

HDI NEWSLETTER

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CIVIL SOCIETY ORGANIZATIONS REFLECT ON EFFECTIVE SRHR ADVOCACY MESSAGING

“ There are so many articles on reproductive health issues, but when analyzed, they focus on moral and religious perspectives. They often don't bring out accurate information about health and human rights, so this training is part of the response. --Aaron Clevis Mbembe, HDI

Communication is crucial in order to generate more public support for the prevention of gender-based violence, access to comprehensive reproductive health services and safe abortion, sexual health of young people. It is needed to challenge stigma, discrimination, attitudes and laws.

Effective advocacy communication is especially important for frontline advocacy actors. Civil society organizations (CSOs) working on

sexual and reproductive health and rights (SRHR) are at the frontline of advocacy efforts; however, they often face challenges collaborating with each other to effectively communicate and strategize on advocacy, since they tend to work as individual organizations rather than as a network.

Furthermore, CSOs are typically more familiar with traditional advocacy methods, yet there are other emerging platforms that can be used for advocacy.

CSOs reflected on how to effectively communicate their advocacy messages and use visibility to advance advocacy on sexual and reproductive health and rights at a training from August 10 to 11.

The training program brought together 40 communication officers from different CSOs working on SRHR in Rwanda to discuss the communication challenges they face and equip them with knowledge on advocacy messaging.

According to HDI's Director of Communications, Juliette Karitanyi, "the program provided CSOs with space to discuss the importance of advocacy in communication, share their experiences in terms of challenges and successes in communication, and enable them to advocate efficiently."

PARTICIPANTS REACT

Divine Ingabire, representing Flavors of Family Planning, said the program is timely and important:

"Through these sessions I learnt the critical importance of advocacy in communication. I learnt communication skills, especially leveraging other emerging platforms, such as social media to reach a larger target audience."

Elyse Byiringiro, Public Relations Officer at Medical Student Association of Rwanda (MEDSAR) said that among many other things he learned,

"formulating key advocacy messages and involving all staff members in the improvement of program implementation."





We still have contradicting information from CSOs that are supposed to advocate for human rights,” he said, “this is an opportunity to bring them on board and ensure that they start using their platforms to share accurate information.

--Aaron Clevis Mbembe



The meeting enabled CSOs to communicate effectively, provided space for CSOs and NGOs to share their experience in terms of challenges and successes in communication, expand CSOs’ activities within current media trends, and increase their visibility and understanding of advocacy and related policy issues.

Among the topics covered in this training were principles of written and spoken communication, visual identity and branding, stages of developing key messages for social media and communication materials, and how to disseminate them. Participants also learned about

social media management tools for communication and advocacy. They also had training on human rights based reporting when communicating on safe abortion and other SRHR issues.

Aaron Clevis Mbembe, the Associate Director of Policy and Advocacy at HDI, said that dissemination of accurate, science-based information, is important to advocacy.

“HDI is proposing that people involved in communication equipped with the right information on human rights, including existing laws in Rwanda, so they can report objective stories,” he added.





REFLECTING ON SEXUALITY EDUCATION IMPLEMENTATION IN RWANDA

Comprehensive Sexuality Education (CSE) instruction was introduced into the Rwandan national curriculum for primary and secondary schools in 2016; since then, there has been a significant positive change, according to activists and CSOs.

CSE aims at giving students the knowledge, attitudes, skills, and values to make healthy choices in their sexual lives. It includes sexual and reproductive health, human development, gender, relationships, GBV, and prevention of STIs, HIV/AIDS and unwanted pregnancies.

The addition of CSE into the Rwandan curriculum came just one year after the adoption of the ESA Ministerial Commitment on CSE and sexual and reproductive health services for adolescents and young people in Eastern and Southern African.

Ministers of education and health from 21 countries in Eastern and Southern Africa committed to scale up CSE and youth-friendly sexual and reproductive health (SRH) services for children and young people in the region by 2020, setting nine targets along the way.

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Disapproving that young people are not sexually active or depriving them of accessing correct SRHR information and services only leaves youth more vulnerable to coercion, abuse, exploitation, unintended pregnancy, STIs, and HIV/AIDS. Young people must be provided the knowledge and skills they need to make them informed and make responsible decisions about their sexual and reproductive health.

--Athanase Rukundo, HDI

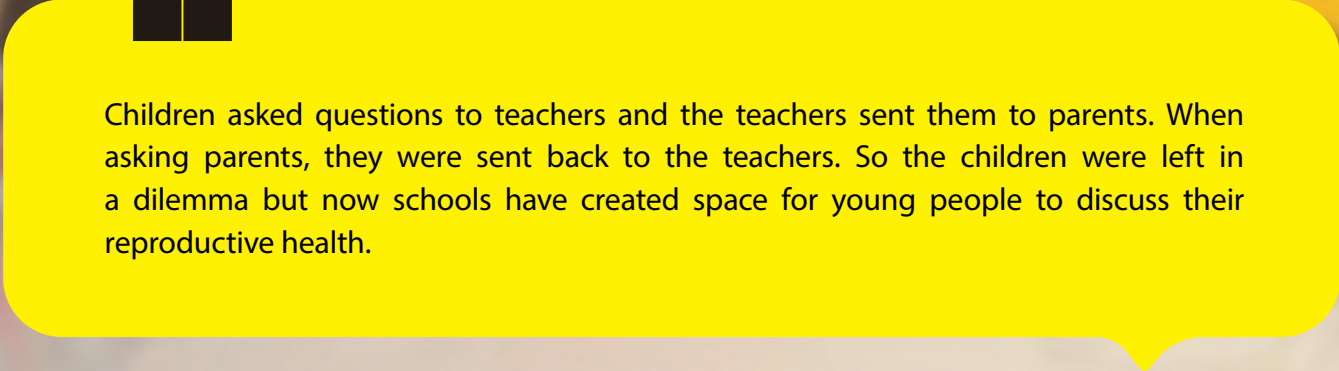
**DR. RUKUNDO ATHANASE AT HDI
CALLED FOR A REGULAR
MONITORING FRAMEWORK TO
ASSESS THE PROGRESS AND
IMPACTS OF THE CURRICULUM.**

Through the reports we get from the Ministry of Education, we would also like to see progress made towards the implementation of ESA commitments. We would like to see the number of students who received comprehensive information on sexual and reproductive health and rights. How many got pregnant despite having this information?

