm and a basket-weaving cooperative. The income generated is used to support the community.

TESTIMONIAL

24



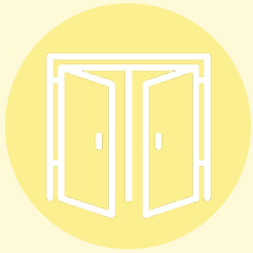
Providence received a 90,000 Rwf loan. She used this money to finance a shop and when her business grew, she was able to build 3 rooms to rent. Providence has made over 700,000 Rwf over the last 4 years. She uses her profits to rent land to grow beans. Every 3 months, she harvests between 70-100kg of beans, which she sells for 500 Rwf a kg. She's been able to purchase a goat and pay back her loan.

HUMAN RIGHTS AND THE RIGHT TO HEALTH

HDI's mission and vision are grounded in the "Right to Health" and the human rights principles of equality, non-discrimination, and empowerment. The rights-based approach allows HDI to address the root causes of ill-health, disease, and poverty, while strengthening the foundations for sustainable development.

HDI has done extensive health rights education and is working to sensitize civil society organizations and government partners about their role in supporting and protecting human rights.

HDI works with policy and law makers, civil society organizations, and communities to advocate for positive policy changes. This requires strong partnerships with like-minded individuals and organizations to ensure a united message.



