HDI NEWSLETTER

JANUARY 2025

WHAT'S INSIDE

Dear Partner,

Welcome to our January Newsletter!

This month, we highlight our ongoing efforts to advance sexual and reproductive health and rights (SRHR). We've been working to enhance the capacity of educators to deliver comprehensive sexuality education (CSE).

In this issue, we share key insights from a two-day workshop where we focused on empowering educators with the tools to provide accurate and inclusive information. We also feature highlights from our four-day training workshop aimed at advancing abortion research to support evidence-based advocacy.

Our commitment to fostering strategic partnerships continues as we collaborate with various organizations to promote gender equality, ensuring that our advocacy reaches diverse communities. Additionally, we spotlight our work to enhance post-abortion care through guideline reforms, striving to provide women with quality, stigma-free care.

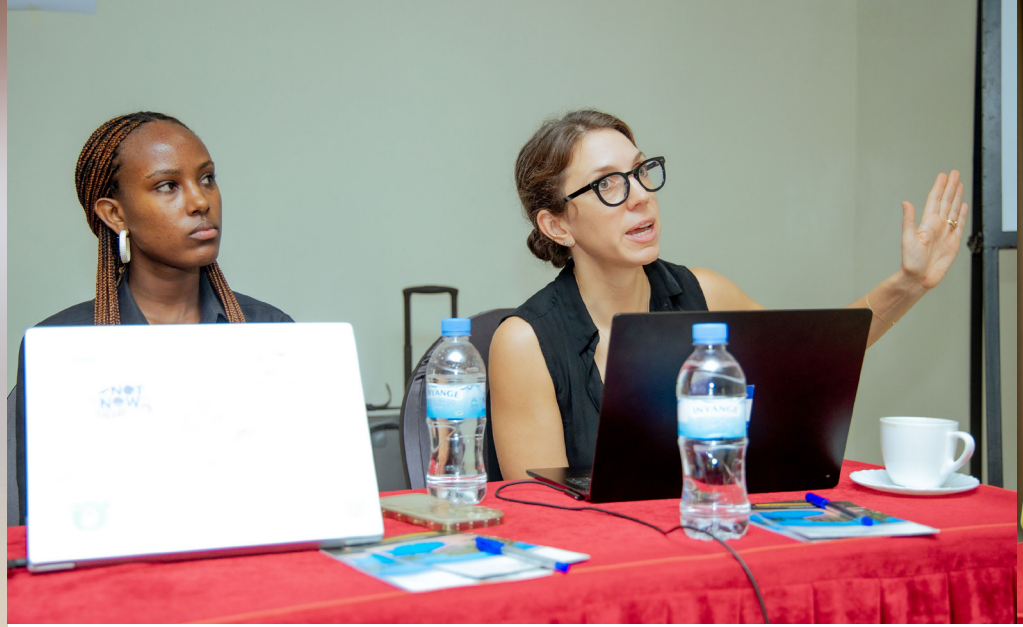
Finally, we share updates from our ongoing community engagement campaigns, which are raising awareness about HIV prevention, testing, and care, empowering individuals to take control of their health.

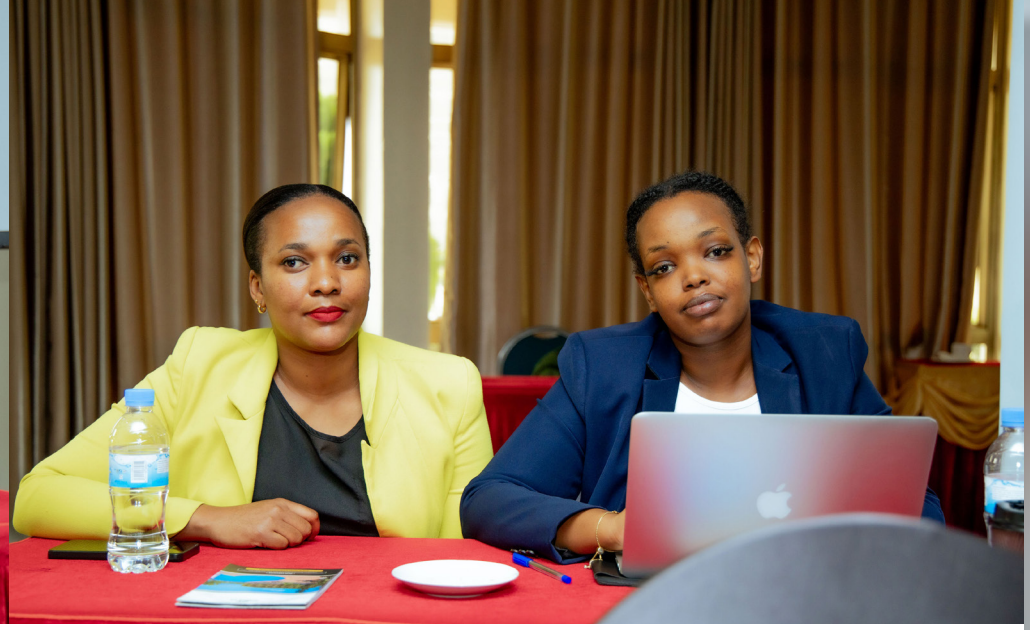
Thank you for your continued partnership in advancing these critical issues.

Warm regards,
The Communication Team

ADVANCING ABORTION RESEARCH TO STRENGTHEN EVIDENCE-BASED ADVOCACY

We kicked off the new year collaborating with the Guttmacher Institute to deliver abortion training series with our staff and partners aimed at strengthening participants' capacity to design and implement policy-relevant abortion research. The training highlighted the complexities surrounding the measurement of abortion incidence and explored various methods used to estimate abortion rates, particularly in restrictive settings





Dr. Maggie Giorgio, Senior Research Scientist at the Guttmacher Institute, emphasized the critical importance of understanding abortion incidence and its role in shaping a broader understanding of Sexual and Reproductive Health outcomes.

"Abortion is closely linked with unintended pregnancies, access to contraception, and maternal health outcomes, measuring its occurrence helps inform public health policies" she said.

One striking statistic highlights the need for accurate data: 1 in 4 women worldwide will have an abortion at some point in their lives. Over the past 20 years, Rwanda has published only 9 research papers on the subject, highlighting the gap in comprehensive research and data on abortion. Dr. Giorgio acknowledged that legal restrictions and social stigma make abortion difficult to measure directly. She highlighted an example where official health records often omit abortions that take place outside formal healthcare settings, and community-based surveys are prone to underreporting due to the sensitive nature of the topic.

She also touched on how it is sometimes difficult to distinguish between spontaneous abortions (miscarriages) and induced abortions, which always complicate data collection.

