HDI NEWSLETTER

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Dear Partners,

Welcome to our March Newsletter!

We are thrilled to bring you updates on our recent initiatives from March.

Firstly, we're excited to share highlights from our five-day workshop where we collaborated with other partners from the 'Tubiteho Project' consortium to enhance our capacity-building manuals for harm reduction among people who use drugs.

Next, we focus on our ongoing efforts in HIV prevention and treatment. Specifically, we share highlights from our capacity building training program for peer educators, equipping them with enhanced skills and knowledge to drive impactful change in HIV prevention.

Additionally, we share some details into our work empowering adolescents to leverage Comprehensive Sexuality Education (CSE) for informed decision-making and healthy behaviors.

These featured initiatives and more, detailed in this newsletter, highlight the transformative power of collaborative engagement in promoting health and rights.

We are looking forward to hearing your feedback.

Warm regards,
Communication Team.



STRENGTHENING THE CAPACITY OF TUBITEHO IMPLEMENTING PARTNERS ON HARM REDUCTION FOR PWD

The 'Tubiteho Project' Consortium members convened in March for a 5-day workshop to validate training manuals and modules on harm reduction for people who use drugs.

The workshop was centered on enhancing the guiding documents for capacity building on harm reduction, with a specific emphasis on integrating human rights and gender

perspectives. This approach aimed to ensure the principle of leaving no one behind was upheld throughout the implementation of the project. The facilitators commenced with an overview of global drug use, focusing particularly on Africa, East Africa, and Rwanda. They presented statistics and future projections, shedding light on the prevalence and potential trajectory of drug use in the region.

The sessions also covered the definitions and guiding principles of harm reduction, highlighting its importance of minimizing the negative consequences associated with substance use while prioritizing the dignity and rights of individuals.

By focusing on practical interventions like education on safer drug use practices, they explored how harm reduction seeks to reduce health risks, prevent overdose deaths, and support individuals in accessing necessary healthcare and social services.

The participants emphasized the importance of meeting individuals where they are, without judgment or stigma, and tailoring interventions to their specific needs and circumstances.

Furthermore, the workshop highlighted the broader societal benefits of harm reduction, including reduced burden on healthcare systems, decreased rates of infectious diseases, and improved community safety.

INTERSECTIONALITY WITH GENDER

The participants actively engaged in this discussion showing a keen interest in understanding the contextual landscape and its implications for their work within the **'Tubiteho Project'** Consortium.

A significant portion of the training was dedicated to understanding the challenges encountered by people who use drugs PWUD, especially those faced by women who use drugs(WUD). Facilitators highlighted the intersectional complexities that WUD encounter, exploring how social norms, stigma, and inequalities intersect with drug use among women.

It was highlighted that WUD may encounter specific barriers when accessing harm reduction services compared to men. These barriers can include lack of gender-sensitive programs, concerns related to childcare responsibilities, fear of judgment or discrimination, and limited availability of services tailored to women's needs (such as reproductive health services).



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Emphasis was put on the importance of adopting inclusive and gender-responsive approaches within harm reduction strategies to effectively support women affected by substance use.

Participants were encouraged to consider harm reduction as a pragmatic approach that complements traditional abstinence-based strategies, offering realistic solutions for addressing substance use issues in diverse populations.



Overall, the session conveyed that harm reduction is not only a critical public health strategy but also a human rights imperative, ensuring that all individuals, regardless of their substance use, have the opportunity to lead healthier and more fulfilling lives. Moving forward, participants discussed the role of punitive

policies, with facilitators emphasizing that alternative approaches may be more effective in addressing the underlying issues. Participants echoed this sentiment, expressing concerns about unintended consequences and advocating for strategies that prioritize public health and community safety.



CELEBRATING WOMEN'S DAY

We were thrilled to be part of the global celebration of International Women's Day, joining leaders and activists worldwide in acknowledging the remarkable contributions of women to Rwanda's three-decade journey of national rebuilding. Under the theme 'Invest in Women: Accelerate Progress,' the ceremony echoed President Paul Kagame's call to unlock the vast potential of women, a vital force in propelling Rwanda's growth forward.

Kagame highlighted the importance of women proactively asserting their rights, advocating for empowerment rather than waiting for it to handed to be handed over as a favor.

Kagame reiterated that investing in women yields dividends not only for individuals but also fortifies families, communities, and the nation at large.



