

HDI NEWSLETTER

OCTOBER – DECEMBER 2021





CELEBRATING THE INTERNATIONAL DAY OF THE GIRL CHILD: HDI REACTS ON THE INTRODUCTION OF SEX OFFENDERS' REGISTRY



The list will serve as a deterrence to repeat offenders and to remind the public of the severity and effects of committing such crimes.

Christopher Sengoga, Head of Human Rights and Litigation at Health Development Initiative

In light of the International Day of the Girl Child on October 12, Rwanda is stepping up its fight against sexual abuse by releasing a sex offense registry to the public.

The registry will help law enforcement and justice track repeat offenders and contribute when background information is needed about an individual for administrative or legal reasons.

The list consists only of perpetrators who have been convicted of sex offenses by the courts irrevocably. They have been sentenced from 5 years to life imprisonment.

The decision comes as the Ministry of Justice works on a draft law that would make sex crimes subject to life imprisonment.

Others are revoked after ten years for felony, three years for misdemeanors and one year for petty offences.

HDI welcome both decisions as sexual abuse crimes should be treated with the severity they deserve. HDI will continue following up on implementation to ensure human rights are being respected.

A study by UNICEF indicated that in 2018, over 50% of children in Rwanda were victims of sexual, physical or emotional violence.



“5 in 10 girls experience at least one form of violence – sexual, physical or emotional – before age 18. They are most often abused by those they know: parents, neighbors, teachers or friends,” the report reads in part.

Sexual abuse is not limited to girls only. The research shows that 6 in 10 boys face different forms of violence before the age of 18.

Rwanda has been registering a rise in reported sexual abuse crimes and teenage pregnancies. According to the office of public prosecution, the number of reported sexual abuse cases increased from 3,793 complaints in 2019 to 5,292 complaints in 2020.

However, the number of people convicted of the crimes remains small, from 1,281 in 2020 to 1,426 in 2021.

According to official statistics, 17,849 underage girls were impregnated in 2016 alone. The number jumped to 19,832 in 2018. From January to August 2019, teen pregnancies increased to 15,696, which translates to an average of 1,962 a month.



INCREASING PARTICIPATION OF WOMEN AND YOUTH-LED ORGANIZATIONS IN POLICY REFORM



All partners need to work together to improve family welfare and solve issues affecting society, such as domestic violence, teenage pregnancies, negative social norms, and the lack of participation from women in decision making.

Annonciata Mukayitete, Senior Program Officer for Gender and Inclusion, HDI



Rwandan civil society organizations typically have low participation in technical working groups—which are the one of the avenues used to change policies and laws in Rwanda. This is due to a variety of reasons, but for women-led and youth-led organizations the problem often stems from difficulties registering their organizations. HDI and MIGEPROF (Ministry of Family and Gender Promotion) have encouraged youth-led and women-led organizations to join and actively participate in technical working groups for gender equality, women’s empowerment, child protection, and family promotion.



The Director of Planning at MIGEPROF, Theophile Murwanashyaka, explained that they are training men who will train others in a move aimed at changing mindsets. He said that for men's mindsets to change, MIGEPROF needs to engage civil society organisations more.

Murwanashyaka urged CSOs interested in joining to make an official request to the chair of the sub-cluster to Family Promotion and GBV prevention and response and to the sub-cluster Gender Equality and Women Empowerment through the National Women's Council.

He also encouraged participants to avoid centering their work in urban districts, but instead, to go to rural districts where their help is needed.

According to Murwanashyaka, only three out of the 26 CSOs that attended the meeting belong to a technical working group, which presents an opportunity to increase the number of CSO members.

During the follow up meeting, it was observed that the demanding and lengthy process of registration with the Rwanda Governance Board has discouraged many CSOs from joining Ministry of Gender and Family

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Murwanashyaka urged CSOs interested in joining to make an official request to the chair of the sub-cluster to Family Promotion and GBV prevention and response and to the sub-cluster Gender Equality and Women Empowerment through the National Women's Council.

Promotion technical working groups since registration is mandatory. Out of the 26 CSOs represented, only 10 had officially finished this process.

The Director of Youth Volunteers against Violence explained that his case stalled at the cell level since he does not yet have a large enough team to register. Daisy Isimbi from Afro Ark noted that the financial burden of hiring a large team holds many CSOs back from successfully registering.

