



HDI
HEALTH DEVELOPMENT INITIATIVE

Striving for a healthy society



ANNUAL
REPORT
2017

Promoting Health and Rights for All

TABLE OF CONTENTS

2 Acronyms

3 Message from the Executive Director

4 About HDI

7 Sexual and Reproductive Health and Rights

8 Our Centers

9 HIV and AIDS

11 Awareness Events

15 Youth Involvement

18 Preparing Future Leaders

20 Human Rights and the Right to Health

21 Right to Access Services for Youth

23 Rights for Women

26 Rights for Patients

27 Rights to Access Services for Marginalized Populations

28 Community Health and Development

29 Nutrition and Health Education

31 Basic Needs Assistance

33 Tuberculosis Prevention

35 Challenges and Lessons Learned

36 Moving Forward

37 Financial Documents

43 Our Supporters

45 Contact Us



ACRONYMS

- **AIDS** = Acquired Immune Deficiency Syndrome
- **CSE** = Comprehensive Sexuality Education
- **CSO** = Civil Society Organization
- **FSW** = Female Sex Worker
- **GBV** = Gender Based Violence
- **HDI** = Health Development Initiative
- **HIV** = Human Immunodeficiency Virus
- **IDAHOT** = International Day Against Homophobia, Transphobia, and Biphobia
- **LGBTI** = Lesbian, Gay, Bisexual, Transgender, Intersex
- **MSM** = Men who have Sex with Men
- **NGO** = Non-Governmental Organization
- **SHARE** = Sexual Health And Reproductive Education
- **SRHR** = Sexual and Reproductive Health and Rights
- **STI** = Sexually Transmitted Infection
- **TB** = Tuberculosis



MESSAGE FROM THE EXECUTIVE DIRECTOR

On behalf of the Board of Directors of Health Development Initiative, I am proud to present our 2017 Annual Report. This was a successful and productive year for HDI and I am pleased to say that our programming efforts have never been stronger as we continue to grow as an organization. This year we demonstrated our continued commitment to ensuring access to health and human rights for all.

Among our new ambitious programming was to raise more public awareness on important SRHR issues which are often considered too taboo in Rwandan society to openly discuss. One of our initiatives was to launch our annual Reproductive Health Journalism Awards. These awards highlight Rwandan journalists who have written stories about reproductive health. When journalists publish stories about reproductive health issues, thousands more Rwandans will be reached with that information through the television, newspaper, internet, and radio. Similarly, HDI expanded our previously intermittent radio programming to broadcast every week. Our new weekly radio program is called Ubuzima n'imyorokere ("Reproductive Health") and reaches hundreds of people every week with potentially life-saving information on SRHR. We are proud of these efforts to expand the reach of our message to even more Rwandans across the nation.

This year we also established new partnerships with Safe Abortion Action Fund, The David and Lucile Packard Foundation, and the Delegation of the European Union to Rwanda. These partners will be helping us with projects on accessing safe and legal abortions in Rwanda, launching additional radio shows and extended hotline hours, and empowering key populations to access their right to health.

Please let me take this opportunity to thank HDI staff, volunteers, partners, and funders who have made this work possible with their hard work, generosity, and dedication. Their shared passion for our mission at HDI to improve community health in Rwanda 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 2018 and beyond.

Yours Sincerely,



Dr. Aflodis Kagaba
Co-Founder and Executive Director



— ABOUT HDI —

Health Development Initiative-Rwanda (HDI) is an independent, 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, regardless of their socio-economic status.

HDI was founded in 2005 by a dedicated group of Rwandan physicians with vast experience in the health sector. This diverse 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 rights 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.



