

HDI NEWSLETTER

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For questions, comments, or feedback, please reach us on:

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**Dear Partner,
Welcome to our August Newsletter.**

This past month, we took HIV prevention awareness directly to women who clean our streets. These women often face economic and social vulnerabilities that put them at higher risk of HIV, and by bringing information and services closer to them, we ensured that they are not left behind in the fight against HIV. The outreach included practical guidance on prevention, testing, and accessing treatment, empowering these women to take control of their health.

We also facilitated a two-day dialogue with over 30 civil society actors to track key milestones in adolescent sexual and reproductive health advocacy. This gathering provided a platform for reflection on successes and lessons learned, particularly the recent parliamentary reform that removed parental consent for adolescents aged 15 and older to access health services. Participants discussed strategies to sustain and scale these achievements, ensuring that young people can exercise their rights and access critical services without unnecessary barriers.

We also focused on strengthening media capacity to respond to emerging social challenges, specifically Technology-Facilitated Gender-Based Violence (TFGBV). Participants deepened their understanding of TFGBV, learned ethical reporting practices, and explored ways to leverage media platforms to raise awareness and promote accountability.

Finally, our annual retreat in Rubavu provided a dedicated space for reflection and strategic planning. Over three days, our team reviewed the progress of our 5-year Strategic Plan, celebrating key achievements while honestly assessing areas for improvement. The retreat allowed us to identify emerging challenges, set new priorities, and strengthen our strategies for more effective advocacy in the years ahead.

We are grateful for your continued partnership, which makes this work possible.

The Communication Team.



EXPANDING HIV PREVENTION AND FAMILY PLANNING AWARENESS FOR WOMEN IN THE INFORMAL SECTOR

This August, we took HIV prevention and family planning awareness directly to women in the informal sector, including hard-to-reach and vulnerable groups such as female sanitation workers; whose demanding work often makes it challenging to access crucial health information.

The discussion was opened by Dr. Ruth Byukusenge, our Health Systems Strengthening Advisor, who guided participants

on safe sex practices and practical strategies to lower risk, covering condom use, fewer sexual partners, and pre-exposure prophylaxis (PrEP). She further stressed the value of regular HIV testing, understanding one's status, consistent treatment adherence for those living with HIV, and knowing where to access healthcare services. The session explored ways to combat stigma, offer support to people living with HIV, as well as the importance of creating peer or community support networks.



She also tackled the stigma and myths surrounding HIV , encouraging participants to share misconceptions they had heard from peers or personally encountered.

30-year-old Immacule Tuyisenge, shared her experience, noting that employment becomes challenging once employers learn that someone is living with HIV .

“Many employers are hesitant to hire you, while some start treating you differently once they find out your status. That’s why many people choose to keep their status to themselves, hide their medication, or even skip doses just to avoid questions,”

she said. Her testimony highlighted the real-world impact of stigma, sparking a broader discussion on ways to support people living with HIV and challenge harmful stereotypes in the workplace and community.

Dr. Byukusenge also guided participants through the use of pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), explaining how these medications work to prevent HIV infection. She highlighted the importance of knowing when and how to use them, the benefits of adherence, and the role they play alongside other prevention strategies such as condom use and reducing the number of sexual partners.



TOUCHING ON FAMILY PLANNING

Dr. Byukusenge also engaged the women about the different family planning methods, including short-term, long-term, and permanent options. Key focus included how each method works, its effectiveness, possible side effects, and how to choose a method that fits individual needs and lifestyle.

Participants were also informed about the importance of spacing pregnancies for their health and that of their children, as well as how family planning can empower women to make informed decisions about their reproductive lives. The discussion emphasized access to services, correct usage of methods; debunking common myths and misconceptions around contraception.

TACKLING GENDER-BASED VIOLENCE (GBV)

Recognizing their increased vulnerability to gender-based violence, the session explored the various forms of GBV, survivors' rights, and the mechanisms available for reporting abuse.

Our Litigation Officer, Brendah Karungi, guided participants on recognizing both visible and hidden signs of abuse and stressed that violence can occur anywhere, including public spaces, private homes, and workplaces, highlighting the importance of vigilance and timely action.

Special emphasis was placed on the unequal power dynamics often present in informal work environments that increase the risk of exploitation. Participants were introduced to support systems such as the Isange One Stop Centre, which provides free medical, psychological, legal, and police services to survivors of GBV. Following the GBV prevention session, Uwayezu led a discussion on the legal framework for abortion. She clarified the specific circumstances under which safe abortion is legally permitted, ensuring that participants were aware of their rights and the protections afforded to individuals seeking such services.



Uwayezu emphasized the importance of accessing care through authorized health facilities for safety and legal protection.

In addition, Uwayezu addressed common myths and misconceptions about abortion, providing accurate information to support the participants to reduce stigma and misinformation.