The lack of follow-through by local leaders, whose mandates end without them following up on NGO registration cases was one of the challenges mentioned during the follow up meeting.

Furthermore, student associations are not allowed to register as CSOs, thus organizations such as MEDSAR—the Medical Students' Association of Rwanda which was established over 20 years ago—cannot legally register.

Registration of CSOs is imperative for their participation in these technical working groups that aim to fight against GBV.

In another effort to include women-led and youth-led CSOs in policy reform, a Coalition that brings together CSOs including the Rwanda Men's Resource Centre (RWAMREC), Health Development Initiative, and African Youth and Adolescent Network (AfriYAN) has been collaborating in advocacy efforts to engage youth for a gender-just and violence-free society.

The Generation G Rwanda Coalition intends to contribute effectively to the amplification of young feminist voices and strengthening the role of young men as allies.



16 DAYS OF ACTIVISM

To observe the 16 Days of Activism this year, Health Development Initiative launched a digital campaign in partnership with the Ministry of Gender and Family Promotion together with RWAMERC and AfriYan. This campaign was aimed at raising awareness around gender-based violence (GBV) related programs, with a focus on digital violence and technology-facilitated GBV, and to advocate with and mobilize actors to increase attention on efforts to end GBV.



16 Days of Activism Campaign:

1

HDI participated in the launch of the 16-day campaign against sexual violence took place in Gatsibo district, attended by UN agencies, government institutions, MIGEPROF, and CSOs working on GBV.

2

Social media campaign: Over 200 posts, 3 Twitter Space in partnership with Rwamrec & Afriyan, 3.4 Million impressions, and 1millions reach during the 16DaysOfActivism under #16DaysOfActivism, #16DaysRw, #OrangeTheWorld, and #16Days hashtags

3

HDI Gender café under: “Gender Mainstreaming in workplace”: an event that gathered HDI staff around a café to share knowledge and skills on gender as a cross-cutting issue, but also to talk about Gender Mainstreaming in HDI.

The two hour event aimed at training HDI staff on gender and its related concepts, such as the difference between gender and sex, gender equality, gender equity, social norms, power dynamics and GBV.

HDI also discussed existing policies such as the anti-sexual harassment policy, anti-sexual exploitation and abuse policy and HDI gender policy.

Through this exercise participants learned more about gender roles and responsibilities, social norms and power dynamics. It was clearly demonstrated that social norms and power dynamics put men in positions of domination in society even in the workplace and there is need of women participation in decision making.



EALA LAWMAKERS MEET TO DISCUSS SEXUAL REPRODUCTIVE HEALTH BILL

A team of lawmakers from the East African Legislative Assembly (EALA) were in Rwanda to discuss the Sexual and Reproductive Health Bill that has been with the regional parliament for years. The Bill seeks to set up a harmonized way to protect the right to sexual and reproductive health for all persons in the region, as well as to push for the related services to be part of universal health coverage for partner states.

The two-day national consultative meeting aimed at creating awareness and seeking input from stakeholders in member states before the bill is tabled before the regional parliament. In Rwanda, the meeting was organized by the EALA in partnership with the Eastern Africa National Networks of AIDS and Health Service Organizations, Faith to Action Network and Health Development Initiative. The Bill will not only inform national legislations, but will also ensure that the citizens of these countries benefit.

“

This Bill is meant to serve the people of the EAC and we encourage you to try as much as possible to freely give opinions so that your views and perspectives are considered when the assembly is passing the Bill.

Hon. Francine Rutazana, Rwandan representative at EALA

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“The Bill touches on critical areas that may not be covered in our own legislation, like assisted reproduction or reproductive health for the elderly. This Bill is more comprehensive than any other national laws that we currently have.”

Dr. Aflodis Kagaba, HDI Executive Director



| SECTION (ARTICLE) | ISSUE OF CONCERN (What we need to be addressed) | DEFINITIONS AND SUPPORTING ARGUMENTS | RECOMMENDATION |
|-------------------|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| 4.1-4.2 | Issues with Regulation level all | They are not addressed after preparation and are prohibited by the regulation. The regulatory framework (RCA) and members have undertaken a better understanding and protection of human opportunities | Amend the regulation should be revised. The recommendation is to be taken into consideration of RCA. |
| 4.3-4.4 | Regulation doesn't consider the age of women and fertility | Some of services/clinics may not meet these requirements following | There is a need to be updated according to the current practice and to ensure |

KEY COMPONENTS OF THE BILL

In Article 6 of the draft legislation, each Partner State is obliged to provide and include appropriate comprehensive sexuality education for the health and wellbeing of adolescents and young people.