Our Vision

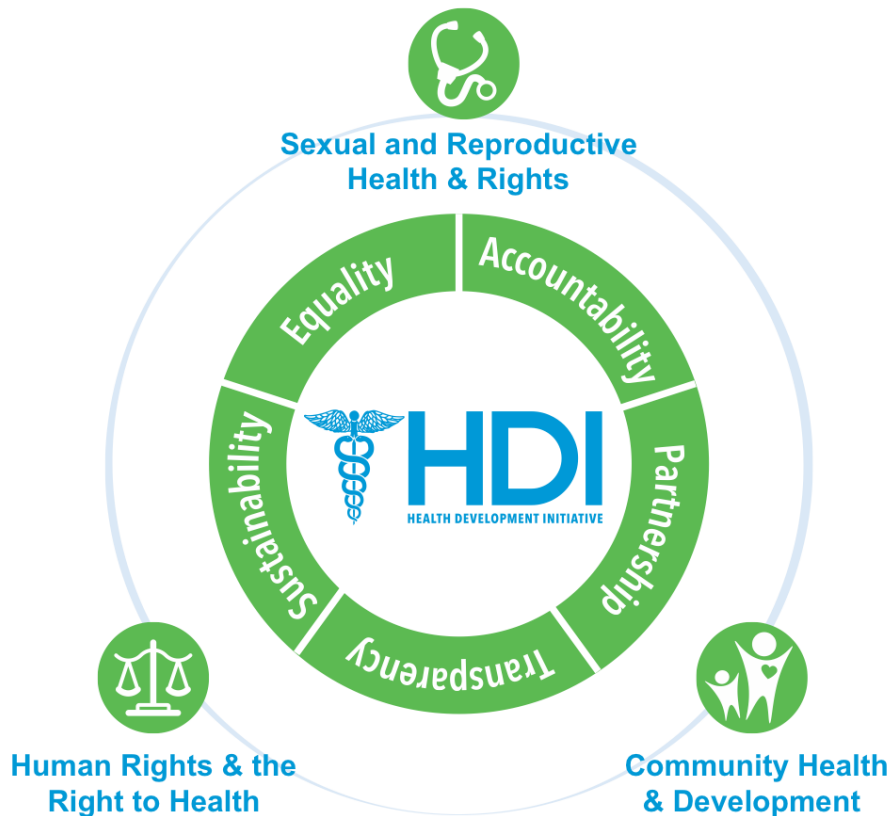
- A society in which everyone has the opportunity to enjoy the highest attainable standard of health and well-being, regardless of social, cultural, or economic status.

Our 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, or economic status.



Our Priority Areas



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 all 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.

SEXUAL & REPRODUCTIVE HEALTH & RIGHTS

HDI empowers communities to lead healthier lives by providing access to comprehensive sexual and reproductive health information and services. Focus areas include: family planning, maternal health, and comprehensive sexuality education for youth and key populations.

- Our Centers
- HIV and AIDS
- Awareness Events
- Youth Involvement
- Preparing Future Leaders



Providing Stigma Free Services: Our Centers



HDI's Center for Health and Rights has two branches in Kigali; our main office is in **Kicukiro** and our outreach branch is in **Nyamirambo**. Key populations regularly face discrimination from the healthcare system. HDI wanted to fill this gap by creating a model for high-quality and non-discriminatory healthcare. Our center focuses on providing **youth-friendly and stigma-free sexual and reproductive health services**, particularly for youth, key populations, and those from **marginalized communities**. Additionally, our center hosts a toll-free hotline staffed by trained counselors who answer questions about sexual and reproductive health and rights.

In 2017:

5,612 services on sexual and reproductive health were delivered. These include: HIV screening, SRHR education, family planning, substance use counseling, STI screening, blood tests, pregnancy tests, abortion counseling, and gender based violence (GBV) counseling.

863,313 condoms were distributed

74,386 lubricants were distributed

In 2017 we served **2,500** clients via our toll-free hotline.



HIV and AIDS: Reaching out to Key & Vulnerable Populations

In Rwanda, 3.1% of adults ages 15–49 are living with HIV. This is a drastic decrease from ten years ago, yet in 2016, 3,300 people still died from AIDS. HDI's work on HIV prevention strives to reduce this number by primarily focusing on key and vulnerable populations in high risk areas: men who have sex with men (MSM), female sex workers (FSWs), and youth in Gasabo district. These groups have been identified by the government of Rwanda as groups at higher risk for contracting and transmitting HIV than the general population.

In 2017, HDI worked with key populations in the Southern Province and with youth in Kigali, where the country's HIV prevalence rate is the highest, to collect data on HIV and STIs, provide testing services, and promote condom use. Youth interventions included support of health clubs, mobile outreaches to provide testing, and offering free circumcision to males. In December, HDI launched “Moonlight Sessions”, an intervention where HDI staff identified nighttime “hotspots” for sex workers in Kigali and provided free HIV and STI counseling and testing services.

In 2017:

- Over 4200 youth were tested for HIV
- 1077 adolescents were circumcised
- 416 FSWs and MSM were tested for HIV at nighttime hotspots
 - 1,912 FSWs attended monthly meetings on HIV prevention
- 2,129 FSWs were referred to health centers for voluntary testing/counseling
 - 646,661 condoms were distributed to FSWs and MSM
 - 352 FSW and MSM Peer Educators were trained
 - 40,336 lubricants were distributed to MSM
- HDI held 9 consultative meetings with stakeholders to work together in eliminating new HIV infections.

