



ANNUAL REPORT 2020



HDI
HEALTH DEVELOPMENT INITIATIVE

Contact

Phone

+250 788 309 262

Email:

info@hdirwanda.org

Web:

www.hdirwanda.org

Twitter:

twitter.com/hdirwanda

Facebook:

www.facebook.com/hdirwanda

YouTube:

HDI TV

Toll-free Hotline

3530

Instagram:

www.instagram.com/hdirwanda/

Advancing Sexual
Reproductive
and Rights
men and
g People

www.hdirwanda.org



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MESSAGE FROM THE EXECUTIVE DIRECTOR



Dear Partners and Stakeholders,

It is a pleasure to present our 2020 Annual Report on behalf of the Board of Directors and staff of Health Development Initiative. 2020 was a tumultuous year, which will be remembered by many for the social and economic challenges brought on by the Covid-19 pandemic. Despite the unpredictable circumstances, HDI maintained its programs throughout the year.

The COVID-19 pandemic has fundamentally changed the framework of projects across the world, leaving no sector unaffected. Meetings and trainings had to be adapted, movement was restricted, schools were closed and vulnerable individuals were made more vulnerable.

In the areas of sexual and reproductive health and rights, the crisis has had a particularly intense impact. As the effects of the pandemic are beginning to be understood, HDI has positioned itself to respond, improve and adapt to this ever-changing situation. HDI quickly adjusted, taking appropriate measures to comply with Ministry of Health directives and protect our staff, while also tailoring our interventions to support our beneficiaries.

In light of the circumstances, HDI undertook an initiative to expand its digital platforms, such as its tollfree hotline, social media networks, and radio programs to ensure uninterrupted access to SRHR information and services including family planning and safe abortion services.

This allowed the different messages to be carried on media channels, reaching out to different target beneficiaries, duty bearers, across the country such as adolescents, youth, women, teachers, parents, duty bearers, key populations and other marginalized communities.

The challenges have not prevented HDI from implementing our mandate to improve both the quality and accessibility of healthcare for all Rwandans. HDI continues to seek ways to face Covid-19 pandemic, and remains committed to maintaining continuity of our work advancing community health, sexual and reproductive health and rights, and human rights.

HDI's resilience, innovation and progress in 2020 was possible due to the dedication and commitment of HDI staff, volunteers, partners, and donors who we thank sincerely for making this work possible through their hardwork, generosity, and dedication. Their shared passion for our mission at HDI to improve community health in Rwanda has been an inspiration.

Going forward, we are keen to maintain and strengthen our new and existing partnerships as we continue to increase access to health services in Rwanda in 2021 and beyond irrespective of the circumstances.

Let's keep fighting by respecting all preventive measures and making sure everyone is safe.

Dr. Aflodis Kagaba

ABOUT HDI

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

A dedicated group of Rwandan physicians with vast experience in the health sector founded HDI in 2005. This group was united by a shared commitment to advance health and inclusive development for disadvantaged communities. HDI believes that health outcomes can be improved by putting in place laws, policies and programs that are responsive to the needs of those who are poor and vulnerable, such as women and children, historically marginalized communities, people living with HIV/AIDS, young people and other marginalized populations.

HDI advocates for friendly health related policies and builds the capacity of both duty bearers and right holders with tools and knowledge to advance the health and rights of their communities so that all Rwandans may lead healthy lives, free from preventable disease and premature mortality. 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 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 & 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, and hygiene and sanitation.

Human Rights & The Right To Health: HDI works with government institutions, policy makers, civil society organizations, communities, and 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 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 and adolescents
- Historically Marginalized Communities
- People living with HIV/AIDS
- LGBTI persons
- Female and male sex workers
- People with disabilities
- Substance users and addicted individual

2020 SNAPSHOT



18,782

Clients reached through the hotline



196,500

Views on HDI TV YouTube channel

Over 10,000

Adolescents supported with accurate SRHR information



74

Educational SRHR videos produced on HDI TV



250

Future medical professionals trained on the ministerial order on abortion



Over 3 million

People engaged on social media platforms



80

Civil Society Organizations empowered



114

Media awards: Journalists

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS:

The year 2020 was largely shaped by the Covid-19 pandemic, which became a key priority with regard to health and social development. In HDI's work, the measures to mitigate the spread of the pandemic and its inevitable consequences affected the sexual and reproductive health efforts of Rwanda and the rest of Africa, creating new needs and exposing vulnerabilities in.

In addition to taking the step to comply with Covid-19 regulations, HDI recognized that there was a huge need to continue our interventions, while also engaging our target beneficiaries on COVID-19 prevention strategies.

We set out to ensure that access to SRHR information and services was not interrupted and was adapted to the circumstances. HDI disseminated information through media channels, and made sure our target beneficiaries—such as adolescents, youth, women, teachers, parents, key populations and other marginalized communities—were reached with accurate information. We set out to ensure that the increased focus on Covid-19 and its effects would not cause us to lose progress made in the SRHR movement. We continued to roll out and tailor interventions in Sexual and Reproductive Health and Rights that targeted key populations, communities, duty bearers and all stakeholders.

