



Striving for a healthy society



ANNUAL REPORT 2019



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EXECUTIVE SUMMARY



DR. AFLODIS KAGABA

Executive Director

Dear Partners and Stakeholders,

It is a pleasure to present our 2019 Annual Report on behalf of the Board of Directors and staff of Health Development Initiative. 2019 was a successful and productive year, which was a result of positive collaboration and partnership with our stakeholders.

As in previous years, we were keen on fulfilling our mandate and commitment to access to health and human rights, sexual and reproductive health and rights, as well as community health.

Our performance across multiple metrics and aspects grew from the foundation built over previous years.

Throughout the year, we maintained most of our programmes and initiatives launched in previous years, as well as commenced new programmes responding to challenges identified in the country. We also entered new partnerships with 10 stakeholders to ensure further impact in the communities in which we work.

To ensure that we have updated, relevant and adequate insights to respond to challenges within Rwandan society, we also conducted benchmarking exercises on substance abuse and harm reduction—information which has become increasingly important to have in Rwanda. HDI gathered insight and experiences on best practices used through the comprehensive harm reduction interventions package recommended by the World Health Organization.

HDI has openly advanced our work on inclusion and non-discrimination for lesbian, gay, bisexual, transgender, and intersex (LGBTI) individuals and sex workers (SW), as well as the right to safe abortion. This is out of an understanding that the said topics and subjects also affect local communities and societies.

While day-to-day interventions across our areas of focus are important, this year we sought to expand our communication and engagement activities to bolster awareness, behavior change and empowerment. Our communication and engagement activities are diverse, including school debates, workshops, trainings, outreach campaigns, radio programs, and social media interactions.

All of this would not have been possible without the dedication and commitment of HDI staff, volunteers, partners and donors whom we thank for making this work possible through their hard work, generosity, and dedication.

Their shared passion for our mission at HDI has been an inspiration. We look forward to maintaining and strengthening our new and existing partnerships as we continue to look for projects to increase access to health services in Rwanda in 2020 and beyond.

Yours Sincerely,

Dr. Aflodis Kagaba
Executive Director

ABOUT HDI

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

HDI was founded in 2005 by a dedicated group of Rwandan physicians with vast experience in the health sector. 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, key populations, historically marginalized communities, people living with HIV/AIDS, young people and other marginalized populations.

HDI advocates for friendly health policies and builds the capacity of both duty bearers and right holders with the 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 healthcare 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, economic, or any other 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 and Reproductive Health and Rights: HDI empowers communities to lead healthier lives by providing stigma-free access to comprehensive sexual and reproductive health information and services.

Community Health and Development: HDI provides communities with support, training, and health education; empowering them to prevent and treat illness, with an emphasis on infectious diseases, prevention, nutrition, hygiene and sanitation.

Human Rights and 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 people 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.

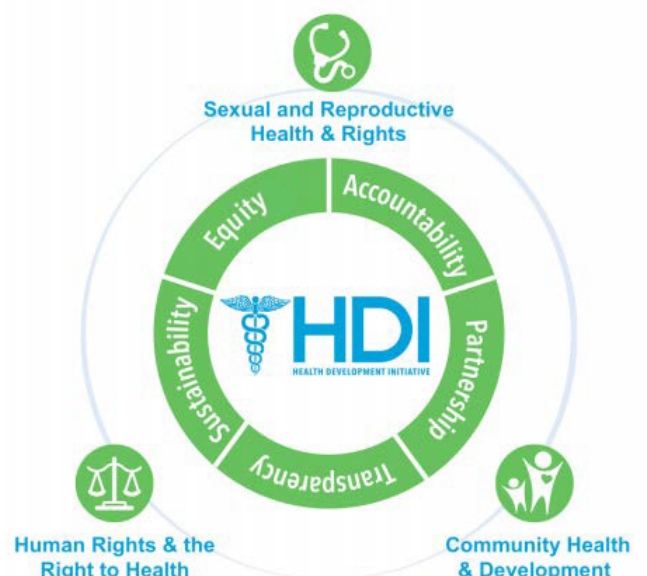
Sustainability: HDI believes that communities and partners should be left stronger and more resourceful after its interventions are complete.

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

Who we seek to serve:

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

Our Priority Areas >>>



SNAPSHOT



5,249

Clients reached through the hotline



4,723

Clients served at HDI centers



13,015

HIV/AIDS & STI tests administered



66,486

Adolescents and young people reached with accurate SRHR information



1,226

FSWs linked to HIV prevention services



150

Journalists sensitized on SRHR issues



40

CSOs empowered



Outreach Campaigns

10
University
campuses

23
high schools

23
Health clubs
supported



85
Radio talk
shows



50,000
IEC materials
distributed



202,038
Condoms
distributed



17,850
Lubricants
distributed

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS:

Key concerns in sexual and reproductive health and rights:

While Rwanda has registered tremendous progress in sexual and reproductive health and rights (SRHR) in recent years, challenges continue to exist, such as the uptake of modern family planning methods, maternal mortality, teenage pregnancy among others.

At HDI, we recognize the progress made in recent years driven by the intervention of sector stakeholders, including the Government of Rwanda, but we are keen on ensuring further changes.