Did all of them [those who got pregnant] drop out? How many were supported to go back to school? How many schools are fully implementing CSE? How much is being allocated to CSE implementation by different stakeholders?

Those are the kinds of questions we need to get answered for proper monitoring of the curriculum.





Children asked questions to teachers and the teachers sent them to parents. When asking parents, they were sent back to the teachers. So the children were left in a dilemma but now schools have created space for young people to discuss their reproductive health.

According to Eliphaz Karamage, the Adolescent Health Officer at the Rwanda Biomedical Center, a number of surveys conducted before the new curriculum indicated that 62% of children did not have someone to talk to regarding their sexual and reproductive health.

“The high number of new infections among young people in Eastern and Southern Africa (ESA) remains a serious concern, as the majority of adolescents and young people living with HIV are growing up in the same region.

HIV-related stigma continue to hamper the region’s responses to the epidemic, by preventing young people from accessing a range of key sexual and reproductive health (SRH) services,” he explained.

Laurence Niyodusenga, a student who was present in the meeting, said that she came to know her rights during the CSE courses at school.

“Through this course, I learned my rights as a teen. I learned what to do in case I experience

sexual abuse or assault; where and when to report, and how I should deal with the case instantly,” she said.

In December 2021, ministers of health and education from the region will gather together to renew their commitments on the ESA commitments on CSE and SRHR for young people.

In the meantime, stakeholders are leading consultative meetings in Rwanda and the region to ensure all partners including young people are contributing to the upcoming commitment.



CELEBRATING THE MAPUTO PROTOCOL: STAKEHOLDERS CALL FOR A THOROUGH APPROACH TO ADVANCING WOMEN'S RIGHTS

The 18th anniversary of the signing of the African Charter on Human and People's Rights and the Rights of Women in Africa, known as the Maputo Protocol, usually celebrated on 11th July 2021 was celebrated this year on 11th September 2021 in coalition with Great Lakes Initiative for Human Rights and Development (GLIHD), Rwanda NGO Forum (RNGOF), Ihorere Munyarwanda Organization (IMRO) in partnership with the Ministry of Gender and Family promotion.

This celebration brought together different government institutions, international agencies, and stakeholders. While celebrating the 18th anniversary of the signing of the Maputo protocol, Rwanda remains vigilant in

the pursuit of its effective implementation, and only then will the status of African women significantly improve. In his remarks, the Executive Director of HDI, Dr. Aflodis Kagaba said that celebrating Maputo Protocol is an opportunity to reiterate the

value of bringing civil society organizations and the government together to appreciate achievement done towards the realization of women's rights in Rwanda but also review the gaps and chart the best way forward.



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The Covid-19 pandemic has reversed some of the hard-earned gains in advancing women empowerment in Africa, but it has also created opportunities to strengthen conducive frameworks promoting the rights of women in Rwanda.
--Prof. Bayisenge Jeanette

“This celebration comes at a timely period when we are in the process of renewing ESA commitments. The government is also actively involved in ICPD25, the review of human reproductive health law and EAC SRHR bill, all these are important opportunities to ensure women rights are respected”

In her keynote speech, Minister of gender and family promotion, Prof. Bayisenge recognized Rwanda’s achievements towards realizing women’s rights and added that the wide gender gap in building inclusive and prosperous empowerment is still persistent and Covid-19 pandemic has slowed down the work towards the realization of gender equality around the globe, including Rwanda.

During the celebration, stakeholders reviewed persistent gaps, such as child defilement, teenage pregnancies, lack of proper community reintegration of GBV victims, limited access to information and services on sexual and reproductive health can only be fixed if all stakeholders pull their resources.

They all commended the adoption of innovative laws, policies, and other institutional mechanisms at a national level to advance women’s human rights. This includes; the gender policy, GBV law, family law, and law on matrimonial regimes where men and women have equal rights on family property.



CIVIL SOCIETY PUSHES FOR MALE INVOLVEMENT TO ADVANCE GENDER EQUALITY

Despite the government's efforts to scale up gender equality in Rwanda, there are still gaps in policies and societal norms that hinder gender equality. To address these gaps, CSOs, non-governmental organisations and the general population, especially men, must step up their participation in the battle.

This quarter HDI organized consultative seminars, which brought together **100 participants** from various CSOs, activists, community leaders, gender champions and religious leaders to discuss issues

surrounding the fight for gender equality.

The themes of the seminars were “*Changing the mindsets that affect gender equality in Rwanda*” and “*community awareness campaign targeting service providers in the formal and informal sector on GBV prevention.*”

Among the topics discussed, participants examined the implementation of laws and policies that promote gender equality, how to fight gender-based violence and the role of men at the gender promotion table.

They also looked at how they can create a

space for service providers in the formal and informal sectors on GBV prevention to raise awareness on existing gender and GBV policies and laws. They observed the main gaps that persist to achieve equal opportunities in the gender empowerment journey.

MINDSET CHANGE

It was observed during the discussions that there is still a mindset that hinders equality between men and women. Many Rwandans believe that men have innate characteristics that make them powerful, income-earning leaders, who become prominent figures in their communities.

This is starkly different from the expectations placed on women to become good wives and homemakers, who are responsible for caring for their children.

This, according to the discussions, causes women to feel inferior to men. Women often think they must marry at an early age, so that they will have a man they can rely on. On the other hand, men are pushed to assume family responsibilities, which can sometimes cause them to feel

a false sense of superiority over the women in their lives. Even though women are now in positions of power and have financial means, men are still expected to be providers, and women are expected to submit to the man's authority.