The interventions can be categorized as:

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





Awareness and capacity building

The pandemic and measures to curb its spread required HDI to adjust approaches to community empowerment, as well as the provision of access to comprehensive sexual and reproductive health information and services. HDI employed various awareness and capacity building strategies including outreaches and engagements sessions, physically and virtually.

Some of these awareness and capacity building initiatives were conducted in response to the Covid-19 pandemic to provide reliable information to the online community to break the cycle of misinformation that arose during the onset of the pandemic. Furthermore, in order to ensure uninterrupted access to accurate SRHR information, HDI amplified its digital platforms including Facebook, Twitter, Instagram and YouTube. HDI utilized numerous approaches including hashtags on social media platforms infographics and videos (YouTube).

HDI also organized virtual seminars/webinars via Zoom and engaged young people on digital platforms about topics such as adolescents' access to SRHR services, the role of young men in fighting GBV, the exclusive breastfeeding dilemma for career women and more. HDI also launched a Youtube series "Ingamba" which addresses issues of unsafe abortion, myths on contraception, and other sexual and reproductive health topics, as well as encouraging a good parenting and healthy relationships. The series has yielded positive feedback from our audience, as many social issues that families and youth are facing today are tackled in the series. This year HDI has produced 74 educational SRHR videos.

HDI also leveraged partnerships with media platforms and outlets to raise awareness and provide SRHR information to ensure that every adolescent, man and woman would still have access to accurate information from the comfort of their homes, while respecting COVID-19 prevention measures. This enabled easy access to SRHR information for rural communities and people with no access to smartphones or the internet. Most of the topics discussed were based on frequently asked questions by the community when they called the HDI hotline. Topics inspired by hotline callers included methods of contraception, family planning and menstruation. Other topics, such as gender-based violence prevention and access to safe abortion were prompted in part by the increase in child defilement cases according to national data.

HDI organised radio and TV shows about positive masculinity, realization of SRHR in Rwanda, and abortion to increase the chances of the information reaching as many people as possible. Among the radio and TV stations were KISS FM, Radio Rwanda, Magic FM, Royal FM, Isango TV, and Rwanda TV.

Aware that journalists and media professionals play a significant role in shaping public perceptions, in October, HDI organised a training with journalists and media professionals on gender-sensitive reporting and media participation in sexual and reproductive health and rights coverage. HDI reached out to over 30 media professionals with skills and capacities they need to practice gender sensitive and responsive journalism in order to change the culture of acceptance that surrounds gender-based violence.

HDI also organized and hosted the 4th annual Reproductive Health Journalism Awards acknowledging journalists who openly write, film and record about issues surrounding sexual and reproductive health and rights in Rwanda. This year's theme was "Enhancing media participation in advancing sexual and reproductive health and rights in Rwanda". The awards received 179 submissions from 114 journalists who work from 57 media houses. The awards recognize these journalists for their outstanding SRHR reporting and offer motivation for other journalists to report on these often sensitive topics.

In 2020, HDI also partnered with Miss Rwanda to advance sexual and reproductive health and rights among contestants. This platform created an opportunity for HDI to raise awareness on strategies to reduce teenage pregnancy and increase access to contraception among adolescents. HDI also used the sessions to increase the contestants' knowledge on contraception and family planning, and sensitize them on their role in the prevention of teenage pregnancy, preparing them to serve as youth ambassadors empowered with accurate information, thus strengthening advocacy initiatives on SRHR related issues.

HDI also has engaged the general public, especially adolescents, allowing them to ask questions through social media campaigns and have their SRHR concerns addressed during this pandemic. It also acted as a platform to talk about the role of the youth in curbing teenage pregnancy. Many adolescents who participated had questions regarding the use and effectiveness of emergency contraceptives and the effects of unsafe abortion.





Among other methods HDI used to provide information and strengthen youth and adolescents' SRHR knowledge were youth-led webinars aimed at addressing different barriers that youth and adolescents often face in regard to access to SRHR information and services. HDI continued to strengthen the existing adolescent champion network by providing capacity building training that equipped adolescents to become leaders in their communities, and allowed others to join the adolescent champion network. Through this network of empowered adolescents, HDI is able to reach more in-school and out-of-school young people with accurate SRHR information and empower them to raise their voices to advocate for their SRHR needs.

Advocacy

Throughout 2020 and in the face of the COVID-19 pandemic, marginalized communities, such as key populations, faced significant challenges compounded by their already unstable situation. They were faced with a lack of food, lack of hygiene materials, lack of access to SRHR information and services, and an increase in stigma and discrimination. HDI, as a leading advocate for marginalized groups, continued to support advocacy efforts for sex workers, the LGBTI community, young people, and others. Despite the focus being drawn almost exclusively to COVID-19 prevention measures, HDI continued its role in engaging and appealing to government institutions and other partners to ensure that no one would be without the right to good health.

The measures to mitigate the spread of Covid-19—in particular school closures and stay at home orders—hindered access to SRHR services and information, particularly for adolescents and young people. Without access to accurate SRHR information, the concern became that adolescents and young people would engage in risky sexual behavior more than they had been while they were in school, leading to a greater likelihood of teenage pregnancies, unsafe abortion, and child defilement. HDI led efforts to ensure that information about SRHR would be available via digital platforms.

