HDI NEWSLETTER

FEBRUARY 2025

@hdirwanda

HDI
HEALTH DEVELOPMENT INITIATIVE

WHAT'S INSIDE

Dear Partner,

Welcome to our February newsletter.

Welcome to our February newsletter! This month, we are driving forward critical conversations and interventions that put communities at the center of change.

We begin with highlights from our workshop with civil society organizations and key stakeholders on health decentralization where we look at the effectiveness of community involvement in policy decisions.

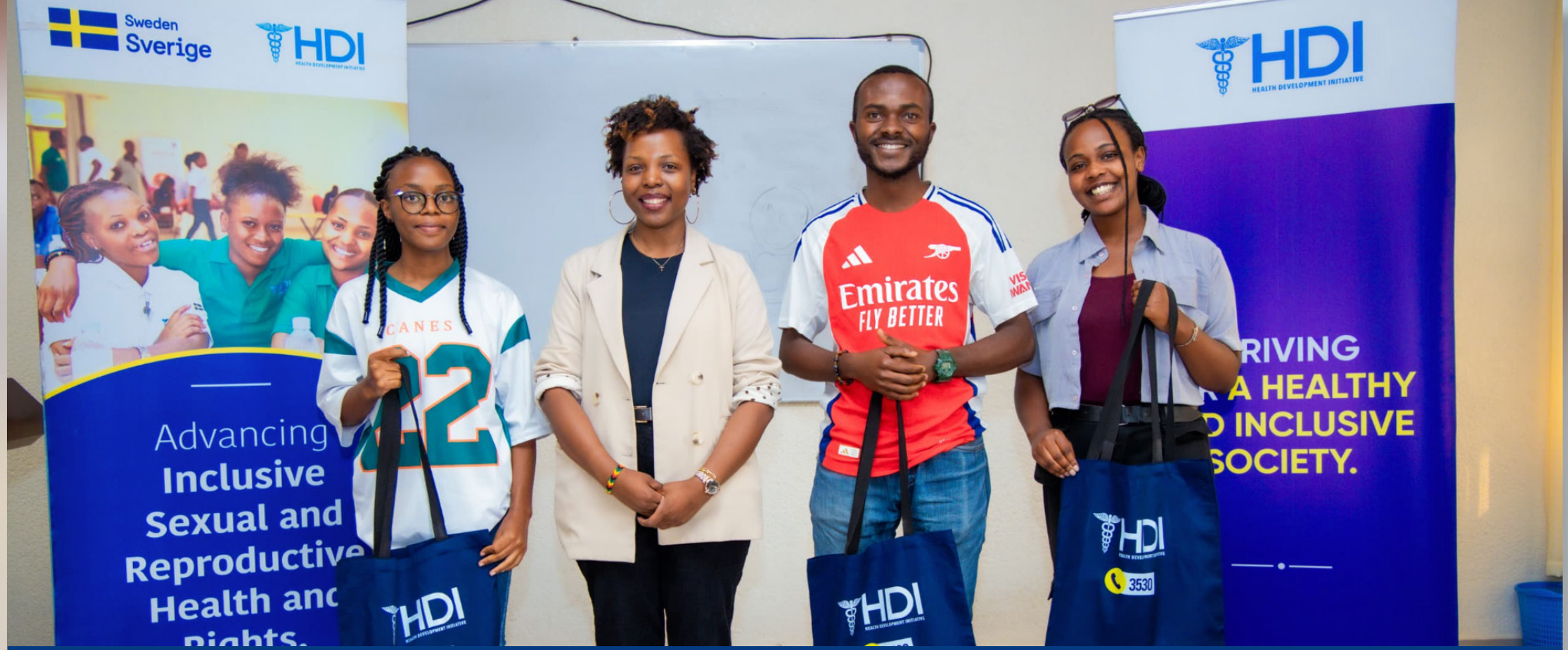
We share highlights from our training for adolescent peer educators on crucial topics related to sexual and reproductive health and rights to equip them to transfer the knowledge to their peers, and push for policies that protect their rights and well-being.

We also share from a crucial dialogue that we facilitated with members of security organs, to promote harm reduction strategies.

We also bring details of how we are leveraging university debates as platforms to spark critical discussions on reproductive rights.

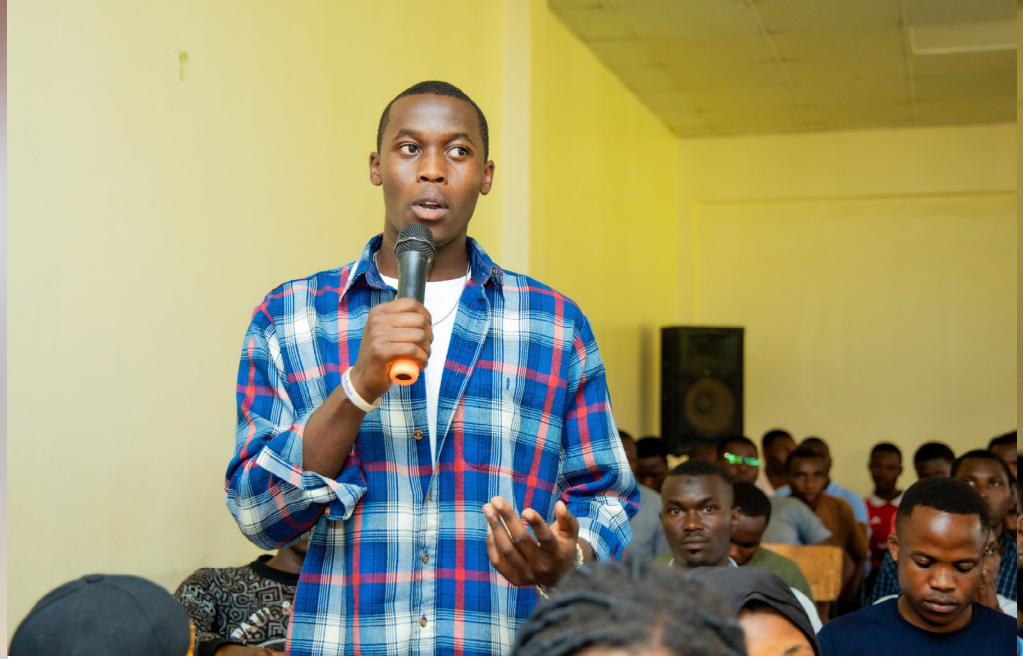
Thank you for being an integral part of this journey. Your support fuels our mission to build a healthier, more equitable future for all.

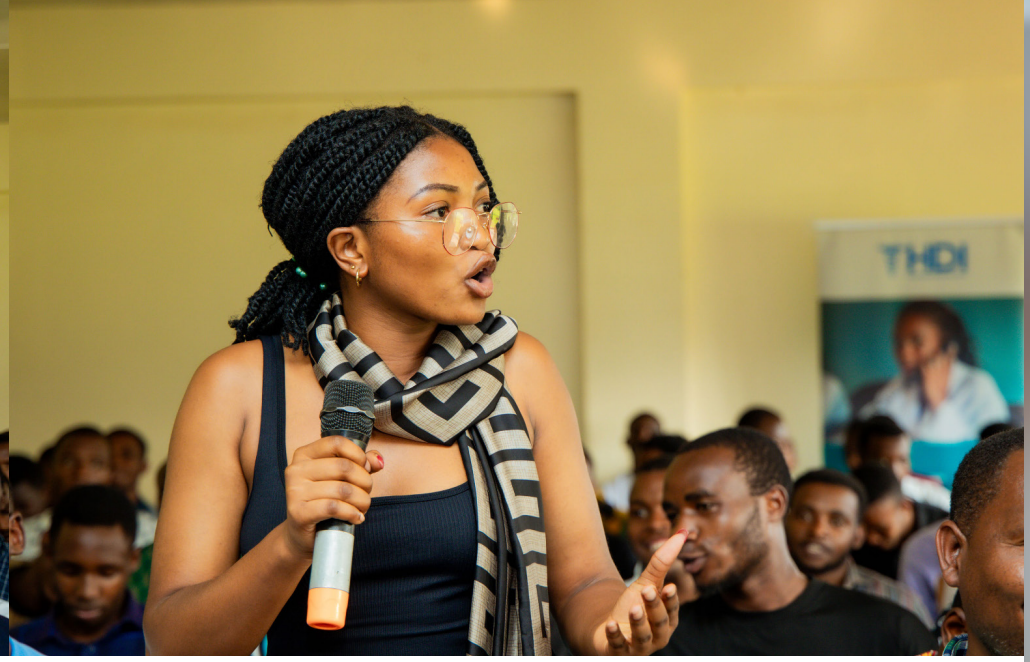
Best regards,
The Communication Team



LEVERAGING UNIVERSITY DEBATES TO DEEPEN DIALOGUE ON REPRODUCTIVE RIGHTS

This February, we facilitated a series of university debates nationwide, providing students with a platform to critically analyze the ethical, legal, and social implications of Assisted Reproductive Technology (ART). These debates aim to contribute to the broader national dialogue surrounding the draft law regulating health services, currently under review in parliament. Through this platform, young people are not only challenging ideas but also ensuring their voices play a role in shaping policies that will impact their future.