Boys stay in the living room with their father discussing political issues and girls help their mother in the kitchen. This later enforces who is the boss and who has to follow. This contributes to gender inequality.

Even today, the man is often referred to as “umutware w'urugo”, though the law states they are all heads of the household. Celestin Shema, a lawyer, explained that this issue is rooted in the family. “Mindsets should change beginning at the family level since these mindsets start in childhood,” he said, noting that the issue is simpler to address at the family level because gender and family promotion activities are often combined.

RELIGIOUS BELIEFS

In the dialogue, faith-based institutions have also been noted as areas where gender inequality is still prevalent. It has been noted that in some churches, religions or denominations, women are considered inferior to men, and are unable to accomplish some tasks. For example, in some denominations, women cannot preach in a crowd where men are seated. In others, women are not permitted to become priests or pastors.

“The development often arises from different interpretations of the bible,” Shema explains. “Different religions interpret their religious texts differently. However, we should try to understand these issues of gender equality in the same way irrespective of religion,” he expressed.

CULTURAL BACKGROUND

Some cultural norms have been mentioned as barriers to gender equality. During the discussion, participants highlighted some proverbs, which they say reinforce the stereotypes about men and power.

For example, they said, when a child performs well he or she is often told, “Uri uwa so” (you belong to your dad) or “uri umugabo” (you are a man).

More people have also begun to interpret dowry giving (inkwano) as a “bride price”, which makes women look like property in their own homes, because dowry is negotiated and given by men to women before wedding ceremonies.

Most of these aspects, gender activists in the discussion say, should be addressed through education beginning in the family.

THE ROLE OF MEN

Participants in the meeting have observed that men have low participation in the battle for gender equality. Family planning programs, for instance, have long been considered as an act that only concerns women, rarely men can be found supporting women to do so. Instead, some think that their women’s bodies belong to them which sometimes leads to forced sex. Feminists, then, advocate for raising the voice of men in the battle to end the stereotypes and men dominance.

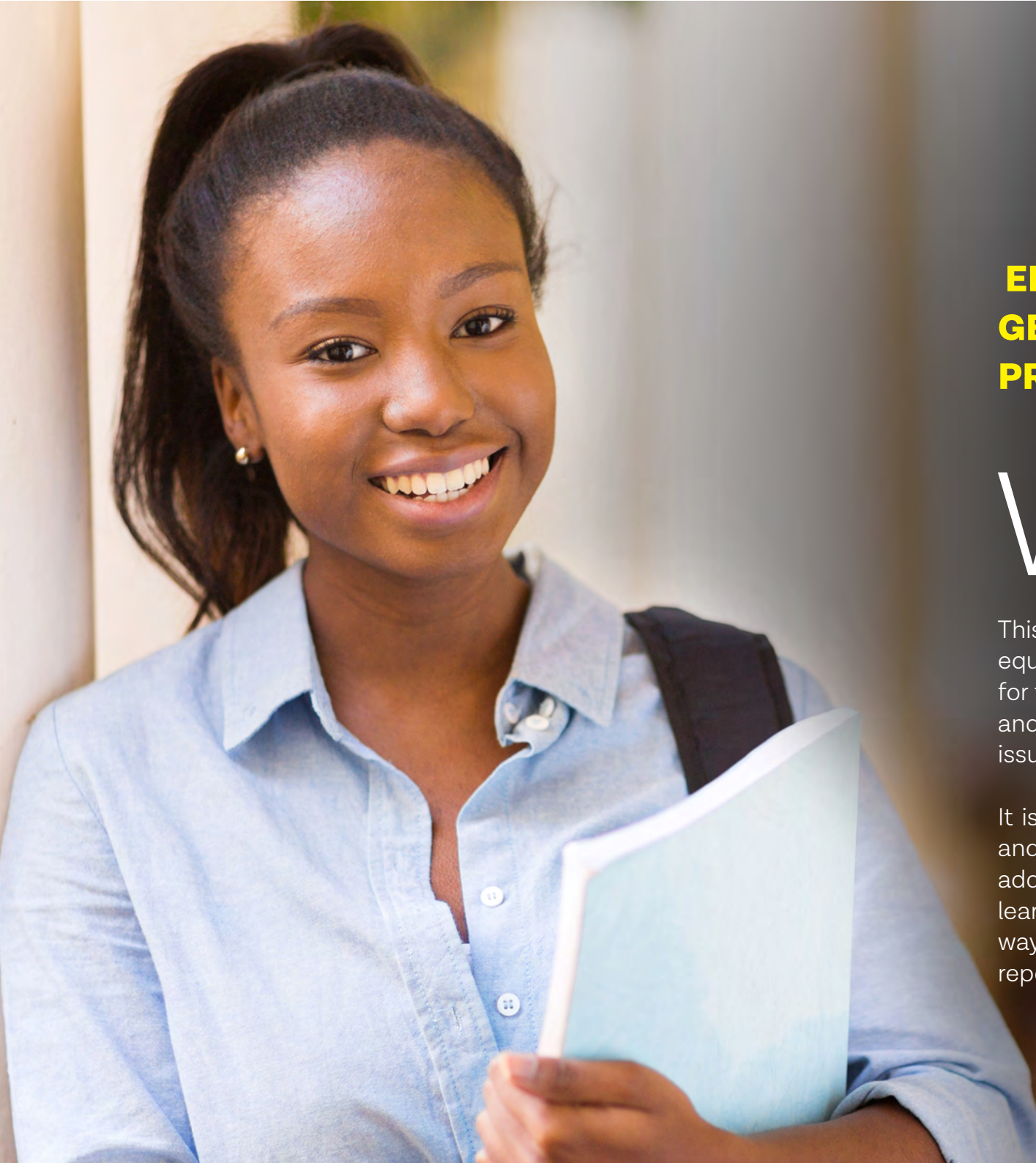
LEGAL RIGHTS

Annonciata Mukayitete, Human Rights Program Officer at HDI explained that there are some policies that are not being enforced and others that have been revoked suddenly without clear information on the results of the policies.

