

HDI NEWSLETTER

JUNE 2022



4TH ANNUAL ADOLESCENT CONFERENCE ON SRHR CONCLUDES

The 4th Edition of the Annual Adolescent Conference on Sexual and Reproductive Health and Rights (SRHR) has concluded in Kigali with a renewed call from adolescents to the government to remove barriers that continue to make SRHR services hard to access. Organized by HDI, the conference ran under the theme, "From Narrative To Action: What Is Missing?" and sought to engage adolescents, policy makers and stakeholders in advocacy efforts to remove barriers to accessing sexual and reproductive health and rights information services.

In his opening remarks, the Executive Director of HDI, Dr. Aflodis Kagaba, called on participants to use the conference as an opportunity to engage policy makers and stakeholders, and to advocate for the changes that they want by expressing their ideas and recommendations.



“We believe that once people are well informed, they make better decisions. So, we encourage you to share with us your experiences and that of your peers and parents so that in the end, we have a clearer picture of the gaps in areas such as comprehensive sexuality education”

- Alice Bumanzi,

The Adolescent Sexual and Reproductive Health and Rights Advisor at Plan International



The Adolescent Sexual and Reproductive Health and Rights Advisor at Plan International, Alice Bumanzi, welcomed the idea of the annual dialogue and explained that such dialogues with young people help organisations like hers come up with effective policies and well-informed decisions for young people.



This is your conference. It's your platform and a safe space to express your needs and ideas and to engage policy makers in the areas where you may have identified gaps in accessing SRHR information and services

Dr. Aflodis Kagaba

Executive Director of HDI



Some challenges

Francine Uwayezu, a nurse who oversees the Youth Corner at the Remera Health Center said that although there has been some improvement in the dissemination of SRHR information to young people, health centers in rural areas continue to lag behind.

She added that although sexual and reproductive health services are available, health centers have yet to designate a person or people specifically in charge of adolescents and young people.

“At the health center, a nurse who might help young people is also required to complete other duties that are unrelated to young people. As a result, young people are forced to wait in long queues. This is a gap that should be taken seriously,” she said.

Representing young people, Deborah Kansiime, a student at African Leadership University (ALU) said that although there are youth corners providing SRHR information and services, there is still a challenge of mindset where cultural and religious beliefs continue to cause stigma towards young people seeking these services.



The primary people that should be providing accurate SRHR information should be teachers and parents, but resources must be invested in educating them first. If they have the right information and attitude, it will be easier for them to encourage young people to visit these health centres for more

- Deborah Kansiime,



Revise the law

Responding to questions related to limitations in the law, the President of the Network of Rwandan Parliamentarians on Population and Development (RPRPD) Dr. Gamariel Mbonimana admitted that there was a need for revision of relating to human reproductive health to reflect current realities.

Article 7 of the Law relating to human reproductive health stipulates that every person who has attained the majority age has the right to decide in relation to human reproductive health issues. The majority age in Rwanda is 18.

Additionally, the law relating to medical professional liability insurance specifies that “the health professional who intends to provide healthcare services to a minor or an incapable person must endeavor to inform their parents or their representative or guardian and obtain their prior consent.

At the conference, several participants argued that by putting the age at 18, younger adolescents are left out, subsequently limiting their access to services.

Mbonimana said that although there have been many public calls to bring down the age at which adolescents can access SRHR services, the discussions regarding changes in this law will scrutinize other articles stipulating parents’ responsibilities towards their children with regard to reproductive health and the education system’s push for the promotion of comprehensive sexuality education.



***“The parliament has started the process to revise this law and the article regarding age and parental consent will also be discussed. The parliament will seek ideas, suggestions, and opinions because from what we have seen in other countries, adolescents and young adults are not required to have parental consent to access SRHR services. The discussion for us now is whether access should be put on age 15, 16 or 17.*”**

- Dr. Gamariel Mbonimana,

President of the Network of Rwandan Parliamentarians on Population and Development (RPRPD)





The conference was also used as a platform for the dissemination of the ICPD25 commitments made by the government and information on the progress of their implementation. Rwanda made six commitments. Among them is the increase in adolescent sexual and reproductive health service utilization and coverage, improving family planning uptake, and decreasing unmet needs.