To further combat HIV/AIDS, HDI participated in **10 public awareness events**, which included mass campaigns to provide HIV education to Rwandan communities across the country, open days to learn about HIV prevention at various education booths, and celebrations of **World AIDS Day**, an annual day to decrease stigma and promote prevention. During these events, guests learned about how to protect their health through educational stands, poetry readings, dances, sketches, testimonies, speeches, and audience-participation quiz-and-answers. In total, over **8,750** people attended, over **1,797** people were tested for HIV, and over **107,428** condoms and **744** lubricants were distributed.



Awareness Events: Encouraging Open Discussions on SRHR Topics

Openly discussing sexual and reproductive health issues is still taboo in Rwandan society. Raising public awareness educates people on important topics on a mass scale. HDI uses the media and awareness campaigns to educate Rwandans on these sensitive, yet necessary topics. When sexual and reproductive health issues are normalized and openly discussed in public events and the media, they become normalized and openly discussed in the community and home as well. People become educated about topics that they might not have learned about otherwise.

Highlights from 2017 include:

- Raising awareness on over 20 radio shows
- Hosting the second annual reproductive health journalism awards
 - Welcoming YouTube stars to promote family planning
- Leading discussions on gender-based violence (GBV) and SRHR



Spreading the Message: Using Radio to Promote SRHR

Radio is the most common form of mass media in Rwanda, being more commonly consumed than newspapers, television, or the internet. After years of producing occasional radio programs for various projects, HDI launched a weekly radio program to educate people about SRHR. The show was named Ubuzima n'imyorokere, which means "Reproductive Health" in English. In 2017 this program aired over 20 times. HDI welcomed guest speakers such as gynecologists and medical doctors, human rights lawyers, members of civil society working on SRHR, and private sector healthcare providers. Some of our topics covered included HIV, family planning, human rights, patient rights, GBV, circumcision, and menstruation.

Honoring Journalists for Breaking the Silence

This year, HDI launched a new annual initiative called [The Reproductive Health Journalism Awards](#). The purpose of this event is to raise awareness about SRHR, recognize exceptional media coverage on reproductive health, and to encourage journalists to cover important issues of reproductive health. Journalists are encouraged to collectively review national policies on reproductive health and use their power in the public sphere to spread awareness. In February, HDI honored 15 journalists for their stories on SRHR topics from 2016 in the first ever awards presentation. In December, HDI recognized stories from 2017 and chose [Ms. Marie Anne Dushimimana](#) as the winner for her outstanding New Times article "Who is to blame for unwanted teenage pregnancies?" At both events, HDI was honored to have [Ministry of Health officials](#) as the guests of honor and to have the ceremony covered by 10 media houses, resulting in 7 written stories and 3 television programs.

Swedish YouTube Stars Put the Spotlight on Reproductive Health in Rwanda



On [September 8th](#), in partnership with the Swedish International Development Cooperation Agency (Sida), HDI welcomed two of Sweden's biggest Youtube celebrities, [Clara Henry](#) and [Johan Hedberg](#). Together their channels have more than half a million subscribers. Clara interviewed youth peer educators about their work with HDI's Project SHARE and their personal views on reproductive health and rights. The students shared with her about how important it is to openly discuss sexual health and rights with their classmates and communities. HDI is proud of our peer educators for speaking out in favor of comprehensive sexuality education.

Taking the Lead on SRHR Discussions

In 2017, HDI engaged in myriad discussions about SRHR topics, actively working towards breaking the taboo around openly discussing topics like gender-based violence (GBV) and family planning. Every year HDI participates in the internationally recognized **16 Days of Activism**, which raises awareness about gender based violence (GBV). It takes place between November 25th (International Day for the Elimination of Violence against Women) and December 10th (Human Rights Day). This year, HDI participated in and led a number of events, including a **roundtable discussion** with young female leaders on GBV, a **march** through Kigali to raise awareness of GBV, and a **conference** discussing rights-based approaches to preventing GBV. HDI also collaborated with the **Akilah Institute for Women** in facilitating a training for first-year, female university students. Students discussed various family planning options and how to prevent unwanted pregnancies. In total, these discussions reached **465 people**.



Youth Involvement: Project SHARE

Sexual Health And Reproductive Education (SHARE) aims to help fill the current gap in sex education in Rwanda. Schools teach basic anatomy with a focus on abstinence-messaging. Parents discourage openly discussing or asking questions about sex. An environment where sex-related topics are taboo results in youth having misconceptions about sex and ignorance about their sexual and reproductive rights. Project SHARE provides comprehensive sexual and reproductive health education to adolescents in Kigali via anti-AIDS clubs. SHARE empowers peer educators to teach their fellow youth about sexual and reproductive health issues and to organize awareness events to educate their classmates and communities. SHARE facilitators visit these clubs monthly to provide educational materials, answer questions, and assist in club activities. Facilitators also collect anonymously written questions from students and compile answers into an Open Talk Newsletter to distribute to clubs. Some sample questions include:

How can someone know if they are infected with a sexually transmitted infection (STI)?
A: Get tested often!