The first debate took place at Kepler College under the motion: **"Should Rwanda support the adoption and implementation of Assisted Reproductive Technology?"** The proposition side, led by Kepler students Nikita Muhinda, a Second Year Student and James Kamanzi, a Third Year student argued that ART offers crucial solutions for couples struggling with infertility, highlighting IVF success stories and the benefits of Preimplantation Genetic Testing (PGT) in reducing genetic disease risks.

"If the government removes barriers such as the requirement for one to be legally married to access to Assisted Reproductive Technologies, it could help many individuals fulfill their dream to be parents. I strongly believe that this should be a right for all, not a privilege," Muhinda argued.

The opposition side raised concerns about ART's high costs and relatively low success rates, questioning whether Rwanda, as a developing nation, should prioritize such expensive technologies. They also highlighted ethical dilemmas related to surrogacy and potential exploitation. The debate series continued in Eastern Province's Rwanda Polytechnic Gishari College, where the same motion sparked intense discussions about ART's role in Rwanda's health system.

Bienvenue Ndaruhutse, representing the proposition side, opened the debate by emphasizing the transformative potential of ART in creating inclusive families. He highlighted how ART provides opportunities for individuals and couples, regardless of biological limitations, sexual orientation, or medical conditions, to experience parenthood.

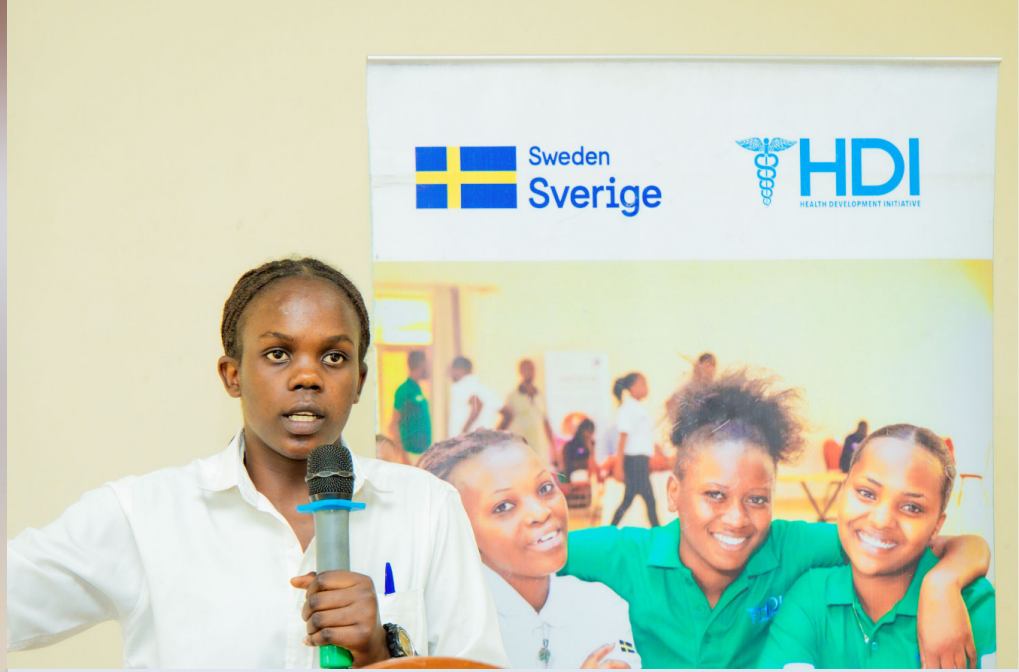
He argued that these technologies not only enhance reproductive rights but also challenge traditional definitions of family, contributing to a more diverse and accepting society.

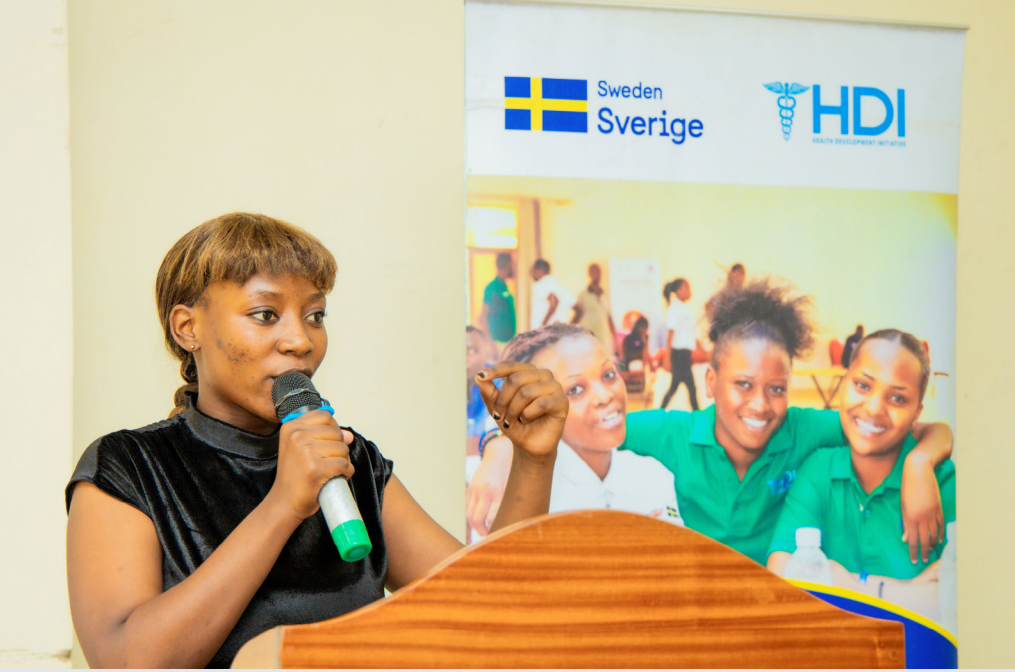
Opposing the motion, Iradukunda Providence argued that Rwanda's naturally high fertility rate diminishes the necessity of ART on a national scale.

He also pointed out the high costs and low success rates of IVF, questioning whether such technologies should be prioritized given Rwanda's limited healthcare resources. Additionally, the opposition raised ethical concerns, including the long-term effects of egg and sperm freezing.

At Gishari, the overall winner of the debate was Ndaruhutse Bienvenue from the proposition side, while Claude Ndukundimana from the opposition secured second place.

The final leg of the debates was at INES Ruhengeri where the proposition side highlighted how ART could empower individuals, especially women, who face societal discrimination due to infertility.