Despite the progress made over the years, challenges such as teenage pregnancy continue to make the local news headlines, with over 78,000 babies born to teen mothers over the last four years. Statistics show that over 19,000 babies were born from teenage mothers in 2018 alone.

The statistics and existence of these challenges point to the fact that some teenagers as young as 14 are sexually active. This fact

supports the call for continued roll-out of sustainable solutions such as sexual and reproductive health awareness, as well as availing adolescents with contraception methods, should they choose to engage in sexual activity.

We have also noted evidence of challenges such as barriers for adolescents' access to SRHR information and services.

Aware that the above-mentioned challenges cannot be wished away, in 2019 HDI rolled out tailored interventions in SRHR that target key populations, communities, and stakeholders.

The interventions can be summarily categorized as:

- a) Awareness and capacity building**
- b) Advocacy**
- c) Community engagement**
- d) Partnership with CSOs and NGOs**



Awareness and capacity building

Throughout 2019, HDI rolled out multiple initiatives to empower communities to lead healthier lives by providing access to comprehensive sexual and reproductive health information and services.

HDI employed various awareness and capacity building strategies including outreach and voluntary HIV testing to identify new infections in various districts across the country. Among the subjects of the awareness programs were local government leaders, religious leaders, law enforcement officers, health workers, among others.

Interventions also included holding interactive sessions with adolescent leaders to engage the youth in awareness of sexual and reproductive health services.

In October, HDI also worked closely with like-minded partners such as adolescent champions, the Ministry of Health and IMBUTO Foundation, which culminated in a two-day National Conference on Adolescents' Access to Sexual and Reproductive Health and Rights information and services.

The conference sought not only to create awareness, but also to allow adolescents to express their concerns and views under the theme "Voices and participation of adolescents in the national response against teenage pregnancies".

HDI rolled out multiple initiatives to empower communities to lead healthier lives by providing access to comprehensive SRHR information and services.

The National Conference strengthened adolescent and youth participation in the ongoing awareness and efforts to expand access to SRHR information and services for young people in Rwanda.

Over 120 participants were convened at the summit, including 70 adolescents from 4 provinces and the City of Kigali, as well as 30 policy makers and stakeholders including government institutions (MoH, MINALOC, MINICYOUTH, MINEDUC, MIGEPROF, RBC, REB, NCC, RYVCP, NYC, etc), CSOs working on SRHR, SRHR champions and development partners (UNFPA, SIDA, DFID, GIZ, USAID, Enabel).

HDI maintained unique awareness and capacity building initiatives, such as equipping local media and communications practitioners with the skills to effectively communicate on reproductive health and rights given their influence on Rwandan society. The training further equipped reporters with information about healthcare provision, policy making, and advocacy.

HDI organized and hosted the Reproductive Health Journalism awards for the fourth year in a row. The awards recognize and motivate outstanding journalists who report on sexual and reproductive health and rights. The awards brought together over 150 partners and journalists from over 30 media houses that operate in broadcast, print and online reporting.



Over 120 participants were convened at the summit: 70 adolescents from 4 provinces and the City of Kigali, as well as 30 policy makers and stakeholders



Advocacy

Throughout 2019, HDI held advocacy and consultative forums with government agencies to raise awareness among healthcare providers and social affairs officers on the National Family Planning, Adolescent Sexual and Reproductive Health (FP/ASRH) Strategic Plan (2018-2024) and involve them in its implementation.

HDI also held SRHR advocacy workshops to develop the capacity of young leaders and Community-Based Organizations (CBOs) to advocate for SRHR issues in their communities. By the end of the workshop, participants understood key SRHR issues and relevant laws and policies enabling them to take the lead in the advocacy process, undertake social mobilization, and develop their advocacy plans.

Throughout the year, HDI led high-level advocacy as a way to address concerns of key populations that face rejection, discrimination, and do not enjoy their human rights—including the right to health in general and to HIV services in particular. Agencies and organizations who took part in the advocacy initiatives include; UNICEF, United Nations Rwanda, WHO, WFP, and many others.

Community Engagement

HDI continued community engagement sessions in 2019, to educate the community on SRHR, and avail HIV testing and family planning services, among other activities. The community engagement sessions across the country provided an ideal platform to raise awareness for sexual and reproductive health and rights, modern family planning methods, and the legal provisions regarding safe abortion.

Community Engagement allows HDI to maintain interactions with community members from across the country, which allows them to express concerns they would like addressed, demonstrate their understanding of SRHR, and inform the redesign of some aspects of HDI's interventions.

HDI held SRHR advocacy sessions . . . this enabled participants to take the lead in the advocacy process and develop their advocacy plans



Community engagement activities have taken multiple approaches including outreach to eight of Rwanda's top universities and higher learning institutions. In November, in collaboration with Young Women Mentors Network (YWMNET), HDI organized outreach campaigns to raise awareness on family planning and HIV prevention.