Can a girl get pregnant if she had unprotected sex while menstruating?

A: It's rare, but yes!

How can we help young people who are taking drugs return to their normal life?

A: Listen first & connect them to a counselor



In 2017, **30** in-school youth and **15** out-of-school youth were trained as peer educators.

There were a total of **19** different SHARE events and educational meetings last year at 15 different schools. These events included information sessions, sketches, dances, singing, debates, poems, and a celebration of **Menstrual Hygiene Day**. Topics discussed included HIV prevention, menstrual hygiene management, unplanned pregnancies, and sexuality education. **8,340** total students were impacted.



Testimonies from SHARE Peer Educators



Tuyishimire Sylvie: "First of all, [Project SHARE] helped me become a leader because before I was never able to speak in front of people. Here they taught us about HIV prevention, condoms, and how to teach other people. Through this I gained confidence through public speaking experience...The best thing about this program was learning how to use condoms. Before I had never known, I had only heard about them. I was able to learn how a condom is used and also reproductive health."



Tumukunde Rachel: "I became very knowledgeable about HIV and AIDS. Before, I hadn't known very much. I learned how bad HIV is and how to prevent it. I also learned how to use condoms... I also liked how HDI brought us together [through this program] with other youth in the country. For example, we went to celebrate World AIDS Day in Kigali where we met and networked with others our age. This was a very valuable experience for me."



Ndanga Joli: "I was in charge of all three Kigali sectors that SHARE operated in. I learned how to coordinate my peers within these sectors and also how to coordinate with HDI. I was responsible for these tasks even while simultaneously going to school, so this has helped me develop leadership skills. This program taught me how to multitask and have self-confidence in leading others."

Preparing Future Leaders in Public Health

HDI is dedicated to supporting the world's future leaders in public health. In 2017, we hosted **13 interns**, **12 volunteers**, and **5 fellows** who received hands-on experience in the public health sector and built their capacity as young professionals. We value our partnerships, notably with Global Health Corps and Peace Corps, that allow for these invaluable experiences. HDI also supports **4 medical student associations** at the University of Rwanda and the University of Gitwe to provide ongoing training and support for their programs on SRHR and community health. Investing in tomorrow's doctors and supporting young people are key to the success of health programs across the country. Every month HDI also hosts fifth-year medical students from the University of Rwanda to visit HDI and discuss sexual and reproductive health and rights. Executive Director Dr. Kagaba leads these sessions, explaining the importance of medical professionals sharing their skills with the community outside of the hospital and providing stigma-free services. In 2017, HDI hosted **95 medical students**.

HDI staff interviewed some medical students after one of these discussions:

1. Do you think that HDI's workshops are beneficial for medical students?

Ntambara Kanyangira Nelson: Yes! There are so many things that I learned from it. For example, the way that HDI works with key populations. I didn't know that HDI worked with them. The fact that they are trying to reduce HIV in those communities is a good thing. I also learned that HDI helps the historically marginalized communities of Rwanda by organizing them into cooperatives and giving them pigs and cows. It's very good for the development of the country.

Ntacyabukura Blaise: This training was very important for me. I always used to wonder how I could best help the community as a doctor. It is not only good to be a medical expert in the hospital, you should also look for ways to help people avoid needing the doctor in the first place. I learned about HDI's approach and how their ideas originally came from medical doctors. I learned the approach of how to focus on key groups who are most affected by issues.

2. How did today's training affect your way of thinking about the relationship between medical work and human rights?

Ntambara Kanyangira Nelson: People have a right to health and to get medical treatment. I learned that HDI helps people who cannot access medical services because of stigma, particularly key populations. HDI teaches them and refers them to various partnering health centers. I have seen some cases in the hospital where men who have sex with men delay coming for treatment because they fear discrimination. But by the time they do come, their diseases are advanced and in the late stages so that it is too late to effectively help. It is good that HDI works with hospitals and clinics so that those people can get treatment while it is still early so that they do not get complications.

Ntacyabukura Blaise: Some people get certain diseases and those people are discriminated against in society, but our work as doctors is to treat them. I learned the different ways we can approach them and ensure that they get their right to health.