Noting human rights concerns related to COVID-19 prevention measures that were in place at the time, HDI drafted and submitted a letter to the Office of the Prime Minister, requesting that the Government of Rwanda review the measures to ensure that they met international health standards and harmonize the prevention measures to ensure consistent enforcement.

Among the advocacy initiatives was a call to include women involved in sex work and other vulnerable people working in the informal sector in the ongoing National Relief Support that was in place to mitigate the impact of the COVID-19 lockdown. In partnership with like-minded civil society organizations, HDI wrote to the Ministry of Local Government, to make them aware that women involved in sex work had been severely financially affected, since they were unable to meet their clients during this period. As members of the community facing stigma and discrimination at the community level, HDI pointed out that these women had been facing challenges in the ongoing food distribution, since their work is not easily recognized by the community members and local authorities.

In June, HDI also led an advocacy initiative addressing the legal and policy challenges related to adolescents' access to sexual and reproductive health information and services in Rwanda. HDI called upon the government to revise laws and policies to ensure that age-based restrictions do not prevent adolescents from making decisions about their sexual and reproductive lives and that they are able to access the full range of reproductive health information and services. HDI advocated for the amendment of Article 7 of the law N° 21/05/2016 of 20/05/2016 relating to human reproductive health to allow all adolescents to access the reproductive health services without needing authorization from a parent or guardian and to recognize safe abortion and post-abortion care as essential components of reproductive health services.

The recommendations also included calls for amendment of Article 11 of the law N° 49/2012 on medical professional liability insurance, with the view to allow all adolescents to seek health care services, without prior parental/ guardian consent or authorization from a second health care professional. HDI also called on the government to ensure that the Ministerial Order that will be issued as the guide to implement Article 20 of the Law N° 71/2018 of 31/08/2018 Law relating to the protection of a child allows all adolescents to consent to voluntary STI and HIV testing and treatment without needing authorization from parents or guardians.

In November, HDI through a coalition dedicated to strengthening CSOs' capacity to engage decision makers, submitted a shadow report for the Universal Periodic Review (UPR) on the situation of the LGBTI community and sex workers in Rwanda. 22 CSOs joined the coalition initiated by HDI and signed on to the UPR shadow report, which was submitted to the Human Rights Council. Recommendations will be given to the Government of Rwanda, at which time we will know the impact of our advocacy.



Community engagement

Not even a global pandemic could halt continued community engagement by HDI. In 2020, most engagement was virtual, in compliance with the Ministry of Health guidelines and to protect HDI staff. In response to the growing demand for accurate SRHR information despite stay to home orders in place, HDI increased the visibility of its toll-free hotline (3530) through radio programs such as KISS FM. As a result, HDI's hotline spiked with calls and messages requesting information on a wide range of SRHR topics.

In 2020, a total of 18,782 target beneficiaries were supported with accurate SRHR information, referral to SRHR services, legal aid, and counseling via the HDI hotline. The hotline staff also received over 20,000 text messages. The majority of the people who reached out to HDI during this time were seeking information related to the menstrual cycle and pregnancy, sexual matters, and access to safe abortion.

In the first quarter of 2020, before the restrictions on events and meetings that would come soon after, HDI engaged key stakeholders in Nyanza, Huye and Nyaruguru Districts to improve HIV/AIDS service provision. The engagements focused on the progress of HIV/AIDS project implementation, human rights and key populations. HDI also facilitated trainings for peer educators of men who have sex with men (MSM) and female sex workers on HIV/AIDS and STI prevention. This peer educator method ensures that HDI is able to reach as many key population members as possible with accurate information and knowledge on where to access services.



COMMUNITY HEALTH & DEVELOPMENT

Key concerns in community health: overview

2020 was a sober reminder that community health plays an inevitable role in community development. As has been evident over previous years, HDI believes that healthy communities are a prerequisite for any desired social and economic development in the country. Over the years, HDI has tailored interventions to address key community health challenges as circumstances and needs change.

In 2020, HDI implemented initiatives and outreaches related to safe abortion, menstrual hygiene, and teenage pregnancy among others among.

HDI also maintained messaging on community health aspects such as harm reduction for substance abuse users, child nutrition, WASH and mental health.

The Community Health and Development interventions can be categorized as:

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



Awareness and capacity building

Community health and development is highly dependent on the levels of awareness among beneficiary communities and duty bearers. In the face of prevention measures, which required Rwandan residents to stay at home, HDI reached out to communities through community awareness raising campaigns, sensitization meetings, and specific radio and TV shows focusing on the realization of access to safe abortion in Rwanda.

HDI reached out to over 4,000 people to discuss the current legal provisions related to abortion in Rwanda including the Ministerial Order No.002/ MOH/2019 of 8th April 2019 determining conditions for a medical doctor to perform an abortion, and the rights of health service users as stipulated in the medical liability insurance law. The awareness sessions were carried out in 7 districts: Nyagatare, Gatsibo, Musanze, Gakenke, Rulindo, Ruhango, and Muhanga. The awareness sessions targeted teen mothers, parents of teen mothers, female sex workers, youth and women leaders, law enforcement agencies, local authorities, religious leaders and healthcare providers.