ACCESS TO SAFE ABORTION SERVICES



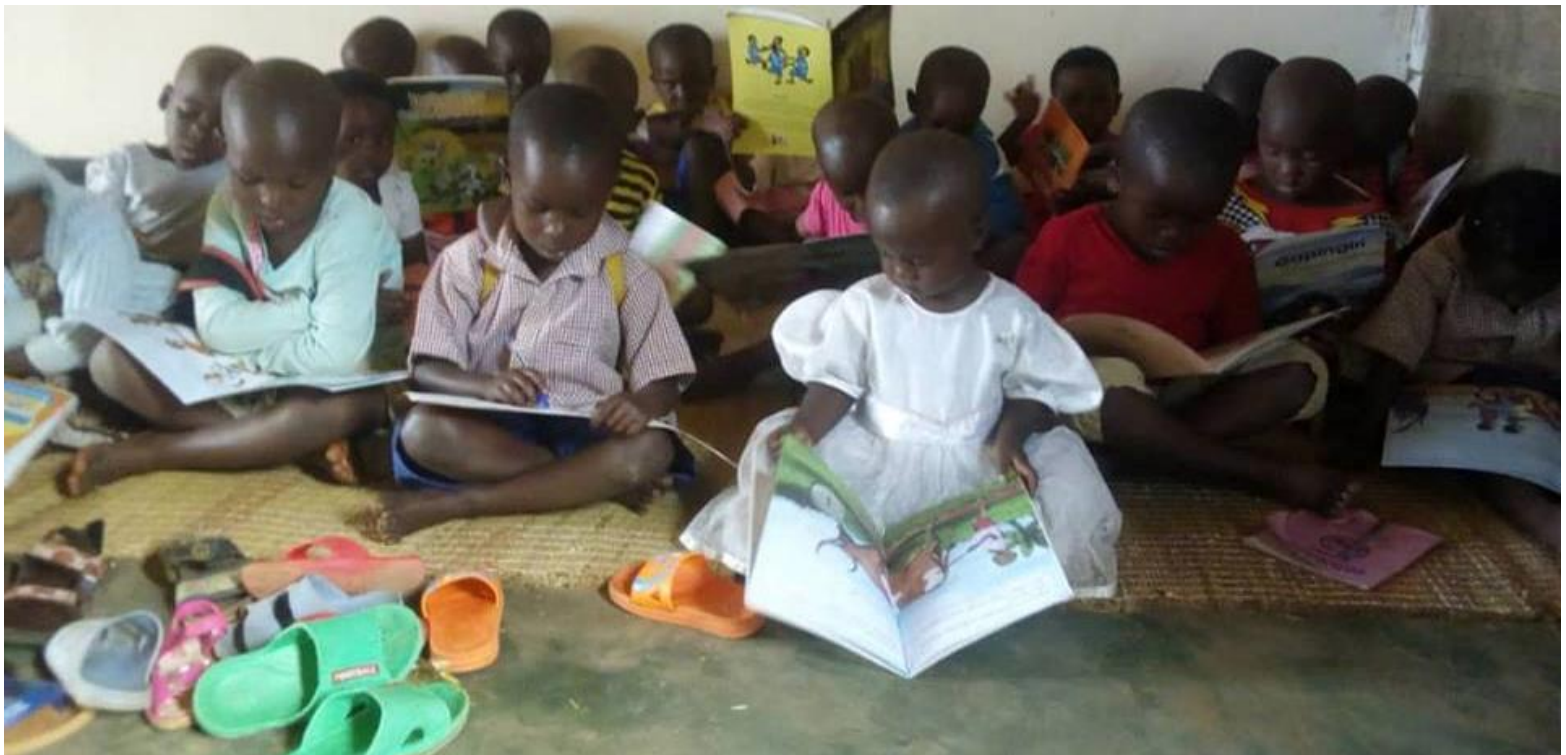
EMPOWERING KEY POPULATIONS



INCLUDING YOUTH VOICES



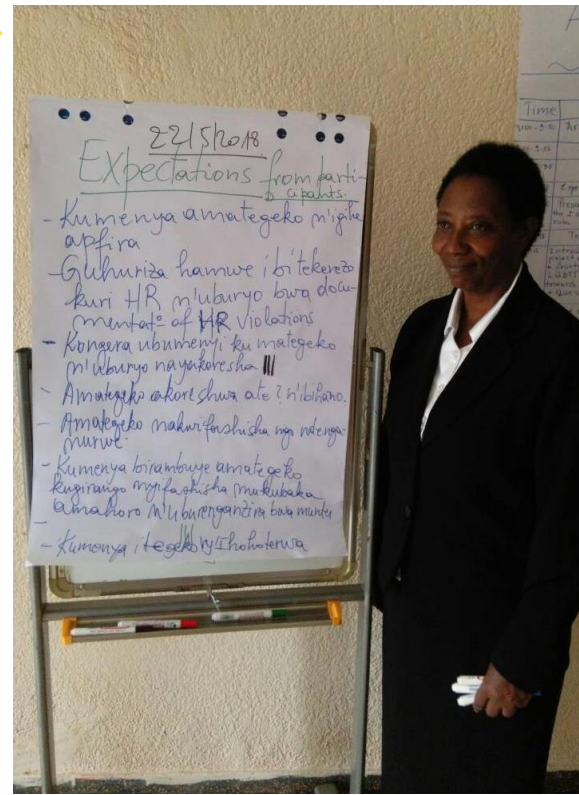
PATIENTS' & HEALTH SERVICE USERS' RIGHTS



HDI staff trained 19 leaders and 19 facilitators from 19 community based organizations (CBOs) focused on LGBTI and SW communities. Training topics included: proposal writing and project design, advocacy and leadership skills, social media use, and stakeholder management.

CBO members also conducted self-help groups and documented **74** cases of human rights violations.

The Anti-Discrimination Fund provided €2,000 - €5,000 to CBOs to implement projects aimed at fighting discrimination against the LGBTI community and sex workers. **6** out of 18 projects were selected and some of the activities include dialogues with local leaders, debates and a celebration of the anniversary of the Universal Declaration of Human Rights.



KNOW YOUR RIGHTS

In 2018, HDI has informed key populations, including persons that identify as LGBTI and sex workers, of their rights through trainings and workshops. HDI strongly believes in the rights-based approach and works to ensure everyone is aware of the right to health and non-discrimination based on their sexual orientation or gender identity.

