

HDI NEWSLETTER

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Dear Partners,

Welcome to our July Newsletter!

We are excited to share how we are harnessing media expertise to champion adolescent sexual and reproductive health (SRH). We share highlights about our efforts are centered around integrating media coverage with advocacy to ensure that critical issues are highlighted effectively.

We also share a story about our Gender Cafés, our dynamic platform for exploring intersectionality and SRHR.

We also share how we are working to influence GBV legal reforms that address the needs of all individuals, particularly those in vulnerable situations.

We also share highlights from our work around amplifying the voices of sexual and gender diverse communities through targeted media strategies.

As we enter a new month, we would like to thank you for your continued support as we strive to drive positive change and advocate for comprehensive rights and protections for all.

Warm regards,
The Comms Team



SHAPING EFFECTIVE GBV LEGAL REFORMS THROUGH COLLABORATIVE CONTRIBUTIONS

We hosted a one-day dialogue, bringing together civil society organisations, legal experts, activists, community leaders, and survivors of gender-based violence to facilitate the exchange of insights and recommendations on the draft GBV law. The goal was to ensure these contributions are reflected in the new legislation, creating a more inclusive and robust

legal framework or addressing gender-based violence. Among the articles that the participants proposed for amendment is Article 10, which penalizes the use of drugs, narcotics, images, symbols, language, or writing to incite sexual violence. They recommended rephrasing the article to also address Technology-Facilitated Gender-Based Violence (TF-GBV).



Participants also examined Article 12, which allows GBV cases to be heard and decided at the scene of the crime if it is deemed convenient for the victim. They raised concerns about the lack of clarity regarding what qualifies as “convenient” and who is responsible for making this determination, highlighting the potential risk to the victim’s right to privacy.

To better safeguard this right, participants recommended revisiting the provision, replacing “scene of the crime” with “court of jurisdiction.” Participants also addressed concerns with Article 33, which uses the term “handicapped,” a term now considered derogatory.

They proposed replacing it with “person with a disability.” Additionally, they called for the inclusion of new articles: one that clearly defines disability and another that specifically criminalizes gender-based violence against people with disabilities.

They also reviewed Article 36, which criminalizes anyone who refuses to assist a victim of violence or to testify about violence against themselves or others. It was emphasized that a victim of gender-based violence should never be prosecuted for refusing to testify; instead, they should be afforded protection. Additionally, they proposed amending this article to explicitly include gender-based corruption.

The insights and feedback from the meeting were compiled and presented to the relevant legislative bodies for review.

This collaborative effort aims to shape a comprehensive GBV law that addresses the concerns of all stakeholders while strengthening protections against gender-based violence, including emerging forms of GBV.



LEVERAGING MEDIA COVERAGE OF SEXUAL AND GENDER DIVERSE RIGHTS

In our ongoing efforts to promote inclusion, we partnered with the African Population and Health Research Center (APHRC) to host a half-day dialogue for media professionals on documenting and reporting the rights of Sexual and Gender Diverse (SGD) groups. This session aimed to assess the progress made since the last training in 2022, focusing on the evolving reporting techniques and improvements in coverage of SGD issues. Both the dialogue and training are grounded in our 2021 study conducted across Nyanza, Muhanga, Huye, Kicukiro, and Nyarugenge districts, titled 'Examination of LGBT People's Lived Experiences and Public Perceptions of Sexual and Gender Minorities in Rwanda'.

This study investigated the factors driving social exclusion, including stigma, discrimination, and human rights violations, and evaluated the impact on LGBT individuals' well-being and the adequacy of the legal framework protecting their rights.

COMPARING NOTES

The meeting began with a series of questions directed at media professionals, exploring whether there have been any changes since the 2022 training. Facilitators encouraged participants to reflect on improvements in reporting practices and the impact of these changes across different regions.

The dialogue sought to explore the best practices for ethical reporting, identify the barriers, and develop strategies to enhance media coverage of SGD-related issues. The insights gathered are intended to guide future training, resources, and support. Diane Nikuze Nkusi, Founder of Umuringa News, observed improvements in the receptiveness of SGD communities to media requests for interviews.



However, she highlighted that self-stigma remains a significant barrier and noting it beyond how they respond to journalists to the gaps in how they utilize health services s.

