

HDI NEWSLETTER

MAY 2025



WHAT'S INSIDE

Transforming Provider Attitudes to Improve Care for Women Who Use Drugs

Page 3 - 6

Strengthening Access to Health Services at the Community Level

page 7 - 8

Enhancing Capacity to Turn Evidence into Effective Advocacy

page 9 - 11

Building Partner Capacity for Inclusive Support to People Who Use Drugs

Page 12 - 14

For questions, comments, or feedback, please reach us on:

Nasra Bishumba

Senior Communication Advisor

Email: nasra@hdirwanda.org

Cell: +250 788 309 262

Dear Partner,

Welcome to our May Newsletter.

In this edition, we share highlights from our dialogue with healthcare providers drawn from Nyarugenge District, with whom we examined what it takes to transform attitudes and challenge the systemic and personal biases that discourage women who use drugs from accessing rights-based care.

Our work in May also took us directly into in Kabusunzu and Nyakabanda communities, where we offered HIV and NCD counselling and testing, along with family planning information and services. We share why these community-based efforts are a crucial part of our work.

We're also pleased to highlight a training that sharpened our collective ability to turn evidence into action, centering research data to shape advocacy. In this edition, we share what we learnt and the value addition to our advocacy work.

Finally, we share a story of our work around strengthening the capacity of our team and that of our partners to support people who use drugs with care that is inclusive and person-centered, recognizing the deep intersections between stigma, criminalization, and vulnerability.

Thank you for being an essential part of this work.

Warm regards,
The HDI Communications Team



TRANSFORMING PROVIDER ATTITUDES TO IMPROVE CARE FOR WOMEN WHO USE DRUGS

This May, we partnered with Expertise France and L'Initiative, to conduct a two-day Values Clarification and Attitude Transformation (VCAT) training for healthcare providers drawn from Nyarugenge District. This workshop aimed to enhance participants' ability to deliver inclusive, non-judgmental, and rights-based care to key populations, particularly women who

use drugs. Designed to deepen self-awareness and strengthen professional ethics, the training challenged participants to confront personal biases while building accountability, and a greater understanding of how stigma and discrimination impact healthcare access.



Through guided dialogue and participatory sessions, healthcare providers explored how these barriers affect marginalized groups and how to ensure compassionate, evidence-based care.

The session opened with remarks from the Tubiteho Project Lead, Elvis Benimana, who highlighted harm reduction interventions tailored to people who use drugs and reported that over 350 individuals have been reached to date, a promising indicator of growing momentum toward a more inclusive healthcare system.

He also shared data from studies conducted in Kigali, revealing that HIV prevalence among people who use drugs is at least three times higher than in the general population. These findings highlighted the urgency of health-centered and stigma-free services.

Benimana guided the participants to reflect on how stigma, gender norms, and punitive policies restrict healthcare access for people who use drugs.

He emphasized that when it comes to women, shame and fear prevent women from seeking timely care especially when dealing with HIV, unintended pregnancies, or trauma-related mental health disorders.

Bringing a frontline perspective, the Head of Mental Health at Nyarugenge District Hospital, Claudine Mutesi, spoke about the intersecting challenges faced by people who use drugs including mental health disorders, HIV, and unintended pregnancies.

She emphasized that stigma not only deepens these issues but also deters individuals from seeking care, reinforcing the need for provider training.



A key component of the training was led by the Director of the Kigali Mental Health Referral Centre. Dr. Dynamo Ndacyayisenga, who discussed the widespread myths and misconceptions about drug use, reframing it as a complex health condition influenced by several factors including genetics, gender-based violence, poverty, trauma, and socioeconomic factors.

He reminded me that relapse is part of recovery, not a sign of failure. Participants learned that substance use is not always visible and that relapse is part of the recovery journey, not a sign of failure.



Participants also examined the challenges faced by women who use drugs, including lack of health insurance, absence of national IDs, and financial insecurity.

The training emphasized the need for a multi-sectoral response linking health, social protection, and legal systems, to ensure no woman is left behind.

The sessions called for a shift away from criminalization toward a public health approach, recognizing that people who use drugs need care, not punishment. The training also spotlighted broader structural challenges.



They looked at how many people who use drugs lack national ID cards or health insurance, limiting access to essential services.

Financial hardship further hinders care, and the absence of strong referral pathways creates gaps in service continuity. Participants agreed that a rights-based, multi-sectoral approach, bridging health services, law enforcement, and community actors to ensure no one is left behind.