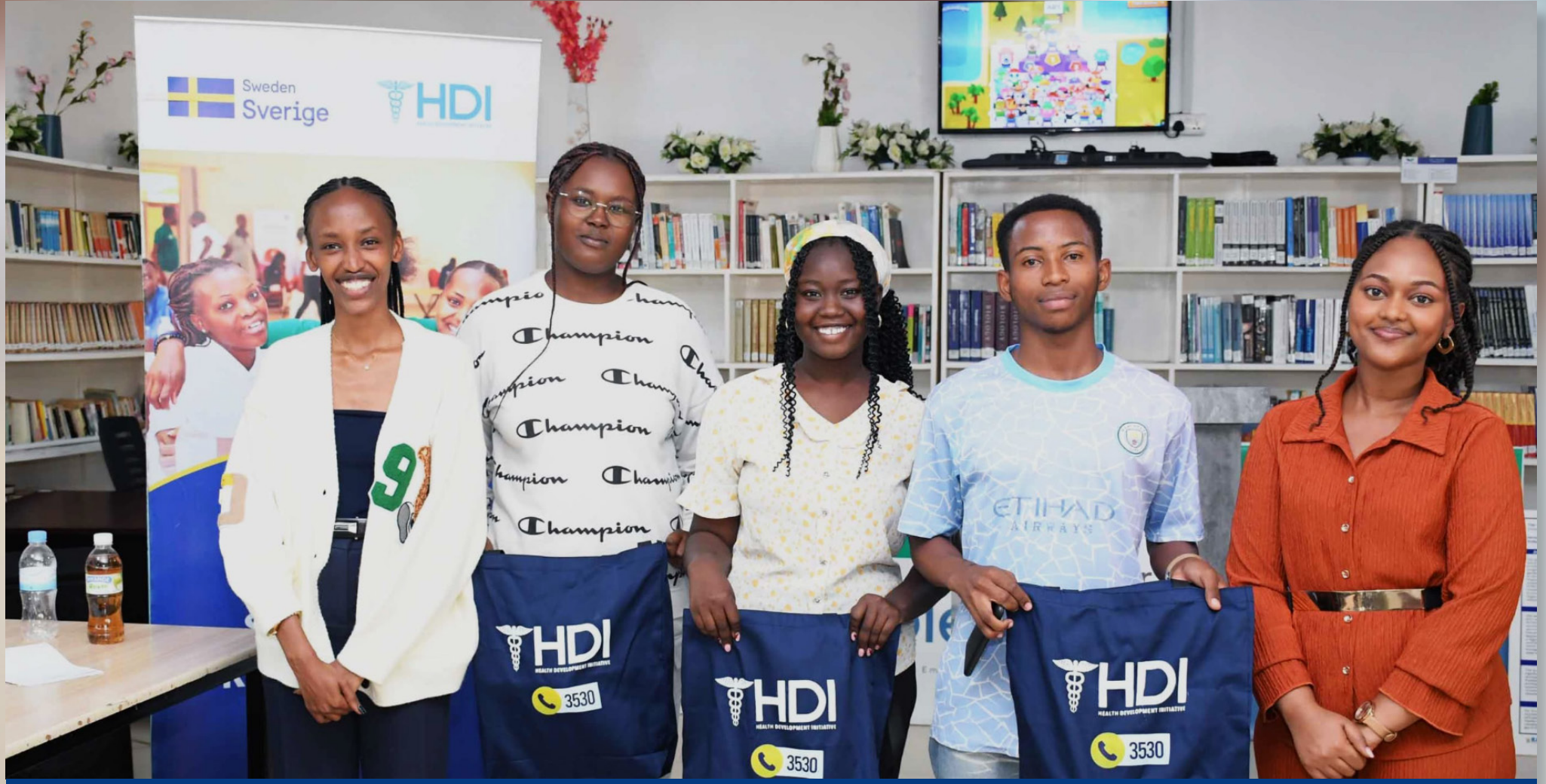




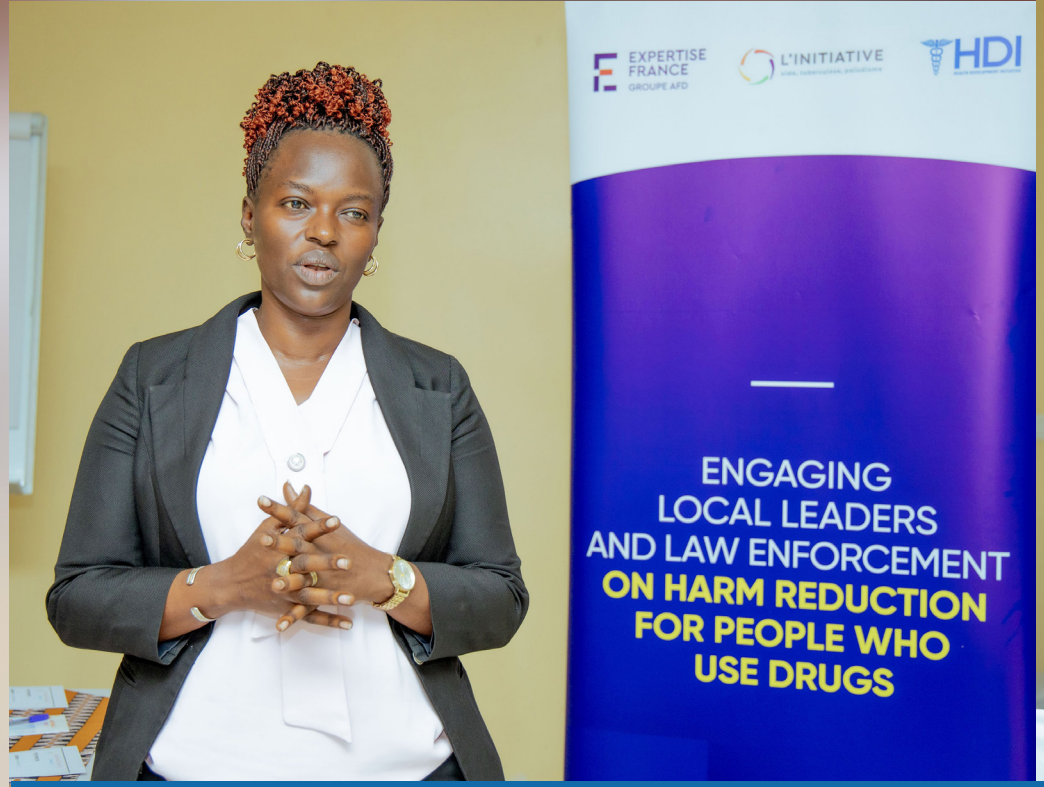
The team argued that in many African cultures, women often bear the blame for infertility, leading to emotional distress, marital conflicts, or even abandonment. They highlighted that providing medical solutions such as IVF, ART offer these individuals a chance to conceive and challenge the stigma that infertility is a personal failure.

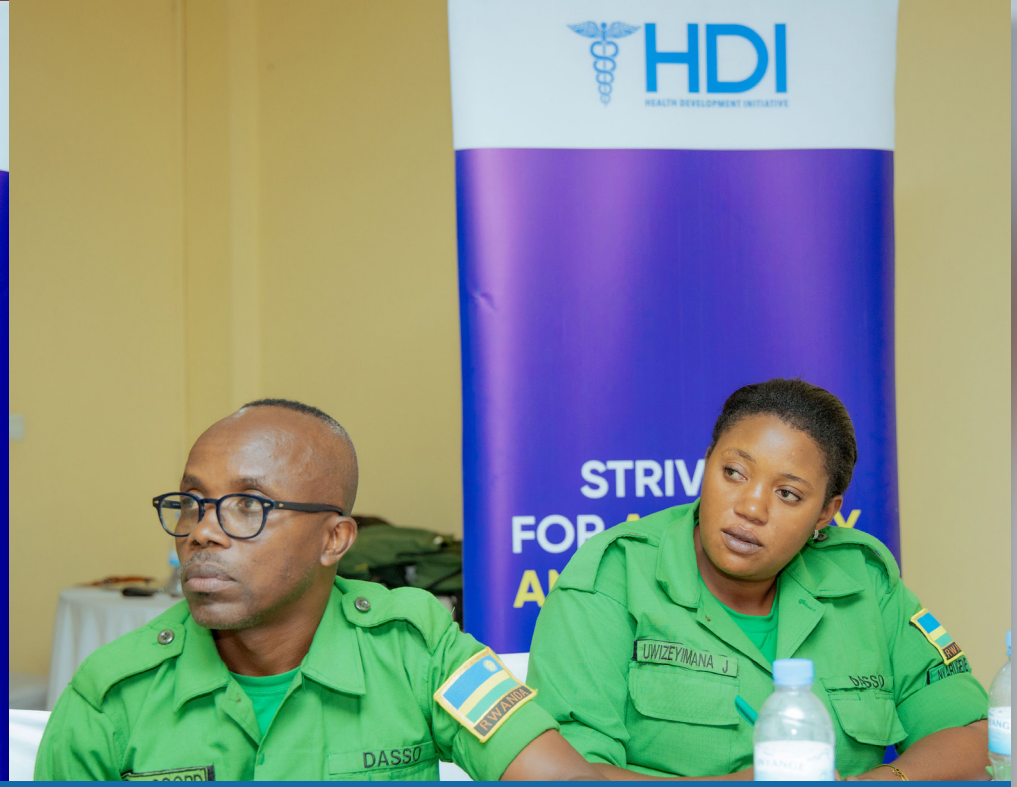
Grace Yatosha from the opposition side focused on ethical dilemmas and societal stigma surrounding surrogacy, such as the potential commodification of women's bodies, where financially vulnerable women might feel pressured to become surrogates for economic reasons. She also raised concerns about the psychological and emotional toll on both the surrogate and the child, questioning whether a child born through surrogacy might struggle with identity issues or societal judgment. Lastly, she wondered whether existing laws adequately protect both the surrogate and the intended parents from potential conflicts.

