Nine Reproductive Health Journalists Awarded

This December, nine journalists and one social media influencer were awarded for their outstanding stories and work done in 2022 covering different aspects of sexual reproductive health and rights.

The 7th edition of Reproductive Health Journalism Awards attracted the participation of 151 journalists from a cross section of 63 media houses. The journalists were celebrated with support from different partners including the Ministry of Health, UNFPA, GIZ Rwanda and Rwanda Media Commission.

The panel of judges consisted of a veteran journalist, Faith Mbabazi, Paul Mbaraga a lecturer at the University of Rwanda School of Journalism, as well as Dr. Anicet Nzabonimpa a medical doctor and reproductive health expert.

The criteria for outstanding stories includes their relevance, awareness raising, educative, ethical, and impact among others.

Entertainment at the ceremony was provided by a troupe of persons with disabilities including visually impaired Lambert Nzigiye commonly known as “Nzinzi wa Nzigiye” as well as traditional dance group “Deaf Inyangamugayo Group”.

The journalists who all fall under the radio, TV and print/online categories were recognized for their outstanding stories that covered family planning, maternal and newborn health, safe abortion, HIV/AIDS and other STIs, teenage pregnancy, gender-based violence as well as sexual health and education.

For this edition, HDI received 191 submissions, an increase from 148 entries from 35 media houses last year.
The Overall Winner was awarded prizes worth Rwf 1,690,000. This included a Rwf 800,000 cash prize and a laptop worth Rwf 890,000.

The First Runner-Up in each category was awarded prizes worth Rwf 1,490,000. This included a Rwf 600,000 cash prize and a laptop worth Rwf 890,000.

The 2nd Runner-Up was awarded prizes worth Rwf 1,290,000. This included a Rwf 400,000 cash prize and a laptop worth Rwf 890,000.

The Social Media influencer was awarded Rwf 300,000.
WINNERS

PRINT/ONLINE CATEGORY
1. Jeanne d'Arc Munezero (Panorama)
2. Thamimu Hakizimana (Igihe)
3. Habineza Gabriel (Ukwezi)

RADIO CATEGORY
1. Anne Marie Niwemwiza (Kigali Today)
2. Emmanuel Bizimana (Isango Star)
3. Leontine Ineza (Energy Radio)

TELEVISION CATEGORY
1. Garleon Ntambارaga (Flash TV)
2. Yvette Umutesi (Flash TV)
3. Jean Claude Kalinda (Freelancer)
Speaking at the event, the Chairperson of HDI Board, Joseph Ryarasa Nkurunziza, commended journalists for their dedication to health reporting despite the challenges.

“Besides the challenges that you face as journalists during information gathering, some of you are often confronted with other challenges which include the need to balance your cultural and religious beliefs with the professional ethics that require you to do your job well. We are gathered here because you have all been able to successfully achieve this balance,” he said.

The Executive Secretary of Rwanda Media Commission, Emmanuel Mugisha, challenged the journalists who were present to carefully select the information they feed the public.

“This night aims at celebrating journalists who take their time to inform and educate the locals on sexual reproductive health, and for that, let me also take the opportunity to challenge you to feed our listeners, viewers and readers constructive and reliable information,” he said.
The Program Coordinator at UNFPA-Rwanda Bernadette Ssebadduka, lauded HDI efforts in advancing the health sector through empowering journalists and contributing to community behavior change around sexual reproductive health and rights.

“I encourage you to continue giving your uniqueness, wisdom, and diversity to sustain Sexual Reproductive Health and Rights dialogue in society and as such, empower informed decision making especially for adolescents and youth. As UNFPA, we remain available to walk this journey with you, to provide you access to accurate information and hope to join you again next year.

Bernadette Ssebadduka
The program coordinator at UNFPA-Rwanda
I have been submitting entries to these awards for the last three years and I never won. I am so happy that I finally won. Looking back, I realise that I was not intentional in how I was pursuing my stories. I doubled my efforts this year and I am really happy to see that these awards consider hard work, not the popularity of the media house like I thought before.

- Jeanne D'arc Munezero, Panorama News, Overall Winner, Print Category.