In his closing remarks, Evariste Nkunda, the Director of Health in Nyarugenge District, shared how the training had challenged his own perspectives, acknowledging that he once viewed people who inject drugs as beyond help.

He called on all stakeholders to take the insights gained beyond the training room and into practice, through continued community engagement and systemic advocacy.



STRENGTHENING ACCESS TO HEALTH SERVICES AT THE COMMUNITY LEVEL

Earlier this month, we conducted a three-day community outreach in Nyakabanda Sector, Nyarugenge District, aimed at increasing access to HIV prevention and management services, as well as screening for non-communicable diseases (NCDs).

Organized in partnership with the Swedish Embassy, Nyakabanda Sector and the Kabusunzu Health Center, this outreach brought

critical health information and services including HIV counselling and testing, condom distribution, hypertension and diabetes screenings, as well as family planning directly to the community.

The goal was to reduce barriers to care, particularly for people who may not routinely seek services at health facilities due to stigma, distance, cost, or lack of awareness.



"I've always been scared to go to the health center to ask for an HIV test because I thought people would judge me," said Clarisse, a 28-year-old resident who took an HIV test for the first time during the outreach. "But today, I was able to do it close to home, and the staff were kind and explained everything. I feel relieved knowing my status."

"This outreach model plays a crucial role in reaching underserved populations with lifesaving services and accurate health information. "Community outreach allows us to go beyond the walls of health facilities and meet people where they are. We are building trust, opening conversations, and ensuring

ENHANCING CAPACITY TO TRANSFORM EVIDENCE INTO EFFECTIVE ADVOCACY

Communication can do many things including raising awareness but advocacy communication is specifically designed to spark change. That's why it's important to keep your communication simple and clear or else you risk burying your point under layers of too much detail.



Kristen Sherk
Guttmacher

This May, we partnered with the Guttmacher Institute, for an engaging two-day training focused on transforming research into advocacy that makes a real-world impact.

The training brought together our communications, research, and advocacy teams to explore one big question: How do we

turn complex data into messages that shift public perception and shape policy? With expert guidance from Allegra Udell and Kristen Sherk of Guttmacher's global communications team, our communications, research, and advocacy teams explored the ins and outs of advocacy communication discussing what it is, why it matters, and how to do it well.

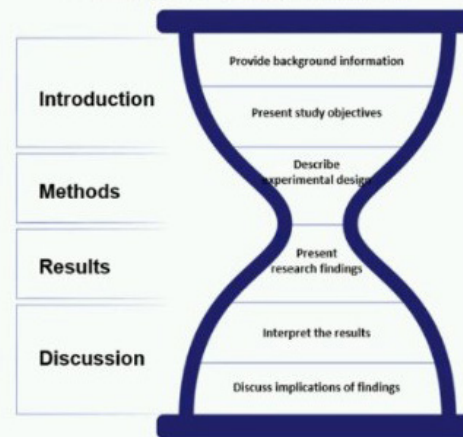
Research Method vs. Communications Method

Sherk kicked off the sessions reminding us that advocacy does not target experts only emphasizing that whether addressing a policymaker, a community leader or a neighbor, we all have the power to influence attitudes, decisions, and change.

Building on this, Udell emphasized the importance of audience-centered messaging emphasizing on focusing on who we are trying to reach, what we want them to know and what they should do with that information.

The Research Method

Scientific research paper basics



- Background
- Methods
- Findings
- Caveats/limitations
- Possible confounding factors
- Tentative conclusions

She encouraged us to strip away jargon and consider the real-world barriers such as stigma, harmful cultural norms, or religious beliefs that often stand in the way of clear communication. To put theory into practice, we reviewed one of our own policy briefs on SRHR for women and girls. The trainers appreciated its solid data but offered constructive feedback including trimming the text, highlighting the key takeaways, and adding visuals to make it more attractive.

Even the strongest evidence can get lost in long paragraphs. Make your point stand out. Think of your reader. Make it easy for them to understand and act



Allegra Udell
Guttmacher

Sherk added, “A strong introduction matters. Hook your reader early but don’t overwhelm them.” The training wrapped up with actionable tips: simplify your message, lead with the most important data, and always write with your audience in mind.

As Udell reminded us, “Don’t bury the gold. Make your data pop.” And Sherk reinforced the importance of strong openings:

“Hook your reader early. If they’re not drawn in, they won’t stick around.”