Bellancille Nyiramajyambere, President of the National Women's Council, highlighted the strides made possible by policies and laws promoting gender equality and women's leadership. She emphasized the ongoing need for investment in women's education, healthcare, and economic opportunities to fully realize their potential.

Nyiramajyambere called for collective action from government, private sector, civil society, and international partners to cultivate an inclusive environment conducive to women's empowerment and active participation in Rwanda's development trajectory. As part of the celebrations, inspiring testimonies such as Beatrice Dushimimana's entrepreneurial journey took center stage.

Dushimimana emphasized the significance of confidence, financial literacy, and collaborative engagement as cornerstones of success, exemplifying the resilience and determination of Rwandan women in driving progress forward.



Additionally, we collaborated with coalition members through the AmplifyFund and Gatsibo District to celebrate the International Women's Day.

As part of the celebrations, we established a booth, offering information on various family planning methods. We emphasized the crucial link between women's empowerment and access to family planning,

highlighting the transformative effect of being able to plan and space pregnancies. Our participation in the International Women's Day celebrations not only highlights our organization's dedication to promoting gender equality and inclusion but also serves as a powerful testament to our ongoing commitment to championing diversity and empowering women worldwide.



REVIEWING PROGRESS IN IMPLEMENTING RECOMMENDATIONS OF ACERWC

n our efforts to enhance adolescents' and young people's access to sexual and reproductive health (SRH) information and services, we convened a meeting bringing together Civil Society Organizations (CSOs) and adolescents to critically examine, analyze, and strategize actions to address existing gaps in SRH access and support. The meeting's agenda was marked

by a detailed review of Rwanda's progress in implementing recommendations set forth by the African Committee of Experts on the Rights and Welfare of the Child. During the discussions, participants gauged Rwanda's commitment to upholding children's rights while pinpointing specific areas ripe for improvement within the country's policies and practices.



SHARING PERSPECTIVES

The adolescents shared their personal experiences, perspectives and suggestions that are crucial to ensuring that interventions are effective, inclusive, and responsive to the realities faced by young people.

Some of the challenges that they raised include barriers, such as stigma, lack of privacy, or difficulties in obtaining accurate information. They emphasized the significance of eliminating the requirement for parental consent to enhance accessibility to confidential and adolescent-friendly information and services.

The adolescents said that removing this barrier would encourage more of their peers to seek out and receive the support and guidance they need, ensuring their privacy in matters related to their health, ensuring a more inclusive and responsive approach to healthcare and support systems tailored specifically to the needs and preferences of young people.

They requested for more youth involvement in decisionmaking processes related to SRH policies and laws and emphasized the importance of their voices being heard and valued in shaping initiatives that directly impact them.

They stressed the importance of education that is inclusive, accurate, and addresses various aspects of SRH, including consent, reproductive rights, and healthy relationships.

They proposed innovative solutions to improve SRH access, such as utilizing technology for information dissemination, strengthening peer support networks, and increasing community outreach programs tailored to youth. n addition to addressing barriers to adolescents' access to sexual and reproductive health (SRH) services, our meeting also highlighted some of the ongoing law reform discussions in relation to the draft law on persons and family.

One notable point of discussion revolved around the consideration of allowing individuals who are 18 years old to marry under special circumstances. This topic sparked a spirited exchange of views regarding the potential implications on adolescents' rights, well-being, and autonomy within marital contexts.

Participants examined the complexities surrounding such legal reforms and emphasized the importance of safeguarding adolescents' rights and ensuring that any provisions uphold principles of consent, protection, and support for young individuals in marital relationships. This conversation highlighted the need for balanced and rights-based approaches in evolving legal frameworks related to persons and family matters.

During the deliberations, several key takeaways emerged from the discussions:

Firstly, participants emphasized the urgent need for accelerated legal reforms aimed at addressing systematic barriers hindering adolescents' access to vital SRH information and services. It highlighted that aligning legal frameworks with the evolving needs and rights of adolescents is

imperative for promoting comprehensive and inclusive SRH support. Additionally, stakeholders highlighted the importance of fostering more collaborative efforts among various stakeholders. The focus was on reinforcing coordination and documentation procedures to better inform both state and alternative reports. This approach seekstoenhancetheeffectiveness of reporting mechanisms, ensuring a comprehensive understanding of the ground realities faced by adolescents regarding SRH access and rights. The meeting's outcomes not only highlighted the collective commitment of CSOs and adolescents towards advancing SRH rights but also served as a catalyst for future actions and policy advocacy.

The participants agreed that active engagement with key stakeholders and advocating for targeted reforms sets the stage for tangible progress in addressing the critical challenges surrounding adolescents' SRH access and support in Rwanda.