Another component of the bill is the article that obliges member states to clearly indicate the role of religious or community leaders and civil society in providing sexual and reproductive health information and services.

Although participants at the consultative meeting heard that there are member states, like Rwanda, that advocate for teenage mothers to continue their education, the Bill calls for clearly written national policies clarifying this for each member state.

However, in the likely event that the adolescent girls and young women are unable to continue with their education after pregnancy, the article requires partner states to develop and implement mechanisms to provide vocational, skills and career development.

Through the Secretary General of the EAC, every partner state shall provide an annual report to the Assembly on the number of adolescent girls who become pregnant and the adolescent girls who continue their education.

Other notable articles include one that requires member states to provide appropriate facilities to ensure that people with disabilities are not limited in their sexual and reproductive health, including appropriate infrastructure, customized information, equipment and services to meet their needs.



Every partner state shall design and implement their education programmes and facilities and require every provider of education to ensure that adolescent girls or young women who become pregnant before completing their education are given the opportunity to complete their education, the draft legislation reads in part.

CIVIL SOCIETY RENEWS CALL FOR PROMOTION OF SEXUALITY HEALTH RIGHTS

Civil Society Organisations from across Rwanda and the region called on governments to renew their commitment to improve Comprehensive Sexuality Education (CSE) and Adolescent Sexual and Reproductive Health and Rights (SRHR), including Rwanda, where they sought to reaffirm the Eastern and Southern Africa (ESA) Commitment on Comprehensive Sexuality Education and Adolescent Sexual and Reproductive Health and Rights.

The call was made on November 19, 2021 in a meeting that brought together 45 CSOs and government institutions seeking to engage ahead of the International Conference on AIDS and STIs in Africa (ICASA) in December 2021. The conference brought together Ministries of Health, and Education from over 20 countries,

The joint Call to Action, endorsed by more than 130 community-based and youth-led organisations from across the region, demands urgent action to ensure the rights of adolescents are upheld.





Rising opposition to CSE and broader SRH risks exposing a generation to more teenage pregnancies and increased HIV infections at a time when they are trying to survive the impact of Covid-19. The time to secure their future is now.

Dr. Athanase Rukundo, Senior Director of Programs, HDI

Speaking at the opening of the meeting in Kigali, Dr Athanase Rukundo, the Senior Director of Programs at Health Development Initiative (HDI) said that although many countries have made important strides towards expanding access to sexual and reproductive health services and improving the quality of sexuality education, there are still many young people across the region who continue to be left behind.

“This renewal is a unique opportunity for governments to take stock of the progress that has been made almost ten years since the first commitment was made and to put forward a new and more ambitious vision to improve young people’s health and future,” he said.

He reminded participants that with the Covid-19 lockdowns, school and health facility closures and limited access to online learning opportunities have further deepened health and gender inequalities among young people.

“At the same time, mounting pressure is preventing schools, teachers and healthcare workers from delivering age-responsive sexuality education and health services. There is growing opposition, which is discouraging the adequate delivery of this vital information and services,” he said.

He emphasized that now, more than ever, governments need to commit to protecting young people’s health and support their transition into adulthood.

On his part, the Director of the Career Guidance and Inclusive Education at the Rwanda Education Board, Eugene Fixer Ngoga pointed out that cultural and religious beliefs continue to complicate the delivery of CSE lessons to students.



Our culture has been reserved about sexuality education. Some people view it as encouraging young people to have sex, but that is not true. Instead, it promotes the reduction of the frequency of unprotected sex, the reduction of the number of sexual partners, the increase of the use of protection and unintended pregnancy, STIs and critical thinking about relationships.

Eugene Fixer Ngoga, Director of the Career Guidance and Inclusive Education at REB

THE NUMBERS

According to the most recent Rwanda HIV Impact Assessment (RPHIA), among young people aged 15-24, 8.7 percent reported having sexual intercourse before the age of 15 years (11% among men and 5.7% among women).