“In previous years, national exam grading marks were lowered for female candidates to allow more of them to enter high schools,” she recounts. “But the policy was later revoked without any detailed research on whether the policy had shown an improvement in the way girls can compete academically with boys in high school.”

“That is why you find that the number of girls who start primary school is nearly equal to the number of boys, but as the girls move up in grade level, their numbers decrease. This, in turn, affects gender equality, because when women do not have equal access to education as men, they are not able to participate in all sectors of life as they are held back by their lack of academic qualifications,” she continued.

According to Mukayitete, to address these gaps, awareness-raising is needed in all sectors of life, not only led by the government but also stakeholders such as civil society organizations and non-



EMPOWERING STUDENTS ON GENDER-BASED VIOLENCE PREVENTION

With the aim of educating adolescents on gender-based violence (GBV) and human rights, HDI gathered **46 students from 23 schools** in Kigali for a three-day training.

This training forms part of HDI's ongoing effort to equip a network of adolescent champions to advocate for their rights. Young people often do not have space and feedback mechanisms to report issues they face related to their sexual and reproductive rights.

It is important for young people to raise their voices and effectively participate in advocacy aiming at addressing those issues. During the training, students learned how to recognize the different types of GBV, ways to prevent GBV, and which channels to use to report cases of GBV in their schools.



Students were equipped with the information and skills to identify and report human rights violations in their schools. The training, which took place in Nobleza Hotel on August 13-16, educated these adolescents about GBV, human rights violations, health reproductive law, and leadership.

Christopher Sengoga, Head of Human Rights and Litigation; Mary Nyampinga, Strategic Litigation Program Officer; and Annet Mwizerwa, Adolescent Sexual and Reproductive Health Rights Program Officer were among the trainers.

One participant, a **19-year-old boy**, said that the training was helpful

because he now knows how to help people facing GBV issues.

“I knew a girl who was **17 years old** and was being defiled by an older man. She asked me if I knew how she would get help, but I could not help her because I was not informed enough,” he narrated. The students appreciated the training, saying that they will contribute to the fight against GBV in their communities.

The training was among many HDI programs to strive to empower and inform adolescents and young people about reproductive health and rights aiming to tackle GBV.

WOMEN'S RIGHTS ARE HUMAN RIGHTS: THE RIGHT TO AUTONOMY AND SELF-DETERMINATION

By **Brendah Mutoni**

Worldwide, women enjoy 25% fewer legal rights than men. Millions of women around the world are not able to make decisions about their own bodies.

According to a research report published in September 2021 by UNFPA titled “My body is my own: Claiming the right to autonomy and self-determination”, just over half of women and girls in middle- and low-income countries have the right to decide for themselves whether they have sex, use contraception or seek medical care.

In some sub-Saharan countries, the figure is even below 10%. Bodily autonomy is the right to govern your own body. This means the right to make decisions about your body without any influence or coercion.

The right to not have your body unjustifiably interfered with is a human right. When your body is subjected to any form of degradation, or you are forced or denied health care, then your human rights are being violated.





The Ministerial Order on Abortion has put in the way conditions that still push hundreds of women to practice unsafe abortion or have unexpected babies. In Rwanda, approximately 26,000 women are treated in health facilities for complications every year and over 17,000 teenage girls prematurely give birth.

The rights to bodily autonomy and integrity are recognized in the Universal Declaration of Human Rights. Many countries, including Rwanda, have laws that protect women and children. Nonetheless, women and girls are still denied their rights. To some extent, plural legal systems are to blame. They let traditional and modern norms coexist in spite of their incompatibility.

For so many years, women's bodies and their reproductive rights have been governed and controlled by patriarchal societies, giving men dominating roles and privileged power and choices over women's bodies.

Laws, regulations, and norms that prohibit women from exercising full autonomy to their bodies are still in place in most circumstances. For instance, in Rwanda, issues such as access to sexual and reproductive health services and products still hinder women's ability to make related decisions.

Ignoring bodily autonomy pushes the gender inequality curve further.

We cannot attain the desired level of gender equality without bodily autonomy. It is not simply about sexual choices and reproduction, it is also about one's whole self, dreams, and aspirations in life.

If women have the right to make decisions concerning their sexuality and reproductive health, such as when to have children, how to space them, the choice of contraception when to terminate the pregnancy. This will in turn help them to take up leadership roles and dismantle social norms that still undermine women's abilities. Different organizations have been advocating for action against such issues. At HDI, we continue to

advocate the importance of bodily autonomy using a rights-based approach because this goes beyond just health.

This is being done by advocating for access to SRHR services for adolescents and young people, eliminating stigma and discrimination of people based on their sexual orientation and gender identity, encouraging women and girls to make their own decisions about their bodies, using contraception, advocating for the change of laws which interfere with women's right to make these decisions, among others.

ACTIVISTS STRESS THE IMPLICATION OF LABIA ELONGATION ON THE GIRL CHILD



*Choice is a scam, because what is choice when the alternative is not accepted by society? If we are constantly told marriage is what validates a woman then she will do all she can to fit in. We also need our government to take a stand on the issue. We need research, we need the acknowledgment of *gukuna* as a practice that is still being taught through formal and informal institutions to young girls and women.*

--Olive Uwamariya, feminist

Labia elongation, also referred to as labia stretching or labia pulling, is the act of elongating the labia minora through manipulation or pulling.

It is a known cultural practice in some African countries such as Rwanda, Burundi, Zambia, Uganda, Malawi, and Zimbabwe. The cultural practice of labia elongation (*Gukuna*) imposed on

female children and women in some African societies has been classified by World Health Organization (WHO) as a harmful practice that violates human rights.