The 2-day Conference on Adolescents' Access to SRHR information and services brought together over 150 participants from four provinces and the City of Kigali, including adolescents, young people, policy makers and stakeholders; government institutions, Civil Society Organizations working on SRHR, SRHR adolescent champions and development partners.



LOCALIZING RWANDA'S FP2030 COMMITMENTS: WHY?

In the month of June, HDI convened local leaders, healthcare providers, teachers, adolescents and their parents from Nyaruguru and Gatsibo Districts in order to engage them in a dialogue about the 1994 Cairo International Conference on Population and Development Commitments to address Sexual Reproductive Health and Rights, and the recently launched Family Planning 2030 Commitments that will guide family planning interventions for the next 10 years.

The meeting was an opportunity to disseminate these commitments to the grassroots level to increase their ownership, accelerate their implementation, and bridge the gap between those who make these commitments on a higher level and those who implement them. The Director of Health Systems Strengthening at HDI, Dr Athanase Rukundo, explained that localizing these commitments means that as providers and leaders, all stakeholders must put these commitments into action and hold each other accountable.



“These commitments help us serve with focus. Each intervention we make has to be in line with the national vision and where we find a gap, then we raise it. Writing these commitments and signing them is important but putting them into action is more important. That is why raising awareness and evaluating ourselves is valuable,”

- Dr Athanase Rukundo

Director of Health Systems Strengthening, HDI

Francoise Tuyizere, an adolescent girl from Gatsibo District said that among the challenges that they face, there is a negative mindset among parents, who think that raising awareness around sexual and reproductive health encourages young people to have sex.

“We would like the government to put more effort into equipping our parents with the right information so that in turn, they can also equip us,” she said.

Dr Athanase Rukundo continued, “We have established a linkage system to connect schools to health centers nearest to them so their students can get services from youth centers whenever they need to.

“We have also put in place a program where adolescents can access youth corners on the weekends because we acknowledge that they may not find time to do so during school days. This means that there is a member of staff who has been trained

to receive them and who works on the weekends to meet their needs,” he said.

However he pointed out that the staffing of these corners remains a challenge.

Rwanda has made tremendous efforts in advancing Sexual Reproductive Health and Rights. It has done so by implementing innovative high impact programs to improve the health of young people and women.

The stakeholders hope that the localization of these commitments across the country will create an environment where grassroots leaders understand the need to avail these services, seek help if needed, but most importantly, understand that these commitments are for the people.

The dialogues were kicked off in Nyaruguru District and proceeded to Gatsibo District. They will also reach Bugesera District this July.



FP2030 COMMITMENTS:

1

Expand strategies for FP awareness raising to address gaps in knowledge, attitude and behaviors on FP and to increase the total demand for FP among community members including men, women and young people in Rwanda.

2

Improve access to quality FP services by increasing the number of FP service delivery points and number of skilled healthcare providers towards increasing FP uptake by 2030

3

Expand the available contraceptive method mix at all levels of FP service delivery points by introducing new FP methods.

4

To link evidence-based programming for high impact interventions with policy development and strategy formulation by conducting studies to inform policies, strategy formulation and evidence-based programming for high impact interventions to achieve FP goals.

5

By 2030, the Government of Rwanda will increase domestic resources to finance FP interventions from the current budget allocation.