3. How will today's training impact your future work as a doctor?

Ntambara Kanyangira Nelson: Before this training, I was not friendly towards LGBTI people. I thought that it was taboo, so giving them services was not something that I would have done enthusiastically. But today I have learned that they are also human even though their lifestyle is not as accepted in our culture. As doctors we should give them their right to health services and receive them like others with no discrimination. That is what has changed for me.

Ntacyabukura Blaise: From this training I have learned that helping people is not only done at the clinic or hospital. If you want to best help someone, you should go into the root causes of the problem. In the near future I will be a medical doctor in the hospital, but it will not end there. I will go into the community and help in terms of campaigns, advocacy, and trying to influence policies because they influence the way that people live in this country. I want to be more than just a practicing doctor. I want to help people in my community in other ways.

HUMAN RIGHTS & 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 on their implementation. This requires forging partnerships with like-minded organizations and other stakeholders, gathering evidence, and building capacity for advocacy and accountability.

In **2017**, HDI worked on the following key issues:

- Right to Access Services for Youth
- Rights for Women
- Rights for Patients
- Right to Access Services for Marginalized Populations



Right to Access Services for Youth

In **2017**, HDI tackled two issues affecting youth:

- Age of Consent
- Right to Comprehensive Sexuality Education

Age of Consent

In Rwanda, there are two major laws regarding age of consent and access to medical services—one states that minors seeking treatment must be accompanied by their parent or guardian until they turn 18 and the other states that minors who are affected by HIV may seek treatment without parental consent. This contradiction causes confusion for doctors and limits youth, particularly those struggling with HIV, from accessing necessary treatment. HDI, along with other key players, sought to harmonize the laws in favor of granting minors more access to potentially life-saving medical services. HDI's advocacy work on this issue included sensitization of civil society organizations to make the issue known, informing young people of the current laws and their ability to access treatment, and engaging with policy- and lawmakers to highlight the issue. At the end of 2017, HDI prepared to submit a document to Parliament to amend the law, and with the coming of 2018, we will continue with this process to make healthcare services more available to minors.



“Parents never discuss sexuality with their children, even teachers don’t give enough information about reproductive health. They skip the topic instead of teaching it. Having such discussions on how best to implement comprehensive sexual education implementation will help in changing people’s mentality.”

**--AKOBEDETSE RITHA BENITHA,
conference participant**

Comprehensive Sexuality Education

HDI also fought to raise awareness of the right for youth to have Comprehensive Sexuality Education (CSE). CSE is a curriculum-based process that teaches young people how to make informed and age-appropriate decisions about their bodies.

More than simply teaching anatomy and the risks of sexually transmitted infections (STIs), CSE takes a wider, **rights-based approach** by emphasizing confidence building activities, relationship skills, communication, and gender-based violence prevention. This approach **empowers** youth with the tools and skills to make their own decisions about their health and has been proven to **reduce teen pregnancy by 50%** more than youth who receive abstinence-only education.

From **December 7-8th**, HDI hosted a regional **Civil Society Organizations’ Dialogue on Comprehensive Sexuality Education**.

SRH experts from 7 different countries came together for the conference to discuss best practices in sexual and reproductive health programming in the region and share strategies for addressing challenges. The dialogue was hosted in collaboration with Promundo and Prevention Plus. Conclusively, the group agreed that we must keep prioritizing comprehensive sexuality education in order to reduce the risks of HIV/AIDS and unwanted pregnancies amongst youth.

Women's Rights

Throughout our initiatives, HDI strives to promote [gender equality](#) by ending all forms of discrimination against women and girls, ending all forms of violence against women, and providing equal access to services and health education on women's issues. Embedded in many of our workshops are techniques to reduce gender-based violence, sensitization on the importance of women's health, and information on family planning to further promote gender equality. In 2017, HDI focused on:

- [Decriminalization of Sex Work](#)
- [Access to Safe and Legal Abortion](#)

Sex workers in Rwanda are disproportionately affected by HIV/AIDS; in fact, [46% of sex workers in Rwanda are HIV positive](#). When prostitution is illegal, sex workers are afraid of accessing medical services for fear of being penalized, causing HIV to remain untreated. HDI has been working hard to decriminalize sex work since 2015 to protect the health and rights of sex workers in Rwanda and prevent the continued spread of HIV.

In previous years, HDI worked with partner organizations to submit to Parliament a position paper and policy brief emphasizing the importance of decriminalization of sex work. Huge strides were made in 2017 when HDI's continued work in engaging Rwanda's Law Reform Commission and Parliament resulted in the [removal of criminal penalties for sex workers](#). Key to this success was HDI's dedication to including sex workers themselves in the process. Through educational workshops, coalition meetings, and consultative sessions, HDI welcomed the voices of those most impacted to be a part of the process, using their feedback to craft messages to key stakeholders.