In a conversation on labia elongation, while reflecting on its practices on child and women's rights on national TV, activists pointed to the need to end this practice since it violates the rights

of women and the girl child. ***“Children cannot consent and are being forced to undergo this harmful process, and as a society, we need to stop this,”***

“The pulling goes with pain, irritations and risks of wounds that cause discomfort. Furthermore, it is a violation of child's rights,” said Juliette Karitanyi, Director of Communications at HDI.



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The process of child delivery is mainly about the baby’s passage from the uterus and having the strength to push the baby out. Labia elongation does not play any role in child delivery.

--Dr. Irakoze Magnifique

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On one hand, some regard this as a factor to enhance sexual pleasure for partners and to aid in child delivery, and some women regard these practices as beneficial in their lives.

However, other women regard this practice as unnecessary, since sexual pleasure is a matter of mutual interest and enjoyment of specific sexual behaviours and practices varies from one individual to another.

Dusangire Ambroise, a social media user said “labia elongation improves hygiene and increases sexual pleasure, it is more enjoyable for men. Otherwise this

is a tradition that women and girls need to hold on to. I can spot the difference between the woman who did it and the one who did not do it during sex intercourse. The sensation is different.”

However, Dr Magnifique Irakoze, gynaecologist said; “sexual pleasure is a physiologic response to a set of activity, both physical and mental stimulation, that leads to hormonal secretion which creates the arousal that can trigger orgasm. Sexual pleasure is subjective, which means it is not quantified, and sexual feelings are perceived differently.”

According to a research done by Koster and Price in 2008, men and women view the practice of labia elongation as a factor of beauty that also allows them to experience greater sexual pleasure. It is further viewed as an act of socialisation that helps Rwandan women identify with their cultural heritage.

Karitanyi says the practice is a complex issue, which needs more open conversation to solve. Campaigns against this kind, especially at the family level and in boarding schools, need to be created just as we do for teen pregnancy.

She said currently, it brings shame to both those who have elongated and those who didn't. Social norms are a major factor that contribute to gender inequality.

“Labia elongation is irreversible. Women should instead question the motives behind wanting to elongate their labia since we know the practice is rooted in a patriarchal system. We can't dream of achieving gender equality in every realm of our lives and yet force women to change their bodies in order to please men,” Karitanyi added.

Activists have stressed the importance of protecting young girls from this harmful practice and enabling women to live in a society free from societal norms that force them to live a life of pleasing men. Irakoze pointed out the need of being informed before engaging in the practice for women above the age of consent.





“Labia elongation may cause infertility caused by infections. One of the reported complications is irritation that might result in a small wound at the vulva, these can be points of entry of infection.

If someone delays to seek medical attention, the infection might ascend and attack the internal female organs, including the tubes and ovary. Those untreated Chronic Pelvic inflammatory diseases cause infertility for women. If women choose to do it, let them do it in a setting with proper hygiene and a good medical environment” he added.

“We can’t even talk about ‘free choice’ because that’s totally ignoring the hardcore power dynamics at play at every level of society, the systemic subordination of women and girls, teaching girls to do what they’re

told and not ask questions, and value the validation of boys and men’s attention above all else.” Katie Carlson, Gender specialist said

“We need to keep the conversation going, raising more awareness on the issues by organizing radio and TV shows as well as social media campaigns on the consequences of labia elongation from the health, cultural and rights perspectives.” Redemptor Batete, a gender activist said.

Karitanyi said HDI plans to conduct a research in order to understand the magnitude of the practice and the current practice to the girl child and the pressure it poses on women. HDI is also planning to carry out advocacy to ensure safety and the protection of the girl child.



CELEBRATION OF WORLD SAFE ABORTION DAY IN RUHANGO

On Tuesday, September 28, key players in implementing and advocating for women’s rights policies gathered in Ruhango district to celebrate World Safe abortion Day, looking at the progress, but also reflect on areas of improvement of access to information and services regarding safe abortion in Rwanda.

On that day, the administration of Ruhango Provincial Hospital said that since the end of 2020 so far, it has provided safe abortion services to women seeking it.

The director of finance and administration at Ruhango Provincial Hospital, Nkurikiyimana Edmond, said that of the 40 people who procured an abortion, 12 were teenagers

under the age of 18. “Since the end of last year, we have received 40 people, including 12 pregnant children, who had been defiled,” he said. Those who seek this service at our hospital receive it according to what the ministerial order stipulates.”

Rwanda is among several African countries that have established implementation policies to observe women’s rights, including

the lifting of reservation on Maputo Protocol’s article 14 about affirmation of the importance of women’s access to safe and legal abortion.

These include the fact that the pregnant woman is a child under the age of 18, the fact that the woman was raped, incest to the second degree and forced marriage and when the pregnancy can cause harm to the



“Our extensive research was conducted in 2009 and we started to advocate for the removal of court order to facilitate those seeking safe abortion services, and that year we had more than 60,000 abortions”

- Dr. Kagaba Aflodis

One of the teenagers who had an abortion at the hospital said she got pregnant at the age of 17, and she had just dropped out of school.

“As soon as I found out I was pregnant I felt anxious, I even had to leave school because I was in high school. Since the procedure, I have not encountered any problem.” She said

Dr. Kagaba Aflodis, the Executive Director HDI, and the consortium lead of four organizations working together to promote reproductive health, said progress had been made in abiding by the abortion law.

Abortions for those who are admitted are performed at a major hospital, district or private hospital that is licensed by the state or a licensed clinic and performed by a licensed physician. The pregnancy should also not be more than five months.

The Executive Secretary of the Southern Province, Busabizwa Parfait, said the ministerial order on abortion is there to save the lives of Rwandans.

The law stipulates that if a child under the age of 18 is abused and becomes pregnant and wishes to terminate the pregnancy but his parents do not consent to it, then the child's will prevails.