Activities included voluntary HIV testing, information dissemination on family planning services, and self-testing demonstrations, and discussions about HIV/AIDS linkage to services. HDI engaged with more than 3,000 young people, and distributed condoms and Information Education and Communications (IEC) materials. The higher learning institutions involved included Adventist University Central Africa (AUCA), Integrated Polytechnic Regional Centre (IPRC) Kicukiro, University of Tourism and Business (UTB), AUCA Gishushu, University of Kigali Gisozi, and University of Rwanda - College of Science and Technology.

As part of community engagement, HDI sponsored and facilitated a section of key population, adolescents and youth to attend the International Conference on AIDS and STIs in Africa (ICASA), which took place at the Kigali Convention Center from December 2 to 7, 2019. At the summit, over 2,000 individuals visited HDI's booth and were equipped with information on HDI's programs, projects and activities.



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Partnership with CSOs and NGOs

HDI recognizes the importance of cooperation and close collaboration with local and international players in the sexual and reproductive health and rights movement. Recognizing this, HDI convened sensitization meetings with civil society organizations working with key populations to raise awareness on the Human Reproductive Health law, the provisions for accessing safe abortion services, family planning, and the rights of patients and health service users.

This allowed HDI, in partnership with USAIDS to implement a six-month project (May-December 2019) aimed at integrating a rights-based approach to fast track HIV response among key populations in the City of Kigali.

In November 2019, as part of the collaboration with fellow CSOs, HDI implemented a project called Voices and Litigation, which included holding a workshop on the strategy to advance sexual reproductive health and rights.

This activity was with an aim to engage CSO members on the strategy to advance sexual and reproductive health and rights. From the workshop and engagement 33 human rights and women led organization members participated in the workshop agreeing that response to teenage pregnancy requires holistic approach interventions. HDI also featured in Baho Neza project is a Family Planning project in partnership with the Ministry of Health and various partners such as IMBUTO Foundation, SFH



HDI convened sensitization meetings with civil society organizations working with key populations to raise awareness on the Human Reproductive Health law, provisions on accessing safe abortion, family planning and rights of patients and health service users.



Rwanda, Rwanda Society for Obstetricians and Gynecologists, Access to Health, Applied Monitoring Services Ltd among others.

In the interest of working with other stakeholders, HDI featured in the 20th International Conference on AIDS and STIs (ICASA) held in Kigali from 2nd-7th December 2019 convening more than 10,000 delegates. The conference's theme was "AIDS Free Africa: Innovation, Community and Leadership" providing an opportunity for communities to develop strategies for advancing collective efforts to end AIDS by 2030. HDI was part of the steering committee and supported 31 key population members, young people and civil society organizations to attend the conference.

HDI featured in the 20th International Conference on AIDS and STIs (ICASA) held in Kigali from 2nd-7th December 2019 convening more than 10,000 delegates.

COMMUNITY HEALTH & DEVELOPMENT

Key concerns in Community Health & Development

Healthy communities are a prerequisite for any desired social and economic development in the country. Consequently, HDI works to understand key community health challenges and rolls out solutions and interventions.

Among the key issues that stood out in 2019 were mental health, substance abuse, depression, stigma and discriminatory tendencies towards key populations and effects of continued criminalization of sex work among others.

As part of our community health interventions, a few key concerns that stood out were substance abuse, which is not only an independent risk factor for cardiac arrest and stroke, but is also often characterized by behavior such as sharing of needles or having unprotected sex which increases the risk of HIV spread.

We found that there is little conversation about applying a harm reduction approach to mitigate the

harm of substance use in Rwanda with most of the efforts concentrating on punishing drug users, rather than providing treatment.

Believing that access to good treatment is important for people with drug problems, HDI sought to understand, intervene and advocate for substance users, giving them options to minimize the risks from continuing to use drugs, and harming themselves or others.

Within community health, HDI also works in areas such as child nutrition, WASH and mental health.

The Community Health and Development interventions can be summarily categorized as:

- a) Awareness and capacity building**
- b) Advocacy**
- c) Community engagement**
- d) Partnership with CSOs and NGOs**



Awareness and capacity building

Interventions in community and development among other things require working with the community to create awareness of key vulnerabilities they are exposed to.

In this regard, HDI has been working with a range of partners to facilitate awareness and training sessions to build capacity among stakeholders. Among such partnerships implemented in 2019 was a partnership with delegates from Kenya, Ministry of Health and Kenya AIDS NGOs Consortium (KANCO), to implement a workshop on drug addiction and harm reduction programming at HDI offices.

The awareness-building sessions served to build the capacity of nurses/counselors and other HDI CSO partners to provide the highest quality services to people who use drugs.

The capacity building has included collaboration with partners such as National Rehabilitation Service (NRS) and GIZ, to reach key stakeholders involved in national drug responses with the aim of equipping them with knowledge and skills on Harm Reduction Programming.

Capacity building has included collaboration with partners such as National Rehabilitation Service (NRS) and GIZ, to reach key stakeholders involved in national drug responses



Since harm reduction is recognized under the East African Community (EAC) Regional Policy on Alcohol, Drugs and Substance Abuse adopted in 2019, countries including Rwanda have an obligation to implement the policy.

Advocacy

Community Health and Development interventions by HDI also include high-level advocacy to influence policy design and implementation.