This collaborative effort signaled a promising step forward in ensuring that adolescents' rights and well-being remain at the forefront of national agendas and policies.



STRENGTHENING THE CAPACITY OF PEER EDUCATORS IN HIV PREVENTION

n March, our ongoing efforts to combat the burden of HIV and TB led us back to Bugesera District, where we conducted a training program designed specifically for peer educators drawn from female sex worker and men who have sex with men communities —representing two demographic groups crucial to HIV prevention efforts.

By focusing on these groups, we aimed to significantly contribute to national HIV prevention, treatment, and care initiatives and to provide vital tools and knowledge to actively engage in community education and outreach.

Our approach aimed to prevent new infections, provide effective treatment, and offer care referrals for those living with HIV, while also engaging communities, strengthening healthcare systems, and advocating for supportive policies and rights protections. During these sessions, we engaged the peer educators on how to use advocacy to address barriers preventing FSW and MSM from accessing essential healthcare services, such as HIV testing, treatment, and care.

They also learned how to effectively use Community Led Monitoring (CLM) tools to monitor and address HIV-related issues within their communities, fostering a collaborative approach to tackling challenges.

Dr. Ruth Byukusenge, our Health Systems Strengthening Advisor, emphasized that empowering peer educators goes beyond training—as it's also about enabling communities to take charge of their health and drive sustainable change in HIV prevention and treatment efforts.

Dr. Byukusenge highlighted the broader impact of providing self-advocacy skills, crucial for breaking down barriers to healthcare access and addressing stigma and discrimination.



Empowering peer educators is key to reaching underserved populations and ensuring they have the knowledge to advocate for their own health

- **Dr. Ruth Byukusenge**Health Systems Strengthening Advisor, HDI



During the campaign, we also conducted HIV testing, preand post-counselling services, and offered pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) to atrisk individuals.

For those diagnosed with HIV, we provided referrals for antiretroviral therapy (ART) and connected individuals with resources for routine monitoring, management of opportunistic infections, and mental health support. We engaged communities through testing, peer education, and addressed myths and misconceptions around HIV to mitigate stigma and discrimination. Throughout our efforts, we highlighted the importance of regular testing and promoted the use of condoms, emphasizing their critical role in preventing the transmission of HIV and other STIs. Participants highlighted the significance of the training in recognizing community issues such as limited access to essential resources like condoms, lubricants, family planning services, PrEP, PEP, and health insurance (Mutuelle de Santé).

DATA COLLECTION

In addition to training, we conducted a comprehensive review of data collection tools, focusing on referral patterns and essential HIV prevention strategies such as condom use, PEP, PrEP, and family planning techniques. Following training and data collection, our team conducted follow-up visits to hotspot areas, engaging with Female Sex Workers to better understand their challenges.

During these visits, our team distributed condoms and provided essential information on HIV prevention, transmission, and care, emphasizing the role of condoms in preventing new infections and unwanted pregnancies.



ENGAGING LOCAL LEADERS AND CSOS ON CHALLENGES AROUND CSE IMPLEMENTATION

This past month, we convened an adolescent-led advocacy meeting with different stakeholders to enhance the effectiveness of Comprehensive Sexuality Education (CSE) and address challenges in optimizing the impact of the curriculum. The meeting, held in Bugesera, Gatsibo and Nyaruguru District, brought together district officials, parents, adolescents, CSE

teachers, and healthcare providers. The aim was to promote youth well-being, informed decision-making, and empowerment through improved CSE. The participants reviewed the CSE curriculum and its alignment with the specific needs of young people in fostering responsible decision-making about sexuality and reproductive health.



Providing some context, our Director of the Center for Health and Rights, Christopher Sengoga, highlighted the work done by HDI in this area, including capacity-building workshops for adolescents focused on sexual and reproductive health (SRH), with training on advocacy skills and empowerment to

equip adolescents for effective rights advocacy. Additionally, Sengoga emphasized that HDI had previously organized consultative meetings with stakeholders, including parents, healthcare providers, and district officials, to assess challenges adolescents face in accessing SRH information and services.

The interventions highlighted gaps in the CSE curriculum delivery, including inadequate education for out-of-school adolescents and the need for better harmonization of CSE with related SRH education in laws and policies.

The participants identified areas for improvement within the curriculum, and potential modifications were proposed to better respond to dynamic youth challenges.

Recommendations were formulated based on discussions to address barriers to effective CSE implementation.