HDI trained over 250 medical students in order to build their capacity to provide safe abortion services, and 80 representatives from different CSOs working on SRHR to discuss their role in advancing access to safe abortion services during the COVID-19 pandemic.

In all sessions, the participation of the media was a priority in order to ensure broader dissemination of information and amplify the call for collective action of different stakeholders to ensure access to safe abortion services. As an immediate result of the awareness sessions, HDI received an increased number of people seeking safe abortion information and services.

HDI organized an online campaign aimed at educating men, boys, girls, and women alike about menstruation, removing stigma and addressing the barriers to menstrual hygiene. Although menstruation is a normal and natural element of the female reproductive system, society has often viewed it as a women's only subject, not open for public discussion.

This has hindered young women from accessing knowledge on the management of their menstrual health, thus preventing them from achieving their full potential. The goal of the online campaign was to promote menstrual hygiene management and improve the overall menstrual experiences for girls and women to ensure that their potential is not limited by something as natural as their periods. From the awareness initiative, it emerged that, though sanitary products are exempted from VAT (value-added tax), this is not reflected in the current prices offered. HDI advocated for the exemption to be fully enforced.

Advocacy

Community health and development interventions conducted by HDI this year also included different aspects of advocacy to influence behavior and policy change. In 2020, HDI engaged teachers who are influential with regard to young people's outlook on community health and development. HDI prepared training on comprehensive sexuality education (CSE) and gender responsive pedagogy to build the capacity of teachers from 23 schools in Kigali to teach CSE in a friendly and gender responsive manner.

This training aimed at supporting the delivery of accurate, rights-based and high quality CSE, which provides knowledge, values, and skills essential for safer behaviour, reduced adolescent pregnancy, and promotion of gender equality. 46 teachers participated in a series of presentations and group discussions on reducing rates of GBV and HIV, and ways to curb teenage pregnancies. They also learned about the current ministerial order on abortion and other sexual and reproductive health laws in Rwanda.

During the implementation of the National Strategic Plan on HIV (NSP/HIV) HDI held consultative meetings with local authorities and healthcare providers with the aim of preventing new HIV infections and HIV-related deaths in the Southern Province: Nyaruguru, Huye, and Nyanza. The consultative engagement brought together district authorities and government officials, public health workers and healthcare providers, women representatives, local law enforcement agents, members of CSOs and peer educators of key populations, and other CSOs working in these districts.





HDI used this platform to raise awareness of the participants on the increased likelihood of vulnerability, stigma, and rights violations towards key populations during the COVID-19 pandemic. From the meetings, HDI was able to observe key progressive outcomes including improved collaboration among key stakeholders in charge of the fight against HIV/AIDS and increased understanding and ownership of local authorities on key populations and human rights issues.

Community engagement

In the sphere of community health, HDI interacted with community members to address child nutrition, WASH and mental health. Amidst the pandemic, HDI reached out to more than 4,000 vulnerable families economically affected by COVID-19 in various districts heavily affected by the socio-economic impact of COVID-19 in Rwanda. The pandemic resulted in the loss of primary income sources due to the lockdown and closure of non-essential businesses. In partnership with other local CSOs, HDI endeavored to assist vulnerable people with food and hygiene materials. During the food and essential hygiene item distribution, HDI took the opportunity to raise awareness on COVID-19 and encourage citizens to mitigate the spread of the virus by responding to the preventive measures put in place by the WHO, Rwanda Ministry of Health and Rwanda Biomedical Center.

HDI continued to ensure uninterrupted safe and stigma-free HIV service provision regardless of the extraordinary challenges posed by COVID-19. To support this effort to maintain these services, HDI held meetings with young people and key populations to distribute over 15,300 condoms and 131,600 lubricants.

HDI continued to ensure that people living with HIV receive the best care despite the existing burden of the pandemic. The organization visited different hospitals in the districts of Nyanza, Nyaruguru Gasabo, Kicukiro, Nyarugenge, and Huye, to check with health centers if key populations were referred to their respective health centers and provided with non-discriminatory services. With an intent to involve key populations in the fight against HIV and reduce prevalence, HDI conducted follow up in different hotspots and networks with the help of key informants. The site visits were opportunities to learn more about the challenges faced by sex workers and understand the persisting gaps in program implementation.



During the visits, HDI, along with peer educators, provided information on HIV prevention, its transmission, and other sexually transmitted diseases, condom use and its promotion, as well as awareness on COVID-19 spread and prevention measures.

HDI also organized interactive sessions between October and November 2020 with teen mothers and male parents where participants discussed the role of parents—particularly fathers—in the fight against gender-based violence and discrimination against teen mothers, and strategies to curb teen pregnancies. The purpose of the training was to engage male parents in understanding and curbing teenage pregnancy and enable teen mothers to advocate for themselves. HDI continues to engage fathers on gender issues and SRHR, including promoting their understanding and support for the human rights of girls and women, especially the right to education, protection, and access to healthcare.