In 2019, advocacy approaches included Partnership with GIZ Rwanda to conduct a study "Evidence for action on substance use and HIV/AIDS prevention among key populations in the City of Kigali".



The main objective of this study is to contribute to a better understanding of substance use, alcohol use, HIV prevention and depression among key populations in Rwanda.

It emerged that while substance abuse is an independent risk factor for cardiac arrest and stroke among many other health issues among these key populations, issues such as sharing of needles or having unprotected sex increases the risk of spread of HIV.

The findings demonstrated that the level of depression and frequency of mental health disorders are high among respondents where more than eight out of ten respondents are in the extreme/severe status of mental health disorders due to possible drug abuse (82.3%); whereas 53.1% are in status of mental health disorder due to possible alcohol abuse in the same category of severe/extreme.

The study informed engagement with the Rwandan Government with high level participation of government institutions responsible for drug responses in Rwanda including representatives of the Ministry of Health, representatives of the Rwanda National Police (RNP), Rwanda Correctional Services (RCS) and Rwanda Investigation Bureau (RIB); Deputy Director-General of the National Rehabilitation Service (NRS); heads of transit centers and rehabilitation centers.



The study informed engagement with the Rwandan Government with high-level participation of government institutions responsible for drug response in Rwanda





To create a sustainable intervention, HDI implemented a project “Alternative approaches for reducing drug addiction in Rwanda”.

Throughout the implementation of this project, HDI organized a high-level meeting on harm reduction programming for drug users in Rwanda; equipped stakeholders involved in drug responses with knowledge and skills on harm reduction; conducted a visit to Kenya to learn about harm reduction programming; produced an educational film on drug use and HIV; facilitated adolescents, key populations and HDI's staff to attend the International Conference on AIDS and STIs in Africa and produced IEC materials on harm reduction and drug addiction.

To lay ground for the adoption of best practices, a staff member from the Ministry of Health joined the learning visit to Kenya, and upon their return they committed to advocate for the introduction of harm reduction programming in Rwanda.

HDI conducted a visit to Kenya to learn about harm reduction programming where a MoH staff member committed to advocate for harm reduction programming in Rwanda



Consequently, from the engagement, the Ministry of Health committed to conducting research to get findings on the magnitude of drug addiction and injecting drugs practices.

To further advance advocacy efforts, HDI conducted and presented research findings in a number of critical topics and subjects including:

- Substance use, HIV, and depression among key populations (experience from a mixed cross-sectional study in the City of Kigali, Rwanda)
- Advocating for the decriminalization of sex work in Rwanda: sharing lessons learned in the review of the legal framework
- The burden of stigma and discriminatory practices towards key populations by healthcare providers in Rwanda
- Advocating for the decriminalization of homosexuality: threat to HIV services among men who have sex with men in Africa. HDI also held different informative sessions at the conference.

HDI's interventions in community health also include interactions with community members to address child nutrition, WASH and mental health.

Community engagement

HDI's initiatives in community health also include interactions with community members to address child

This serves towards a holistic approach by improving both maternal health and child nutrition, given the

inter-linkage between the two areas. The approach also includes WASH and overall empowerment of communities to come up with innovative ways to promote access to improved WASH in order to improve child nutrition. HDI is also involved in the implementation of a \$55 million project by Global Financing Facility (GFF) on stunting prevention and reduction. The project through the National Early Childhood Development Program (NECDP) ensures national multi-sectorial coordination across all ministries involved in the implementation of the nutrition policy, as well as activities carried out by development partners and civil society.

HDI's assessment noted that local CSOs were not aware of the GFF program, its process and available opportunities to engage in. Additionally, the Technical Working Groups (TWGs) which had been established by the NECDP in collaboration with some development partners as a coordinating structure did not include adequate representation of civil society organizations. The lack of awareness on GFF was also hindering the full and meaningful engagement and active participation of CSOs in the technical working groups as well as implementation, monitoring and accountability of the Global Financing Facility processes at national level.

It is within this background that HDI developed and submitted a project proposal titled: "Engaging local CSOs in the Global Financing Facilities Processes in Rwanda" to the Open Society Foundation for support.

The project seeks to assess the readiness of stakeholders to support the implementation, raise awareness of CSOs on GFF, its process, and deliberate on the opportunities available for CSOs to better engage in the implementation of GFF as well as improve their knowledge on public policy monitoring and GFF accountability strategies.

Considering the traditional role of CSOs in advocacy for the needs of the people and their natural role of reaching out to the communities, the completed phase has considered

HDI is also involved in the implementation of a \$55M project by Global Financing Facility on Stunting Prevention and Reduction.

setting resources for capacity building of CSOs in Global Financing Facilities to support coordination and the development of an engagement strategy for CSOs to use the full breadth of their skills and expertise to contribute to achieving mutual goals and targets in early childhood development program. The key outputs recorded during the assessment on the country preparedness for the implementation of GFF included: increased awareness on the GFF process among those interviewed during the assessment process, stakeholders now engage in the GFF processes.