Participants highlighted challenges with CSE delivery in schools and health centers, including cultural beliefs shaping attitudes towards sexuality, leading to inaccurate information being passed on by teachers and healthcare providers.

They also pointed out the lack of open communication between parents and adolescents as a contributing factor to misinformation and issues like teenage pregnancy.

Additionally, participants noted a lack of capacity among CSE teachers due to insufficient skills and information on sexuality.

RECOMMENDATIONS

Following the identified challenges, key recommendations were made to enhance CSE delivery, emphasizing age-appropriate content, collaborating with religious-based schools, conducting community awareness campaigns, aligning CSE content with international human rights standards, identifying synergies between formal education and vocational schools, and accelerating the adoption of Ministerial Orders related to reproductive health activities.

Engaging both educators and decision-makers in the education sector effectively addressed gaps in teacher familiarity with the SRH curriculum, resulting in recommendations to strengthen teacher training and curriculum delivery in schools.

This meeting significantly empowered adolescents to advocate for their SRH and provided a platform for them to engage directly with SRHR duty bearers and key stakeholders, recognizing adolescents as active participants in decision-making processes impacting their lives.

STAKEHOLDERS SPEAK:

PARTNERS' COURTESY VISIT



Starting our week on a positive note with a courtesy visit from @plansverige team, including Malin Hansson, Head of the Policy and Thematic Unit, and Ebba Wigerström, Child Protection Advisor. They were joined by @AliceBumanzi, @PlanRwanda SRHR Program Manager. Our discussions focused on our longstanding collaboration, emphasizing our shared mission: fostering inclusion and protecting the rights of all children, with a special focus on empowering girls. Looking forward to exploring further possibilities together. #Inclusion #ChildrensRights #Empowerment





Umushinga w'Itegeko rigenga abar n'umuryango wagejejwe mu nteko nshingamategeko urateganya ko ig hari impamvu zumvikana,umuntu u imyaka y'ubukure (18) ashobora gu Umwanditsi w'irangamimerere ku rwego rw'Akarere uburenganzira bi gushyingirwa. Ese izi mpinduka uzu ute?



Barbara Umuhoza @Umuh... · 19 Mar : Ubukure bw'umuntu si imyaka gusa, ngo turebere kuri iyi 18 yonyine, hari ugukura mu mitekerereze, mu kugenga amarangamutima, mu bushobozi, ibi byose bifatanyiriza hamwe kubaka urugo rutekanye. Ahubwo na 21 ni mike. Iyi ngingo ndabona izateza ibibazo byinshi kuruta kubikemura.



Inyange Malaika @Inyange... · 18 Mar How come they are too young to use contraceptives, but old enough to get married. Que des hypocrites.



Ange Jessica, (She/Her) @... - 19 Mar : Early marriage contributes to higher fertility.

The current population of Rwanda is 14,321,979. Is our country ready for a more than 571 people/Km2 density?



Katie Carlson-Akuno @po... - 18 Mar : Replying to @HDIRwanda

What could possibly be reasonable grounds for getting married so young?? We need kids this age to be in school and building their lives, not getting married. No one should be getting married at the age of 18. No one. Anywhere. Any time. For any reason. Full stop.



Delphine U. @UwaDelphine · 19 Mar Replying to @HDIRwanda

13 01 Jun 1 4

Ariko ubwo iri tegeko ryafasha iki umwana w'umukobwa Koko?kuri iyi myaka umwana w'umukobwa aba yarimariye iki?aba yakubaka urugo nyabaki?ubwo twakoranye tukongera ubumenyi bwabo bana b'abakobwa kwiga og kwiga umwuga bakazajya kubaka urwo rugo bafite impamba yuzuye



Delphine U. @UwaDelphine · 19 Mar Replying to @HDIRwanda

t] O 1/1102 A %

Nimutubabarire pe,iki sicyo umukobwa wa 18 yifuzwaho Kandi sicyo cyakemura gitwita imburagihe kuri abo bakobwa?? ese ubwo mwumva urwo rugo muri all aspects og mwumva gitwita no kwitirirwa umugabo?!!!think twice

HDI WISHES TO THANK OUR PARTNERS AND SUPPORTERS

- AMPLIFYCHANGE
- 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
- 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
- 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-FASHRI
- UNAIDS
- UNFPA
- UNICEF
- VSO
- WELLSPRING PHILANTHROPIC FUND
- WEMOS
- WHO
- WOMEN'S LINK WORLDWIDE