In collaboration with Rwanda Youth Volunteers in Community Policing (RYVCP), HDI organized a workshop to equip youth and adolescents with knowledge and skills on gender balance, gender-based violence, gender equality and equity, and SRHR in order to encourage them to fight against discrimination in their communities. The youth discussed the importance of gender equality and later recognized that they have a role to play in fighting against all forms of human rights discrimination.

Partnership with CSOs and NGOs

In 2020, HDI hosted 20 masters' students from the University of Texas McCombs to gain information about the advocacy work that HDI has been involved in. The students learned about services provided at the Center including the hotline, family planning counselling and HIV testing.

The students gained insights on strategies that have helped HDI grow and improve the well-being of people in the areas of HDI's intervention including initiation of stigma-free services through HDI's Center for Health and Rights, collaboration with strategic organizations, applying a human rights based approach and creating a safe space for adolescents and young people seeking friendly SRHR services.



HUMAN RIGHTS & RIGHT TO HEALTH

Key Concerns in Human Rights and Right to Health: overview

Across the world, Human Rights and Right to Health continue to be a challenge with much change yet to be realized. Rwanda has not been an exception in this. A number of issues have been identified requiring interventions, such as right to health and nondiscrimination 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 Lesbian, Gay, Bisexual, Transgender, and Intersex individuals have often seen them left behind in Sexual and Reproductive Health Rights among other aspects. Sex workers (male and female) also continue to lack access to condoms, lubricants and adequate 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.

Like in other sector, HDI has tailored interventions through:

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



Awareness and capacity building

Due to prevalent stigma in Rwandan society surrounding some SRHR topics, women and young people are still being denied access to services they need in order to take care of their sexual health. To alleviate this stigma among healthcare providers, HDI conducted a values clarification workshop for healthcare providers from all 3 districts of Kigali, to address stigma and other barriers to women and young people's access to contraceptives and safe abortion services. This can only be achieved by addressing misinformation on abortion-related laws. From the sessions, it emerged that women are coming for post-abortion care services with complications due to the lack of information on abortion care provision in Rwanda. HDI is committed to continue equipping healthcare providers and future healthcare providers with accurate information on the Ministerial Order determining conditions to be satisfied by a medical doctor to perform an abortion.

HDI also organized sensitization meetings in Nyanza, Huye and Rutsiro Districts with youth and women leaders (Youth Volunteers, National Youth Council Representatives and National Women's Council Representatives), local authorities, religious leaders and healthcare providers to raise awareness on the provisions of the law determining offenses and penalties, Ministerial Order determining conditions to be satisfied by a medical doctor to perform an abortion, and the medical professional liability insurance law. Local authorities committed to reinforcing efforts in SRH education and also committed to report perpetrators of child abuse.

With an aim to raise awareness across the country on the ministerial order on abortion, HDI also conducted community awareness sessions on the current legal framework on safe abortion and family planning in Rwanda in five districts: Ngoma, Rwamagana, Burera, Karongi and Rubavu. These sessions targeted teen mothers and their parents, female sex workers, youth leaders, women leaders, law enforcement agencies, local authorities, and healthcare providers. During the outreach campaigns and sensitization meetings, HDI has focused on raising awareness on the legal provisions related to abortion, including Ministerial Order No. 002/MOH/2019 of 8th April 2019 determining the

conditions for a medical doctor to perform an abortion and the rights of health service users as stipulated in the medical liability insurance law. HDI also held campaigns on radio and TV shows discussing the realities and challenges of access to safe abortion services in Rwanda. Working closely with the media through TV and radio shows has been a strategy used in all awareness sessions to ensure broader dissemination of information and calls for collective action of different stakeholders to ensure access to safe abortion services.

Following awareness sessions in 20 districts, one of the key recommendations from healthcare providers was the need to train all hospital staff about the legal provisions of abortion and provision of stigma-free SRHR services. Girls and women are still denied services by hospital personnel who demand referrals from hospitals in order for the girls and women to receive safe abortion services, even though referrals are not legally required. Local leaders also committed to reinforce efforts in sexual and reproductive health education and disseminate information within their communities.

HDI also conducted training with adolescents in Nyaruguru District to inform them about their rights using a rights-based approach and further empower them on the laws and policies that affect their sexual and reproductive health, including access to contraceptives to reduce teenage pregnancy. Adolescents were also informed on how to access adolescent-friendly SRHR services.

As a strategy to engage adolescents, they were given case scenarios to work on in a more participatory discussion where they were required to identify the problem, and the laws that have gaps and suggest possible solutions. As part of the Baho Neza initiative, HDI conducted community awareness sessions and reached out to over 4,000 people to discuss the current legal framework on abortion and family planning in Rwanda in 10 districts: Nyanza, Huye, Rutsiro, Nyagatare, Gatsibo, Musanze, Gakenke, Rulindo, Ruhango and Muhanga. The awareness sessions targeted teen mothers, parents of teen mothers, female sex workers, youth leaders, women leaders, law enforcement agencies, local authorities, religious leaders and healthcare providers.

HDI also conducted social media campaigns on abortion, and reached out to the community through video clips on SRHR that were uploaded on HDI YouTube Channel “HDI TV”, and shared on different social media platforms like Twitter, Facebook, Instagram and Whatsapp. In addition to those sessions, HDI met around 80 participants from different CSOs working on SRHR to discuss the role of the civil society to advance SRHR during COVID-19 Pandemic.