MEASURING ABORTION INCIDENCE

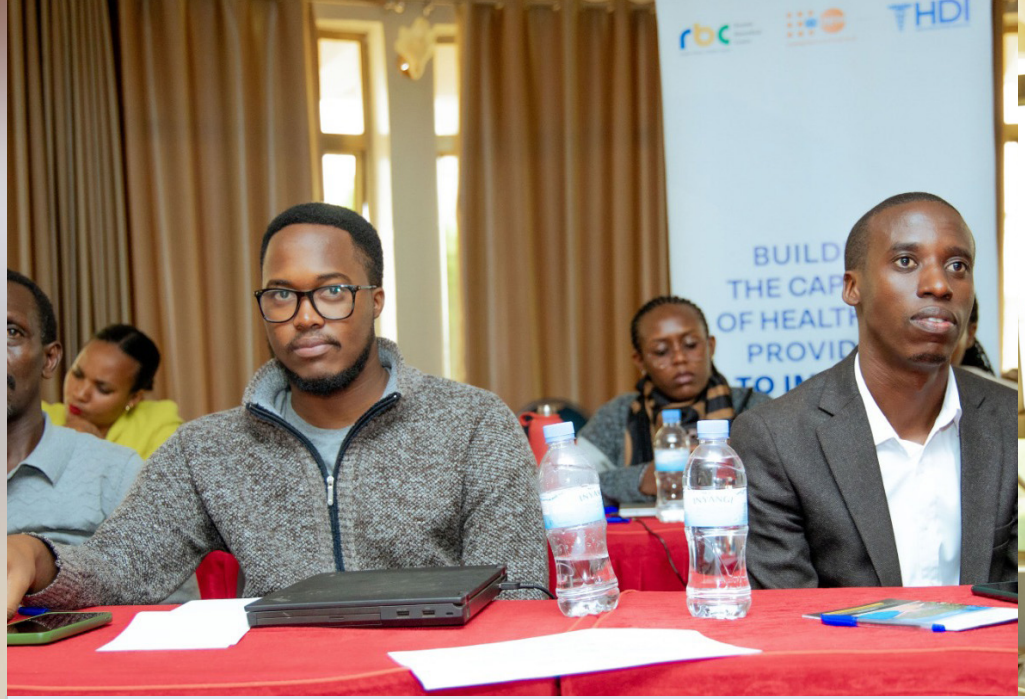
In her detailed presentation, Dr. Giorgio pointed out that there are various methods to measure the Abortion Incidence starting with the Abortion incidence Complication Method (AICM), most widely used approach for estimating abortion

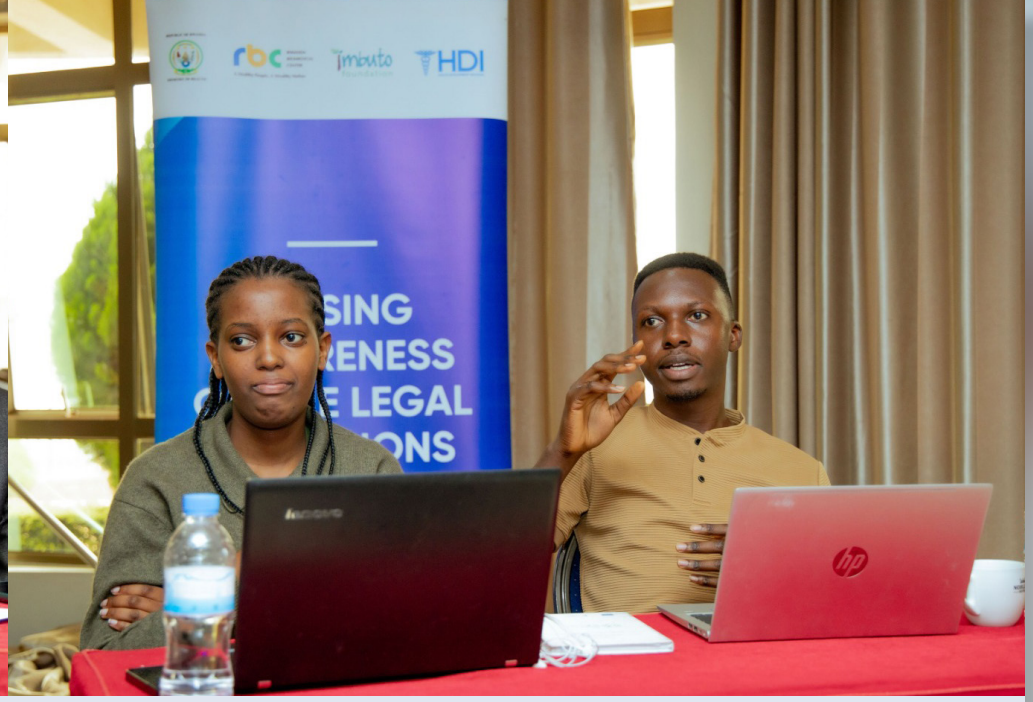
incidence in settings with restricted access. The method leverages data from health facility surveys and knowledgeable informants to calculate the number of abortions that result in complications, which can be treated in healthcare facilities. She said that despite its limitations, such as reliance on indirect data and the need for accurate estimates of post-abortion care, AICM has remained the most robust tool available for abortion research.

So far, more than 30 countries, including Rwanda, Ethiopia, and Kenya, have successfully used this proposal. Dr. Giorgio led a discussion on emerging methods forimproving abortion incidence data collection, such as anonymous reporting and social network-based approaches.

While promising, she noted these methods are still evolving and face challenges like bias and unreliability. She also highlighted techniques used to study informal access to medical abortions, including stock surveys to track where abortion drugs are sold and Mystery Client studies, where trained individuals simulate real-life scenarios to assess ease of access and the quality of information from sellers.

These methods provide crucial insights into the availability of medical abortions outside formal healthcare settings..