Jean de Dieu Akimana, Public Relations Lead at Gitwe Hospital, shared that while there are small improvements, societal perceptions of SGD individuals continue to be a challenge with a significant number of people in the society still viewing them as a new or foreign concept.



He highlighted a concerning example from Muhanga District, where many individuals living with HIV are part of SGD communities. Despite having 18 health centers in the district, only one—Shongwe Health Center—offers comprehensive health services tailored to SGD individuals, emphasizing a significant gap in healthcare access.

The media professionals identified several challenges in reporting on sensitive issues related to sexual and gender diverse individuals.

Key concerns included mistrust, fear of exposure, and insufficient protection for whistleblowers, which hinder the collection of accurate information. They also voiced concerns about societal backlash and the heightened stigma and discrimination that could be faced by SGD individuals, factors that can discourage fearless and truthful reporting.

To address these challenges and enhance media coverage of SGD issues, participants agreed to initiate regular open dialogues between media professionals and SGD groups.

They also agreed to develop comprehensive story guidelines, providing refresher training for journalists, integrating SGD rights advocacy into broader human rights efforts, offering financial support for investigative journalism, and recognizing and rewarding exceptional reporting on these issues.

These steps aim to enhance understanding and improve media coverage of sexual and gender diverse issues, ensuring that reporting is both accurate and sensitive to the needs of SGD communities.



GENDER CAFÉ: EXPLORING INTERSECTIONALITY AND SRHR

This July, we convened our quarterly Gender Café, a vibrant forum dedicated to discussing crucial issues in sexual and reproductive health and rights (SRHR). The topic of the day was SRHR and Intersectionality.

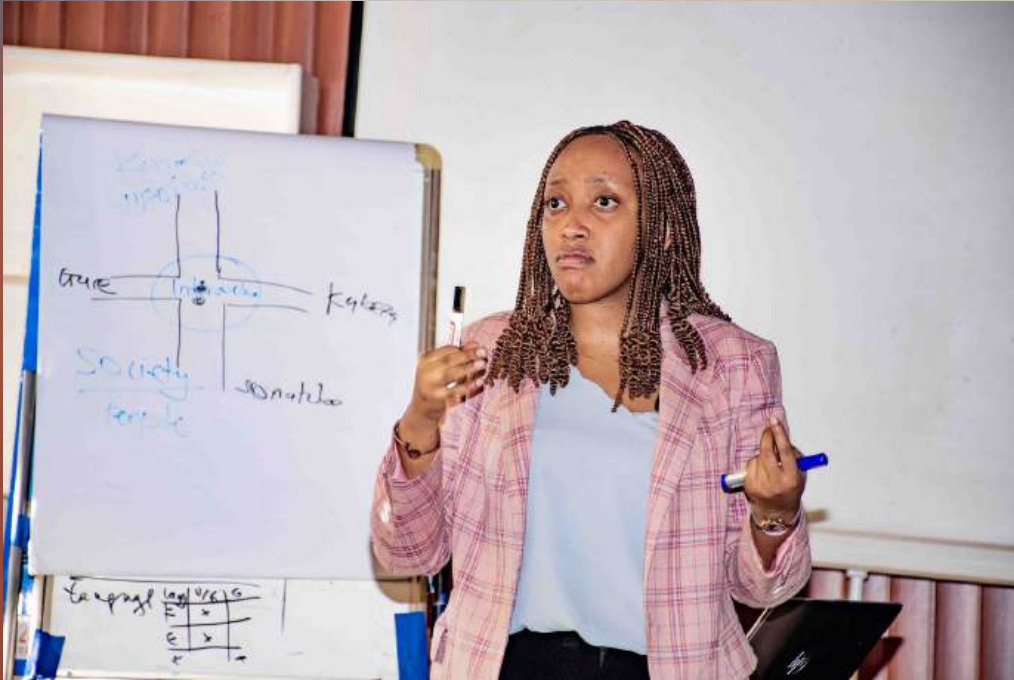
This gathering brought together our staff and partners to explore how various aspects of identity—such as gender, socioeconomic status, and sexual orientation—impact access to SRHR services.