Advocacy

HDI submitted supplementary information on Rwanda's compliance to the Convention on the Rights of the Child (CRC) in relation to sexual and reproductive health of adolescents. HDI was represented by the Head of Policy and Advocacy, who attended sessions of the CRC Committee during the 83rd Session held in Geneva.

With reference to its general comment No. 20 (2016) on the implementation of the rights of the child during adolescence and taking note of targets 3.7 and 5.6 of the Sustainable Development Goals, the Committee recommended Rwanda to strengthen adolescent reproductive health education in all schools to prevent early pregnancy, sexually transmitted infections and substance abuse. Other recommendations included ensuring that all adolescents have access to confidential mental health services and counselling in primary health care, schools and communities; improving adolescents' access to confidential and age-appropriate reproductive and sexual health services, family planning services and modern contraceptives; and ensuring access to safe abortion and post-abortion care services for adolescent girls, without the need for parental consent or to be accompanied by a parent or legal guardian

On September 28th 2020, HDI joined hands in coalition with other organizations like Rwanda NGOs Forum on HIV/ AIDs and Health Promotion, Ihorere Munyarwanda Organization, and Great Lakes Initiative for Human Rights and Development, to celebrate International Safe Abortion Day For the first time in Rwanda the event, which highlights access to safe abortion for women and girls, took place at Kibagabaga Hospital. The celebration came as an addition to HDI's ongoing capacity building of future physicians, TV and radio programs to raise public awareness on safe abortion, dialogues with CSOs working on SRHR to discuss their role in advancing SRHR services and sensitization meetings on the ministerial order on abortion, where HDI reached out to communities to discuss the current legal framework on abortion and family planning in 20 Districts of Rwanda.

Health Development Initiative (HDI) in partnership with the David & Lucile Packard Foundation is in the process of implementing a two-year project (2019-2021) which aims at expanding access to family planning, safe abortion and SRHR services for young girls and women in Rwanda to improve conditions for women at risk of unwanted pregnancy; improve knowledge, access, and quality of safe abortion services, counseling and family planning in order to contribute to a reduction of unsafe abortion in Rwanda.

In February 2020, HDI hosted Angeles Mohedo, a Result Oriented Monitoring (ROM) mission expert, who came to Rwanda to offer best practices and areas of improvement in the EU-funded project “Empower, Include, and Respect” making human rights work for LGBTI and sex worker communities in Rwanda, which is being implemented by HDI. The project empowered 21 LGBTI and sex worker CBOs with skills to advocate for their rights, collect and report cases of discrimination in their communities, and effectively contribute to international human rights review processes, such as the Universal Periodic Review.

Also in February 2020, HDI participated in the 3rd Inroads Global Member Gathering, which took place in Mombasa, Kenya. Inroads is a membership-based international network, which stands for the prevention of abortion stigma and discrimination. During the meeting, members discussed strategies to reduce stigma and discrimination associated with abortion in their respective countries and to advance health and rights worldwide. Being part of the discussion in this Global Gathering was essential to the work of HDI and provided an opportunity for the HDI team to learn from other members’ experiences in realizing women’s health and rights to safe abortion.



Institutional Growth and Learning

Among HDI's strategic objectives, there is an emphasis on institutional growth and continual learning. HDI strives to ensure that the organization is continually expanding, improving, and monitoring results that inform future advocacy and outreach efforts.