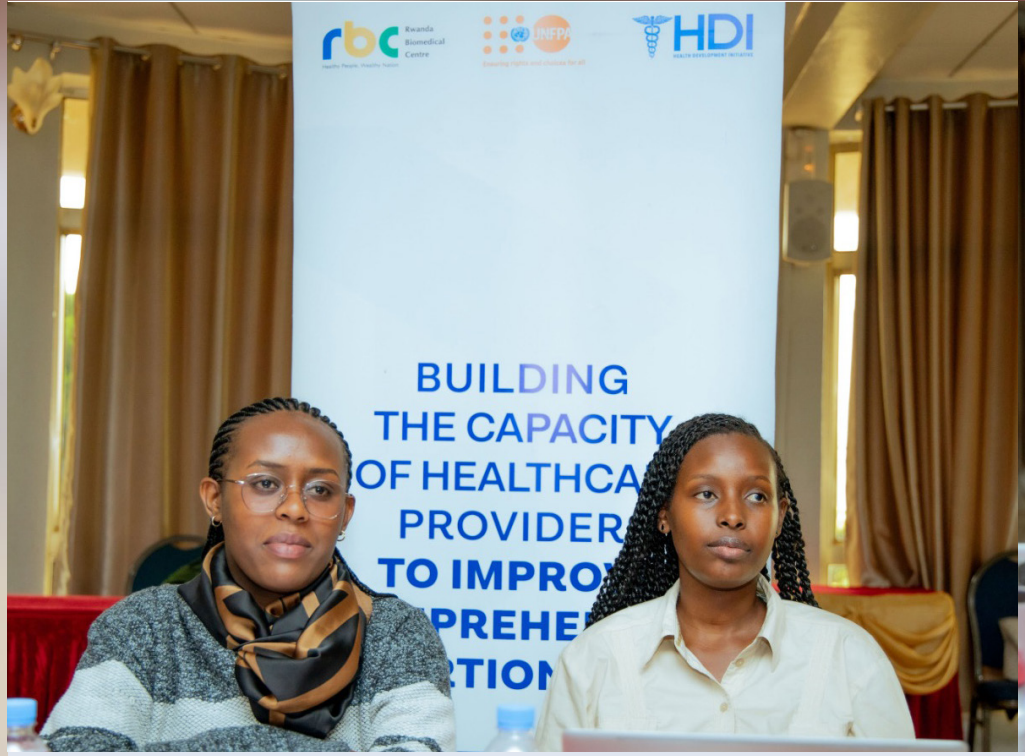


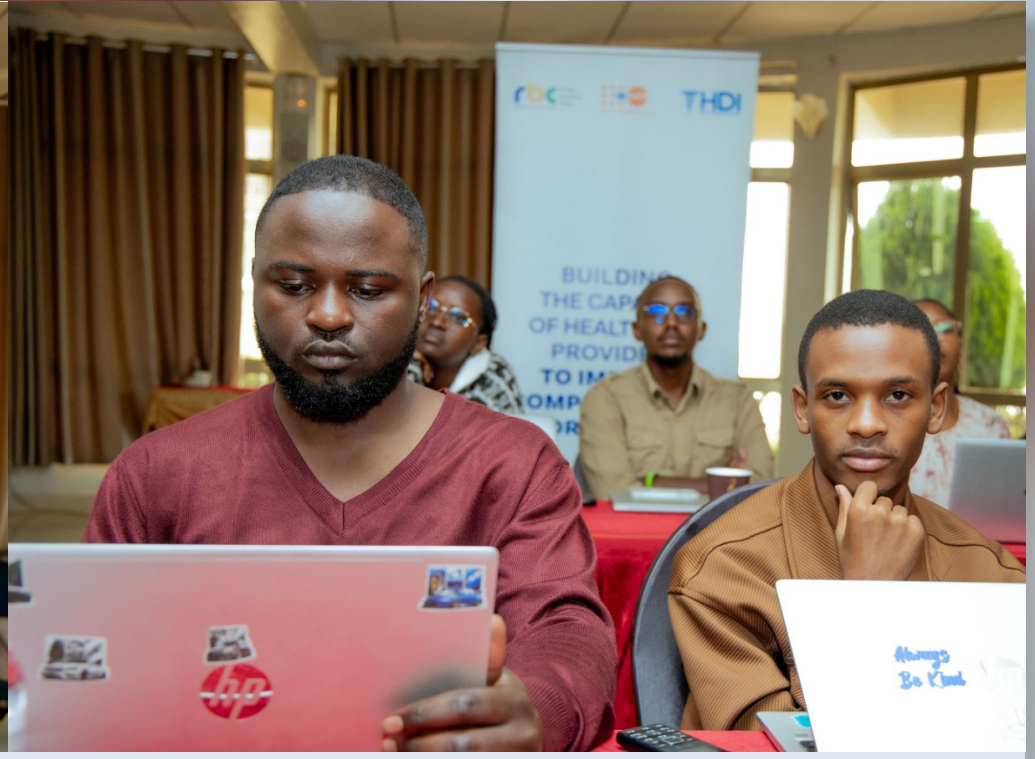


ABORTION STIGMA

Dr. Giorgio concluded the session with a session on Abortion stigma; how do we measure and research about that? She stated that abortion stigma operates on multiple levels: individual, community, systemic and structural. In many settings, women who undergo abortions are seen as violating traditional ideals of womanhood and are labelled as "unwomanly" or "immoral." While stigma is difficult to quantify, she said that researchers have developed scales to assess it at various levels. For example, the Stigmatising Attitudes, Beliefs, and Actions Scale (SABAS) and the Community Level Abortion Stigma Scale (CLASS) help measure community stigma, while the Individual Level Abortion Stigma Scale (ILAS) focuses on women who have had abortions. These tools are critical for understanding the extent of stigma and its impact on accessing care.

Our Hotline Counsellor, Wycliff Hodari Bagabo took our team through a presentation on our hotline, which serves as a crucial tool in gathering real-time data on safe abortion access.