HIV prevalence was approximately two times more in older adolescent girls and young women (ages 15-24 years) as compared to older adolescent boys and young men.

However, 5% of adolescent women aged 15-19 are already mothers or are pregnant with their first child. Adolescent women with secondary education (3%) are less likely to have begun childbearing than young women with primary education (7%).

Teenage childbearing decreases by wealth, with 8% of adolescent women in the lowest quintile compared to 3% of young women in the highest wealth quintile.

The proportion of young people (15-24) with comprehensive knowledge about HIV has declined since 2014-15, from 65% to 59% among young women and from 64% to 57% among young men.

The percentage of young women aged 18-24 who had sexual intercourse before age 18 decreases with increasing education, from 32% among those with no education to 5% among those with more than a secondary education.

Looking at the statistics provided by RPHIA, young people with knowledge on CSE were less likely to contract HIV and had a lower risk of unintended pregnancy.

Since the introduction of CSE in schools, there has been a positive impact on sexual and reproductive health (SRH), notably in contributing to reducing STIs, HIV and unintended pregnancy.

There's a Price for Freedom by Igiraneza Teta Sonia

*Life began to get too rough,
But she knew she had to be tough.
Trying her best to keep her head above the sky*

*Nevertheless, she knew that there was a price for
her freedom*

*She realized she had a choice
To have it or wait until she's ready
Well how could she mother a child yet a child she was?
Happy or not here I come,*

*Carrying the voices of young women and girls
Who missed a future and fortune
But gaining respect for their responsibilities
We should just know that
Beyond fear, lies freedom.*



**THERE'S A PRICE FOR FREEDOM
BY IGIRANEZA TETA SONIA**

WHAT ADOLESCENTS WANT ADDRESSED ABOUT ACCESS TO SEXUAL AND REPRODUCTIVE SERVICES

BY NASRA BISHUMBA

Senior Communication Advisor at HDI

Over 150 youth and decision makers concluded a two-day national conference where they discussed their challenges and offered practical solutions to adolescents' access to sexual reproductive health and rights".

The conference, which gathered adolescents from four provinces and the City of Kigali, development partners, policy makers and stakeholders, including government institutions, was hosted under the theme, "Amplifying Voices towards Access to SRHR Services".

Although various topics were discussed, teenage pregnancies was at the centre of each conversation. Below are some the recommendations made by the adolescents and other conference participants:

1 - Equip parents with information

The available data from the Ministry of Gender and Family Promotion indicates that a total of 19,701 girls from all over Rwanda gave birth between January and December 2020.

King David Academy's Dan Shema says that such high numbers can be avoided if parents are trained to talk to their children on issues surrounding sexuality and reproductive health early enough.

"Getting this information in a timely manner and from a trusted source like your parents is more helpful, because often, we rely on social media where we cannot differentiate right, partially right or completely wrong information," he said.

2- Train healthcare providers

In its July 2020 survey among social and healthcare providers titled "Availability, Accessibility, and Quality of adolescent SRH Services in Urban Health Facilities of Rwanda", the University of Rwanda (UR) says that sexual and reproductive health services in the country are available for the general population but are not specifically designed for adolescents.



The university says that though the services are fairly accessible to adolescents, they are of insufficient quality as adolescents themselves are not fully involved in service provision among other aspects of quality SRH as required by the World Health Organization (WHO).

At the conference, Donatha Muyizere, from Kinyinya Sector, Gasabo District said that she had her baby when she was 14. She says her visit to the health centre in her area has discouraged her from seeking information and as result, she urges her peers not to visit due to the pointed and sometimes demoralizing questions asked by the personnel.

“I went to seek an HIV test and the lady who attended to me started asking me if I had unprotected sexual intercourse the previous evening. Before I could answer, she started lecturing me about how this generation is uncultured. I excused myself and walked out. I have never gone back,” Francine Uwayezu, nurse at Remera Health Center, told participants that although

sexual and reproductive health services are available, adolescents, who are the target, are not seeking them because there is little awareness and poor quality of service. Uwayezu pointed out that health centres do not have personnel that specifically deal with sexual and reproductive health services.

“Young people don’t have time to wait in line, especially because they fear that they could meet someone that they know. It is important that there is a youthful person who is only at the health centre day-to-day to deal with young people seeking these services,” she said.