HDI LAUNCHES TRAINING PROGRAM ON POLICY INFLUENCING AND EVIDENCE-BASED ADVOCACY



On June 30, we launched a training Program on Policy Influencing and Evidence-based Advocacy that will support civil society organizations (CSOs) in public policy advocacy. The program aims at building the confidence, skills, capacity and strengths of CSOs to enable them to contribute effectively to influencing policies, law and advocacy. ***The launch coincided with the graduation ceremony of over 100 participants from different CSOs, who were part of the pilot program receiving training for nine days on Policy Influencing and Evidence-based Advocacy.***

In his remarks, the Executive Director at HDI, Dr. Aflodis Kagaba appreciated the synergy between the CSOs involved in the training program and pointed out that building this network of trained advocates will help advance advocacy work even further and collectively.

“We need to be at the forefront of finding and documenting evidence that can influence change in policies and laws so that we can continue serving the communities we advocate for. This will help us to continue fighting that the rights of all people can be safeguarded and respected,” Kagaba said.

He said that there many examples of policies and laws that have changed because CSOs raised their voices on these issues.

“From decriminalizing sex work and rights of the LGBT community to a Ministerial Order that promotes safe abortion, we can still raise issues that are in our communities and together with

other stakeholders, we can find solutions,” he said. He reminded that this program is seeking to strengthen CSOs skills, since policy making is the responsibility of the government.

The Executive Director of Hope for Community Development Organization (HCDO), Jean Pierre Ndagijimana said that the training was not only about advocacy but it also offered ways that organisations can involve stakeholders, help develop advocacy strategies, policy briefs and how to create spaces and engage local leaders .

Jenerese Kabarebe who represented Cladho said that from the training, she learnt that a good reputation and credibility in the society backs up advocacy work, and that perception is key.

Betty Mpinganzima from Human Right First said that she learnt the process in which a Bill is conceived until it becomes a law published in the national gazette.



STRENGTHENING FERTILITY AWARENESS METHODS INTO FAMILY PLANNING SERVICE DELIVERY

Health Development Initiative concluded its one-year project on Strengthening FAM into Family Planning Service Delivery. The meeting brought together 60 participants, including CSOs working on SRHR, facility-based providers and community health workers who shared some lessons learned on the obligation of strengthening cycle beads into existing family planning methods. Having started in June 2021, the project aimed at revitalizing the fertility awareness and standardized methods which had lost presence here in Rwanda.

In the meeting discussing implementation of the program, Dr. Aflodis Kagaba said, “This is the last meeting for the fertility awareness methods project, but for us, the project does not end here, rather we will use the lessons learnt from the initiative to make well-informed decisions in our future activities related to family planning.”





The project focused on family planning and fertility awareness through cycle beads and using natural methods. It was done through training and awareness raising of than 60 medical students, 15 master trainers, 82 facility-based providers and 270 community health workers. Jeannette Cachan, the Technical Advisor on Family Planning at the Institute of Reproductive health of Georgetown University, which has worked in family planning for more than 35 years, reiterated some of the projects' goals

"We wanted to strengthen fertility awareness methods and standardized methods. This was needed because the work had been done here in Rwanda, but the method had been lost over time. The idea was to revitalize and strengthen what was there before," she commented.

"We wanted to train women and other healthcare providers on cyclebeads as well as natural methods by working with community health workers, and holding radio talk shows related to fertility awareness, so that youth can learn more

about puberty and use that information to make choices related to their lives, and address misconceptions about their bodies," she added.

The CycleBeads mobile application, which had not gained traction in Rwanda was reintroduced and marketed to increase awareness. A paper version of CycleBeads was also introduced and marketed as yet another option for women to track their cycles.

Apart from strengthening existing methods, the goal was to introduce some technological innovations. One of them was using interactive voice response (IVR) to train community health workers.

According to Dr. William Rutagengwa, Director of Bugesera District Hospital, the project has been beneficial to young people, who are often afraid to seek sexual and reproductive health services for fear that their parents will find out.

“Due to the laws we have which do not allow young people to acquire contraceptive services without the consent of their parents, young people are afraid to acquire the services they need, so this information provided and platforms have been of essential use to them,” he said.

For Anne Marie Niwemwiza, a social media influencer, low access to sexual and reproductive health services is the root cause of increase of teenage pregnancies.