The conversation gave participants a clearer picture of what the law actually says and what it means in practice, supporting them to feel better equipped to make informed decisions and to support others in their communities.



CELEBRATING THE REMOVAL OF AGE-RELATED BARRIERS TO SRH INFORMATION AND SERVICES

In the African culture, conversations about sexual and reproductive health are rarely openly discussed, even among adults. Growing up in the 1990s, discussing condoms, contraception, or STIs as a teenager was unheard of. As a result, we learned in silence, stumbled through misinformation, with some carrying the consequences in our bodies and lives.

Today's adolescents, however, are stepping into a very different landscape; one shaped by technology and connectivity. A 15-year-old who notices something unusual about her or his body may first turn to their phone, finding a dozen different answers online; some useful, others misleading.

Without proper guidance, he or she could also end up more confused than before. However, thanks to this new law regulating health services, this adolescent can now also walk into a clinic and confidentially ask a trained healthcare provider to explain what she has read, separate fact from fiction, and receive the right care.

Technology becomes a starting point, and professional healthcare a safety net, a combination that gives today's adolescents an opportunity to make informed decisions.

Since the news of the new law broke, many conversations continue to narrowly focus on contraception, yet while important, this law reaches far beyond. It opens doors to conversations and services around mental health, substance use, sexual health, reproductive infections, and other topics often considered taboo within our communities, ensuring that help is available when it matters most, from professionals who can listen, act quickly, and maintain confidentiality.

For instance, a teenager experimenting with drugs or alcohol no longer has to hide his fear of addiction or HIV; he can access harm reduction services, counselling, and testing without fearing the risk of punishment or shame.



A young girl who has experienced sexual abuse or domestic violence can now report the incident and access medical care, psychological support, and legal guidance confidentially, without the fear, shame, or discomfort of having a parent or guardian present. A girl who suspects she is pregnant can access counselling and care without fear of judgment or delay, preventing unsafe decisions. Even those struggling silently with stress, anxiety, or depression can speak to trained providers and receive support that protects their emotional well-being.

The list of opportunities this law provides to adolescents is endless. These are interventions that may seem simple but are transformative and give adolescents the chance to shape their futures safely.

Some other conversations insist that guiding children on health matters should remain solely a parent's responsibility. But the truth is that many parents don't have the right information or feel too uncomfortable to talk about subjects that remain taboo for traditional or religious reasons.

Who among us, back then, or even now, would feel at ease asking about condoms? Imagine expecting a 15-year-old to go to their parent for one. This law isn't about encouraging sexual activity; the reality is that many young people are already engaging in early sexual practices due to peer pressure, curiosity, exposure to sexual content online, or simply the natural changes of adolescence.

While we can talk about abstinence, we cannot pretend that this exposure is not happening. What we can do is give them options, accurate information, and timely, confidential care from trained professionals, while parents remain an important part of the journey whenever they are able. While we celebrate this milestone today, we must remember that it is only the beginning. Laws alone do not guarantee practice; implementation, awareness, and access must follow for real change to reach every adolescent.



In countries such as South Africa, where adolescents can access sexual and reproductive health services confidentially, the law has improved uptake of HIV testing and counselling. In Colombia, legal provisions allowing adolescents to access reproductive healthcare without parental consent have increased timely access to mental health services.

Similarly, in Sweden, adolescents have long had confidential access to sexual and reproductive healthcare, contributing to low teenage pregnancy rates and strong youth engagement in health decision making. For adolescents, this law is not only life-saving, it also signals that our government listens when they speak and reflects a nation committed to leaving no one behind.



STRENGTHENING MEDIA CAPACITY TO ADDRESS TECHNOLOGY-FACILITATED GBV

As the use of online platforms continues to grow, so does the risk of Technology-Facilitated Gender-Based Violence (TFGBV), often amplified by media practitioners and influencers. To address this, we partnered with RWAMREC and AFRIYAN to convene a three-day workshop, bringing together over 30

mainstream and social media professionals to deepen their understanding of TFGBV and empower them to shift attitudes and use their platforms to promote safer, more inclusive digital spaces.

She emphasized the role of influencers, noting that while some may unintentionally perpetuate harmful practices, their reach and visibility also give them the power to drive positive change and protect communities.

The workshop explored Gender Based Violence in general, its different forms, underlying gender norms, power dynamics, and the social inequalities that sustain it before turning to TFGBV.

Participants explored how violence that happens offline often carries over into digital spaces, where it can be even more intense.

They examined the different forms of Technology-Facilitated Gender-Based Violence, including cyberstalking, online harassment, and the non-consensual sharing of intimate images.

Mukatitete explained that these harmful behaviors are deeply rooted in existing gender inequalities and power imbalances, reflected and amplified in cyber spaces where perpetrators assert control, intimidate, or punish those who challenge traditional gender roles or norms.