In addition to the debates, we set up booths where we engaged with students on key sexual health topics such as safe sex practices, contraception options, menstrual hygiene, and the prevention of sexually transmitted infections including HIV.



We also distributed free sanitary pads and condoms, and provided information on reproductive health rights, consent, and resources available for individuals seeking sexual health services. This initiative aimed to create an open environment for discussing sexual health, empowering individuals with the knowledge and tools to make informed choices. In total, the series reached 800 students, enhancing their research, analytical, and public speaking skills.

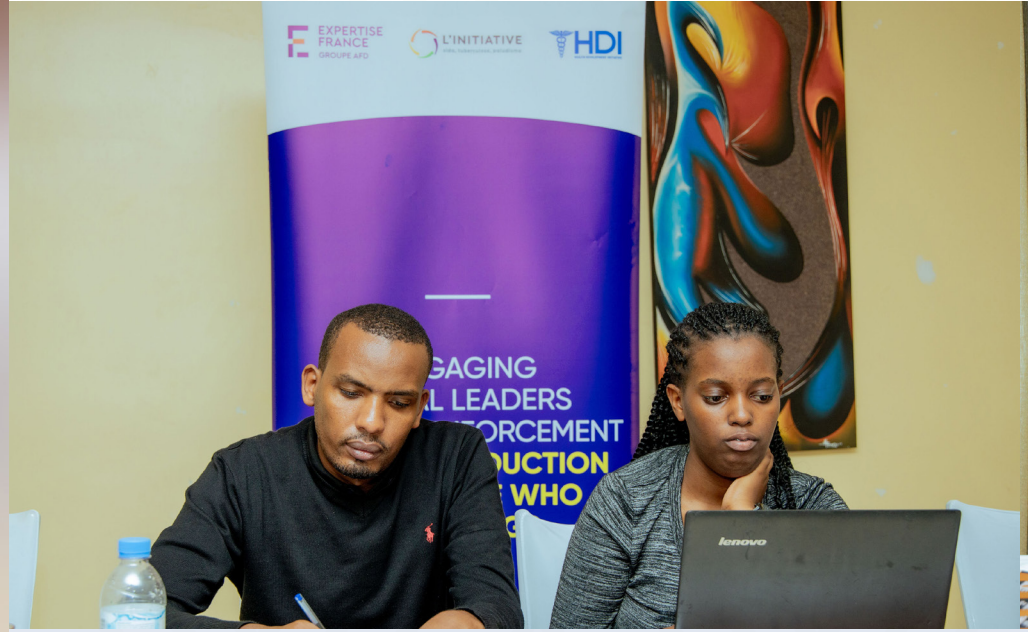


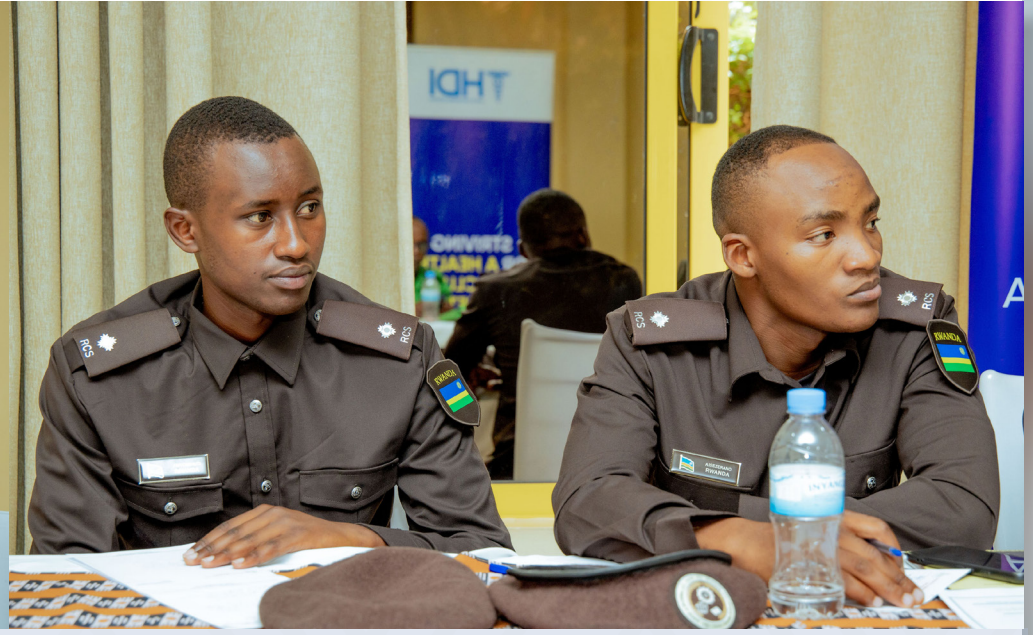


PROMOTING A RIGHTS-CENTERED APPROACH TO HARM REDUCTION

This past month, we hosted a two-day workshop aimed at sensitizing law enforcers drawn from Nyarugenge District on harm reduction. The workshop gathered 15 law enforcers, local leaders, and key facilitators to promote a human rights-based approach toward People Who Use Drugs (PWUDs).

The workshop kicked off with the Director of Kigali Mental Health Referral Centre, Dynamo Ndacyayisenga, who explored the root causes of drug use, including mental health challenges, unhealthy family dynamics, and the absence of open discussions on drug use within families and communities.





He acknowledged that PWUDs are victims in need of support and harm reduction, rather than incarceration. He stressed the critical role of law enforcement in addressing drug use through supportive, rather than punitive, measures.

The workshop kicked off by Teta Denise, our Policy and Advocacy Officer, who emphasised the critical importance of aligning Rwanda's legal framework with the right to health for People Who Use Drugs.

Teta shared key laws and classifications of drug-related offences, explaining their implications on healthcare access for People Who Use Drugs.

In Teta's presentation, she pointed out that both Articles 6 and 21 of the Rwandan Constitution mandate protection against discrimination and guarantee the right to quality healthcare for all.

She further referenced Article 45 of the constitution, which highlights the government's responsibility to promote public health initiatives.

This, she argued, strengthens the case for adopting a health-centred, rights-based approach that focuses on harm reduction and support rather than criminalising individuals struggling with substance use.

> If we truly want to help, we must shift from punitive measures to compassionate, healthcare-driven solutions." she said.

Teta Denise,
Policy and Advocacy Officer, HDI-RWANDA

Sulemani Muhirwa, our Key Populations Programmes Coordinator, explained that key population groups, who include People Who Inject Drugs, female sex workers, Men who have Sex with Men, and Transgender individuals are at high risk of HIV transmission. To further illustrate their vulnerabilities, he presented fact-based data on the geographical distribution of HIV prevalence, highlighting concerning trends in Rwanda's Western and Eastern regions, where HIV transmission rates have increased over time. From 2019 to 2023, HIV prevalence within key populations rose from 39.6% to 43.5%, emphasizing the urgent need for law enforcers and local leaders to support harm reduction interventions, particularly in areas with high HIV prevalence.