SAAF Peer Educator Training for Sex Workers



Sex workers in Rwanda continue to experience unfair discrimination and often are afraid to access their rights. Through the Safe Abortion Action Fund (SAAF), HDI led a total of 15 learning sessions to inform sex workers of their rights. 20 per district were selected to be peer educators to pass on this information to other sex workers in their communities. Topics included the right to be represented by a lawyer, lawful reasons for detention and body searches, training on gender-based violence, and a review of the laws and policies regarding access to safe abortion. Through this initiative, HDI has provided this training and support to a total of 420 women in 7 different districts.

Health Care Provider Trainings

As part of our partnership with Ministry of Health and Global Fund, HDI staff attended training, organized by RBC, for health care providers on friendly service provision for key populations in Karongi District. 23 different health centers in Karongi district were trained on ways of overcoming stigma and discrimination against key populations, providing comprehensive care, and offering quality services on HIV and sexually transmitted infections. HDI staff also reviewed Rwanda's national HIV priorities with health care staff and promoted new services on HIV, including HIV self-tests, a new system for indexing HIV-positive clients, and a new referral system.



Meeting with Journalists

HDI met with 34 journalists from different media houses to discuss their role in advancing women's SRHR. HDI informed them on the current abortion law, the Maputo Protocol, the Rwanda Maternal Newborn, Child and Adolescent Health Policy (RMNCAH) and the International Conference on Family Planning. HDI encouraged journalists to produce Investigative stories on adolescents' access to SRHR services and work with the community in addressing reproductive health issues.

STAKEHOLDER SENSITIZATION

In order to fight against stigma and discrimination HDI believes it is necessary to work with various stakeholders to sensitize them to issues faced by marginalized populations, such as LGBTI persons and sex workers. During 2018, HDI held several dialogues and workshops with lawyers, the media, medical professionals, and local leaders who play a key role in promoting rights and fighting against stigma and discrimination.

Lawyers Dialogue on Health & Rights Litigation

HDI organized a dialogue between 20 lawyers from the Rwanda Bar Association (RBA), members from CSOs and journalists to discuss opportunities for litigating health and rights in Rwanda, international and regional frameworks on SRHR, the Rwandan experience of litigating SRHR from lawyers and case laws from national, regional and international jurisprudence. The lawyers identified several challenges regarding litigation of health and rights, culture of silence among women victims of GBV



TESTIMONIES FROM STAKEHOLDERS

Learning about the law

“We have memorized and use the 16th article of the Rwanda constitution which stipulates that: All Rwandans are born and remain equal in rights and freedoms. Discrimination of any kind or its propaganda based on, inter alia, ethnic origin, family or ancestry, clan, skin colour or race, sex, region, economic categories, religion or faith, opinion, fortune, cultural differences, language, economic status, physical or mental disability or any other form of discrimination are prohibited and punishable by law. We do make use of the aforementioned article to claim our rights and fight discrimination against us.”

CBO
LEADER

SW CBO
LEADER

Engaging local leaders

Among our guests [local leaders and officials], only two of them were absent. The assessment revealed that they did not know much about human rights before training. Trainings and discussions under the non-discrimination project helped them figure out the issue and they finally requested for better collaboration with us. From the time of training we have partnered with the police to handle security issues among sex workers. They started informing and involving us to identify these who can cause security threats.

Conducting advocacy for human rights for LGBTI people in their respective communities

“I used to hate LGBTI people, in particular their attitudes because they looked strange to me as a village leader. But since they followed and were involved in community works organized by our village, I had no reasons to force them out. The training I received has been very helpful to me; I have now found out the truth about this issue. My village now hosts lots of LGBTI people chased from neighboring

VILLAGE
LEADER,
KIGALI

“I used to think that gay people copy that from western cultures that being gay is non-Rwandan but I am now convinced that it’s normal.”

POLICE
OFFICER,
MUHANGA

HEALTH
CARE
PROVIDER,
KIGALI

Paradigm Change

Transgender people could not be welcomed at the health center facilities, but it has now changed after a couple of trainings we have had. However, we want to hear from them if they don’t wish to give birth, we want to feed our curiosity. There is a lot to do in order to address this issue.