Departmental Growth

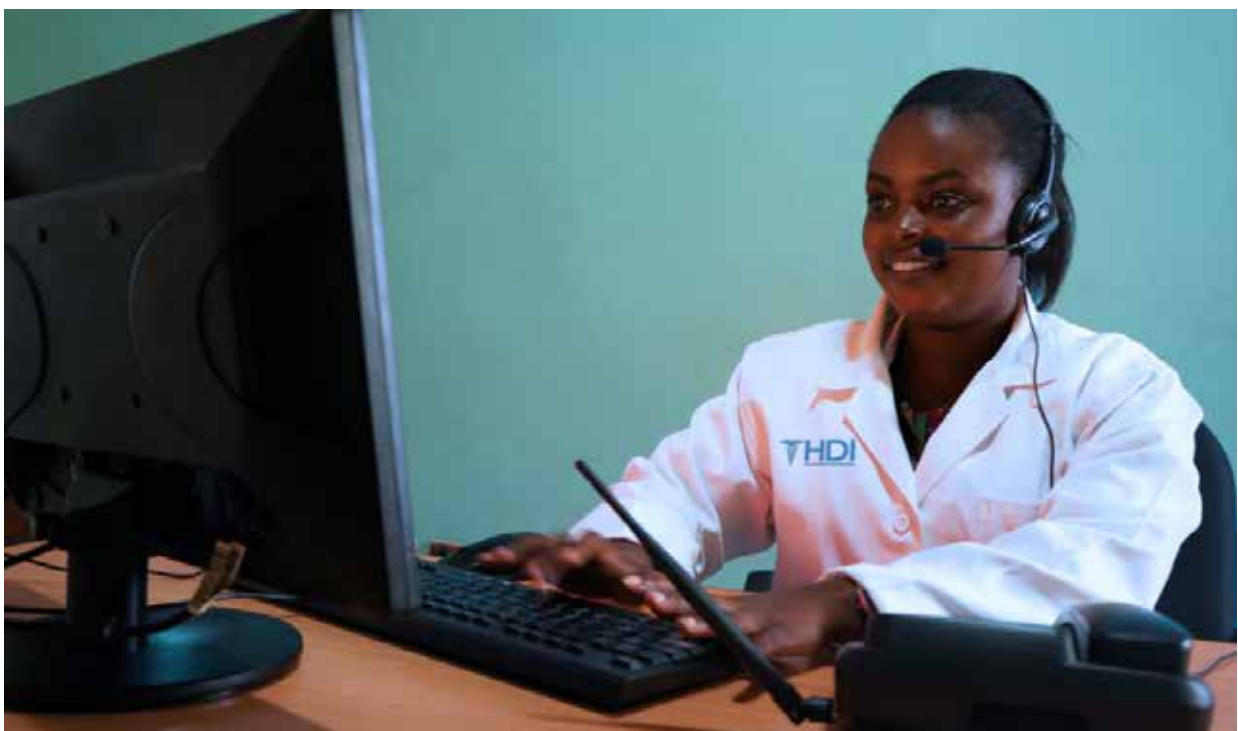
HDI saw a significant expansion of its communication department, spurred in part by the pandemic. HDI has increased the number of staff in the litigation department, allowing HDI to accept more public interest litigation cases and appear in more amicus curiae cases where HDI's expertise could be used to advocate for the right to health. In addition, HDI has expanded its policy and advocacy expertise, which will pave the way for a separate policy and advocacy institute to be created. HDI has continued to expand the Center for Health and Rights by training the Center staff on human rights and adding more skilled staff members to operate the toll-free hotline. HDI's hotline also received an upgrade this year, switching to a completely digital call intake form.

Policy Development

Three policies were developed this year, which will help strengthen HDI's organizational foundation and guide the organization forward. HDI developed a Child Protection Policy to ensure that staff is able to comply with all regulations regarding the protection of children, especially on digital platforms. A Sexual Harrassment Policy was reviewed and approved this year as well.

Staff Professional Growth

In an effort to support continuous growth and learning for HDI staff, HDI often supports staff to further their education, receive certifications, and receive training in HDI's areas of focus. This year, HDI supported higher education for nine employees; two of which are pursuing their Master's degrees. HDI also held staff professional development trainings in new policies developed this year and training for the Center for Health and Rights on human rights and documentation.



Key Trends and Lessons Learned

Despite the Covid-19 pandemic, which has caused disruptions in organizations across Rwanda, HDI adapted its programmes, increased its digital presence, and ensured uninterrupted access to sexual and reproductive information and services. After this unpredictable year, HDI has emerged stronger and more adaptable than ever in its programmes.

Throughout 2020, HDI observed a need for digitalization in order to reach key beneficiaries without compromising their health during the pandemic. HDI increased its presence on social media platforms such as Facebook, Instagram, Twitter, and YouTube. In particular, in order to reach as many people as possible with accurate SRHR information, HDI launched the YouTube series, “Ingamba”. The success of these digital channels has had a ripple effect on other aspects of the organization. HDI is pushing for increased digitalization in all areas of its work.

As many Rwandan residents remained home due to measures to mitigate the spread of Covid-19, an opportunity arose for HDI to increase the visibility of the hotline, which provides an avenue for seekers of accurate SRHR information and referral to services. By the end of 2020, HDI realized the need to expand the hotline into a call center to serve more beneficiaries. The call center will enable hotline staff to take multiple calls at once and respond more quickly to any calls that were missed off hours.

Furthermore, as the demand for friendly SRH services increase over the course of the year, HDI noted that sensitization trainings should not only be limited to service providers, but should include training for all health facility workers on the pathway to patient’s access to SRH services, in particular access to safe abortion. This pathway training can also be used to train health facility workers in other sensitive topics, thus promoting equal access to healthcare for all.

**HEALTH DEVELOPMENT INITIATIVE
REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020**

DIRECTORS, OFFICERS AND ADMINISTRATION

DIRECTORS

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

REGISTERED OFFICE & PRINCIPAL PLACE OF BUSINESS

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

AUDITOR

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

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 and Financial Statements
For the year ended 31 December 2020**

Statement of directors' responsibilities for the year ended 31 December 2020

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 2020, 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.

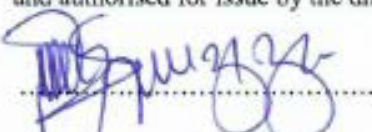
Directors have made an assessment of the ability of the Organisation to continue as a going concern and, and having taken into account all information at hand, have no reason to believe that the organisation will not be a going concern for at least the next twelve months from the date of this statement.

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 *August 25, 2021* and signed on its behalf by:


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


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



Independent auditor's report

To the members of Health Development Initiative

Report of the audit of the financial statements

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 2020, 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 (including International Independence Standards) (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

To the members of Health Development Initiative (continued)

Report of the audit of the financial statements(continued)

Responsibilities of the directors for the financial statements

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organisation's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Organisation's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Organisation to cease to continue as a going concern.