Our quarterly Gender Cafés foster ongoing dialogue and knowledge exchange, providing a platform for our staff and partners to discuss emerging challenges and collaboratively develop strategies to address them. The quarterly format also allows us to track progress, adapt our approaches based on feedback, and collaborate on new solutions to the challenges we encounter.

The session began with a presentation by Annet Mwizerwa, an SRHR expert, who introduced the concept of intersectionality. She explained how it examines the ways in which different

types of discrimination impact individuals. For example, she gave an example of a rural adolescent blind girl. Here, she explained that this girl might struggle to access accurate SRH information about sexual and reproductive health tailored to her needs, such as information in accessible formats like braille. Furthermore, her access to sexual and reproductive health information might be limited by physical barriers, such as the inaccessibility of healthcare facilities or a lack of trained personnel who can provide disability-sensitive care and counseling.



Mwizerwa explained that cultural and societal expectations placed on girls especially in rural areas may further limit her ability to advocate for herself and put her at greater risk of gender-based violence, unintended pregnancies, or sexually transmitted infections, all of which can have long-term consequences for her well-being. She explained that understanding these barriers is key to developing effective SRHR programs. Our approach at HDI-Rwanda emphasizes the need for inclusive and adaptable strategies that cater to the diverse needs of the different communities that we serve.

This involves engaging in continuous dialogue with community members, healthcare providers, local and opinion leaders, organisations of youth, women and people with disability organisations to understand their communities' specific needs and barriers.

The participants discussed the SRHR information and services barriers faced by marginalized and vulnerable groups, which are often worsened by limited resources, economic constraints, legal and policy obstacles, and cultural norms that stigmatize SRHR issues.

To address these challenges, Mwizerwa encouraged the participants to continue engaging communities and local and religious leaders to shift attitudes and reduce stigma.

Additionally, they discussed the value of building supportive networks and ensuring inclusive data collection both which are essential for effectively meeting the diverse needs of all individuals.



The Executive Director of Amahoro Human Respect, Geoffrey Kalisa shared how his organisation approaches the intersection of sexual orientation and SRHR, when addressing the challenges LGBTQ+ individuals face in accessing reproductive health services.

He highlighted the challenges around discrimination and stigma that LGBTQ+ individuals face, which often leads to them receiving inadequate service provision, or outright denial of care due to their sexual orientation or gender identity.

He reminded us that one of the approaches that both our organisations are using is developing comprehensive training programs for healthcare providers and local leaders to enhance their understanding of LGBTQ+ issues and reduce biases. He also highlighted how privacy and confidentiality of these individuals is ensured.

He pointed out some of the collaborative protocols that our organisations follow to protect the individuals' personal information and create safe spaces for LGBTQ+ individuals to discuss their health and rights concerns without fear of exposure or discrimination.

The Gender Café once again demonstrated the value of our quarterly gatherings in advancing our understanding and response to SRHR issues.

Through fostering collaboration and continuous dialogue, these gatherings equip our team with more information and knowledge to adapt our strategies and work towards a more inclusive and equitable approach to sexual and reproductive health.



HARNESSING MEDIA EXPERTISE TO CHAMPION ADOLESCENT SRH

Harnessing Media Expertise to Champion Adolescent SRH In July, we held an intensive three-day training session to equip over 30 media professionals with in-depth knowledge of Adolescent Sexual and Reproductive Health Rights (ASRHR). The dialogue aimed to leverage media professionals' influence and expertise in strategic storytelling to and spotlight critical barriers, influence public perception, and advocate for necessary policy

reforms. We started by presenting the fundamental aspects of ASRH, emphasizing its significance in supporting young people's well-being.

This introduction laid the groundwork by outlining the essential services and information adolescents need to make informed decisions about their sexual and reproductive health.

Following this, we transitioned into discussing the current challenges faced in delivering effective ASRH services. One such issue is the legal and policy gaps in relation to the age of consent and access to services for younger adolescents leading to confusion among adolescents and healthcare providers.

The training stressed the need for media advocacy to clarify legal provisions and push for policies that bridge these gaps, ensuring that adolescents have clear and equitable access to necessary services.

The participants also discussed the stigma and cultural barriers surrounding sexual and reproductive health.