This is the biggest award that I have ever received. I am very happy. I have been given a nice laptop and a cash prize. Although this is part of the work that I do daily and even get paid for, I feel motivated to know that the work I do to serve the community is not only seen by others, but also appreciated. I am energized to do more

- Anne Marie Niwemwiza, Radio presenter at KT Radio, Overall Winner,

The awarding ceremony is HDI's opportunity, alongside its partners to increase media reporting on sexual and reproductive health and rights, encourage the media to create more spaces for informed conversations on sexual and reproductive health and rights, SGBV and human rights and to involve journalists in advocacy to improve access to SRHR information and services for all.
Although Rwanda’s maternal mortality rates have dropped to 203 per 100,000 live births in the last five years, challenges around shortage of competent healthcare providers and lack of sufficient continuous professional development opportunities continue to slow down the country’s efforts to achieve the SDG 3 target to reduce these deaths to below 70 by 2030. To address these challenges, in November, HDI in partnership with RBC and UNFPA launched “Mobimenta”, a capacity-building model that aims to improve the capacity of frontline healthcare workers delivering Emergency Obstetric and Newborn Care, Comprehensive Abortion Care (CAC) and Family Planning services in all areas of maternal and neonatal health. The mentorships program seeks to accelerate the reduction of preventable maternal and neonatal morbidity and mortality, the reduction of unmet need for family planning as well as to further enhance the improvement of the knowledge, skills, and attitudes among health care providers.
Delivered by national, district and provincial hospital mentors, these monthly mentorships are being conducted in 48 health facilities and are benefitting 81 frontline healthcare workers located in Karongi and Nyamasheke districts. According to the 2021 State of the World’s Midwifery report, when competent and supported by a functional health system, midwives can help prevent over two thirds of maternal and newborn deaths and comorbidities.

Joyeuse Ngoma, a midwife and head of the maternal health division at Kibuye hospital is one of the mentors giving onsite mentorship. So far, she has mentored a dozen midwives from health centers in the district. Ngoma explained that before the mentorship, a midwife is required to go through a skills assessment and is only be considered if they score at least 85%.

“If they don’t score the minimum, we first equip them with the basics until they reach the minimum required score, before they are eligible for the mentorship,” she said.

She added that the skills gaps they are mostly focusing on include emergency techniques on neonatal care and neonatal care. This includes how to handle post childbirth excessive bleeding, supporting newborns with breathing difficulties, removing a retained placenta, dealing with high blood pressure during labor. Louange Gutabarwa, the Director of Research at HDI, noted that the mentorship curriculum also includes postpartum family planning, which includes services around the prevention of unintended pregnancy and closely spaced pregnancies through the first 12 months following childbirth.

“It is important to encourage women who have just given birth to start birth control. We chose Karongi and Nyamasheke districts because they are lagging behind when it comes to family planning. With this mentorship, we expect to see a significant improvement,” she added.
Anasthase Hakizimana, a midwife at Mubuka Health Centre in Karongi District is currently part of the healthcare providers being mentored. He explained that he was keen to learn more about supporting a baby with breathing difficulties and how to handle excessive bleeding after childbirth.

Mobile mentorship was adapted to the context of Rwanda, due to the topography as a mountainous country, which makes accessibility to health facilities a challenge. The flexible design of the model allows tailoring of training packages to the specific individual needs of the targeted health facilities.

"From this mentorship, I have learnt how not to panic when complications arise and how to make quick decisions related to referrals in case a woman or child is facing risks that I may determine are life-threatening."

- Anasthase Hakizimana, a midwife at Mubuka Health Centre in Karongi District
Although ultrasound is considered as a core competency for registered nurses and midwives, it is not covered in Rwandan nursing/midwifery education programs. As a result, midwives/nurses who wish to incorporate ultrasound into their practice often need to find training opportunities on their own. To fix this challenge, this December, RBC in collaboration with UNFPA and HDI organized a 20-day training program designed to give healthcare providers appropriate skills on how to use ultrasound examination in the safe management of pregnancy and how to integrate it in routine antenatal care.
Ultrasound is a test that can be done to confirm pregnancy, or during pregnancy to check on the health and development of an unborn baby where it monitors parameters like fetus heart rate and movement or detect the possibility of twins.

Additionally, ultrasound can be used for confirmation of pregnancy and multiple gestation, estimation of gestational age, localization of placenta and monitoring of fetal wellbeing. The training program’s initial phase involved training of trainers with the goal of having a pool of trainers who, after validation by RBC, went on to train nurses and midwives working at the health centers in Rusizi District during the activity’s second phase.