"Harm reduction isn't just a health priority, but a human rights issue, requiring the active participation of those on the frontlines, including law enforcement." he said

In her closing remarks, the representative of Joint Action Development Forum (JADF) in Nyarugenge District, Chantal Mutegarugori highlighted the urgency of addressing drug use among young people, calling for the inclusion of young people in harm reduction efforts, particularly those working in youth centers.

STRENGTHENING STAKEHOLDER ENGAGEMENT IN HEALTH DECENTRALIZATION

In February, we hosted a workshop that brought together over 20 participants from government institutions, civil society organizations, and health-focused organizations to discuss the decentralization process in the health sector in Rwanda. The workshop examined how health services are managed and delivered locally and how empowering communities through decentralization can enhance healthcare access and quality. The goal was to understand the role of the CSOs in ensuring the successful implementation of health sector decentralization in the country.

The Governance and Decentralization Advisor at the Ministry of local government, Dr. Ibrahim Ndagijimana, who facilitated this two-day workshop, provided insights into what decentralization means for health services in Rwanda, which is in simple terms, the transferring of decision-making power from the national government to local governments and communities.

He discussed various policies and reforms that have been introduced over the years to make health services more accessible and responsive to people's needs. However, he also pointed out existing challenges that still need to be addressed to make decentralization work effectively.

Norwegian People's Aid's Noel Ntahobari built on this discussion to highlight gaps and challenges that affect effective implementation. Some of the main challenges identified during the workshop included the shortage of health professionals such as doctors, nurses, and midwives, inadequate community involvement in decision-making, and policies that do not fully address the real-life challenges people face.

Through brainstorming sessions, participants shared practical recommendations to address these issues. For instance, people living in remote areas often struggle to access healthcare services due to limited health facilities nearby. Even when health centers are accessible, they are often understaffed, causing long waiting times or forcing patients, particularly pregnant women and those with chronic illnesses, to travel long distances for essential care.

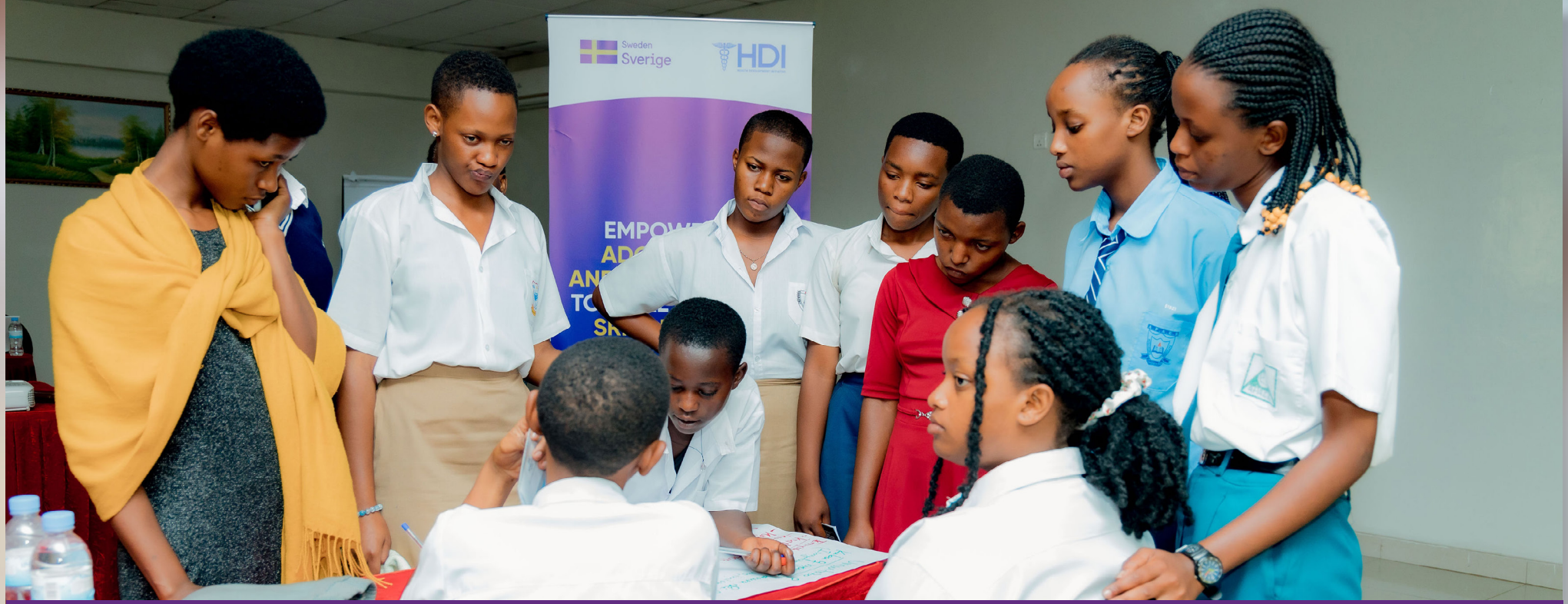
Without community input, policies may overlook the unique challenges of rural areas, such as healthcare worker shortages or transportation difficulties, and may fail to gain local buy-in, further undermining healthcare efforts and perpetuating inequities. Participants suggested ways in which these challenges could be countered, emphasizing the importance of ensuring that CSOs have access to accurate policy information to help monitor their implementation.

Including CSOs in policy-making processes was also highlighted as a way to ensure policies are realistic and responsive to community needs. Participants also encouraged CSOs to conduct research and provide evidence to support policy improvements.

The workshop demonstrated that decentralization has the potential to significantly improve the quality and availability of healthcare services. Additionally, the participants discussed how successful decentralization requires strong governance systems, building local capacity, equitable distribution of resources, and effective communication between central and local authorities.

They also discussed the value of addressing disparities in resources and sharing expertise between different areas as an essential contributor to preventing worsening health inequalities.

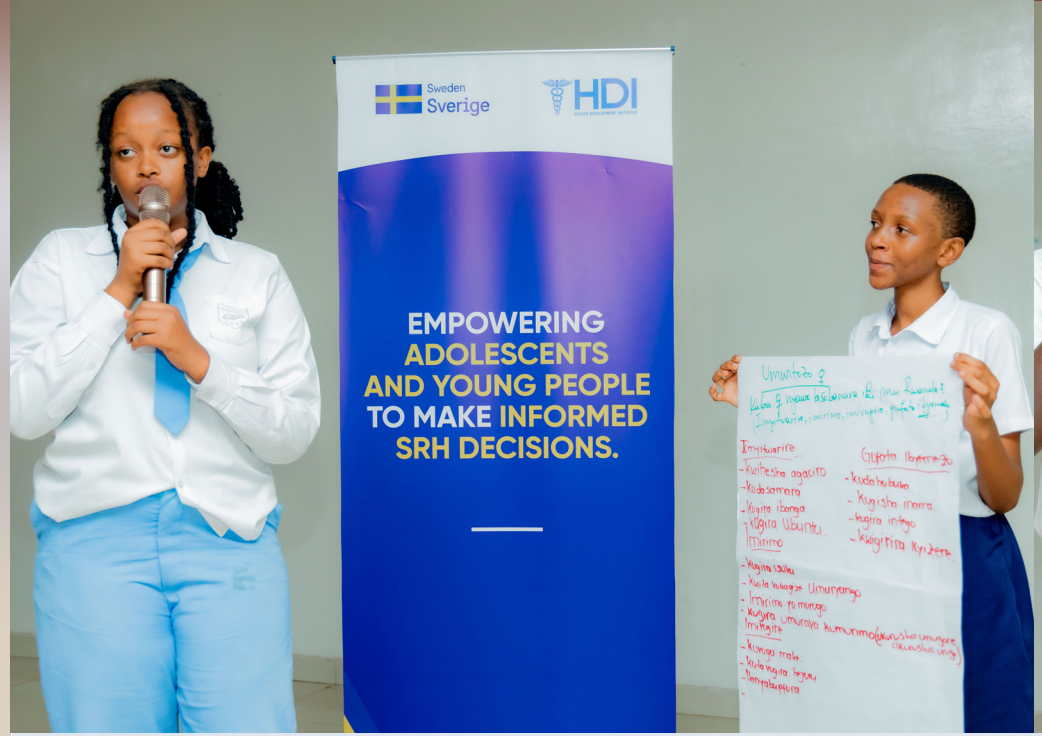
Moving forward, participants were encouraged to continue collaborating, sharing ideas, and developing practical plans to ensure health services are fair, effective, and centered on the needs of the people.