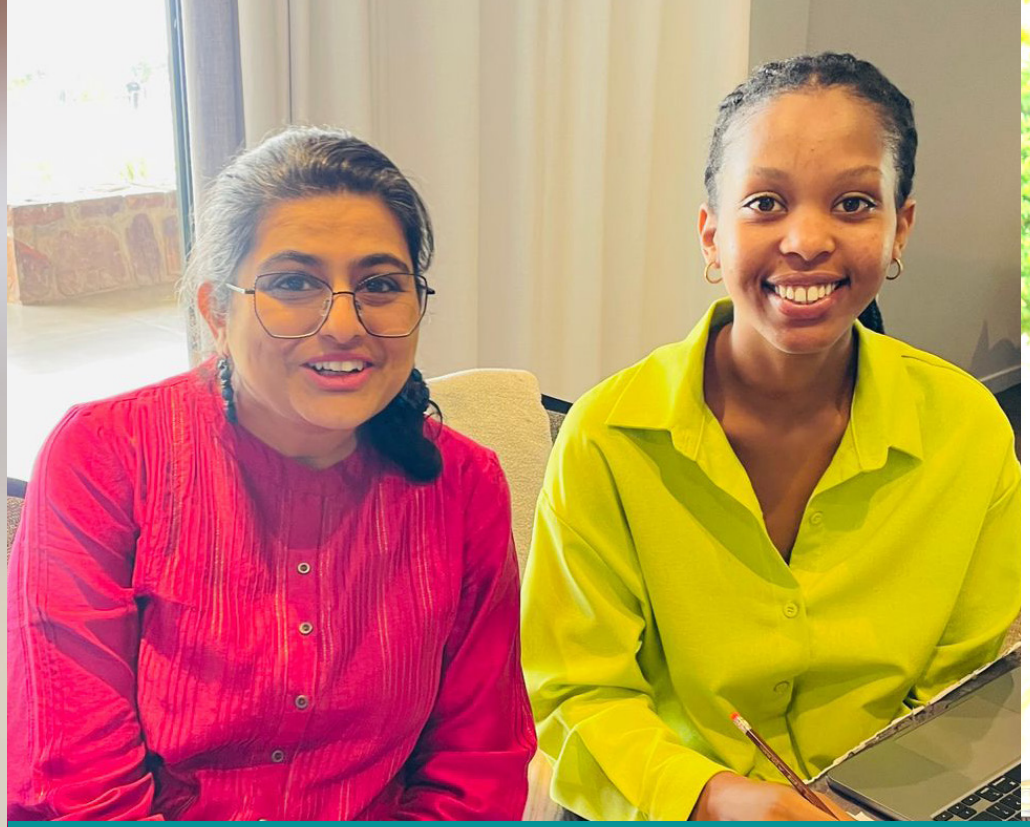


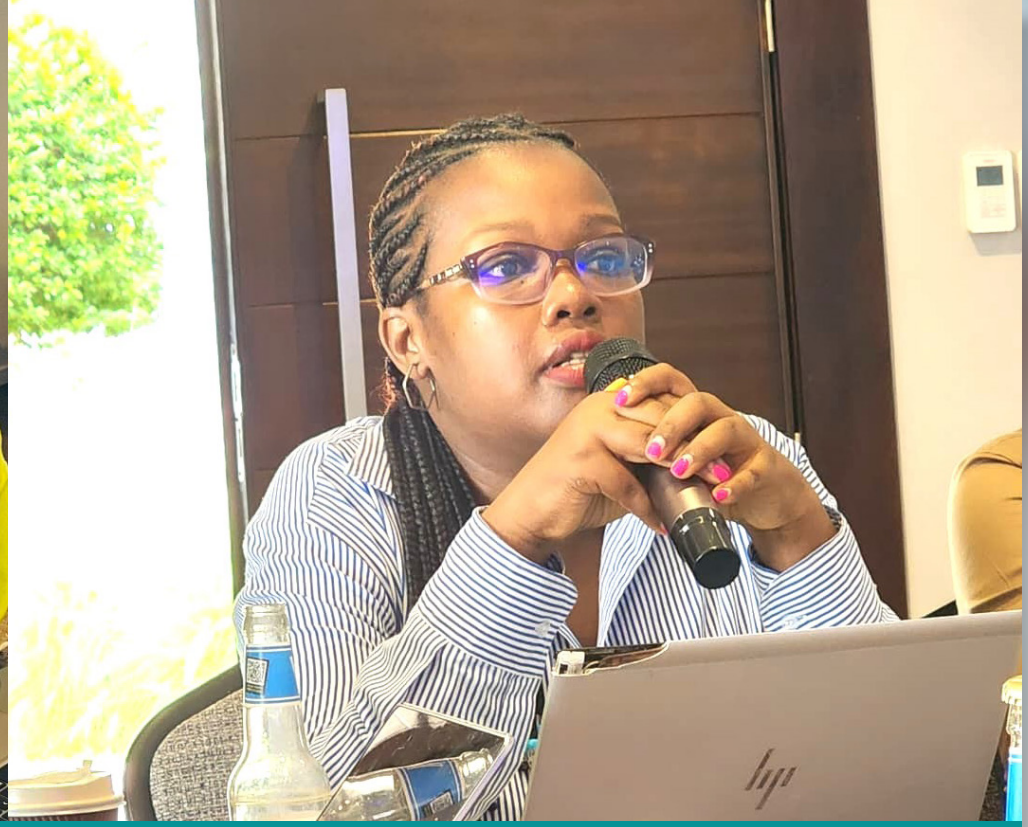


He took the participants through the numerous calls the counsellors receive including those from individuals seeking information and support on accessing safe abortion services, offering a unique lens into the informal networks through which these services are accessed.

The participants looked at how these insights into our research, enabling us to better address the needs of those seeking safe reproductive health options. In order to provide more evidence-based advocacy reports and research on abortions, the sessions concluded with ideas and projects that we could work on.

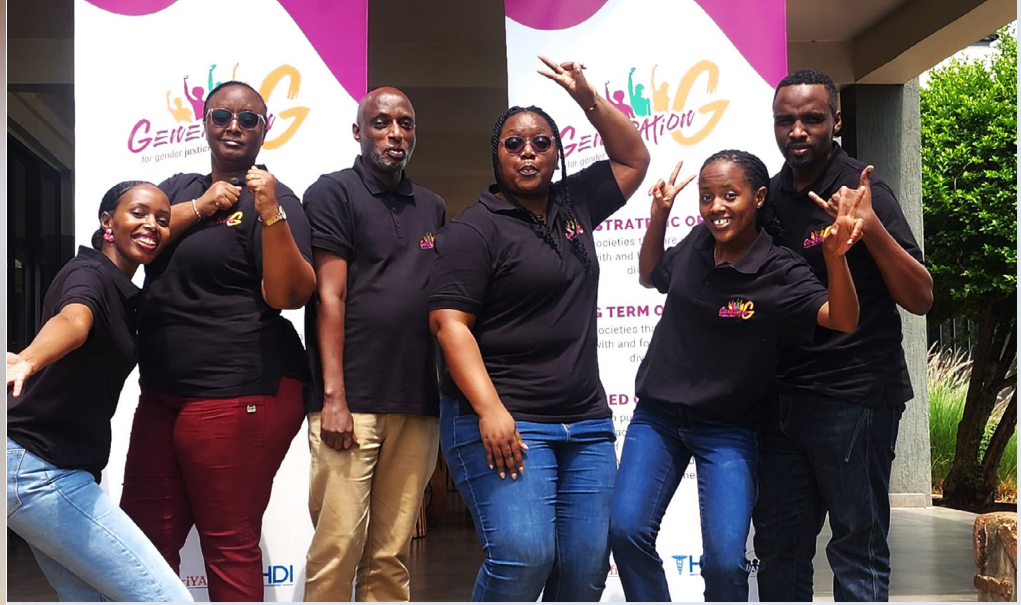
For example, examining the data that is currently available regarding HDI's service delivery, such as the Hotline and the Cross-Sectoral Survey of Safe Abortion Care (SAC) patients (cost of care, receipt/quality of care, pre- and post-abortion counselling, focus on adolescents), and a prospective study of SAC patients (better cost data, Family Planning (FP) continuation, mental health outcomes, etc.)





FOSTERING STRATEGIC PARTNERSHIPS TO PROMOTE GENDER EQUALITY

In January, we joined our Generation Gender Rwanda coalition partners and a team from Equimundo for a four-day retreat where we used the opportunity to reflect, learn, and plan for the future. Reflecting on our collective achievements over the past year, Gisele Umutoniwase, Director of Programs at RWAMREC, said, "Our journey has been a testament to what we can accomplish when we are together. As we look ahead, we will review the 2025 work plan, sharpen our strategies, and deepen our shared commitment of advancing gender equality and social justice."



We dedicated time to reflect on how these principles can be effectively incorporated in our activities and identify areas for growth. Our discussions also highlighted how partnerships and innovative approaches can help us tackle emerging challenges and strengthen advocacy for gender justice.

These include enhancing digital awareness campaigns addressing the rise of technology facilitated gender-based violence, engaging men and boys as allies in violence prevention programs, and collaborating with grassroots organizations to reach vulnerable communities.

Additionally, we explored how technology-driven solutions, such as mobile apps and helplines, can improve access to support services for survivors of violence.

> The true measure of our work lies in the voices we've amplified, the policies we've shaped, and the future we continue to fight for, one that is just, equitable, and free from violence.

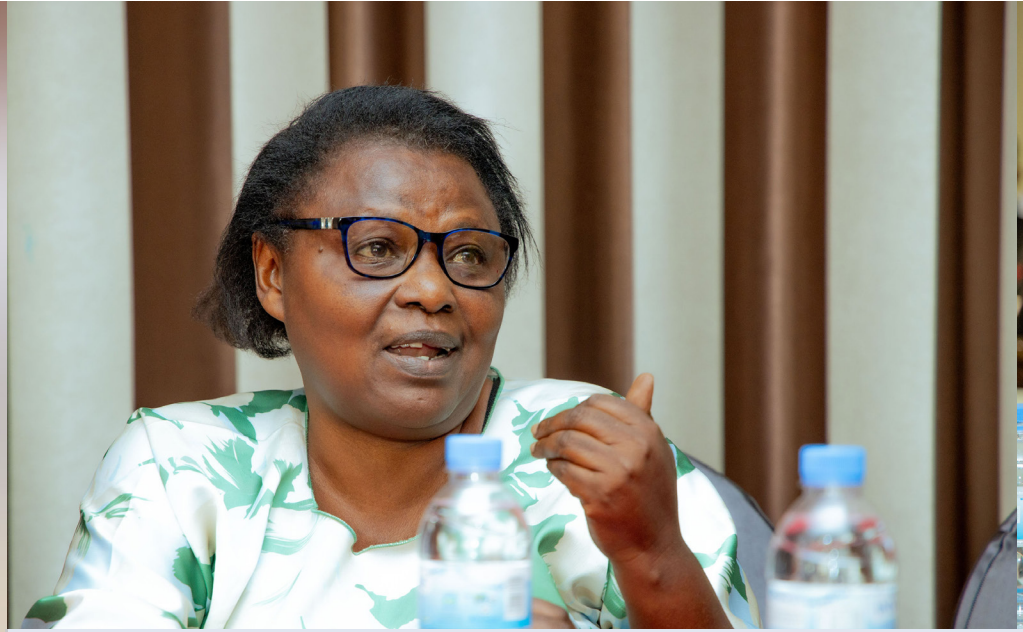
- Annonciata Mukayitete,
Senior Program Officer for Gender Equality and Inclusion, HDI-Rwanda