The journey is not over yet, however, as the bill still criminalizes clients of sex workers. In 2018, HDI will continue to petition Parliament to decriminalize this aspect of sex work so that all Rwandans can feel free to access the care they need and deserve.

Access to Safe Abortion

In line with the regional Protocol on the Rights of Women in Africa, Rwandan law specifies that women have the right to **access safe abortion in 4 cases**: rape, incest, forced marriage, and the endangerment of the health of the baby or pregnant woman. However, various barriers prevent women from exercising this right, including a lack of awareness about the law and onerous legal regulations. Reproductive rights and abortion are **taboo** and rarely discussed. Women often lack control over their reproductive health due to social norms which dictate that men should make decisions concerning sex. As a result, women are frequently forced to resort to unsafe abortions, which can cause major health complications and even death. **Almost half (47%) of all pregnancies in Rwanda are unintended** and about **22% of these unintended pregnancies result in induced abortion**. At HDI, we consider this a great injustice. Women's reproductive health and rights can be protected by providing family planning, educating men and women about their legal rights, sensitizing them on gender dynamics and equality, and removing legal barriers through advocacy.

In 2017, HDI did myriad activities to advocate for safe and legal abortion, with a large focus on **engaging young adults** to break the stigma and encourage discussion. HDI led several workshops on women's rights and abortion for **37 young female leaders** representing **10 different universities** and helped sponsor nationwide debates in Rwandan universities to engage young people and raise awareness about abortion. Over 1500 students attended these debates and took part in shaping a new public discourse on abortion rights in Rwanda.



HDI also engaged **28 counselors, 30 medical students, 30 lawyers, and 23 journalists** through targeted trainings on abortion to dispel myths, increase knowledge of the law on abortion, and discuss values. It is crucial that people in positions of power have accurate knowledge of the law and the medical procedure of abortion so they can use their influence to raise awareness of women's issues and promote women's rights in their communities.

Rights for Patients

Another top priority in HDI's advocacy work is disseminating information on patients' rights to the general public and to medical providers to ensure every Rwandan has equal access to quality healthcare. In 2017 with the help of Norwegian People's Aid (NPA), HDI distributed 760 pamphlets providing a reader friendly summary of the medical liability law. The pamphlet emphasized key rights including a patient's right to privacy, safety, information, access to medical procedures, freedom of choice, and consent.

HDI also conducts consultative meetings and trainings with a focus on patient rights. These meetings invite members of the Rwandan army, police, migration office, private sector, health center management, and local security to learn about how to embrace a health rights mindset in all aspects of life and how to best protect the rights of patients everywhere in Rwanda. With this education, HDI hopes to see changes like hotels offering condoms and law enforcement better informed to protect key populations. In 2017, HDI led 8 total consultative meetings and conducted an additional 9 trainings with Rwanda Biomedical Center to educate on patient rights and key populations.



Right to Access Services for Marginalized Populations

Many of HDI's initiatives target key populations due to continued stigma and discrimination that prevents safe, open access to health and rights.

Throughout our work, we seek to provide stigma-free services and health education to these marginalized groups. Two highlights for 2017 were the IDAHOT celebration and advocating for key populations on a regional level with EALA.

IDAHOT Celebration

Rwanda does not criminalize homosexuality but discrimination, harassment, and taboos still persist. On [May 18th](#), HDI held its third annual IDAHOT event, celebrating the [International Day Against Homophobia, Transphobia, and Biphobia](#). This year's theme was "Journeys of Acceptance" and was in partnership with Queernet RLP e.V., Partnership Rhineland- Palatinate/Rwanda, and the Embassy of the Kingdom of the Netherlands in Rwanda. The event hosted over 100 people and highlighted the challenges and successes of the LGBTI community. This celebration serves as an important space for LGBTI members to celebrate and feel safe being who they are.

East African Sexual and Reproductive Health Bill

HDI also advocated for the rights of key populations as part of the process to adapt a regional Sexual and Reproductive Health Bill. The [East African Legislative Assembly](#) (EALA) prioritized the creation of this bill in 2017, and HDI was among the civil society organizations invited to contribute. HDI submitted a petition and attended EALA sessions to promote language in the bill that gives all citizens in all partner states access to sexual and reproductive health rights without discrimination of any kind.

COMMUNITY HEALTH AND DEVELOPMENT

- Promoting Nutrition and Health Education
- Improving Livelihoods
- Preventing Tuberculosis

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.