The Facilitator of the training, Dr. Fidence Dusabeyezu, a Radiologist, at the University Teaching University of Butare (CHUB) said that the doctors were selected from all over the country to boost their knowledge and improve on the basics of what they already knew.

He explained that the trainees are now able to take an expectant woman through the steps on how ultrasound is done and what to look out for.
“It is important to have the skills to determine whether the woman is carrying two or more children, whether the mother or children have issues or even whether the mother is likely to hemorrhage during childbirth. With these trainings, all these challenges can be detected early, and both the child and mother can be given the support that they need in a timely manner,” he said.

He recommended that follow-up assessments be done to determine the results of this training and identify any gaps and opportunities. Lilianne Iyambajwe, a radiologist at Mibirizi District Hospital has not had many opportunities to provide ultrasound services in her daily work. She said that this training was an eye opener and instrumental in improving the support that she will give to pregnant women.
In October, Rwanda launched new antenatal guidelines which encourage mothers to do a minimum of eight visits before giving birth to reduce preventable maternal death and promote positive pregnancy experiences for mothers. WHO’s new antenatal care guidelines recommend that every pregnant woman should undergo at least one ultrasound within the first 24 weeks. The use of ultrasound before 24 weeks of pregnancy is now proven evidence in reducing maternal and newborn mortality and morbidity.

Emile Gonzague Dushimire, a Radiologist from Mugonero District Hospital explained that although he has been practicing medicine for five years, what he knew in relation to ultrasound was limited.

"This training has refreshed my mind. I am excited to put what I have learnt into practice, supporting mothers especially during their first trimester to know more about their pregnancy and unborn children. I am going to encourage more women to prioritise ultrasound because I now understand how important it is if one wants a healthy pregnancy.

- Lilianne Iyambajwe, a radiologist at Mibirizi District Hospital

"This training has enhanced and updated my knowledge in relation to how, for example, we can use modern technology to determine fetal abnormalities. My wish is that we continue to get refresher trainings and for this training to be extended to all our peers so that we are all on the same page when we are providing these services.

- Emile Gonzague Dushimire, a Radiologist from Mugonero District

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In continued effort to eliminate violence against women and girls, HDI under Generation Gender launched a one-week training of 30 Community Based Organizations and Civil Societies on strategic Litigation as an Advocacy Tool to Respond to GBV Justice Issues. The training took place in Musanze district, and aimed to educate CSOs on progressive methods to raise awareness, acquire information necessary to respond to GBV cases and ensure promoting gender justice. During the training, Facilitator Me. Christian Garuka focused on briefing CSOs on the approach of strategic litigation in resolving GBV cases at the same time protecting victims of GBV. He said that CSOs also need to reflect on the National Reproductive Health law, Maputo Protocol and GBV Prevention Laws relevant to the work most of CSOs do in Rwanda.
“It is the obligation of duty bearers to be aware of laws that protect rights of those they serve. Knowing laws and policies that prevent GBV helps to have a better approach on how to handle cases while improving communities.” He said

Not only were CSOs informed of existing laws, they were also encouraged to use strategic litigation to follow up with legal procedures, and to put the victims’ well-being into consideration.

Furthermore, the training engaged participants through discussions and debates to challenge socio-cultural and religious norms that contribute to GBV and stigma surrounding SRHR and Comprehensive Sexuality Education (CSE).

Reflecting on hashtags #DuhindureImyumvire and #HinduralImyumvire, participants of the training suggested sustainable solutions to tackle GBV and enhance access to SRHR information and services.

“As a community we need to accept that people engage in sexual relations for different reasons and at different ages. Therefore, as we create spaces to educate people on GBV and SRHR, we also need to challenge the stigma surrounding SRHR services, especially those offered to teenagers.” Faith Mutesi from Citizen Voice and Actions (CVA) said.

To conclude the week of the training, CSOs suggested regular training on strategic litigation to refresh and update the status quo. In addition, they suggested that protocols such as Maputo Protocol be discussed often to customize them to local issues.

Training on strategic litigation came following HDI’s car free day walk for 16 days of activism, and marked the end of HDI’s dedicated time to raise awareness on GBV prevention as the world observed the International Day for the Elimination of Violence against Women and Girls, and Human Rights Day.
IDPD: RAISING AWARENESS ABOUT BARRIERS FACED BY PEOPLE WITH DISABILITIES

Every December 3, Rwanda joins the rest of the World in observance of the International Day of Persons with Disabilities (IDPD) to raise public awareness on numerous barriers that persons with disabilities face that hinder their full inclusion and participation in their communities.