The insights gained from this training were shared with our partners this June through a dedicated two-day workshop aimed at strengthening their capacity to translate evidence into impactful advocacy on safe abortion and broader SRHR priorities.



BUILDING PARTNER CAPACITY FOR INCLUSIVE SUPPORT TO PEOPLE WHO USE DRUGS

In early May, we collaborated with Médecins du Monde (Mdm) Tanzania to facilitate a five-day capacity-building training designed to improve the way we engage with and support People Who Use Drugs (PWUDs), a key population that continues to face intense stigma, legal barriers, and health risks in Rwanda.

Facilitated by Kessy Ndenegero and Suzana Luanda from Mdm Tanzania, the training brought together HDI staff, peer educators, community actors, and implementing partners, for critical reflection, exchange, and transformation.

"This isn't just training; it's the beginning of a shift from theory to practice, learning how to meet people where they are, especially People Who Use Drugs, with compassion, care, and the right services," said Elvis Benimana, Project Coordinator of the Tubiteho Project.

Over five days, participants explored key components of effective harm reduction programming, including drop-in Center (DIC) management, community outreach strategies, overdose prevention and response as well as monitoring, evaluation, and learning (MEL).

Many participants were engaging with harm reduction in depth for the first time. For some, the urgency of improving overdose response and offering low-barrier care was a powerful realization.

"I've come to realize how many lives we could have saved if we responded early and properly to an overdose," shared Alain Nshimiyimana, the Founder of Steps Initiative, an organization supporting PWUDs. One of the most impactful moments of the training was a focus group with members of the PWUD community, who shared their firsthand experiences with the health and social service systems.



Their stories shed light on the everyday stigma, discrimination, and barriers they face when seeking care. They also offered practical recommendations for improving service delivery, emphasizing the need for greater confidentiality, respectful treatment, and peer involvement in service provision.

Their insights were particularly valuable in guiding how Drop-In Centers can be made more responsive and inclusive—transforming them into spaces where people who use drugs feel safe, heard, and supported rather than judged.



During her session, Suzana Luanda described Drop-In Centers as “spaces created to provide a sense of security and non-judgmental support, where PWUDs can access services, connect with peers, and feel seen without fear or shame.

“She also led discussions on how to engage people in informal urban hotspots, where many PWUDs gather. Participants learned practical strategies to build trust, reduce stigma, and respond compassionately in these sensitive environments.



Throughout the training, participants also reflected on systemic barriers including punitive drug laws, limited overdose response systems, stigma in service settings, and the lack of confidential data systems.

One critical gap identified was the need for unique identifier codes to protect clients’ confidentiality and track services ethically.

IN OTHER NEWS

This May **we hosted the following radio shows:**



3RD MAY 2025:

GENDER-BASED VIOLENCE AND ITS
CONSEQUENCES



4TH MAY 2025:

UNDERSTANDING CERVICAL CANCER

10TH MAY 2025:

THE ROLE OF NURSES AND MIDWIVES IN
MATERNAL AND CHILD HEALTH

11TH MAY 2025:

TECHNOLOGY-FACILITATED VIOLENCE AGAINST
WOMEN

17TH MAY 2025:

THE ROLE OF DIALOGUE IN BUILDING VIOLENCE-
FREE FAMILIES

18TH MAY 2025:

BARRIERS YOUTH FACE IN ACCESSING RELIABLE
INFORMATION

24TH MAY 2025:

CAUSES OF DOMESTIC GENDER-BASED VIOLENCE

25TH MAY 2025:

MENSTRUAL HYGIENE

31ST MAY 2025:

THE ROLE OF BOYS/MEN IN SUPPORTING GIRLS
DURING MENSTRUATION

Courtesy Visits with Our Partners



We hosted Organization for Safe Abortion Dialogue (CentreOdas) SRHR advocates from 10 Francophone African countries for a peer learning visit focused on expanding access to safe abortion.



We received the Center for Reproductive Rights to explore ways to strengthen collaboration on improving SRHR access for adolescents and young women.



We welcomed TaNPUD for a knowledge exchange on their community-driven strategies to support people who use drugs amid stigma and systemic challenges.



We were paid a courtesy visit by the GIZ Rwanda team, with whom we discussed collaboration opportunities and reflected on the impact of our SGBV chatbot.