Promoting Nutrition and Health Education



In June, HDI welcomed **3 new GlobeMed interns** from Lawrence University, Wisconsin. During their 6-week visit, these undergraduate students worked together with the Community of Potters to build gardens and provide education on family planning. The communities of Masoro and Cyaruzinge are a historically marginalized people who struggle with nutrition and education opportunities. When community members have to dedicate most of their income to subsistence, this prevents them from investing in other opportunities, thus keeping them trapped in a **cycle of poverty**. Working alongside enthusiastic community members and HDI staff, the interns built **135 personal gardens** in Masoro and Cyaruzinge. Every family received at least one garden for personal consumption. These gardens promoted eating a variety of vegetables, including bell peppers, carrots, onions, and celery. Community members also participated in workshops on family planning and contraception to assist them in making informed decisions about their health and their families.



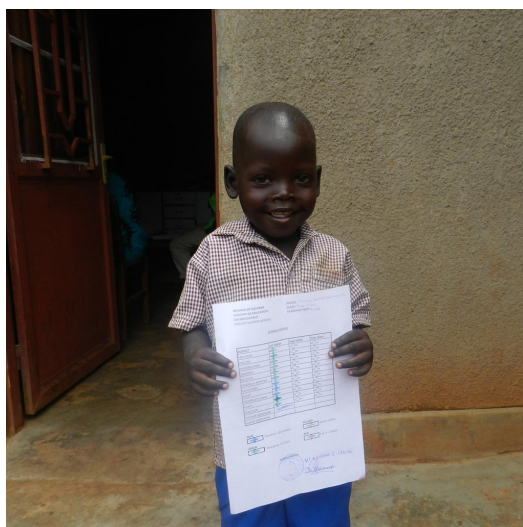
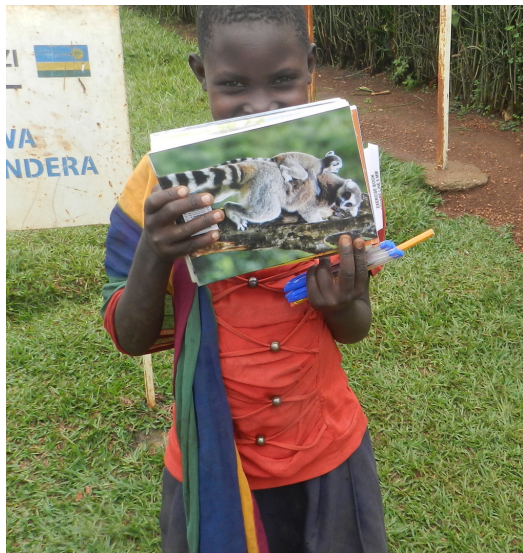
Jean Marie Nzariturande, one of the members of the community of potters, said of the project:

“Villagers are now trying to eat and plant more green vegetables. Some are broadening their mind in regards to nutrition...they benefited from the program and no longer suffer from malnutrition. The fact that we no longer suffer from malnutrition is a very good thing, because before they used to cook anything anyhow and give it to children to eat without knowing whether if it was nutritious or not. But now they look at their kids and think about what they can give them to eat to have a healthy life.”



Lending a Hand: Improving Livelihoods

Many community members are limited by not being able to access life-saving medical services or educational opportunities due to the prohibitive fees they must pay. Similarly, traditional basket weavers do not have access to markets to sell their products and therefore cannot earn a livelihood for their families. In 2017, HDI supported the community of potters with medical expenses, school fees, and connecting basket weavers to viable markets by promoting their products. With a little bit of extra help, these families can take steps to building their livelihoods and supporting their families on their own.





Here are what some women in Cyaruzinge had to say about their children attending nursery school with the assistance of HDI:

"My son is in primary school. He left nursery knowing English and writing from 1 to 10. Then he went into primary knowing all things including writing difficult Kinyarwanda words that he hadn't known before. What he studied in nursery helped him and also me. I am happy that he was in nursery."

--Angelique Mutesi

"My grandchildren are in primary school. I see that the children have knowledge. They are advanced. They know how to read and write. If I give them a book they can read it."

--Patrice Mukamudenge

"The best thing that I noticed in nursery school is that the children had their minds opened to new ideas. Before they had fear of children from other villages.... They feel more comfortable than if they had gone to primary without nursery first.... Now my daughter knows how to read and count. She can even know when her birthday is."

--Claudine Uwimbabazi



Preventing Tuberculosis

According to the World Health Organization, tuberculosis is the leading killer of people with HIV and one of the top 10 overall causes of death worldwide. In Rwanda, 56 out of 100,000 people developed tuberculosis in 2015. We can lower rates of tuberculosis in Rwanda by raising awareness about prevention and risks of contamination.