CHURCH
LEADER,
MUHANGA

Committed to Fighting Stigma and Discrimination

It’s easy to understand this and change the paradigms, let’s think about thin and tall people, could we kill the thin one or the tall, or we welcome everyone equally in church. God created diversity as a result we should not be judging anyone’s behavior or appearances; there should be mutual respect between people rather than judging and stigmatizing each other.

CONFERENCES & RESEARCH

International Conference on Family Planning

HDI was a member of the steering committee that hosted the conference under the theme "Investing for a lifetime of returns." HDI had 3 oral presentations, sponsored over 50 participants and had a booth that exhibited family planning materials, research, hotline information, newsletters and reports providing an overview of the organization's work. HDI's booth received over 100 visitors.



Africa Reproductive Rights Workshop

HDI was honored to participate in the 2nd annual Africa Reproductive Rights Initiative Strategic Workshop on Strength and Communication for Effective Litigation and Advocacy on Reproductive Rights. The conference was organized by the Center for Reproductive Rights and had representatives from all over Africa, including Senegal, Congo-Brazzaville, Uganda, Tanzania, Kenya, Nigeria, and Rwanda. HDI staff shared our expertise on advocating for safe and legal abortions in restrictive settings and highlighted our successes in lobbying for changes in the Rwandan penal code for women seeking safe abortions.

HDI Supports Student Conference on Family Planning



Students from the University of Gitwe's Medical Students' Association approached HDI with the idea to facilitate a conference on family planning for university students. Thrilled with their initiative, HDI supported the students to organize the Conference on Family Planning and Sexual and Reproductive Health in February. 1,651 students attended, and HDI assisted students to bring representatives from organizations like UNFPA, African Youth and Adolescents Network, and Great Lakes Initiative for Human Rights and Development to present at the conference.

NGO Expo

In March, staff represented HDI at the NGO Expo organized by APEX Media and Promotions Ltd. in collaboration with Rwandan Civil Society Platform. Over 50 local and international organizations gathered at the Kigali Convention and Exhibition Village to showcase their work. HDI distributed 144 condoms and 40 lubricants to the public and offered demonstrations on modern family planning methods, how to use HIV self-tests, and correct condom use.

“Parents’ Knowledge, Attitudes and Practices towards CSE”

Studies in Rwanda on sexuality education predominately focus on views of adolescents and teachers in teacher education institutions (UNESCO, 2015; REB, 2017); however parents’ attitudes and perceptions towards CSE in secondary schools are unknown. Therefore, HDI assessed parents’ knowledge, attitude and practices towards CSE in secondary schools. The objectives were to determine parents’ knowledge and understanding of CSE; seek parents’ opinions on aspects of CSE that were pertinent to their children as well as the appropriate level/age for the onset of sexuality education. The study was likewise conducted to inform HDI and partners in program planning and advocacy on SRH.

“Male activists and advocates for safe abortion”

This study explores the role of men advocates in advancing safe and legal abortion in Rwanda. Deeper knowledge of the role of men advocates and others’ perceptions of these advocates is needed in order to understand the progress and sustainability of gender equality related issues in Rwanda.

RESEARCH

HDI strives to implement programming based on informed decision-making strategies. As the organization continues to grow, we will focus on broadening our research initiatives. This includes increasing the scope of our research team, developing partnerships with external researchers and presenting findings to a wide range of audiences. In 2018, HDI produced 4 research papers that covered a range of topics related to SRHR.

“Experiences of women incarcerated for illegal abortion”

An estimated 60,000 induced abortions were performed in Rwanda between 2009- 2010.¹ Every year in Rwanda, 24,000 women need emergency treatment for medical complications resulting from unsafe abortions, and 30% of women do not receive any treatment from complications due to fear of arrest.¹ Approximately 24% of all incarcerated women in Rwanda were convicted for obtaining an abortion. With the current penal code restricting access to safe, legal abortion under four circumstances, HDI recognizes the need to learn more about women who have been convicted of terminating their pregnancies. As a result, this study seeks to explore the causes, practices, and consequences of women imprisoned for terminating their pregnancies in Rwanda by conducting semi-structured interviews with 38 women incarcerated for abortion.