Organised by HDI in collaboration with UNFPA and the National Council of Persons with Disabilities, the celebrations to mark IDPD were held concurrently in three districts: Nyamasheke, Karongi and Gicumbi.
Participants were mainly persons with disabilities, joined by local authorities and PWDs-focused organizations. Part of HDI’s activities during the event was the exhibition of SRHR IEC materials and some Family Planning commodities aimed at creating awareness on SRHR among PWDs.

We also supported one of the districts (Nyamasheke) with 100 white canes for people with vision impairment and 250 reusable sanitary pads to all women and girls of reproductive age. The speeches from government authorities, civil society organizations and other partners reflected on the progress that has been made so far to ensure that the principle of ‘Leave No One Behind’ is adhered to. The Speakers also reflected on the theme of the year “Transformative Solutions for Inclusive Development: The Role of Innovation in Fueling an Accessible and Equitable World” and emphasized the value for inclusivity and the reduction of inequalities that undermine the rights and potential of individuals.

They touched on the value of combating discrimination and inequalities within and amongst countries, and their root causes.
Through their representatives, the Persons with Disabilities outlined some of the challenges that they face including:

**Lack of latest pwd data**

The Coordinator of the National Council of People with Disabilities (NCPD) in Nyamasheke District James Uwineza, explained that the last census pertaining to people with disabilities was done in 2012. Ten years later, the number of persons with disabilities is unknown.

“It has been ten years and obviously, there must be changes. We would like a fresh census that will enable us to know how to plan and budget for people with disabilities better and in a timely manner,” he said.

**Stigma**

The issue of shame continues to be attached to disability and as a result, family members with disabilities continue to be hidden or locked up in their home. They appealed for countrywide advocacy and sensitisation drives to ensure that families understand that persons with disabilities are treated humanely.

**Difficulties in accessing services**

A significant number of people with disabilities continue to face challenges related to accessing services due to barriers posed by venues that are not inclusive, making it difficult for them to access the premises.

Some of these premises include buildings that were built before guidelines favoring people with disabilities came into force.

“If I have a speech to deliver, I am required to travel from Nyamasheke District to Masaka School of the Blind in Kicukiro District to access equipment to write a simple document. This is not only costly, but also time consuming,” Jean Pierre Nshimiyumukiza, the Rwanda Union of the Blind Advocacy Officer said. Many school facilities were also said not to be favorable for students as many are required to get out of their wheelchairs and crawl into the toilets, which is unhygienic and inconveniencing for many and as a result, many choose to drop out.
Challenges accessing prosthetics:

There is a need to support people with disabilities who need prosthetic and orthopedic equipment to aid their movements to pick them from their health centers instead of district hospitals which are far and inconvenient.

Unemployment:

The Head of the Rwanda Union of Little People, Marie Appoline Buntubwimana said that although there has been a positive shift in how people with disabilities are being included, a lot must be done to achieve the country’s vision to ‘leave no one behind.’

“Although many of them are now going to school and performing well, there is still hesitation from employers to give people with disabilities employment opportunities. There should be ways that the government can work with the private sector to ensure that such an issue is fixed as soon as possible,” she said.

In total, the events attracted more than 3500 participants, including local authorities and different partners. Over 80% were people with disabilities.
STAKEHOLDERS SPEAK

Garleon Ntambara,
Reporter at Flash TV
Overall Winner TV Category 2022

"I am very happy right now, I am proud of the work I have done and I am happy, this award gives me courage to continue the good work and use professionalism in everything that I do"

Faith Mutesi
CVA_Rwanda

“We need to accept that people engage in sexual relations for different reasons and at different ages. Therefore we should create spaces to educate people on SRHR and challenge stigma surrounding SRHR services especially those offered to teenagers.”

Jay Squire (Rwanda)
@tyoposition

This is the best space I followed about in Rwanda. I wish more people were sharing this space, we're not alone in this journey. A big thank you to everyone who showed up and made it happen. I'm very proud to be a part of this journey.

HDI Rwanda @HDIRwanda
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We did it, thank you so much for your support 😊

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HDI wishes to thank our partners and supporters

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