In 2016, HDI held sensitization meetings to educate high risk groups and health care providers on how to prevent and contain tuberculosis. This empowered community members to protect themselves from the spread of tuberculosis and built the capacity of community health workers on sensitizing high risk groups, provision of tuberculosis care, and treatment adherence.

Since 2016, HDI has been working on fighting against tuberculosis by intervening in high-risk groups such as the elderly, children, and diabetic patients. This project sensitizes high-risk groups and diabetic associations through public talks in community meetings. Additionally, HDI collaborated with community health workers (CHWs) to identify best practices to tackle the challenges of fighting TB in their communities.



In 2017:

- ◆ 1537 high-risk people were sensitized on TB at 19 sensitization meetings
- ◆ 595 diabetics were sensitized on TB at 19 sensitization meetings
- ◆ Over 73 community health workers participated in 14 collaboration meetings
- ◆ 2636 educational materials were distributed





CHALLENGES AND LESSONS LEARNED

This year brought with it many challenges, with political and social trends impacting the work of HDI. Notably, the new US administration implemented the Global Gag rule, which denies funding to organizations that provide information about abortion services. Because roughly 20–25% of HDI's funding came from the United States government, HDI lost significant resources due to our commitment to abortion advocacy and education. HDI will not cease fighting for reproductive rights for women, and we will continue this important work by finding alternative sources of funding.

Social and cultural trends within Rwanda also remain a challenge to provide stigma-free, comprehensive information about key issues. Taboos are still prevalent, and key populations continue to face significant discrimination and denial of access to services. Low knowledge of reproductive health issues like family planning and HIV transmission result in harmful myths, and religious challenges from the Catholic Church prevent open access to reproductive health services and information. The community is slow to respond to changes, and we've learned that to have effective interventions, we must listen to the voices of our beneficiaries and empower the community to speak up for programming and policies that work for them. By incorporating both top-down and bottom-up approaches, we are confident that change is possible.

From a human rights perspective, HDI found that there is low policy literacy in local communities, as well as low awareness of human rights policies among duty bearers. This drastically impacts how services are provided to marginalized populations and impacts how policies and laws are discussed on a high level. HDI has learned that diverse coalitions and stakeholder collaboration are both crucial to changing policy; engagement leads to greater understanding and greater understanding leads to just policies for all. We have also found that sometimes access to healthcare is more than just coming to a clinic for a service; the right to health is embedded in a bigger context, and it's about changing the laws and structure that cause the health concern in the first place. HDI seeks comprehensive approaches to these complex challenges and strives to use these lessons for even greater impact.

Lastly, HDI continues to tackle the challenge of how best to engage youth. Unplanned pregnancies among adolescents continue to rise each year, and youth are still not closely engaged in decision-making processes that affect them. HDI was pleased with the success of our health clubs which put youth at the forefront of their own empowerment, and we strive to explore new ways to engage youth and get them excited about these topics.



2017 was a productive year but the fight for quality, accessible, stigma-free health care for all is never over. Because 2017 marks the end of our current strategic plan, the top priority of 2018 is creating a strategic plan for 2018–2022 that re-visions and strengthens our goals and mission for a healthy society in Rwanda. In the coming year and beyond, we hope to increase the reach of our programs to other historically marginalized groups, including refugees, drug abusers, and persons with disabilities. We are exploring new partnerships for 2018 that will allow for a greater focus on human rights and seek training opportunities to learn how to best serve additional populations.

In 2017, we noticed that HDI's visibility in the community was low and many people were confused about what exactly we do. In 2018, HDI strives to increase our reach and impact by revamping our external communications through a re-branding process and increasing our web presence. Noting that we were losing out on a valuable communication platform via social media, HDI plans to implement a new social media strategy to increase our use of technology for spreading messages of acceptance, health education, and human rights.

HDI is also committed to creating its own health facility which will be a positive example of providing stigma-free and inclusive care to all Rwandans, regardless of socio-economic status. Already 50% of the way to our fundraising goal, the fundraising efforts continue into 2018, with plans to start building in 2020.

HDI is continuing its advocacy efforts to decriminalize all aspects of sex work and remove barriers to safe abortion in Rwanda. Many are too afraid to seek medical or legal help when they encounter violence or human rights abuses due to the fear of arrest by the police. The government of Rwanda is working on revising its penal code regarding sex work, and HDI staff have been on the frontline of this debate. We are hopeful that the Rwandan Parliament will rewrite the penal code to allow for kinder and more lenient laws regarding sex work and safe abortion.

With new priorities on communication, expanding our target beneficiaries, and promoting human rights for all, HDI hopes 2018 brings even greater access and visibility to health care issues in Rwanda.

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