“Rwanda’s experience in the roll-out of CSE”

The objective of the study is to document the processes that REB and its partners undertook and identify challenges and success factors in integrating CSE during the revision of the curriculum from 2013-16.

CHALLENGES & LESSONS LEARNED

Both international and national political trends have impacted HDI programming. The US administration implemented the Global Gag Rule, which denies funding to organizations that provide information about abortion services. Because roughly 20-25% of HDI's funding came from the US government, HDI lost significant resources due to our commitment to abortion advocacy and education. Moreover, the finalization of the Rwandan penal code was prolonged, which delayed the training of healthcare counselors and GBV officers on the updates to the abortion law. Despite these setbacks, HDI is committed to continue fighting for reproductive rights for women and find new sources of funding.

Social and cultural trends within Rwanda continue to remain a challenge to provide stigma-free, comprehensive information about key issues. Key populations face significant discrimination and are denied access to services. Harmful myths about family planning and HIV transmission come from a lack of knowledge regarding reproductive health. Moreover, the Catholic Church challenges open access to reproductive health services and information. HDI has worked with religious leaders to sensitize them and increase their knowledge about sexual and reproductive health.

Low policy literacy in local communities as well as low awareness of human rights policies among duty bearers means that the provision of services for marginalized populations can be hindered and people's right to health is unrealized.

HDI continues to learn and improve from the challenges we face in order to make a greater impact for the people we serve. Moreover, we are pleased with the advancements we have made this year despite the abovementioned challenges.

MOVING FORWARD

Before 2022, HDI strives to become a center of excellence on health and rights in Rwanda, including delivering 45,000 services through our centers and increasing our number and range of publications. We promise to be an empowering voice on health and rights by broadening our advocacy efforts and giving voice to Rwanda's most marginalized. We seek to pursue institutional growth and learning by developing a robust monitoring and evaluation system and communication strategy and increasing opportunities for staff development.



Our work is strongly aligned with the Sustainable Development Goals, the Africa Health Strategy 2016-2030 and the Maputo Plan of Action 2016-2030. We will contribute directly towards the implementation of the Fourth Health Sector Strategic Plan 2018-2024 and to the National Family Planning and Adolescent Sexual and Reproductive Health Strategy 2018-2024.

Some of the key cumulative results we wish to achieve by the end of this strategic period, include:

- Delivering 75,000 services through our Center for Health and Rights and outreach;
- Taking 4,500 calls via our hotline;
- Facilitating legal aid to over 400 clients;
- Developing at least 40 publications;
- Taking part in 125 events;
- Publishing 10 advocacy reports;
- Broadcasting 240 radio shows;
- Facilitating 175 community and beneficiary-led awareness-raising campaigns;
- Implementing fundraising and communications strategies; and
- Commissioning three external evaluations.

**HEALTH DEVELOPMENT INITIATIVE
REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2018**



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
Fax +254-20-2215695
Email: info.rw@kpmg.com
Internet: www.kpmg.com/eastafrica

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 19, which comprise the statement of financial position as at 31 December 2018, 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 and other explanatory information.

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 note 2 to the financial statements, 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 comprises the directors, officers and administration, the report of the directors and the statement of directors' responsibilities, 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.



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
Fax +254-20-2215695
Email: info.rw@kpmg.com
Internet: www.kpmg.com/eastafrica

Independent auditor's report

To the members of Health Development Initiative (continued)

Responsibilities of the director 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.

The directors are responsible for overseeing the Organisation's financial reporting process.

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.



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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 Andrew Nekuse- PC/CPA 0104/0102.