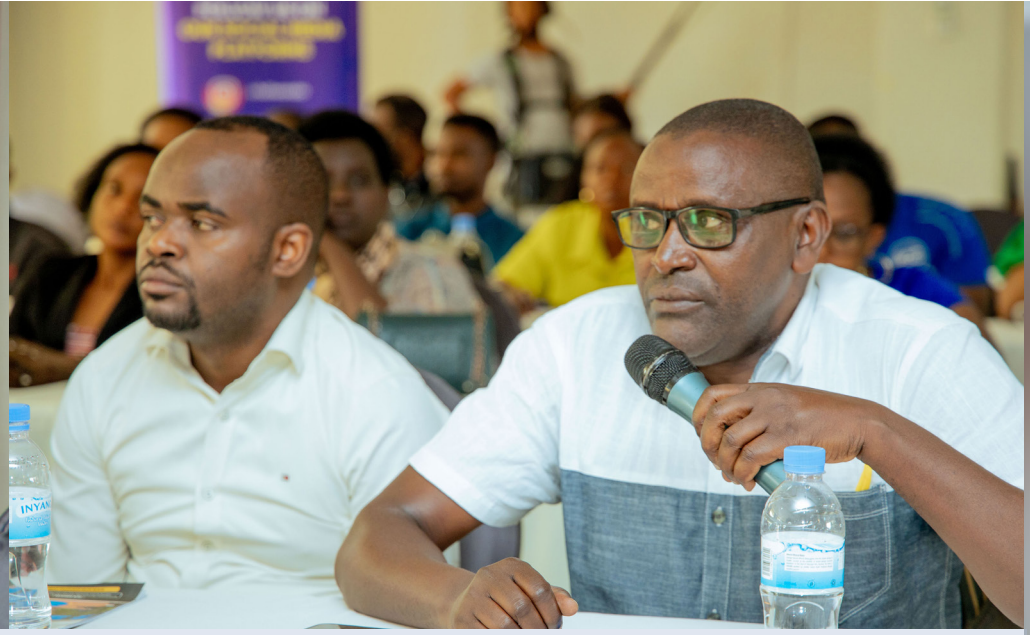
The retreat has strengthened our commitment, renewed our collective energy, and provided us with valuable insights on how to improve and innovate in our approach, ensuring that we remain at the forefront of advancing gender justice and inclusion.

STRENGTHENING THE CAPACITY OF EDUCATORS TO DELIVER CSE

This January, we brought together 46 headteachers, school nurses, and Deans of Studies and Discipline from 16 of our partner schools for a two-day training aimed at strengthening Comprehensive Sexuality Education (CSE) in Rwandan schools.

The trainings sought to leverage the crucial role school leaders plays in shaping students' perspectives to create environments where students can make informed decisions about their sexual health and well-being.





In his opening remarks, our Executive Director, Dr. Aflodis Kagaba reflected on Rwanda's progress in SRHR advocacy, emphasizing how crucial teachers and school leaders are in ensuring that students not only have access to accurate information but also feel supported in making decisions that impact their future.

"While parents play an essential role, schools must bridge communication gaps to ensure adolescents get the information they need to make informed decisions about their sexual and reproductive health," he said. Next, our Youth Engagement Advisor, Keza Diana, led a session on the positive impact of CSE in shaping the future of young Rwandans. She reminded the educators that as the country continues to evolve, providing young people with age-appropriate, accurate, and culturally relevant information about sexuality and relationships is critical for fostering a healthy, informed generation.

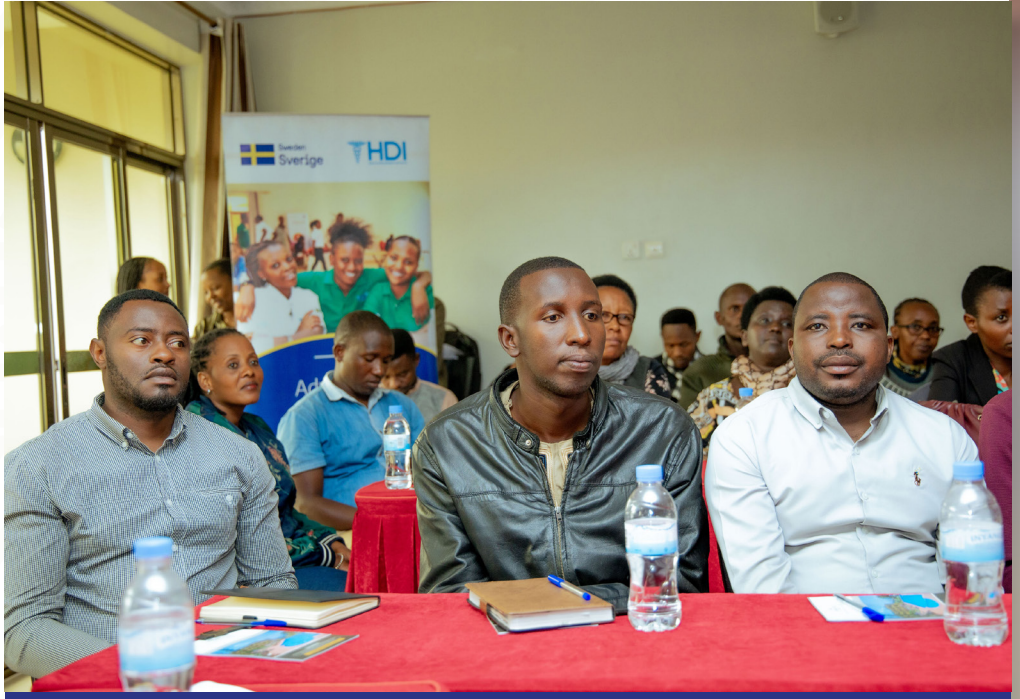
"CSE is more than biology and health facts. It's about equipping young people with the knowledge, skills, and values they need to make responsible decisions about their sexual health."
She highlighted how integrating CSE into the Competency-Based Curriculum (CBC) addresses key issues like HIV prevention, unintended pregnancies, gender equality, and GBV.

Keza also highlighted key topics addressed in CSE, such as human development, healthy relationships, personal safety, and sexual and reproductive health and rights.

She urged educators to support CSE, emphasizing how it empowers students to understand their bodies and emotions, promotes self-respect and mutual respect, and fosters informed decision-making on crucial matters like consent, contraception, and STI prevention.

The Director of Discipline at GS Nyanza, Josephine Mukangango, raised a crucial question on how educators can determine age appropriate information to share, given students' varying levels of understanding.

In response, Keza said that CSE is designed to align with children's developmental stages and reminded that educators have clear guidelines to ensure that lessons are relevant, meaningful, and age appropriate. She discussed strategies for navigating the challenges of integrating CSE into the curriculum, emphasizing the importance of overcoming resistance and addressing cultural or societal barriers that may arise.