Naomi Mugaragu Irakoze from strongnews.rw noted that journalists experience this firsthand on social media, where cyberbullying is widespread and disproportionately targets women who dare to express their ideas and opinions outside of restrictive gender expectations.

“Women may share the spotlight with men, yet when their opinions spark disagreement, the response is more likely to be personal attacks than constructive debate,” she said.

Hadjala Nshimiyimana from Ingenzi Media explained that persistent online harassment has forced some female media professionals to step back from social media.

“We rely on these platforms to reach as many people as possible, but women are often the primary targets of online violence. For some of us, the experiences have been so traumatic that we’ve had no choice but to step away from social media entirely,” she said.

Building on these reflections, participants considered the motivations behind TFGBV, recognizing that some people engage in it to gain attention or popularity, while others act out of ignorance of the harm that they could potentially cause.

The discussions also turned to the potential of media advocacy. Participants agreed that while social media platforms can be powerful tools for amplifying positive messaging and challenging online harassment, traditional media remains crucial in shaping wider public understanding and influencing norms.

The training further encouraged self-reflection on ethical responsibilities in reporting.



Malachie Hakizimana of Kigali Today stressed the importance of protecting survivors’ privacy, cautioning that even well-intentioned stories can cause serious harm if identifying details are disclosed.

On an individual level, he committed to applying higher ethical standards in his own work, guiding his colleagues toward more responsible reporting practices.

At the end of the workshop, participants highlighted that addressing TFGBV requires both awareness and accountability, ensuring that technology serves as a tool for empowerment rather than harm.



SHAPING OUR STRATEGIC DIRECTION FOR THE NEXT FIVE YEARS

This August, we held a 3-day retreat in Rubavu District to review our 5-year Strategic Plan. The retreat was an opportunity for our Management, program, and board teams to reflect on past achievements, identify existing gaps, and set

strategic priorities for the years ahead. Our Executive Director, Dr. Aflodis Kagaba told our team that the retreat was a good opportunity to pause and take stock of our journey.

As we open this retreat, we can already see the impact of our advocacy, but we must also be honest about where we need to do better. I am encouraged by the conversations we are about to have on emerging priorities and how new tools, including AI, can help us think differently about our work. I believe these discussions will prepare us to take bold steps in the years ahead

- Dr. Afrodia Kagaba

Our Executive Director, HDI-Rwanda

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On the first day, we engaged in rich sessions that focused on assessing our advocacy impact, looking back at the influence our campaigns and initiatives have had on policies, communities, and stakeholders, and drawing lessons on what worked well and what needs strengthening.

We also explored emerging priorities, identifying new issues and trends in the SRHR and health landscape, such as the growing need for mental health integration within SRHR services, the importance of addressing climate change and its impact on health, and the need to strengthen approaches to gender equality and youth leadership.



We also looked at how best we can leverage social media for greater engagement, to mobilize communities, and engage policymakers and partners in dialogue.

We examined the potential of Artificial Intelligence, exploring ways AI can be integrated into our programs, from data analysis and monitoring to innovative approaches in advocacy and communication.

We explored expanding our service component; leveraging our three outreach centers to bring clinical services closer to women and girls, making it easier for them to receive comprehensive care alongside ongoing awareness and support programs.



We also discussed the expansion of our regional footprint to countries such as Burundi and the DRC, ensuring that our interventions create more impact across neighboring communities.

We also dedicated time to sessions on critical cross-cutting issues that affect our organizational mandate and practice. In the session on Technology-Facilitated Gender-Based Violence (TFGBV), our Senior Program Officer in charge of Gender and Inclusion supported our team to reflect on how online platforms can be misused to harass, exploit, or abuse, particularly targeting women and young people. She led us to explore strategies to strengthen digital safety and organizational response. The discussion on Intersectionality



was led by Ariane Dusenge, the Country Coordinator of Make Way Consortium Rwanda, who emphasized the need to recognize how overlapping identities such as gender, age, disability, refugee status, and socioeconomic background shape people's experiences, urging us to design programs that are inclusive and equitable.

Finally, the session on Prevention of Sexual Exploitation, Abuse, and Harassment (SEAH) was led by Christian Garuka, a lawyer and member of our Board, who reinforced the importance of safeguarding across all levels of our institution, highlighting accountability and the strengthening of safe, confidential, and survivor-centered reporting mechanisms.



Reflecting on the last 15 years of advocacy, our Board Chair, Dr. Jennifer Mbabazi, congratulated the team for their dedication, and impact.

She highlighted the progress made in advancing policies, acknowledging the challenges the team has navigated and emphasized the importance of learning from both successes



and setbacks to continue driving change in the years ahead.

"Measuring our progress is the first step toward achieving even greater impact. Tracking our work and documenting our journey, not only helps to learn from our experiences but also demonstrates our value and informs strategies that drive even stronger results," she said.