The media professionals were equipped with strategies to challenge these cultural norms and reduce stigma such as impactful storytelling where personal real life testimonials can be used to humanize the issues and promote open discussions around some of these misconceptions.



The facilitators also supported the media professionals to navigate the challenges around limited awareness and enforcement of existing laws. They discussed how many adolescents, parents, and healthcare providers are not fully aware of the legal rights and available services.



Additionally, they looked at how weak enforcement of laws can undermine their intended impact. One such example was provided by the Director of the HDI-Rwanda Center for Health and Rights, Christopher Sengonga, who pointed out such challenges in relation to the Ministerial Order on Safe Abortion.

The media professionals explored how they can disseminate such important information, through leveraging both traditional and new media to provide accurate, accessible details about legal rights and available services, helping adolescents, parents, and healthcare providers to keep updated.

Additionally, they looked at how they can advocate for accountability by exposing gaps in service delivery.

Jeanne D'arc Munezero from Panorama News inquired with the facilitators about strategies to address the challenge of underrepresentation in the development and implementation of ASRHR policies.

“More specifically, I am interested in knowing what actionable steps we all can take to ensure that more young voices especially those from rural areas and those with disability are included in these crucial policy processes,” she wondered.



The Facilitator, Gonzaga Muganwa, told the participants that the media can amplify the voices of underserved communities, providing them with platforms to share their experiences, through interviews, opinion pieces, and dedicated segments that highlight their unique challenges. He guided them on how to report these stories with sensitivity to the cultural and social contexts of the subjects, avoiding sensationalism while striving for fairness, accuracy, balance, and impartiality.

Finally, the media professionals highlighted the issue of inadequate data on adolescent sexual and reproductive health, which complicates its coverage in news reports.

To address this, we proposed collaborations with research institutions and health organizations to enhance data availability.

Additionally, they were encouraged to create comprehensive data repositories that can improve the accuracy and depth of their reporting on ASRH issues.

By equipping media professionals with these insights and advocacy tools, we aim to create a robust network of advocates capable of driving meaningful change in ASRHR policies and practices.

Our collective efforts will contribute to a future where adolescents can access the information and services they need to make informed decisions about their sexual and reproductive health.

STAKEHOLDERS SPEAK:

Sida Iracyahari. Ipimishe Umenye Uko Uhagaze.
@RBCRWanda



2 5 20 1K

You reposted

Nzeyimana Jean Bosco @NzeyimanaJB

Replying to @HDIRwanda and @RBCRWanda

Kumanya uko umuntu ahagaze ningenzi cyane kuko bituma amenya uko yitwara, yirinda ndetse akagomeza no kurinda Abe. Mbese turakangurirwa twese kumanya uko duhagaje kubijyanye na HIV. Thank you @HDIRwanda

6:27 PM · 09 Jul 24 · 201 Views

Together with the media professionals, we are debating how to strike a balance between patient #confidentiality and the public's right to know, sharing Show more



Norwegian People's Aid Rwanda

2 17 58 1.3K

UWIMBBAZI عيسى @UWIMBAB74011545

Replying to @HDIRwanda and @NPA_Rwanda

Wow, I see this session on #Healthcare ethics, #Confidentiality, and #PatientRights was very amazing. This training is crucial for all #Healthcare providers, b'se some lack #Confidentiality and violate #PatientRights by disclosing information without #Consent. #Thanks for these

12:20 AM · 25 Jul 24 · 24 Views

newtimes.co.rw
Nationwide campaign on patient rights launched

3 18 50 1.6K

You reposted

HASENGINEZA Em... @HASENGINEZAEm... Following

Replying to @HDIRwanda @BelgiumRwanda and @NPA_Rwanda

Keep your dedication of advocating for #Patient Right. Your dedication will never go to waste and we are proud of you.

11:41 AM · 18 Jul 24 · 902 Views

Giscard MWIZERWA @giscardMwizerw

Replying to @HDIRwanda and @NPA_Rwanda

Confidentiality is patient's right, am sure that after those discussions you will come up with good manner of reporting medical malpractice by respecting Patient's confidentiality. Your contribution in advocating for Patients is highly appreciated 🙏

8:21 PM · 24 Jul 24 · 33 Views

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