Among the impacts that HDI has been able to achieve through its involvement include access to disseminated report among CSO members to understand objectives and available resources of GFF. The involvement has also facilitated the identification of communication strategies for the implementation of global financing facility processes as well as creation of more awareness on the ongoing progress to develop the strategic plan thus resulting into increased consultation and participation of partners.

In 2019, consultative meetings were organized with local CSO members, development partners and key stakeholders from government institutions that are concerned about Early Childhood Development Program. The meetings aimed at raising their awareness on Global Financing Facility, its process, and available opportunities for CSOs to participate in its implementation. Participants in the meetings have increased their knowledge on public policy monitoring and Global Financing Facility' role and related Accountability Strategies. During the meeting participants had time to brainstorm on key issues, opportunities to engage with Global Financing Facility, synergies of collaboration among CSOs, etc. The meeting contributed as key space for participants to the investment case which shall serve as a Strategic Plan for the implementation of Global Financing Facility program in Rwanda.



In support on the ongoing initiatives and programmes, HDI in 2019 partnered with fellow CSOs to look into on the contribution of civil society organizations (CSOs) in Early Child Development and the process of fighting malnutrition in Rwanda

Testimonials and human interest stories

Over the course of 2019, HDI had impact on partners and communities we work with leading to feedback, testimonials from our interventions in Sexual Reproductive Health Rights. Some of the feedback we received was:

"Even if I used contraceptive methods, I did not feel the obligation to mobilize others in doing so. Now I commit to providing information to my fellows about SRHR and FP," Youth Leader from Rusizi District.

"I do support the SRHR service provision to women and girls to protect their lives and improve family welfare. I call upon other religious leaders to uphold and advance women's rights on reproductive health," a Religious leader from Gicumbi District.

"I am a pastor at Faith Church; I thank the initiative of the government in partnership with HDI on this sensitization meeting on the issue of high teenage pregnancy rate and HIV/AIDS. I always have been focusing on educating on abstinence only, but then my two daughters gave birth at an early age and still live with us. After understanding the benefits of family planning including condom use and HIV prevention, I decided that I will give the right information concerning family planning use, because it not only helps in birth control but also to raise your kids well, I cannot imagine if they could get HIV," Pastor and father of two teenage mothers.

HUMAN RIGHTS & RIGHT TO HEALTH

Key Concerns in Human Rights and Right to Health: overview

Across the world, human rights and the right to health have emerged as pain points with much progress and effort desired across multiple aspects. Rwanda has not been an exception in this. A number of issues have been identified requiring interventions such as the right to health and non-discrimination for lesbian, gay, bisexual, transgender, and intersex (LGBTI) individuals and sex workers (SW), as well as the right to abortion among others.

For instance, the lack of formal and legal recognition of LGBTI individuals has often seen them left behind in sexual and reproductive health and rights and policies. Sex workers (male and female) also continue to lack access to condoms, lubricants, and accurate SRHR information.

Despite the existence of provisions and a Ministerial

Order n°002/MoH/2019 of 08/04/2019 determining conditions to be satisfied for a medical doctor to perform an abortion, it emerges that there is still lack of adequate awareness among healthcare practitioners, beneficiaries and stakeholders.

The Human Rights and Right to Health interventions by HDI can be summarily categorized as:

- a) Awareness and capacity building**
- b) Advocacy**
- c) Community engagement**
- d) Partnership with CSOs and NGOs**



Awareness and capacity building

Awareness on provisions on human rights and right to health is also among the critical interventions that HDI seeks to have and can be among other things achieved through constant and frequent awareness building sessions.

In this regard, HDI in 2019 organized and conducted awareness and training sessions with stakeholders in the

sector sensitizing them and providing clarity on multiple aspects.

On one such occasion in June, as part of Amplify Change Initiative activities to scale up awareness and advocacy for SRHR of Women in Rwanda, HDI organized and conducted a training to educate medical doctors about values clarification on safe abortion and SRHR.

This also included providing insight to the Ministerial Order n°002/MoH/2019 of 08/04/2019 determining conditions to be satisfied for a medical doctor to perform an abortion.

The training featured 27 Medical doctors (general practitioners) from different hospitals, such as King Faisal, Butaro, Kibogora, Rwamagana Provincial, Masaka, Muhima, Kabwayi, Busheri Provincial hospitals as well as medical students.

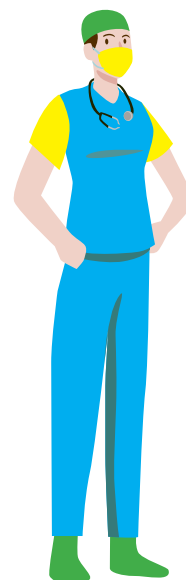
The sessions provided a chance to enlighten participants on the role of the doctor as not to interrogate the patient instead it is to provide the services as smooth and confidential as possible.

Some of the feedback from the session was from medical practitioners suggesting that such training should be given at the national level so that all doctors may be informed about it. HDI intends to scale up their knowledge as a large section of medical practitioners are not as informed when it comes to abortion yet concerned about providing such services.

Awareness and capacity building in 2019 were also in the form of debates which encouraged active involvement and applying content in meaningful ways compared to passively absorbing information.