3- Take SRHR services to rural areas

Francoise Tuyizere, an adolescent from Karongi District in the Western Province, said that there is a need to push for more information to be available for young people from rural areas.

“When you go to town centers upcountry, you will find some information, but when you

move deeper into the rural areas, there is no information about sexual and reproductive health at all. This should change,” she said. Tuyizere called for a general countrywide audit to evaluate if the services are being given, or if they are being given to the right people and if there is impact.

4- Prioritize CSE in TTCs

Tuyizere said that there is a need for Comprehensive Sexuality Education (CSE) to be introduced in Teacher Training Colleges (TTCs). “Teachers should have CSE as a principal course because without prioritising it, they are also not fully equipped with the skills and information that they require to impart knowledge on sexual and reproductive health,” she said.

Vital Gatoyi, a teacher at IPRC Kigali, said that there is still an issue of culture which limits how open one can be exercise while talking about sexuality, making it challenging for both student and teacher. He called for special training for teachers, but also teaching materials that can be

used to assist both the teacher and the learners of CSE. CSE is integrated in five subjects in the National curriculum: two in Primary school (Science and Elementary Technology, and Social Studies) and three in Secondary school (Biology and Health Sciences, General Studies, and Communication Skills).

5-Scrap parental consent requirement

For 16-year-old Bienvenue Heavens Mihigo, there is a need to revise laws that continue to block adolescents below 18 from seeking some sexual and reproductive services. “We find some laws inconvenient. For instance, requiring a young person below 16 to be accompanied by a parent when they are seeking these services can be discouraging. How do I tell any of my parents that I need a condom?” he wondered.

6- Involve adolescents

Sandrine Muhimphundu, an adolescent from Bugesera District, Eastern Province, requested for sexual and reproductive health services that are friendly, accessible and appropriate for adolescents and youth including those with disabilities.

They requested that the services are provided in the right place (not necessarily at health centres) and delivered by a service provider that is trained in adolescent-and youth-friendly services. They requested for their involvement in the designing of these services as well as enough space to not only give feedback, but have it responded to.

The Assistant Officer in charge of Adolescent Sexual and Reproductive Health and Rights at HDI, Ange Umutoni, said that adults need to begin seeing the value of young people who are empowered to make their own decisions.

When equipped with accurate information, they are capable of doing things right with little guidance.

7- Put a stop on stigma against teenage mothers

The adolescents touched on the issue of stigma that is directed at teenage mothers. They called for campaigns that will involve teachers, parents, church leaders and the entire community on how to deal with teenage pregnancy challenges.

“When a teenage girl gets pregnant, she is subjected to a lot of stigma, yet this unwanted pregnancy does not concern her alone. This is a social issue and it should be handled collectively by the entire community. Boys and men should not be left out,” Isai Nshimiyimana from Ndera Sector said.



BOOSTING FERTILITY AWARENESS TO PREVENT UNWANTED PREGNANCIES

Fertility awareness plays a significant role in family planning. This is a method of contraception where a woman monitors and records her fertility signals during her menstrual cycle to estimate when she's likely to get pregnant. HDI has built upon its existing family planning program to reinforce and promote Fertility Awareness Methods (FAM) as an integral part of the family planning method and their accessibility to women across Rwanda. The project aims to bring Fertility Awareness Methods (FAM) back on the family planning radar, including the most up to date technologies, such as the iCycleBeads app and raising awareness about the menstrual cycle among very young adolescents.

During this quarter, HDI invited 81 different healthcare providers including pharmacists, nurses, midwives and medical doctors training on how to support service delivery by availing FAM commodities

and quality assurance mechanisms, and strengthening FAM into existing family planning service delivery mechanisms. Senior Director of Programs at HDI, Dr Athanase Rukundo provided participants with a deeper understanding of the FAM

method, noting that the program aims to address the root of chronic challenges in family planning and reproductive health — such as gender-based violence and unintended pregnancy — by transforming social norms.



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Institute for Reproductive Health

Reinforcing fertility awareness Methods as part Of family planning options

USAID
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Passages

“You (participants) need to stress the importance of knowing about family planning methods to your clients and you should ensure that you all talk to clients about the full breadth of FP services available to them – both natural and hormonal.”