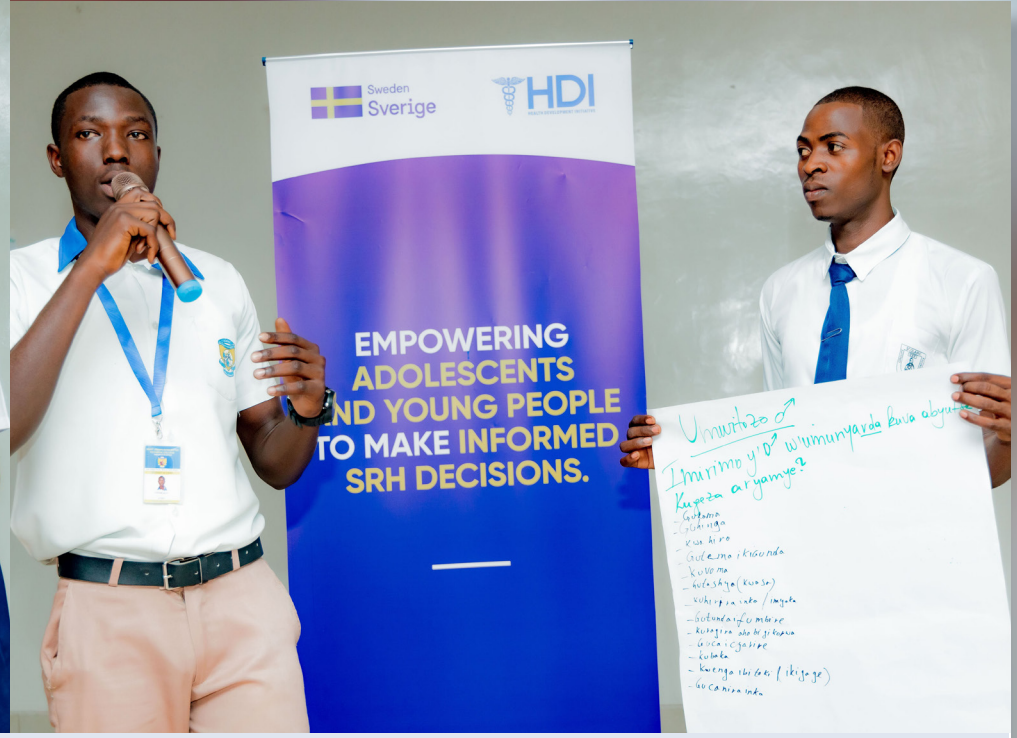


AMPLIFYING ADOLESCENT VOICES IN SRHR ADVOCACY WITHIN SCHOOLS

To strengthen adolescent sexual and reproductive health, we held a two-day training for peer educators from Kigali's secondary school health clubs, covering puberty, menstruation, healthy relationships, STI prevention, gender equality, and positive masculinity.

With the support of their Health Club Patrons and Directors of Discipline, the students engaged in interactive sessions that aimed to equip these young leaders with the tools to spark open conversations among their peers and advocate for their rights with confidence.





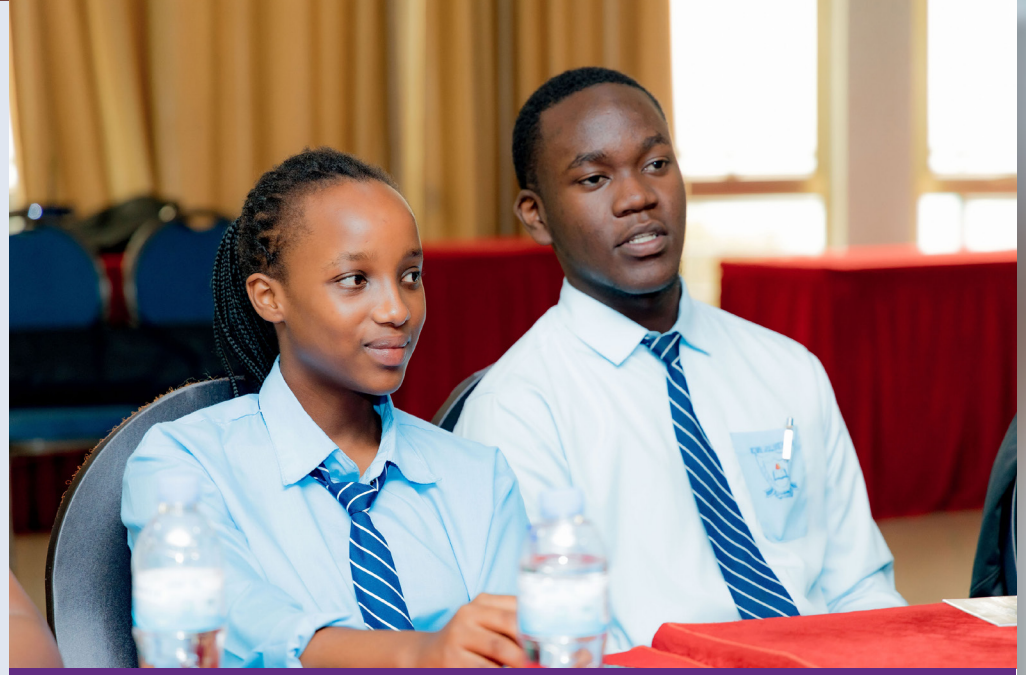
To start off the training, Diane Uwase, our HDI Hotline Coordinator, kicked off the training guiding participants through a comprehensive understanding of topics including puberty, and menstruation.

She addressed common myths and misconceptions about menstruation such as the belief that using tampons can take away a girl's virginity or how someone cannot get pregnant during menstruation. Participants also learned that irregular periods are common, especially for young girls, and that menstrual cycles vary from person to person to ensure students receive accurate, science-based information. The gender equality session was led by Mukayitete Annonciata, our Senior Program Officer for Gender and Inclusion, who guided participants through key concepts such as gender roles, stereotypes, and their impact on opportunities and decision-making.

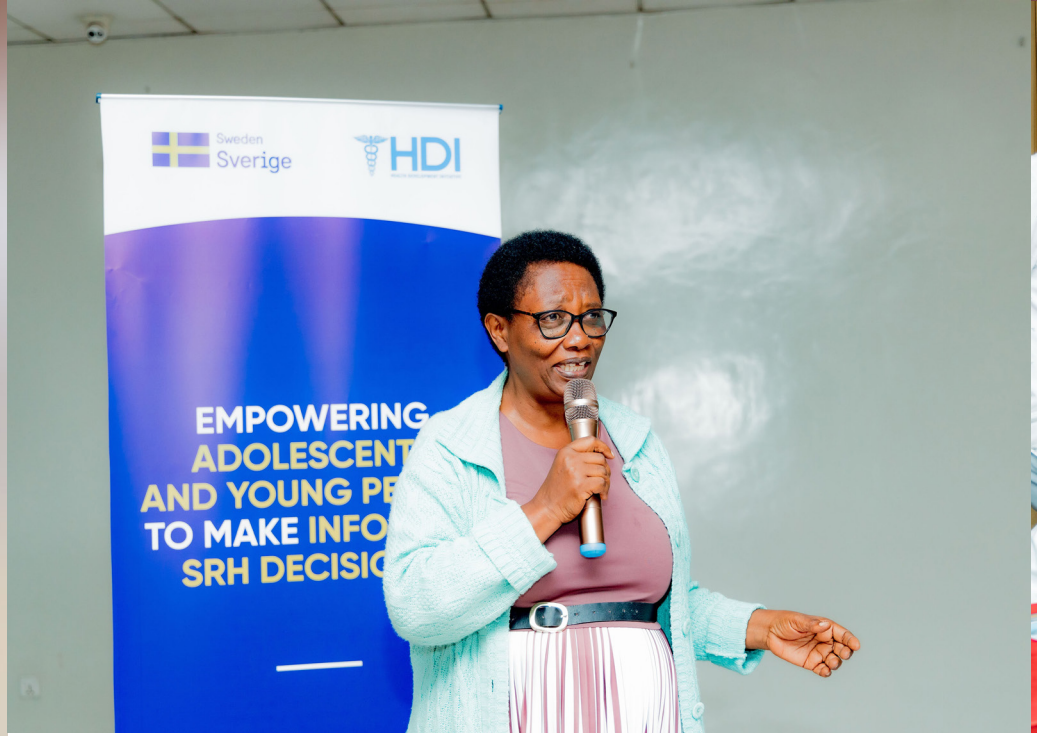
She emphasized the importance of equal access to education, healthcare, and leadership for all genders, while also addressing harmful social norms that limit young people's potential.