Between May and June, HDI in collaboration with Aspire Debate held inter-secondary schools' debates in 10 high schools and was able to reach to approximately 3500 students with information on SRHR. The debates were aimed at equipping students with more skills in public

This also included providing insight to the Ministerial Order n°002/MoH/2019 of 08/04/2019 determining conditions to be satisfied for a medical doctor to perform an abortion.



speaking and knowledge on reproductive health that will help them to prevent teenage pregnancy among their peers. This created an open space for young people to debate on the existing reproductive health issues and making informed arguments and opinions.

Advocacy

Often key populations face rejection, discrimination, and do not enjoy their human rights including the right to health in general such as HIV services in particular. This often leaves them exposed to a wide range of vulnerabilities, which if not adequately addressed, risk leaving room for further infections across communities.

It is upon this background that HDI has been conducting advocacy sessions across 2019 to allow and facilitate in-depth discussion and information sharing among stakeholders involved in human rights and the fight against HIV in Rwanda.

In one such engagement was hosted in May, HDI conducted a high-level meeting with 60 officials from civil society organizations, community-based organizations, representatives from various sectors, and other United Nations Agencies such as; UNICEF, United Nations Rwanda, WHO, WFP, and many others. The objective of such meetings have been to provide an

HDI also organized and held a sensitization training on the provisions of the law and ministerial order on abortion to 25 nurses and midwives from 5 different Districts in Rwanda.



opportunity for in-depth discussion and information sharing among stakeholders involved in human rights and the fight against HIV in Rwanda.

In June, HDI also organized and held a sensitization training on the provisions of the law and ministerial order on abortion to 25 nurses and midwives from 5 different districts in Rwanda.

Participants were keen to learn about the new ministerial order on abortion. From the training, healthcare providers gained insights into the provision of the law and ministerial order on abortion and furthered their understanding of their roles in providing friendly SRHR services.

Among the highlights of the sessions was encouraging health practitioners to provide nondiscriminatory and high-quality reproductive health services.

Among the outcomes of these advocacy sessions include agreement that policy and programs implemented by the government and other stakeholders should aim to address issues faced by key populations. It was also agreed that awareness-raising campaigns would be highly beneficial to sensitize communities to issues and make them aware of the rights that these key populations have.

The feedback also included calls and recommendations to the Ministry of Health to develop an operational plan that guides healthcare providers on the legal framework related to safe abortion service.

HDI met with approximately **6,000 students and 40 teachers** with the campaign aimed at raising awareness on the prevention of teenage pregnancy, fighting GBV and making students aware of children's rights.

Community engagement

Among the challenges HDI and players in the sector work to address in Rwanda, are barriers that a section of community members continue to face including restrictive laws and cultural norms, which prevent them from accessing information and services regarding right to health.

In response to the challenge, HDI rolled out interventions such as collaboration with MIGEPROF to raise awareness through campaigns in 6 secondary schools: Groupe Scolaire Gasogi, APAER Rusororo, Groupe Scolaire Ruhanga, Groupe Scolaire Gicaca 1, Groupe Scolaire Kabuga, and College George de Fox de Kagarama (CGFK).

In the process, HDI met with approximately 6,000 students and 40 teachers with the campaign aimed at raising awareness on the prevention of teenage pregnancy, fighting GBV and making students aware of children's rights.

Further intervention has been through activities such as collaboration with RRP+, to organize an inter-generational dialogue between teenage mothers and their parents in Kicukiro and Gatsibo Districts to provide a





platform for adolescents and their parents to discuss the root causes of teenage pregnancy and find strategies to fight against it.

The dialogues also aimed at finding ways to continue supporting teen mothers through reintegration in their families, society and school. Teenage mothers and parents were equipped with accurate information on long-acting reversible contraception, such as the implant or intrauterine device (IUD), hormonal contraceptives, condoms and emergency pills. Community engagement interventions in human rights and the right to health included holding quarterly meetings with female sex worker peer educators to achieve multiple impacts including collecting data on HIV and STI, referrals for HIV testing, promotion of condom use and STI diagnosis in 3 Southern Province districts: Nyanza, Huye, and Nyaruguru.

Partnership with CSOs and NGOs

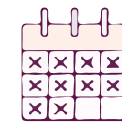
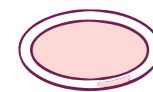
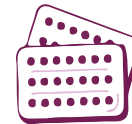
interventions related to knowledge of human rights and right to health. From June to August 2019, in partnership with IMBUTO Foundation and the Ministry of Health, HDI conducted community awareness on family planning, the rights of patients and health service users, and the legal framework on access to safe abortion.

HDI advocated for a friendly environment for adolescents to access accurate SRH information and services by assessing how youth learn about ASRHR and FP services in Rwanda and analyzing barriers to youth access to SRH services under the Baho Neza project. HDI also worked with fellow partners to hold sensitization meetings with teenage mothers and their parents, female sex workers, youth leaders, local authorities (including National Women Council members, religious leaders, law enforcement officers, and healthcare providers in Bugesera, Nyaruguru, Rusizi and Gicumbi Districts. Through this partnership and cooperation, they provided information on the human reproductive health law, family planning, legal framework on accessing safe abortion and medical professional liability insurance law.