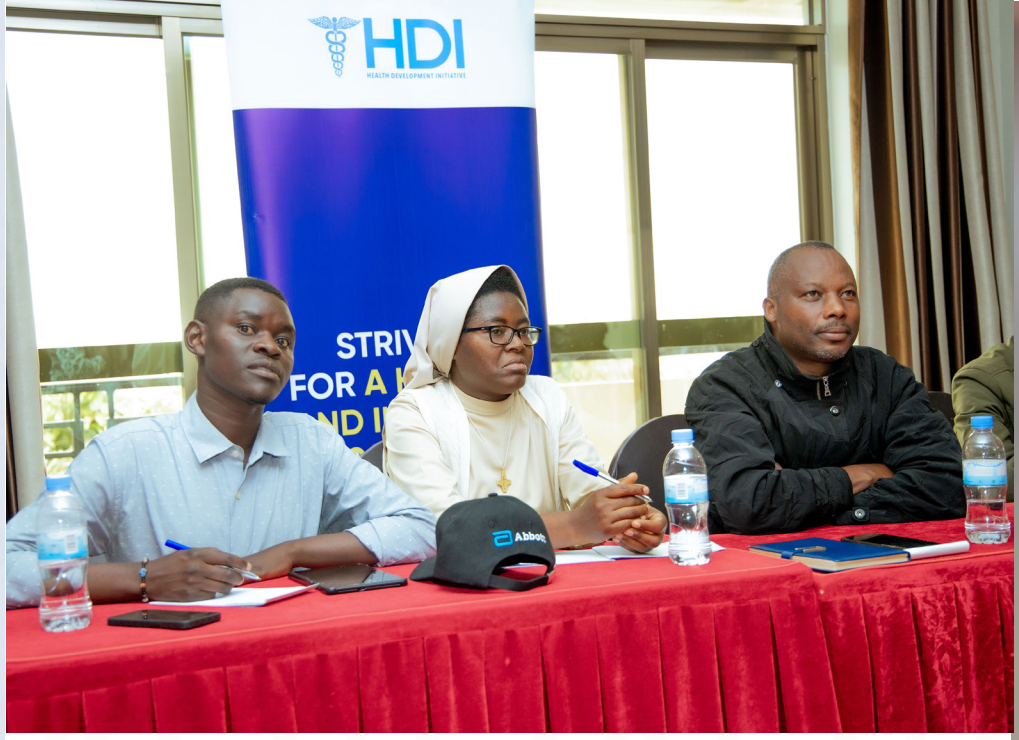


For example, she suggested collaborating with local community leaders and parents to build understanding and gain support. Keza also highlighted the need for educators to be equipped with training to confidently address sensitive topics, such as sexual consent without discomfort or hesitation. To tackle common misconceptions, Keza encouraged educators to challenge the idea that discussing contraception in schools promotes sexual activity, explaining that, instead, it empowers students to make informed decisions about their health.

Additionally, she spoke about fostering a school environment where open and safe conversations about sexuality can take place. She gave the example of implementing peer-led support groups, where students can discuss CSE topics with one another in a safe space. She also mentioned setting up anonymous question boxes in classrooms where students can submit their questions about sexual health without fear of judgment.

The next session led by our Litigation Officer, Brendah Karungi, explored Gender-Based Violence (GBV), highlighting the real, human consequences such as trauma, that survivors, mostly women and girls, experience every day.

She emphasised that while legal frameworks exist, they can only go so far if victims don't have the tools or support to seek justice. She stressed how important it is for the school leaders to make information easily accessible, for support systems to be in place, and for the law to be enforced in a way that provides real protection. A participant's questions on consent sparked a deep discussion, especially when they asked, "Can a man be raped?" and "Can rape occur in marriage?"



Karungi responded that whether in marriage or any relationship, consent is key adding that if one partner doesn't agree to a sexual act, it is considered rape.

She emphasized that ongoing, mutual consent is necessary at all times, emphasizing that marriage does not grant automatic consent.

The training wrapped up with a strong call to action for teachers, parents, and community leaders to actively support CSE.

RAISING AWARENESS ON HIV THROUGH COMMUNITY ENGAGEMENT

In collaboration with Kabuga Health Center and Masaka Sector, this January, we continued our efforts to combat HIV and promote family planning, reaching community members with crucial services and information to support their health and well-being. Over the course of three days, our team actively engaged the community through informative sessions on HIV prevention.

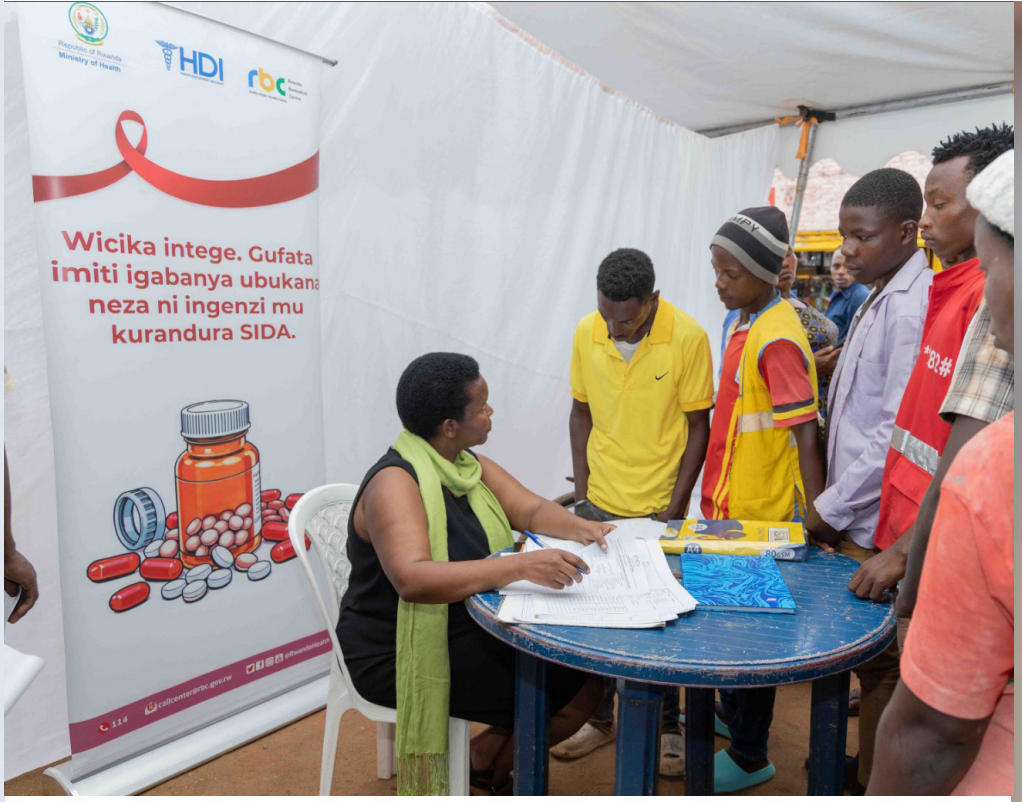
We highlighted the importance of PrEP (pre-exposure prophylaxis) and PEP (post-exposure prophylaxis) as effective tools in reducing the risk of HIV infection.

Our team also provided practical demonstrations on proper condom use, emphasizing its role in preventing HIV transmission and promoting safer sexual practices.

As part of our commitment to accessible healthcare, we offered free and confidential HIV testing and counseling services to 310 individuals.