Prior to the event, Radio and TV talk shows to raise awareness on the ministerial order on abortion were conducted and social media campaigns under #WhyHer hashtag that reached 1.8M social media users, discussing articles found in the ministerial order and looking at challenges mentioned during the shows such as bureaucratic barriers that are still slowing access to safe abortion.

Strategies to easing availability, affordability and accessibility of sexual and reproductive health products and services, are among recommendations that were given at the event.



ALLEVIATING CHALLENGES FACED IN ACCESS TO CONTRACEPTION

Despite the 11% improvement in the uptake of family planning between 2015 and 2020, health activists call for more efforts to eradicate persistent challenges encountered to ensure that everyone has access to family planning options.

The call was made during a virtual ceremony organized by Health Development Initiative (HDI) to mark World Contraception Day (WCD) on Thursday, September 30.

With the vision of having every pregnancy wanted, the day aimed at improving awareness of contraception among young people to enable them to make informed decisions on their sexual and reproductive health.

Participants stressed that enabling women and female teenagers to make decisions about their sexual and reproductive health is not only the right thing to do, it is essential for community development.

“It is widely known that when family planning programs are well observed, it highly reduces maternal and child deaths,” said Dr. Felix Sayinzoga, the division manager of Maternal and Child Community Health at Rwanda Biomedical Centre (RBC).

He also added that contraception and spacing pregnancies empower women to seize economic opportunities, hence creating a more stable and prosperous society.

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Around 1,000 young people (80% of whom are minors) reach out to HDI’s hotline every week seeking such information [on sexual and reproductive health]. We use social media platforms to convey interactive messages and raise awareness, especially through our radio show, ‘Kumbe!’, on KISS FM every Sunday.

--Mwizerwa Annet, HDI

During their remarks, all the activists highlighted that during the recent decades, there have been significant advancements in access and technology that have expanded individuals' ability to make informed decisions about their own sexual and reproductive health.

For instance, figures from Rwanda Biomedical Center (RBC) indicate that over the past five years (2015-2020), there has been a significant increase rate in the use of modern contraceptive methods from 48% to 58% as at least 50% of women who give birth in hospitals live with a long term contraceptive method.

In addition to people who use natural methods like exclusive breastfeeding and counting safe days, uptake on family planning programs grew up to 64% in 2019/2020. However, they indicated that there is a need to educate more Rwandans about planned pregnancies as well as families and to give them access to methods that they deem most suitable for their needs.

Some of the challenges pointed out include mindset issues where people still believe that they can have as many children as they can because they will be catered for by the 'government', according to Joel Serucaca, RBC's officer in charge of reproductive health.

There is a lack of facilities that provide these services because most faith-based hospitals, which represent nearly 40% of all health facilities in Rwanda, do not offer them and that health posts are understaffed hence family planning becoming less of a priority to them, he pointed out. Also highlighted, were challenges in accessing medication, insufficient data, hindrances within the law, and misinformation based on beliefs, among others.

Emmanuel Karamage, the field coordinator at the Rwanda Men's Resource Centre (RWAMREC), said that there are still community stereotypes that stigmatize men who opt to use one of the contraceptive methods, an issue he said, needs to be eradicated.

Annet Mwizerwa, Adolescent Sexual and Reproductive Health and Rights Program Officer at HDI, said that one of the solutions to the above challenges is capacity building for adolescents as they need to have adequate information on sexual and reproductive health to enable them to make informed decisions. Contraception has a role in preventing unintended pregnancies and fighting against HIV/AIDS and Sexually Transmitted Infections (STIs) and Rwanda is among the countries that made Family Planning (FP) commitments in

2012 and renewed them in 2017 during Family Planning 2020 London Summit.

The Family Planning 2020 aimed at galvanizing the attained progress and strengthening the foundations for universal access to Sexual and Reproductive Health, including Family Planning by 2030. Despite being one of the most densely populated countries in Africa, Rwanda has committed to measuring successful demand creation for family planning and increased total demand for contraception for married women from 72% to 82% by 2020. It had also scaled up the contraceptive prevalence rate to 45% from 10% from 2005 to 2015. However, the demand for modern contraceptives continues to lag for unmarried women (35%), adolescents aged 15-19 (34.6%), and women in the lowest wealth quintile (60.9%).

Activists emphasized providing universal access to contraception as part of universal health coverage and as an essential component of sexual and reproductive healthcare. Lack of contraception leads to high fertility rates, land shortages due to high population density, and all sector problems that come with population growth such as environmental degradation, need for more schools, requirements for infrastructure development as well as the need for more trained health care personnel.

CHAMPIONING A GENERATION OF POLICY ADVOCATES

HDI successfully completed an intensive training program on policy advocacy between July and September that was aimed at building the capacity of CSOs on policy influencing & evidence-based advocacy. This training equipped CSOs active in the human rights and justice sector with hands-on skills to participate and contribute to policies and laws through conducting effective evidence-based advocacy with the view to promote human rights. It brought together 60 CSOs staff and 15 executive directors who had the opportunity to learn, reflect and develop advocacy strategies.



MARIE LOUISE MUJAWAYEZU,
ADBEF POLICY ANALYSIS

“As CSOs we are happy to be trained by HDI on Policy Analysis and Advocacy because now we have more knowledge and skills to be good advocates.” What I learned from this training is that as Civil Society Organizations we need to understand advocacy well, because we always work with governments on behalf of the local community and advocacy has a great impact on our success. Knowing the issues and who we advocate for is the one of the keys. Another key is advocacy targeting Policy decision-makers. From this training, I understand that one of the objectives of advocacy is to facilitate change and the development of new areas of policy. We learnt

also Advocacy strategy knowing that before addressing the issue we must know the root cause of the issues with evidence, have and know well scientific evidence and other evidence of the issue we are addressing. And then move on have enough knowledge on the policy with scientific factors, know who has power, influence, and support on raised issues

The Work with other stakeholders will minimize the risk and increase advocate results. In my position at ADBEF Policy Analysis. I will use different skills and knowledge on policy analysis and advocacy that we've gained to achieve our organization's mission and objectives and share knowledge with other Civil societies.