Testimonials and human interest stories

"I was a house-girl at the age of 15. It all started from being homeless after the divorce of my parents. At that time I met someone who drove me into sex work to gain money. 1 year later, I got pregnant, now my child is 1 month and 2 weeks, and the training helped me to know the benefits of FP use because I am not ready to have another child," Female Sex Worker from Rusizi.

"At 14 years old, I got pregnant from rape and gave birth to twins. I was alone, scared and desperate. At 15 years I met with my grandfather that I live with, but he couldn't help me because he is poor. I performed sex acts to gain money and never thought about contraception use, now I understand its benefits and promise to use those methods," Mother from Rusizi.



In partnership with Imbuto Foundation and the Ministry of Health, HDI conducted community awareness on family planning, rights of patients and health service users, provisions on accessing safe abortion

KEY TRENDS AND LESSONS LEARNT

HDI has approached its interventions with a sense of purpose. Following each activity and project, HDI staff compile challenges and lessons learned in order to adjust to the needs of its beneficiaries, duty bearers, and stakeholders. At the end of each year, the HDI team gathers all of these key lessons learned and uses these to inform the activities of the following year.

HDI continues to work with LGBTI individuals and sex workers. As a result of long-held cultural and religious beliefs in Rwanda, these key populations continue to face stigma and discrimination. Along with this stigma and discrimination comes barriers to accessing SRHR services; barriers which impede their right to good health. HDI will continue to advocate for and build the capacity of these groups, and sensitize key duty bearers and healthcare providers about the importance of quality, stigma-free healthcare for all.

Throughout 2019, HDI has observed the growing need for more intervention in harm reduction. Firstly, as the statistics are not fully known, there is a need to conduct a thorough research into the situation of PWID to understand the severity of the issue in Rwanda. Additionally, these injecting drug users are at a heightened risk for contracting HIV/AIDS and hepatitis, and are often suffering from, or at a high risk of, mental illness. Furthermore, the lack of knowledge about harm reduction strategies leads to misunderstanding and affects implementation of harm reduction activities. HDI strongly believes that, through a harm reduction approach, PWID can be holistically supported and reintegrated into society.

Through HDI's interventions, there was a notable increase in knowledge and awareness of key SRHR issues and SRH legal framework related to safe abortion services. Additionally, through ICPD 25, the Government of Rwanda has committed to revising laws and policies that could hinder access to SRHR services. Despite this progress, there is still a significant gap in knowledge and available services among youth and adolescents, as well as key populations. There are also still barriers to access to safe abortion, as many healthcare providers are unaware of the ministerial order on abortion. HDI will continue to advocate for improved access to SRHR information and services.

Along with education and advocacy for the beneficiaries mentioned above, HDI has also observed a gap in the capacity of small civil society organizations to advocate and influence policy. This realization has opened the door for additional advocacy training for CSOs, as well as adolescent champions and key populations.

HEALTH DEVELOPMENT INITIATIVE
REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2019

**Health Development Initiative
Report and financial statements
For the year ended 31 December 2019**

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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)
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

BANKERS

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

LAWYERS

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

Health Development Initiative
Report of the directors
For the year ended 31 December 2019

The directors have pleasure in presenting their report together with the audited financial statements for the year ended 31 December 2019.

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 8.

5. Directors

The directors who served during the year are set out on page 2.

6. Auditor

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

7. Directors assessment of the impact of coronavirus (COVID-19)

On March 11, 2020, the World Health Organisation declared the Coronavirus (COVID-19) outbreak to be a pandemic. The pandemic is an unprecedented challenge for humanity and for the economy globally, and at the date of finalization of the financial statements, its effects are subject to significant levels of uncertainty. From the initial assessment, the directors believe the Organisation will not be affected negatively. Funding the entity is expected to continue as more donors pledge support to respond to COVID-19 in Rwanda. The impact of the COVID-19 will however be closely monitored and assessed on a continuous basis. The Entity has undertaken a variety of measures and implemented contingency plans to mitigate the negative impact of the COVID-19 pandemic.

In light of the above, the directors have re-assessed the appropriateness of the use of the going concern assumption in the preparation of these financial statements. Based on the assessment performed, the directors are of the view that the significant doubt associated with the current uncertainties related to the COVID-19 virus currently does not result in a material uncertainty related to such events or conditions that may cast significant doubt on the Organisation's ability to continue as a going concern.

8. Approval of Financial Statements

The financial statements were approved and authorised for issue on November 27,.....2020

By order of the Board of directors


.....

Health Development Initiative
Statement of directors responsibilities
For the year ended 31 December 2019

The Directors are responsible for the preparation of financial statements of Health Development Initiative, as set out on pages 8 to 19, comprising the statement of financial position as at 31 December 2019, 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, which include 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 8 to 19, were approved and authorised for issue by the directors on *November 27, 2020* and signed on its behalf by:


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


.....
Executive Director
Health Development Initiative



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 8 to 19, which comprise the statement of financial position as at 31 December 2019, 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 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 comprises the directors, officer 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.



Independent auditor's report (continued)

To the members of Health Development Initiative

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.