IN OTHER NEWS

This June **we hosted the following radio shows:**



2ND AUGUST 2025:

THE ROLE OF PARENTS IN SUPPORTING VICTIMS OF
TEENAGE PREGNANCY

9TH AUGUST 2025:

STI AND HIV PREVENTION AMONG YOUNG PEOPLE

16TH AUGUST 2025:

WHY GBV VICTIMS OFTEN DO NOT DISCLOSE THE
PERPETRATORS

23RD AUGUST 2025:

FAQS ABOUT FAMILY PLANNING METHODS



8TH AUGUST 2025:

UNDERSTANDING HIV/AIDS: THE BASICS AND BEYOND

17TH AUGUST 2025:

CONSENT: A KEY TO BUILDING HEALTHY
RELATIONSHIPS

24TH AUGUST 2025:

THE MINISTERIAL ORDER ON SAFE ABORTION

31ST AUGUST 2025:

RECOGNIZING AND PREVENTING TECHNOLOGY-
FACILITATED GBV



TWITTER SPACE:

21ST AUGUST 2025: Contraceptives at 15:
Health, Rights, and Parental Responsibility in Rwanda

STAKEHOLDERS SPEAK:

HDI Rwanda @HDIR... · 25 Aug

We're excited to share that, in partnership with @expertisefrance, we have brought together 20 local leaders from @Nyarugenge District for a 2-day workshop on the challe...



Jean de Dieu NZEYIM... · 25 Aug

Great initiative @HDIRwanda! 🙌
Engaging local leaders is a key step toward sustainable harm reduction and ensuring human rights are at the center of solutions. Keep up the impactful work! @RwandaLocalGov



Adv. Gatete Nyirin... · 25 Aug

What other public health or human rights issues do we think HDI should tackle?

Thoughts are welcome..

HDI Rwanda @HDIR... · 19 Aug

As more people engage online, women, girls, and other vulnerable groups are exposed to new forms of harm, both online and offline.



BUZIMA Medical Info · 20 Aug

I am happy to be among the trainees. Thank you for the interesting topic.



Dieudonne ciza @ded... · 25 Aug

Replying to @HDIRwanda @expertisefrance and 2 others
how and how often does @HDIRwanda reach out to girls and boys on the ground; into their neighborhoods, classes etc explaining, campaigning etc about teens pregnancies, sexual transmitted diseases specifically HIV which is on the rise among teenagers 🙄

HDI WISHES TO THANK OUR PARTNERS AND SUPPORTERS

- AMPLIFYCHANGE
- ANGEL FAMILY FUND
- BLACK WOMEN'S HEALTH IMPERATIVE
- CATHOLICS FOR CHOICE
- CRICKET BUILDS HOPE
- DELEGATION OF THE EUROPEAN UNION TO RWANDA
- EAFP
- EQUIMUNDO
- EXPERTISE FRANCE
- FEMNET
- FOSI/OSIEA
- FP2030
- GIZ
- GLIHD
- GLOBAL HEALTH CORPS
- IMBUTO FOUNDATION
- IMRO
- IPPF
- JHPIEGO/MCGL
- MEDECIN DU MONDE
- MEDICAL DOCTORS FOR CHOICE
- MEDICAL STUDENTS FOR CHOICE
- MINISTRY OF GENDER AND FAMILY PROMOTION
- MINISTRY OF HEALTH
- MINISTRY OF JUSTICE
- MINISTRY OF LOCAL GOVERNMENT
- NORWEGIAN PEOPLE'S AID
- PARLIAMENT OF RWANDA
- PLAN INTERNATIONAL RWANDA
- PSA
- RNGOF
- ROBERT ANGEL AND FAMILY FOUNDATION
- RWANDA CIVIL SOCIETY PLATFORM
- RWANDA SOCIETY OF OBSTETRICIANS AND GYNECOLOGISTS
- RWANDA BIOMEDICAL CENTER
- RWANDA EDUCATION BOARD
- RWANDA GOVERNANCE BOARD
- RWAMREC
- SISTERLOVE INC.
- SOCIETY FOR FAMILY HEALTH
- STEPHEN LEWIS FOUNDATION
- STOP TB PARTNERSHIP
- STRIVE FOUNDATION RWANDA
- THE CENTER FOR REPRODUCTIVE RIGHTS
- THE DAVID AND LUCILE PACKARD FOUNDATION
- THE EMBASSY OF SWEDEN
- THE EMBASSY OF THE KINGDOM OF NETHERLANDS
- THE GLOBAL FUND
- THE NEWTIMES
- UHAI-EASHRI
- UNAIDS
- UNFPA
- UNICEF
- VSO
- WELLSPRING PHILANTHROPIC FUND
- WEMOS
- WHO
- WOMEN'S LINK WORLDWIDE