KPMG Rwanda Limited
Certified Public Accountants
P.O. Box 6755
Kigali, Rwanda



Date: 14 July 2020

**Health Development Initiative
Statement of Income and Expenditure
For the period ended 31 December 2018**

Description	Note	2018 Frw	2017 Frw
Donations income	3	1,784,157,177	1,187,339,377
Project direct costs	4	<u>(910,269,669)</u>	<u>(645,600,914)</u>
Surplus before operating costs		<u>873,887,508</u>	<u>541,738,463</u>
Staff costs	5	(107,943,866)	(87,398,348)
Administration costs	6	(81,937,888)	(51,819,574)
Establishment costs	7	<u>(19,800,000)</u>	<u>(19,800,000)</u>
Total operating costs		<u>(209,681,754)</u>	<u>(159,017,922)</u>
Net surplus		<u>664,205,754</u>	<u>382,720,541</u>

The notes set out on pages 13-19 form an integral part of these financial statements.

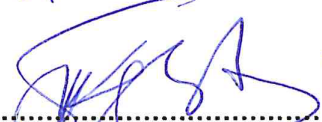
**Health Development Initiative
Statement of Financial Position
As At 31 December 2018**

Description	Note	2018 Frw	2017 Frw
CURRENT ASSETS			
Other receivables	8	54,754,775	782,736
Cash and bank balances	9	<u>1,310,412,457</u>	<u>639,350,584</u>
		<u>1,365,167,232</u>	<u>640,133,320</u>
TOTAL ASSETS		<u>1,365,167,232</u>	<u>640,133,320</u>
EQUITY AND LIABILITIES			
Accumulated funds	Page 11	1,273,844,352	609,638,598
		<u>1,273,844,352</u>	<u>609,638,598</u>
CURRENT LIABILITIES			
Other payables	10	12,236,651	9,920,185
Project payables	11	<u>79,086,229</u>	<u>20,574,537</u>
		<u>91,322,880</u>	<u>30,494,722</u>
TOTAL EQUITY AND LIABILITIES		<u>1,365,167,232</u>	<u>640,133,320</u>

The financial statements of Health Development Initiative, as set out on pages 9 to 19, were approved and authorised for issue by the Board of Director on *July 13, 2020* and were signed on its behalf:



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



.....
Dr. Aflodis Kagaba
Executive Director

The notes set out on pages 13-19 form an integral part of these financial statements.

Health Development Initiative
Statement of changes in accumulated funds
For the year ended 31 December 2018

Description	2018 Frw	2017 Frw
Balance at 1 January	609,638,598	226,918,057
Surplus for the year	<u>664,205,754</u>	<u>382,720,541</u>
	<u>1,273,844,352</u>	<u>609,638,598</u>

The notes set out on pages 13-19 form an integral part of these financial statements.

Health Development Initiative
Statement of cash flows
For the year ended 31 December 2018

Description	Note	2018 Frw	2017 Frw
Cash flow from operating activities			
Surplus for the year		664,205,754	382,720,541
<i>Adjustments for non-cash income and expenses:</i>			
Operating surplus before working capital changes		<u>664,205,754</u>	<u>382,720,852</u>
Changes in working capital			
Increase in other receivables	8	(53,972,039)	(782,736)
Increase in other payables	10	2,316,466	3,922,126
Increase/(decrease) in project payables	11	<u>58,511,692</u>	<u>(20,294,118)</u>
Net cash from operating activities		<u>671,061,873</u>	<u>365,565,813</u>
Cash flows from investing activities			
Net cash flows to investing activities		<u>-</u>	<u>-</u>
Cash flows from financing activities			
Net cash flows from financing activities		<u>-</u>	<u>-</u>
Net increase in cash and cash equivalents		<u>671,061,873</u>	<u>365,565,813</u>
Cash and cash equivalents at 1 January		<u>639,350,584</u>	<u>273,784,771</u>
Cash and cash equivalents at 31 December		<u>1,310,412,457</u>	<u>639,350,584</u>

The notes set out on pages 13-19 form an integral part of these financial statements.

OUR SUPPORTERS



Kingdom of the Netherlands



Norwegian People's Aid



Safe Abortion Action Fund



the Stephen Lewis FOUNDATION



World Health Organization



rbc RWANDA BIOMEDICAL CENTER
A Healthy People. A Wealthy Nation