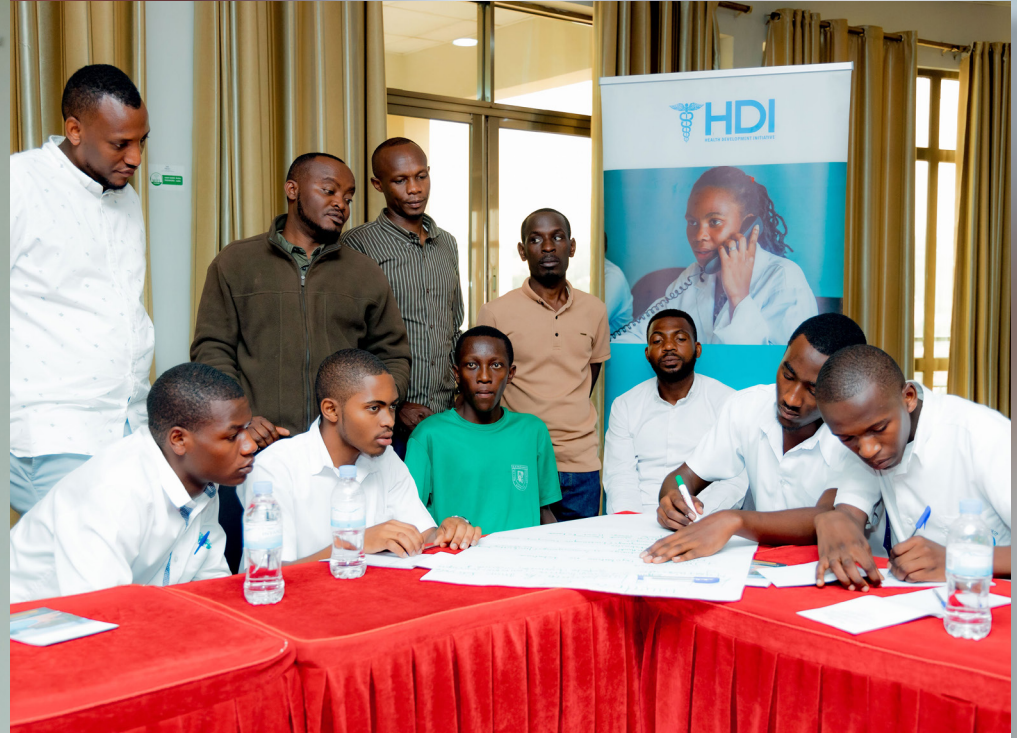
Through interactive discussions, participants explored ways to challenge discrimination and promote inclusion within their schools and communities. She also dedicated a session to gender-based violence, covering topics such as sexual harassment, domestic violence, and sexual assault. Participants gained a deeper understanding of the various forms of GBV, their physical and psychological impact, and the social factors that contribute to them. The session also focused on prevention strategies, ways to support survivors, and the available resources for reporting and seeking help.

Jeannette Niyomugabo, our Youth Facilitator then delivered a detailed presentation on healthy relationships, consent, and communication. She emphasized the importance of setting boundaries in relationships to maintain individual identity and emotional safety. She highlighted the crucial importance of consent as a foundation of healthy relationships, especially in the context of sexual activity. She explained that consent must be given freely, informed, enthusiastic, and specific. Importantly, she reminded that consent is reversible; meaning anyone who has given it can change their mind at any time.



She also addressed common myths surrounding consent, including the misconception that a lack of verbal refusal implies consent. She emphasized that consent isn't just about a lack of "no," but rather a clear, enthusiastic "yes." This crucial lesson aimed to normalize the practice of asking for explicit consent and dispelling harmful misconceptions. Keza Diana, our Youth Engagement Advisor, wrapped up the two-day session with a presentation on the availability of SRHR services at Youth Corners and Health Centres.