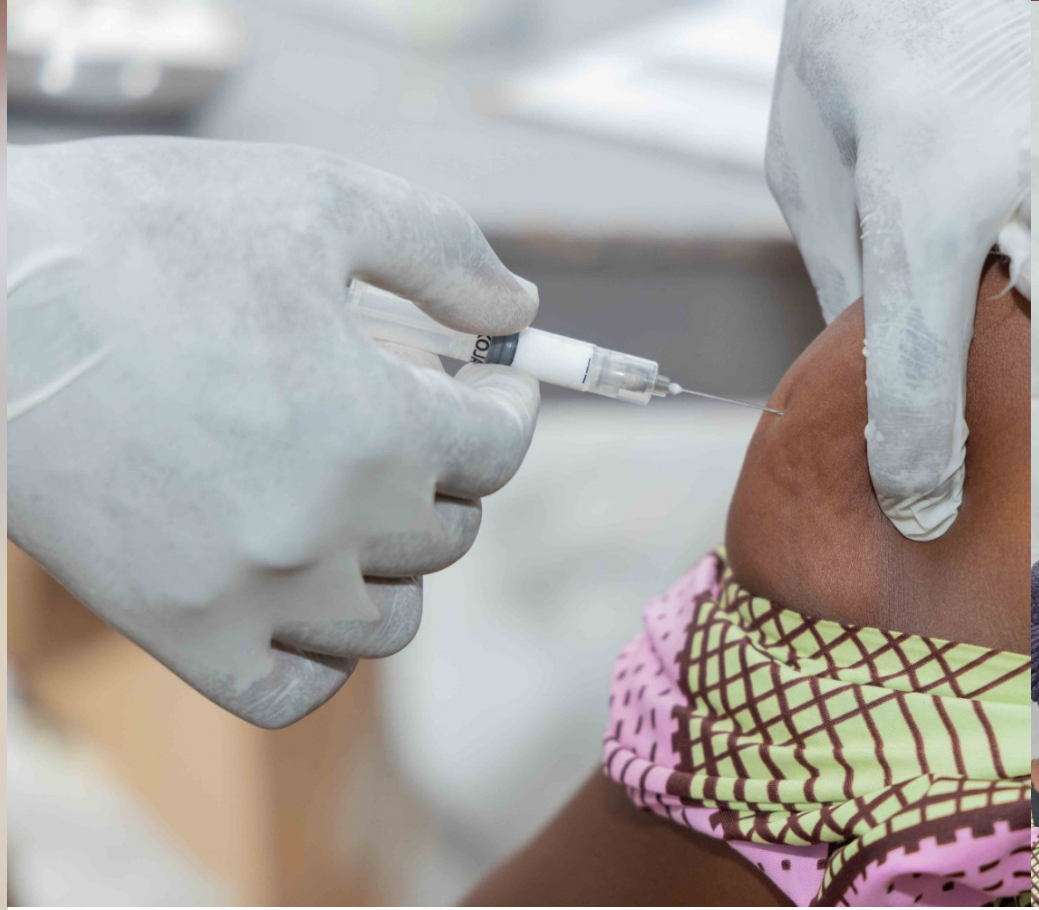
These services aimed to empower individuals to know their HIV status and access necessary support without fear of stigma.

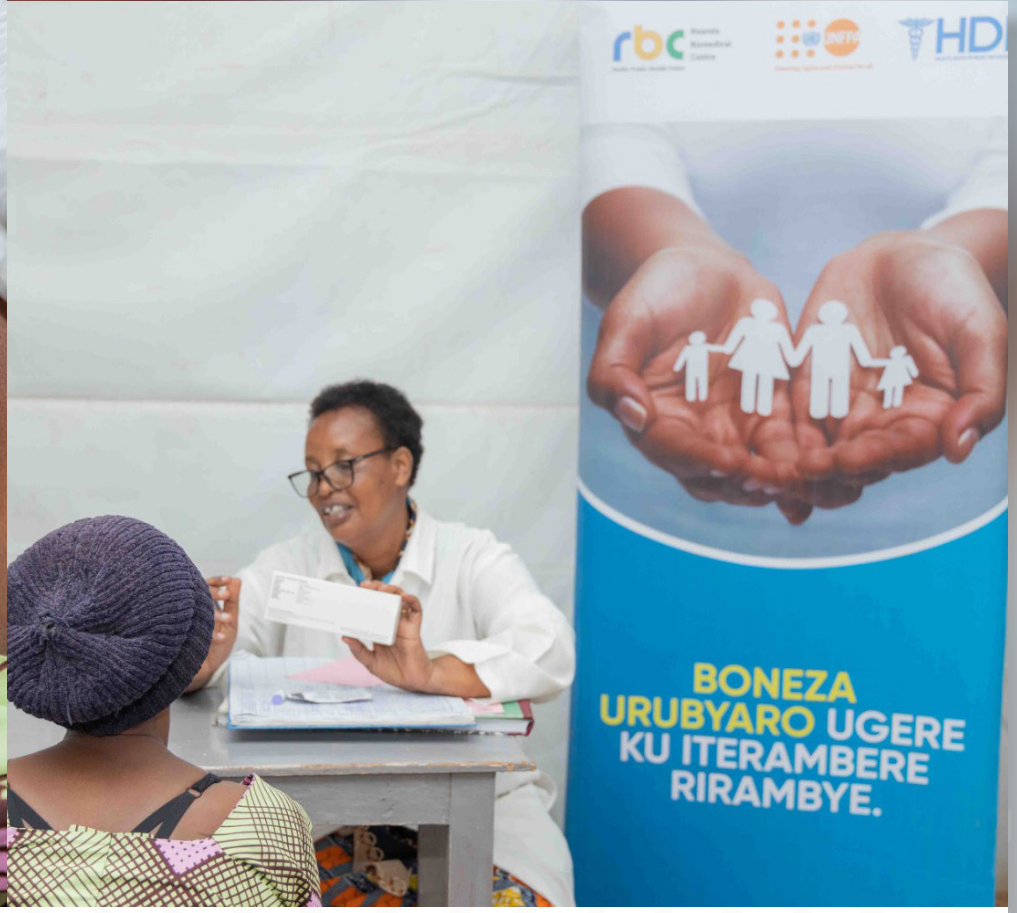
Our counselors were available to guide participants through the testing process, provide immediate results, and connecting those in need with appropriate follow-up care and treatment services.



In addition to HIV prevention efforts, we prioritized family planning education to promote informed decision-making about sexual and reproductive health.

Through interactive discussions, we provided detailed information on various contraception methods, including oral contraceptives, injectables, implants, intrauterine devices (IUDs), and condoms.





Our team also addressed common myths and misconceptions about family planning, ensuring that participants received accurate, science-based information. At least 42 women were provided family planning methods. We highlighted the importance of family planning not only for preventing unplanned pregnancies but also for promoting healthier families and empowering women to pursue their personal and professional goals.

This initiative reflects our ongoing commitment to improving public health outcomes by providing comprehensive, inclusive, and accessible sexual and reproductive health services.

ENHANCING POST-ABORTION CARE THROUGH GUIDELINE REFORMS

This January, we held a three-day workshop aimed at updating the Post-Abortion Care (PAC) Guidelines. The primary focus of the workshop was to ensure that the PAC guidelines align with the latest global standards set by the World Health Organisation (WHO) and the International Federation of Gynaecology and Obstetrics (FIGO).