HASSINA UZAMUSHAKA,
CENTER FOR RULE OF LAW RWANDA (CERULAR)

“I attended these training sessions with doubts as to whether it would be just another organization that required me to hear the predetermined ethics and perceptions on advocacy, but the experience in all sessions of this training surpassed my expectations. The training challenged me. It challenged the work I thought I was doing right, but most importantly, I have learned how impactful advocacy should be conducted. My most profound session was on the Role of CSOs in the public policy cycle and monitoring by Aaron Mbembe.”



NDAGIJIMANA LYHOTELY,
FOUNDER & EXECUTIVE DIRECTOR OF ADBEF

“From this Capacity Building Workshop of HDI, I gained different skills and knowledge on policy analysis and evidence-based advocacy. I have learned and understood the stages of the advocacy cycle as well as the approaches and tactics of undertaking an effective advocacy project. By sharing experiences with different Government Leaders from MINIJUST, Parliament members, and facilitators in relation to understanding policy impact and evidence-based advocacy. This workshop will help me build advocacy teams in my organization, and work together with others CSOs to achieve our missions.”



NABAHIRE ANASTASE,
DIRECTOR GENERAL OF JRLOS

“CSOs play a very big role in delivering justice services in Rwanda and need to strengthen collaboration and coordination between CSOs and Justice Reconciliation Law and Order sector (JRLOS).”



ALL YOU NEED TO KNOW ABOUT HEPATITIS B&C

Viral Hepatitis is an inflammation of the liver caused by a viral infection. Viral Hepatitis B (HBV) and Viral Hepatitis C (HCV) are responsible for 1,100,000 deaths every year worldwide, especially resulting from complications such as cirrhosis and liver cancer.

On July 28th every year, the world celebrates World Hepatitis Day to raise hepatitis awareness. However, many people, especially in Sub-Saharan Africa, still lack knowledge about the disease. In December 2018, Rwanda took a bold step towards achieving the World Health Organization's global hepatitis elimination targets with the

launch of a 5-year Hepatitis elimination plan endorsed by the Government of Rwanda – the first plan of its kind in the SSA region.

The aim of the national HCV elimination plan is to achieve 90% treatment coverage for all confirmed infections. In addition, it is projected that this ambitious goal will be achieved by 2024, but the current progress shows that it will surely be achieved before the expected time Rwanda is among the 6 countries selected to undergo Viral Hepatitis elimination validation in the near future, based on the progress in hepatitis management and further elimination.

Prior to the World Hepatitis Day, Health Development Initiative (HDI) organized a digital campaign to raise awareness around Hepatitis, including viral hepatitis, bacterial hepatitis, autoimmune hepatitis, as well as hepatitis resulting from drugs and toxins.

In a radio show organized last Saturday by HDI on Isango star, Dr Janvier Serumondo, the Director of Viral Hepatitis and Sexually Transmitted Infections in Rwanda Biomedical Centre (RBC) shed more light on the disease.

“Hepatitis is a disease characterized by inflammation of the liver. **The different types are A, B, C, D and E. But types B and C are the most virulent and prevalent,**” he explains, **citing that Rwanda, along with other countries around the world have pooled their efforts to concentrate on these two because of their severity.**

“The two infections share a lot

of similarities, but differ in their infection rate. Hepatitis B is ten times more infectious than Hepatitis C. Hepatitis B is mainly spread through unprotected sex and blood to blood contact, Hepatitis C is mostly spread through blood-to-blood contact,” he adds.

Thus, the diseases are spread through unprotected sexual intercourse, sharing unsterilized needles and sharp materials, and can also be spread during delivery.

“In the absence of early treatment, Hepatitis B and C can lead to complications such liver cancer and cirrhosis traditionally known in Rwanda as Urushwima, which is often visually characterized by abdomen distention due to ascites, an accumulation of a pathological intraperitoneal liquid,” Dr. Serumondo notes, calling for early treatment.

“Hepatitis B and C can be

asymptomatic for a very long time for a very long time — even ten years — so we urge people to have regular check-ups and early treatment to avoid complications,” he comments.

Among Viral Hepatitis B and C symptoms, we can cite jaundice (yellow colour which may be present in the eyes, on the hands and feet), dark urine, general fatigue, pain and headache, he added, emphasizing that the current prevalence in Rwanda stands at **1-2%**.

“The low prevalence can be attributed to awareness mass screening campaigns that have been conducted since 2016. This has allowed us to assess the disease prevalence and treat those infected, reducing both the prevalence and the incidence,” he said.

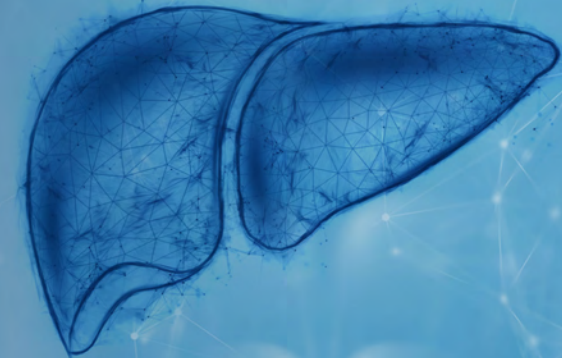
Building off its highly decentralized and robust HIV programming, Rwanda has now developed Hepatitis diagnostic capacities by using existing HIV testing platforms and laboratory transport systems. To date, through HCV testing at health facilities and screening campaigns, more than 5,000,000 people have been screened and more than 50,000 have been treated and cured. Following the launch of HCV elimination, the Government of Rwanda negotiated prices for testing and treatment and the treatment price reduced from \$1,200 to only \$60 and as a result of a good governance, Rwanda has made hepatitis testing and treatment services free of charge in public hospitals and health centres at least during the HCV elimination period to facilitate the access to hepatitis services by the community.