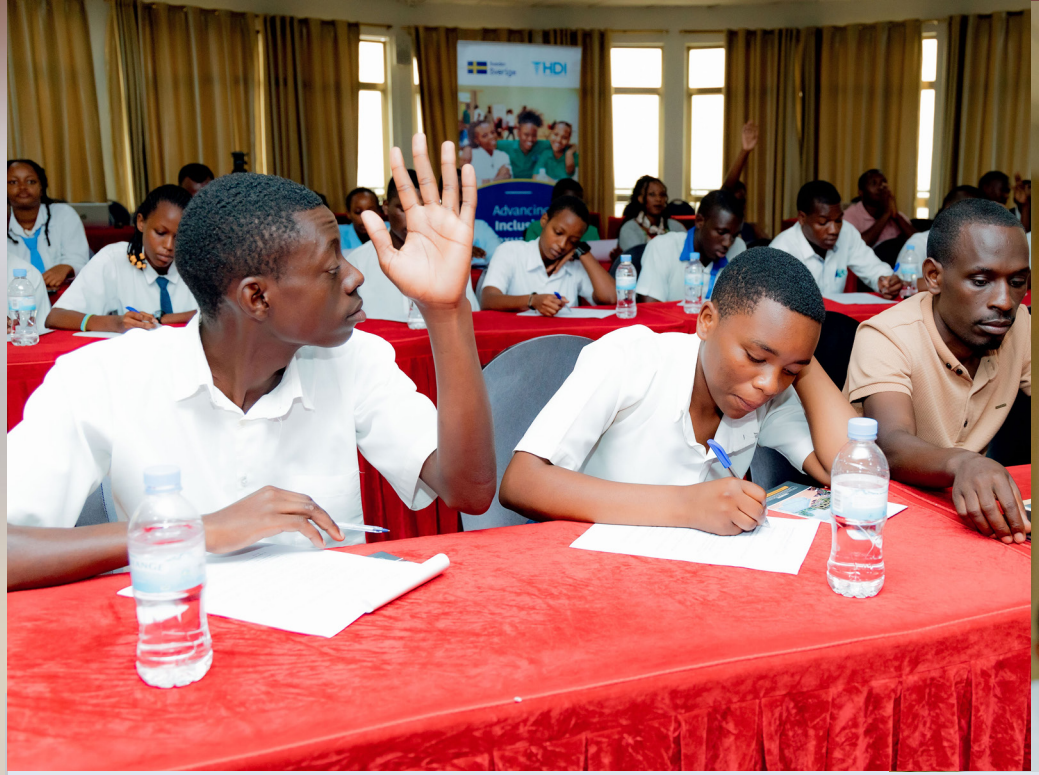


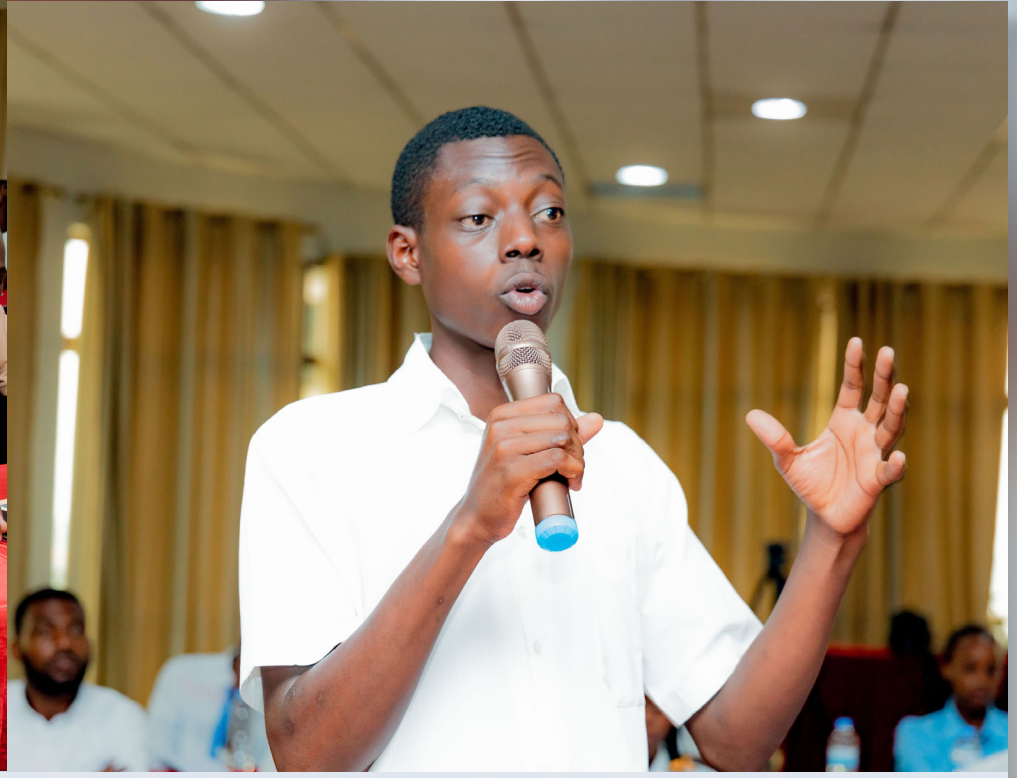


These services include counseling on issues such as; GBV, Sexual harassment, access to contraceptives, condoms, and HIV screening services, among others. Her talk focused on educating participants about these essential services, emphasizing the importance of ensuring young people have access to the care and support they need at Youth Corners and Health Centres.

She then encouraged participants to share the knowledge they gained with their peers and assured them of HDI's continued support. "The goal of this training is not just for you to learn, but to take this knowledge back to your fellow students" she remarked. Joseph Niyitegeka, GS Kabuga Catholique shared that one of his key takeaways from the training was learning about the different phases of the menstrual cycle and understanding the circumstances in which women and girls are likely to conceive.

"This knowledge will not only support me to make informed decisions about my reproductive health but will also enable me to assist my peers in making informed choices about theirs," he said.





For Ange Ineza from CGF Kagarama, the workshop provided her with the opportunity to deepen her understanding of gender equality. "I learned that gender equality isn't about proving who is superior but ensuring that everyone, regardless of gender, has access to the same opportunities and rights," she said.

The Director of Discipline at G.S. Kicukiro, Jean-Pierre Nkurunziza, highlighted the importance of collaboration between school authorities and peer educators.

"It's up to us as educators to build a supportive space where students can freely explore SRHR topics and seek help without worrying about stigma or judgment."

To enhance the impact of peer educators, a collective recommendation was made by the participants to keep them updated on the latest SRHR information and best practices through continuous specialized training on various SRHR topics.

IN OTHER NEWS.

This January, **we hosted the following radio shows.**

1ST FEBRUARY 2025: POST ABORTION CARE SUPPORT. WHAT YOU NEED TO KNOW.

8TH FEBRUARY 2025: OVARIAN CANCER: CAUSES, SYMPTOMS, AND PREVENTION

15TH FEBRUARY 2025: A DISCUSSION ON APPROPRIATE BEHAVIOR IN RELATIONSHIPS.

22ND FEBRUARY 2025: SHOULD ADOLESCENTS BE ALLOWED TO ACCESS CONTRACEPTION?

2ND FEBRUARY 2025: CHALLENGES IN PREVENTING UNPLANNED PREGNANCIES.

9TH FEBRUARY 2025: PHYSICAL CHANGES DURING ADOLESCENCE.

16TH FEBRUARY 2025: ADDRESSING MISCONCEPTIONS ABOUT CONDOMS.

23RD FEBRUARY 2025: SHOULD ADOLESCENTS BE ALLOWED TO ACCESS CONTRACEPTION?

STAKEHOLDERS SPEAK:

HDI Rwanda ✓
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"If the government removes barriers such as the requirement for one to be legally married to access to Assisted Reproductive Technologies such as surrogacy and IVF, it could help many individuals fulfill their dream to be parents. I strongly believe that this should be a right for all, not a privilege."
– Nikita Muhinda, 2nd-Year Student, @KeplerHQ debating on the relevance of making **assisted reproductive health services** accessible to all.

DR.STEVE.OFF🧠🦷🇺🇦 @dr... · 20 Feb
Replying to @HDIRwanda and @SwedeninRW
Parenthood should be about love and choice, not legal status. Everyone deserves a fair chance to build a family. 💙

HDI Rwanda ✓ @HDIRwanda · 11 Feb
The theme for this year's #InternationalDayofWomenandGirlsinScience, "Her Voice in Science," resonates with the stories of countless young women in the communities that we serve.

When girls have access to the accurate information and the freedom to make informed choices about Show more

1 · 9 · 16 · 1K

You reposted

Health Is Wealth Youth Rwanda
@hiwyrwanda

Replying to @HDIRwanda
They are all able to transform our country and world in general. Girls are future leaders to positively impact our community. Let's support them.

9:48 PM · 11 Feb 25 · **208** Views

1 Repost **5** Likes

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Ishimwe Regis @IshimweR... · 21 Feb
Ensuring informed consent, confidentiality, and open dialogue is key to a stronger healthcare system, championing patient rights and ethical medical practice.

A well-deserved shoutout to @NPA_Rwanda and @HDIRwanda for driving this important discussion! 👏👏

> **HDI Rwanda** ✓ @HDIR... · 21 Feb
> In partnership with @NPA_Rwanda, we have engaged 90+ healthcare providers at @MasakaHospital1 in a vital discussion on strengthening patient rights. ...

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HDI Rwanda ✓
@HDIRwanda

Minisiteri y'Ubuzima iti: "Ubushakashatsi bwerekanye ko 51% by'abana batangira imibonano mpuzabitsina bafite imyaka 12 cyangwa munsi yayo, bikavamo inda zitateganyijwe n'indwara nyinshi.

Iti inama ni ukubaha serivisi z'ubuzima bw'imyororokere, harimo kuboneza urubyaro, guhera nibura ku myaka 15.

Bamwe mu baturage bati: "Ibyo ntitubyemera."
Abandi bati: "Kuganiriza abana nta musaruro byatanze. Ese kwirengagiza ko abangavu n'ingimbi bari gukora imibonano mpuzabitsina bikuraho ukuri kw'ibibera mu buzima bwabo?"

Ese wowe ubyumva ute?

You reposted

NYAGASANI w' I Rwanda ... · 20 Feb
Replying to @HDIRwanda and @SwedeninRW
Njye mbona dukwiriye kuva mu mvugo isa nizimije ku bijyanye no kwigisha ingimbi n abangavu nabo bana bato ba12 , hakwiye kubaho isomo ryihariye rya education sexuel mu mashuri yacu rivuga neza imyorerekere kandi hakabaho ubwisanzure kuko usanga mu muryango harimo kutirekura

1 · 3 · 313

You reposted

Alice Kanyana 🇺🇦 @alice_k... · 20 Feb
Replying to @Ihorindengera1 @HDIRwanda and 2 others
Ubushakashatsi bwagaragaje ikibazo gikomeye. Tugomba kurinda abana ihohoterwa, kubaha uburezi bufite ireme no gutanga serivisi z'ubuzima zirimo kuboneza urubyaro. Guhangana n'ingaruka ntibisobanuye kwirengagiza icyaziteye.

Gloriose Cyizere @GCyizere · 19 Feb
Replying to @HDIRwanda and @SwedeninRW
Umuntu ugeze igihe cyo gusama yagakwiye kuba yemerewe n'uburyo bwo kumurinda gusama.

Kwigisha abana ni byiza, kubabuza ubusambanyi ni byiza ariko barabikora, rero hakenewe plan B, kugira ngo umuntu abyare yabiteganyije.

1 · 5 · 513

Most relevant replies

Nkunda Ingabo👮🇺🇦 @s... · 15 Feb
Replying to @HDIRwanda
Strong awareness campaign about reproductive health,, Initiation of Clubs for unwanted pregnancies, STI prevention, use of Condoms. And this must involve multidisciplinary team for implementation. Only education can end this.

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
- EAHP
- 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

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