“The more you restrict SRHR information and services, the heavier the consequences to adolescents in particular.”

***- Anne Marie Niwemwiza,
a social media influencer***

HDI TRAINS OVER 300 HEALTHCARE PROVIDERS ON RIGHTS OF HEALTH SERVICE USERS



This June, Health Development Initiative trained 300 healthcare professionals drawn from Kibagabaga, Muhima and Nyarugenge hospitals on the general statutes and patients' rights embedded in the Medical Professional Liability Insurance Law and the Ministerial Order on Abortion. ***The training program sought to improve the knowledge of medical professionals, reduce unnecessary administrative delays, and eliminate any form of stigma related to seeking and accessing safe abortion. It also seeks to equip medical professionals with the necessary information to enable them to offer friendly services.***

While facilitating the training, the Director of the Center for Health and Rights at HDI, Christopher Sengoga, said that the medical liability insurance law equips medical professionals with information on what is required when dealing with patients. It enhances their knowledge of legal, regulatory, and ethical issues related to healthcare service delivery.

“The medical liability law not only elaborates medical service users’ rights and the responsibilities of health service providers, but it also aims at increasing awareness for patients so that they are able to demand that their rights be respected, which could subsequently ensure quality health care service delivery,” he said.

Speaking at the training, the Director of Kibagabaga Hospital, Dr. Ernest Munyemana, commended HDI for the collaboration and called for other similar trainings for healthcare providers.

“The errors that are made by healthcare providers can often be avoided if there is teamwork and refresher training programs such as these. These training sessions are important to us, and we hope that HDI can come back and train more healthcare providers, more often,” he said.

The Director of Nursing and Midwifery at Kibagabaga Hospital, Chantal Mukaruziga, said that before the training, she did not know that patients are legally entitled to ask and be provided their medical files.

“Today, I have learnt that patients have the right to access their medical health information. Before that, I used to decline their request and would only give them a summary, but now I know that granting their wish is an opportunity for them to make better health decisions and enables them to effectively monitor their conditions,” she said.

This was echoed by Daria Uwintatse, a Nurse at Nyarugenge Hospital, who also, until the training, did not know that patients have rights to access their files.

“I realize now that there shouldn’t be an issue. In fact, it builds trust between us and the patients. It contributes to a more patient-centered healthcare system,” she said.

Others were similarly not aware of the Ministerial Order on Abortion.

SUPPORT FOR PEOPLE WITH DISABILITIES

During the training, Christopher Ndagijimana, a Customer Care Officer at Nyarugenge Hospital called for representation in hospitals for people with disabilities.

“We have a challenge when dealing with people with disabilities, especially those who are mute or deaf. How does a doctor or any health facility professional provide stigma-free and discrimination-free services to a person with such a disability if they are unable to communicate with them? We need someone on staff to support doctors during consultations,” he said. The training seeks to increased knowledge of medical

professionals on laws and policies that regulate safe abortion in Rwanda, improved safe abortion care among medical professionals, reduce stigma and discrimination among medical professionals and other support staff towards women seeking safe abortion and improve professional working relationship between HDI and hospitals that will facilitate life-long partnership between these institutions.

EALA CONCLUDES PUBLIC HEARINGS ON REGIONAL SRHR BILL

Members of the East African Legislative Assembly (EALA) on Wednesday, June 29, embarked on the final leg of country consultations on a draft law meant to protect and facilitate the sexual and reproductive health and rights of East African Community (EAC) member state citizens. First introduced in 2017, the Bill is a regional legislation, formed around Article 118 of the Treaty for the Establishment of the EAC and recognises the obligation of partner states under several international, continental and community frameworks to respect, protect and fulfill the right to health by facilitating, providing and promoting the highest attainable standards of health and providing measures towards the full realisation of the right to health.