Independent auditor's report

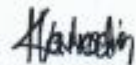
To the members of Health Development Initiative (continued)

Report of the audit of the financial statements(continued)

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

We communicate with the directors, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

The engagement partner responsible for the audit resulting in this independent auditor's report is CPA Wilson Kaindi - (PC/CPA/0642/0123).



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



Date: 06 August 2021

Statement of Income and Expenditure for the year ended 31 December 2020

| Description | Notes | 2020 Frw | 2019 Frw |
|---|-------|-----------------------------|-----------------------------|
| Income | | | |
| Grants income | 3 | 2,065,853,927 | 1,680,854,960 |
| Donations income | 4 | - | 5,357,656 |
| Project direct costs | 5 | <u>(1,595,093,808)</u> | <u>(1,430,091,326)</u> |
| Surplus after direct project costs | | <u>470,760,119</u> | <u>256,121,290</u> |
| Indirect costs | | | |
| Indirect staff costs | 6 | (192,021,976) | (130,734,471) |
| Administration costs | 7 | (142,865,042) | (117,894,398) |
| Establishment cost | 8 | <u>(19,800,000)</u> | <u>(19,800,000)</u> |
| Total indirect costs | | <u>(354,687,018)</u> | <u>(268,428,869)</u> |
| Surplus/ (deficit) for the year | | <u>116,073,101</u> | <u>(12,307,579)</u> |

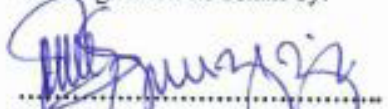
The notes set out on pages 12-19 form an integral part of these financial statements.

**Health Development Initiative
Report and financial statements
For the year ended 31 December 2020**

Statement of financial position as at 31 December 2020

| Description | Notes | 2020 Frw | 2019 Frw |
|-------------------------------------|---------|-----------------------------|-----------------------------|
| CURRENT ASSETS | | | |
| Other receivables | 9 | 25,500,580 | 55,581,628 |
| Cash and Bank balances | 10 | <u>1,404,563,936</u> | <u>1,245,055,694</u> |
| | | <u>1,430,064,516</u> | <u>1,300,637,322</u> |
| TOTAL ASSETS | | <u>1,430,064,516</u> | <u>1,300,637,322</u> |
| EQUITY AND LIABILITIES | | | |
| Accumulated funds | Page 10 | <u>1,377,609,874</u> | <u>1,261,536,773</u> |
| | | <u>1,377,609,874</u> | <u>1,261,536,773</u> |
| CURRENT LIABILITIES | | | |
| Other payables | 11 | 16,855,785 | 11,705,757 |
| Project payables | 12 | <u>35,598,857</u> | <u>27,394,792</u> |
| | | <u>52,454,642</u> | <u>39,100,549</u> |
| TOTAL EQUITY AND LIABILITIES | | <u>1,430,064,516</u> | <u>1,300,637,322</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 August 05, 2021 and were signed on its behalf by:


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


.....
Dr. Afodis Kagaba
Executive Director

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

**Health Development Initiative
Report and Financial statements
For the year ended 31 December 2020**

Statement of changes in accumulated funds for the year ended 31 December 2020

| Description | 2020 | 2019 |
|----------------------|-----------------------------|-----------------------------|
| | Frw | Frw |
| Balance at 1 January | 1,261,536,773 | 1,273,844,352 |
| Surplus for the year | <u>116,073,101</u> | <u>(12,307,579)</u> |
| | <u>1,377,609,874</u> | <u>1,261,536,773</u> |

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

Health Development Initiative
Report and Financial statements
For the year ended 31 December 2020

Statement of cash flows for the year ended 31 December 2020

| Description | Note | 2020 Frw | 2019 Frw |
|--|------|----------------------|----------------------|
| Cash flow from operating activities | | | |
| Surplus/(deficit) for the year | | 116,073,101 | (12,307,579) |
| <i>Adjustments for non-cash income and expenses:</i> | | | |
| Operating surplus before working capital changes | | <u>116,073,101</u> | <u>-12,307,579</u> |
| Changes in working capital | | | |
| Decrease/(Increase) in other receivables | 9 | 30,081,048 | (826,853) |
| Increase/(decrease) in other payables | 10 | 5,150,028 | (530,894) |
| Increase/(decrease) in project payables | 11 | <u>8,204,065</u> | <u>(51,691,437)</u> |
| Net cash from operating activities | | <u>159,508,242</u> | <u>(65,356,763)</u> |
| Cash flows from investing activities | | | |
| Net cash flows to investing activities | | | |
| Cash flows from financing activities | | | |
| Net cash flows from financing activities | | <u>-</u> | <u>-</u> |
| Net increase/(decrease) in cash and cash equivalents | | <u>159,508,242</u> | <u>(65,356,763)</u> |
| Cash and cash equivalents at 1 January | | <u>1,245,055,694</u> | <u>1,310,412,457</u> |
| Cash and cash equivalents at 31 December | | <u>1,404,563,936</u> | <u>1,245,055,694</u> |

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

PARTNERS

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