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.



Independent auditor's report (continued)

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
Grand pension Plaza
Boulevard de la Révolution
P O Box 6755
Kigali – Rwanda



**Health Development Initiative
Statement of Income and Expenditure
For the period ended 31 December 2019**

Description	Notes	2019 Frw	2018 Frw
Income			
Grants income	3	1,680,854,960	1,774,881,995
Donations income	4	5,357,656	9,274,924
Project direct costs	5	<u>(1,430,091,326)</u>	<u>(910,269,669)</u>
Surplus after direct project costs		<u>256,121,290</u>	<u>873,887,509</u>
Indirect costs			
Indirect staff costs	6	(130,734,471)	(107,943,866)
Administration costs	7	(117,894,398)	(81,937,888)
Establishment cost	8	<u>(19,800,000)</u>	<u>(19,800,000)</u>
Total indirect costs		<u>(268,428,869)</u>	<u>(209,681,754)</u>
(Deficit)/surplus for the year		<u>(12,307,579)</u>	<u>664,205,755</u>

The notes set out on pages 12-19 form an integral part of these financial statements.

**Health Development Initiative
Statement of Financial Position
As At 31 December 2019**

Description	Notes	2019 Frw	2018 Frw
CURRENT ASSETS			
Other receivable	9	55,581,628	54,754,775
Cash and Bank balances	10	<u>1,245,055,694</u>	<u>1,310,412,457</u>
		<u>1,300,637,322</u>	<u>1,365,167,232</u>
TOTAL ASSETS		<u>1,300,637,322</u>	<u>1,365,167,232</u>
EQUITY AND LIABILITIES			
Accumulated funds	Page 10	1,261,536,773	1,273,844,353
		<u>1,262,986,539</u>	<u>1,273,844,353</u>
CURRENT LIABILITIES			
Other payables	11	11,705,757	12,236,651
Project payables	12	<u>27,394,792</u>	<u>79,086,229</u>
		<u>39,100,792</u>	<u>91,322,880</u>
TOTAL EQUITY AND LIABILITIES		<u>1,300,637,322</u>	<u>1,365,167,233</u>

The financial statements of **Health Development Initiative**, as set out on pages 8 to 19, were approved and authorised for issue by the Board of Directors on November 27, 2020 and were signed on its behalf:


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


.....
Dr. Afrodia Kagaba
Executive Director

The notes set out on pages 12-19 form an integral part of these financial statements.

Health Development Initiative
Statement of changes in accumulated funds
For the year ended 31 December 2019

Description	2019 Frw	2018 Frw
Balance at 1 January	1,273,844,352	609,638,599
Surplus for the year	<u>(12,307,579)</u>	<u>664,205,754</u>
	<u>1,261,536,773</u>	<u>1,273,844,353</u>

The notes set out on pages 12-19 form an integral part of these financial statements.

Health Development Initiative
Statement of cash flows
For the year ended 31 December 2019

Description	Note	2019 Frw	2018 Frw
Cash flow from operating activities			
(Deficit)/Surplus for the year		(12,307,579)	664,205,755
<i>Adjustments for non-cash income and expenses:</i>		-	-
Operating surplus before working capital changes		<u>(12,307,579)</u>	<u>664,205,755</u>
Changes in working capital			
Increase in other receivables	9	(826,853)	(53,972,039)
Increase/(decrease) in other payables	11	(530,894)	2,316,466
Increase/(decrease) in project payables	12	<u>(51,691,437)</u>	58,511,692
Net cash from operating activities		<u>(65,356,763)</u>	<u>671,061,873</u>
Cash flows from investing activities			
Net cash flows to investing activities		-	-
Cash flows from financing activities			
Net cash flows from financing activities		-	-
Net (decrease)/increase in cash and cash equivalents		<u>(65,356,763)</u>	<u>671,061,873</u>
Cash and cash equivalents at 1 January		<u>1,310,412,457</u>	<u>639,350,584</u>
Cash and cash equivalents at 31 December		<u>1,245,055,694</u>	<u>1,310,412,457</u>

The notes set out on pages 12-19 form an integral part of these financial statements.

PARTNERS

Amplify Change	Society for Family Health
Catholics for Choice	Stephen Lewis Foundation
CDC	Stop TB Partnership
The Center for Reproductive Rights	UHAI-EASHRI
The David and Lucile Packard Foundation	UNAIDS
Delegation of the European Union to Rwanda	UNFPA
DFID	UNICEF
EAHP	WHO
The Embassy of the Kingdom of the Netherlands	Ministry of Health
The Embassy of Sweden	Ministry of Local Government
FEMNET	Ministry of Gender and Family Promotion
FOSI/OSIEA	Ministry of Justice
GIZ	Rwanda Bio-Medical Center
Global Health Corps	Rwanda Education Board
The Global Fund	Rwanda Governance Board
Norwegian People's Aid	Imbuto Foundation
Peace Corps	GLIHD
PROMUNDO	IMRO
PSA	RNGOF
PSF/Emory University	RSOG
SAAF/IPPF	RBP partners
SisterLove Inc.	Women's Link WorldWide
	Global Giving