The Bill seeks to strengthen the mechanisms that facilitate universal access to sexual and reproductive healthcare services, including family planning, information and education, and the integration of reproductive health into

national strategies and programmes by 2030 as enshrined in the EAC Integrated Reproductive Maternal, Newborn Child and Adolescent Health Policy Guidelines, 2016-2030 and the EAC Sexual and Reproductive Health Rights Strategic Plan.

In his speech, the Executive Director of HDI said that the enactment the EAC SRHR Bill will have a positive, transformational impact on the state of sexual and reproductive health for all EAC States citizens.

“East African women, men, girls, and their communities in their diversities are counting on the EALA. We are reassured of your commitment to preserve the right to the highest attainable standard of sexual and reproductive health care, right to information and ultimately dignified lives and call upon the Assembly to prioritize the enactment of the EAC SRH Bill of 2021,” he said.



The Executive Director of AFROARK, a local youth and women led organisation, Patience Iribagiza, said that the bill is particularly important for a section of the population which is considered most at risk on issues related to sexual and reproductive health rights and services. "This Bill comes to reinforce the already existing policies and also help in the revision of others in different partner states. If this Bill becomes law, every person, including women, youths and people with disabilities, or the population that is lagging behind in terms of accessing related services are going to be fully recognised,"she said

The Chairperson of Komera, a Community Based Organization supporting girls' education in Kayonza District, Donatha

Gihana,said that from the Rwandan context, the Bill takes note of a number of current and pertinent issues including aspects around ensuring that teen mothers or adolescent girls who become pregnant are given the opportunity to go back to school. "The numbers of teen pregnancies have increased and this clause is an opportunity for these young girls. Also critical for me, is that there is the element of access and affordability of sexual reproductive health services. One big takeaway is that EAC member states are encouraged to allow access using universal health coverage such as Mutuelle de Santé (Community Health Insurance) here in Rwanda. This would be a very big step," she said. Like others, Gihana noted that discussions on the bill have taken long but it is important

to understand the different issues within different regional country contexts.

Erick Mundia, a regional policy advisor and lawyer supporting work on drafting laws on SRH, noted that, among others, the legislation will play a big role in reducing deaths of mothers and babies in the region. "It puts emphasis on the quality of services provided for young people as well as adults who are seeking reproductive health services."

The President of the National Unity and Reconciliation Commission (NURC), Bishop John Rucyahana, said that the Bill removes some obscurities in relation to the management of societies as far as the future is concerned.

"Being in a changing world, we must prepare society so that it can ably wrestle with challenges of the future. This bill therefore is good, even though there remain a few things to rectify so that it does not hamper anything in terms of culture, humaneness, and human dignity"

- Bishop John Rucyahana
The President of NURC



STAKEHOLDERS SPEAK

 **SRHR Advisor**
@AdvisorSrhr

Replying to @_TuyisengeEpiph
[@PlanRwanda](#) [@HDIRwanda](#)
thank you so much youth delagates for sharing great ideas around the parental consent requirement to access conteaceptives. [@PlanRwanda](#) [@HDIRwanda](#) would be great to hear parents position too.Count on [#PlanRwanda](#) support to organize the parents dialogue too.

 **Yannick Niyireba**
@Yannick2025

Learning is a continuous process.Thank you [@HDIRwanda](#) for training us on policy influencing and evidence based advocacy. [@InfoCerular](#)



 **Sweden in Rwanda**
@SwedeninRW

Glad we can support this important topic! [#SRHR](#)

 **HDI Rwanda** @HDIRwanda · 28 Jun

The two-day conference brings together over 100 participants including adolescents, representatives of government institutions, civil society organizations & other development partners working on [#SRHR](#)....

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 **bforwanda**
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Today in Muhanga district, [@bforwanda](#) facilitated a discussion for LGBT+ persons  from the Southern province of Rwanda on the lived experiences of LGBT+ people in rural areas of Rwanda.This gathering was graced by the courtersy visit of officers from [@giz_rwanda](#) and [@HDIRwanda](#)



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HDI wishes to thank our partners and supporters

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