STAKEHOLDERS SPEAK:



HDI Rwanda @HDIRw... · 28 May · ·

Today, we had the joy of engaging with the bright and curious minds at Groupe Scolaire Gatenga to celebrate [#MenstrualHygieneDay2025!](#)

From laughter filled stories to real talk about periods, the students brought humor and honesty, to the conversation, giving us an opportunity to bust some menstrual myths and misconceptions, answer bold questions, and created a safe space where everyone felt free to speak up and be heard.

@inezahamza



You reposted



Aimable Official™
@Aimable150

Replying to @HDIRwanda and @SwedeninRW

What a beautiful way to celebrate [#MenstrualHygieneDay2025!](#) Creating safe, open spaces for honest conversations is how we break the stigma and empower the next generation. Huge kudos to the amazing students of Groupe Scolaire Gatenga for their curiosity and courage!

12:56 PM · 30 May 25 · 268 Views

2 Reposts · 4 Likes



Held under [@GenGRwanda](#), we discussed topics such as labia elongation done on minor girls, consent, bodily autonomy, and the power dynamics that support these practices.

We asked and explored answers to crucial questions, such as how to honor cultural identity without normalizing harmful practices, how to ensure true understanding and respect for consent among minor girls, and how to empower minor girls to reclaim their bodies and choices.

@inezahamza



IRAKOZE ROMAIN MAURICE
@IRAKOZEROMAIN2

Replying to @HDIRwanda

Nukidutumira natw tukagaragaza uruhare rwacu mukwegera Abajeune bagenzi bacu bigamije khbaha amakuruyingenzi kubuzima bwabonde nte no mwitrambere ryurubyiruko aho twakwibanda mugukora ubukangura mbaga mubigo byamashuri primary, secondary ndeste no kubigo byurubiruko [@HDIRwanda](#)

5:08 AM · 28 Apr 25 · 292 Views



KAVUNA
@5kavuna

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Replying to @HDIRwanda @ScoviaMutesi and @Mamaurwagasabo1

Muraho , Birashoboka ko umusore udashaka kugira urugo abonye umu doner umuha intanga ngore yashaka surrogate mother ubundi agakora surrogacy

Ese ubundi biremewe mu Rwanda mugihe ntayindi mpamvu y'ubuzima ihari [@HDIRwanda](#)

10:37 PM · 28 Apr 25 · 2,060 Views

1 Quote · 1 Like

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
- EAFP
- EQUIMUNDO
- EXPERTISE FRANCE
- FEMNET
- FOSI/OSIEA
- FP2030
- GIZ
- GLIHD
- GLOBAL HEALTH CORPS
- IMBUTO FOUNDATION
- IMRO
- IPPF
- JHPIEGO/MCGL
- MEDECIN DU MONDE
- MEDICAL DOCTORS FOR CHOICE
- MEDICAL STUDENTS FOR CHOICE
- MINISTRY OF GENDER AND FAMILY PROMOTION
- MINISTRY OF HEALTH
- MINISTRY OF JUSTICE
- MINISTRY OF LOCAL GOVERNMENT
- NORWEGIAN PEOPLE'S AID
- PARLIAMENT OF RWANDA
- PLAN INTERNATIONAL RWANDA
- PSA
- RNGOF
- ROBERT ANGEL AND FAMILY FOUNDATION
- RWANDA CIVIL SOCIETY PLATFORM
- RWANDA SOCIETY OF OBSTETRICIANS AND GYNECOLOGISTS
- RWANDA BIOMEDICAL CENTER
- RWANDA EDUCATION BOARD
- RWANDA GOVERNANCE BOARD
- RWAMREC
- SISTERLOVE INC.
- SOCIETY FOR FAMILY HEALTH
- STEPHEN LEWIS FOUNDATION
- STOP TB PARTNERSHIP
- STRIVE FOUNDATION RWANDA
- THE CENTER FOR REPRODUCTIVE RIGHTS
- THE DAVID AND LUCILE PACKARD FOUNDATION
- THE EMBASSY OF SWEDEN
- THE EMBASSY OF THE KINGDOM OF NETHERLANDS
- THE GLOBAL FUND
- THE NEWTIMES
- UHAI-EASHRI
- UNAIDS
- UNFPA
- UNICEF
- VSO
- WELLSPRING PHILANTHROPIC FUND
- WEMOS
- WHO
- WOMEN'S LINK WORLDWIDE