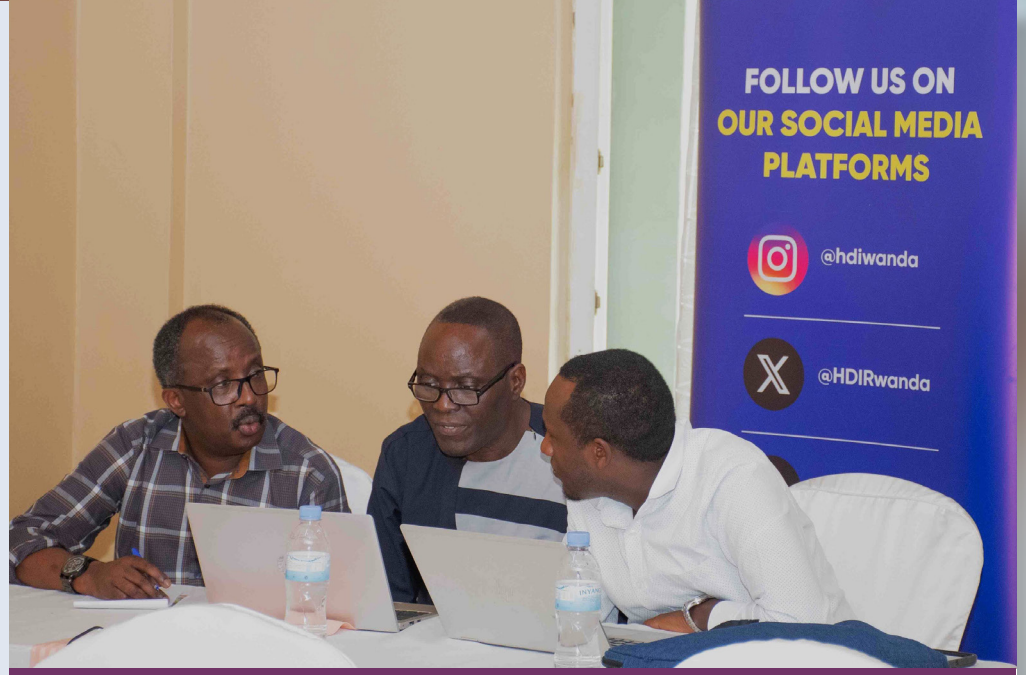
This workshop brought together representatives from key organisations, including the Rwanda Biomedical Centre (RBC), Rwanda Society of Obstetricians and Gynecologists (RSOG), Rwanda Women's Network (RWN), Rwanda Health Initiative for Young Women (RHIYW), as well the Rwanda Association of Midwives (RAM).

The guidelines are designed to uphold the rights of women and girls, minimizing preventable maternal health complications and ensuring equitable access to comprehensive, optimal care.

These guidelines were put in place to standardize the diagnosis and management of incomplete abortions or miscarriages, enhance counseling and psychosocial support, and establish robust referral systems to ensure access to timely, effective care.

Eugene Kanyamanza, the Comprehensive Abortion Care (CAC) Advisor at RBC, emphasised the urgency of finalising the updated PAC guidelines to ensure timely approval and implementation. Participants were encouraged to focus on areas for improvement, suggesting new content, and correcting grammatical and typographical errors.

Over the first two days, participants were divided into two groups to thoroughly review the document. Group 1, led by Dr. Dan Butare, a member of RSOG, and Group 2, led by Dr. Anicet Nzabonimpa, worked tirelessly to review every section of the guidelines.



Their tasks included reading the document in its entirety, editing content, and using track changes to document revisions. The collaborative spirit and dedication of the participants were evident as they worked to ensure the guidelines were comprehensive, accurate, and aligned with global best practices. On the final day, the plenary session merged the inputs from both groups, resulting in a newly updated version of the PAC Guidelines. Key changes were made throughout the document. The introduction now includes a new figure illustrating the components of PAC, and recommendations such as inclusion of content on patient rights were made.

In the diagnosis and management section, new content was added on the assessment steps for women with incomplete abortion, along with updated medical treatment protocols to reflect FIGO 2023 and WHO 2018 guidelines. Dr. Francois Regis Cyiza suggested adding clearer guidance on client observation after administering misoprostol. The contraception section saw revisions in the tables to improve readability, while repeated paragraphs in the section on PAC service integration were eliminated for conciseness.

For the post-abortion counselling section, Dr. Mickel-Ange Karamage recommended adding an introductory text before the table of guiding principles and elements for PAC counselling. The updated National Post-Abortion Care (PAC) Guidelines offer a much-needed advancement for Rwanda's healthcare system. They provide healthcare professionals with clear, evidence-based procedures for managing incomplete abortions and related complications.

The guidelines also advocate for the integration of PAC with other Sexual and Reproductive Health (SRH) services, including HIV testing, STI screenings, and mental health support.

Additionally, the guidelines highlight the importance of psychosocial support for women who undergo post-abortion care. The participants also recognised the emotional toll that abortion and miscarriage can have and reminded the value of encouraging non-judgemental counselling. Beyond clinical care, the updated guidelines promote community awareness and education.

This effort aims to reduce the stigma surrounding abortion and ensure that women can access post-abortion care without fear or shame.

IN OTHER NEWS.

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

4TH JANUARY 2025: THE IMPACT OF GBV ON REPRODUCTIVE HEALTH

11TH JANUARY 2025: HEALTH TIPS FOR PREGNANT WOMEN AND THEIR UNBORN BABIES 18TH **18TH**

18TH JANUARY 2025: TACKLING GENDER-BASED VIOLENCE

25TH JANUARY 2025: ADOLESCENCE AND PUBERTY: WHAT YOU NEED TO KNOW

05TH JANUARY 2025: HOW YOUNG PEOPLE CAN TAKE CHARGE OF THEIR REPRODUCTIVE HEALTH

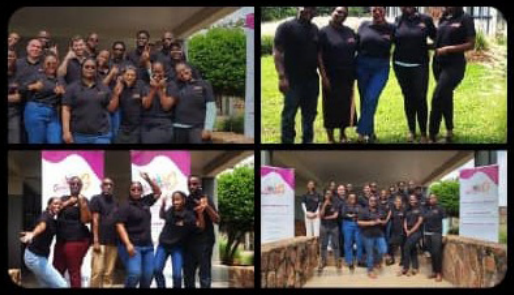
19TH JANUARY 2025: UNDERSTANDING THE MENSTRUAL CYCLE

26TH JANUARY 2025: THE ROLE OF YOUTH IN PREVENTING THE SPREAD OF HIV/AIDS

STAKEHOLDERS SPEAK:

HDI Rwanda @HDIRwanda · 31 Jan

We've wrapped up an impactful 4-day retreat with our Generation Gender (@GenGRwanda) coalition partners, including teams from @rwamrec, @AfriYAN_Rwanda, and @equimundo_org. The retreat offered a critical space to reflect on our collective achievements over the past year, review Show more



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Dr. Scientist @giorgio_maggie · 21 Jan

Great first day working with the always excellent @HDIRwanda staff!

> **HDI Rwanda** @HDIRw... · 21 Jan
> Excited to welcome Dr. Margaret Giorgio (@giorgio_maggie), Senior Research Scientist from our partner, @Guttmacher, who this week joins us and our other local partners—resea...
> There's a new version of this post

MUHIRE Pascal @MUHIRE... · 01 Feb

Replying to @HDIRwanda @GenGRwanda and 3 others

you have been the engine of transformation of the life of communities. keep doing good work @rwamrec @HDIRwanda @AfriYAN_Rwanda @GenGRwanda @equimundo_org

3 4 336

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 BELGIUM
- 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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