Talking to the New Times, Dr Athanase Rukundo, Director of Programs at Health Development Initiative, called for the public to get tested in order to prevent complications from the disease that, when left untreated, could lead

to cirrhosis and liver cancer. “Infection caused by either Hepatitis C or Hepatitis B, if left untreated, could lead to long-term and serious complications. The general population can drastically reduce the risk of infection by avoiding the routes of contamination, such as sharing needles and sharp materials and having unprotected sex. Treatment is available for HBV and HCV, vaccination is also available for HBV,” Dr. Athanase said.

Regarding vaccination, Dr. Serumondo said that, to date, when hepatitis B becomes chronic, it is not curable, the given treatment is for life. However, it can be vaccinated to prevent the infection. On the other hand, hepatitis C can be treated and cured within twelve weeks only, but it has no vaccine.

Asked about the current efforts to educate people about the diseases, Dr. Serumondo said that awareness campaigns are ongoing, and due to the Coronavirus pandemic, the main messages are being streamlined through the media.



MEET DEO, SECURITY GUARD AT HDI

1. Tell me a bit about yourself and your job at HDI. What is your day-to-day like at HDI?

My name is Deogratius Nkurunziza, my friends call me Deo, I have been working as a security guard at HDI for the past 6 years; ensuring the security of staff and visitors at HDI but also ensuring that every beneficiary is treated with respect and dignity from the moment they enter our gate. And that sums up what I do on a daily basis.

2. What excites you most about your job?

It has always been my pleasure to help people get the best experience everywhere I work. Here at HDI, it is rewarding and satisfying seeing people get help and seeing the impact that HDI makes in the community.

3. What is the most challenging part of your job, and how has Covid-19 changed it?

When Covid-19 pandemic hit in December 2019, health safety was added to the list of my

responsibilities. Throughout the pandemic, I have been responsible for making sure that all incoming people at HDI are safe. It [the pandemic] was scary at first because my job exposes me to the virus. But I was ready for the challenge and responsibility of keeping everyone in this office safe. I feel like my contribution to HDI's work is appreciated.

4. In what ways do you make people feel safe when they come to the center?

I am the first person guests, clients, employees, and beneficiaries meet when they enter HDI. Security is one piece of my job. At HDI, the fair treatment and confidentiality of our beneficiaries is of critical importance. Through the professional development training, I have received, I became equipped to welcome all beneficiaries that HDI serves and give all them a fair treatment and best experience.



STAKEHOLDERS SPEAK

Privileged to have an interactive session with 1st-year university students in Rusizi campus, effective SRH information and services in a timely manner can help reach their potentials as they make the best choice for their future

- Gervais Irakiza

It was a great pleasure to take part in HDI's training on behalf of the Impanuro Initiative. Huge thanks to the whole team of facilitators who shared insightful knowledge about effective communication, visibility, reporting, and more for CSOs.

- Clarisse Misolo

The partnership between doctors and legal colleagues is long and strong and an essential part of our work @DocsforChoice. So glad to see this session take place. Well done @HDIRwanda and congrats to @MsfcRwanda for making sure your medical students get this valuable training. So glad to see this work being done! Congrats to @MsfcRwanda for taking it on and thanks to @HDIRwanda for doing the work to keep Rwandans safe. A strong health care system includes access to safe abortion services.

- Global Doctors for Choice

This is to express once more my appreciation of your @HDIRwanda for an incomparable 2-day Conference on the training of CSOs on effective communication skills and visibility.

- Mugabo K. Julius

Gender-based violence drives the AIDS pandemic. Addressing GBV is part of a HumanRights-based response of community-based organizations, like HDI, to HIV.

- Stephenlewisfdn

My appreciation goes to HDI who has been advocating for teen mothers and raising awareness on the ministerial order across the country. More investigations should be done to know why some girls are still afraid to seek access to abortion during the 5 months. In any case, penalizing abortion does not prevent it.

- Isabelle Sindayirwanya

HDI WISHES TO THANK OUR PARTNERS AND SUPPORTERS

- AMPLIFYCHANGE
- BLACK WOMEN'S HEALTH IMPERATIVE
- CATHOLICS FOR CHOICE
- CDC
- DELEGATION OF THE EUROPEAN UNION TO RWANDA
- DFID
- EAHP
- FEMNET
- FOSI/OSIEA
- GIZ
- GLIHD
- GLOBAL HEALTH CORPS
- IMBUTO FOUNDATION
- IMRO
- MINISTRY OF GENDER AND FAMILY PROMOTION
- MINISTRY OF HEALTH
- MINISTRY OF JUSTICE
- MINISTRY OF LOCAL GOVERNMENT
- NORWEGIAN PEOPLE'S AID
- PLAN INTERNATIONAL RWANDA
- PROMUNDO
- PSA
- PSF/EMORY UNIVERSITY
- PYXERA
- RBP PARTNERS
- RNGOF
- RSOG
- RWANDA BIO-MEDICAL CENTER
- RWANDA EDUCATION BOARD
- RWANDA GOVERNANCE BOARD
- SAAF/IPPF
- SISTERLOVE INC.
- SOCIETY FOR FAMILY HEALTH
- STEPHEN LEWIS FOUNDATION
- STOP TB PARTNERSHIP
- TEARFUND
- THE CENTER FOR REPRODUCTIVE RIGHTS
- THE DAVID AND LUCILE PACKARD FOUNDATION
- THE EMBASSY OF GERMANY
- THE EMBASSY OF SWEDEN
- THE EMBASSY OF THE KINGDOM OF NETHERLANDS
- THE GLOBAL FUND
- UHAI-EASHRI
- UNAIDS
- UNFPA
- UNICEF
- WELLSRING FOUNDATION
- WHO
- WOMEN'S LINK WORLDWIDE