Rukundo engaged participants on the importance of family planning for couples as a means of regulating the number of births and safeguarding women’s health. He also encouraged medical professionals to listen carefully to their patients to help them determine the best time for them to have their next child.

Joel Serucaca, Officer in charge of Reproductive Health at the Rwanda Biomedical Center explained that there is still an unmet need for family planning services within Rwandan families.

He urged the participants to warn

their patients that using natural methods can lead to accidental pregnancies in 1/4 of women, going up to 75% if poorly used. Thus, he called upon all the health providers present to encourage their clients who wish to use natural methods to apply extra caution.

Alain Shingiro from Rwanda Pharmaceutical Students’ Association spoke about his experience during the training on FAM,

“It is important for everyone in the healthcare field to have information about fertility awareness methods. In the training, I learned more about iCycleBeads, and other methods including pills and intrauterine devices. This information is important to me as a pharmacy student, because I need to know how all these methods work and how useful they are to my future clients.”

Dr. Athanase Rukundo also reminded participants of the different monitoring and evaluation methods available to them to keep proper records of family planning. He explained how the supportive supervision kit for the cycle bead method works, telling

everyone that each cycle bead given to a client should be followed with a filled copy of the supportive supervision sheet for both the hospital’s safekeeping and to comply with Ministry of Health Audit Standards.



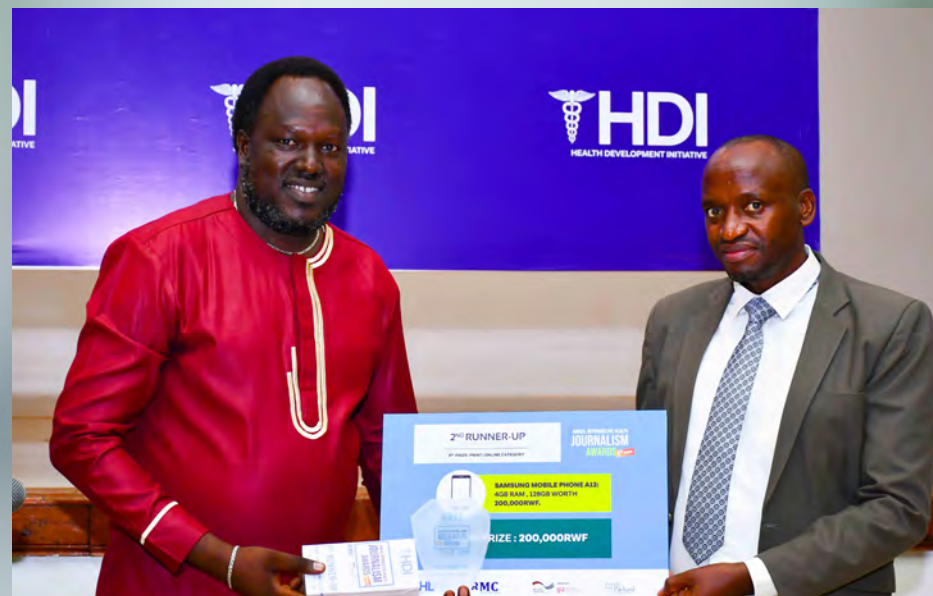


RECOGNIZING OUTSTANDING REPRODUCTIVE HEALTH JOURNALISTS

Reproductive health journalists work in often controversial conditions, but this has not discouraged them from pursuing their mission to inform the population on sexual and reproductive health even during the pandemic that disrupted the lives of many.

To celebrate their efforts, a total of nine journalists were awarded for their stories written in 2021 covering different aspects of sexual and reproductive health and rights. This is the sixth year of awards recognizing outstanding journalists who openly write about SRHR topics.

The awards attracted different reproductive health sector players, development partners as well as government institutions like Rwanda Media Commission, the Ministry of Health and over 100 journalists from 35 media houses.



The journalists who fell under the radio, TV and print/online categories were recognised for their stories that covered family planning, maternal and newborn health, safe abortion, HIV/AIDS and other STIs, teenage pregnancy, gender-based violence as well as sexual health and education.

In the print/online category, the overall winner was Diane Nkusi Nikuze from Umuringa News. Flash FM presenter and Founder of Mamaurwagasabo, Scovia Umutesi scooped the overall prize in the TV category for her documentary film

on the hurdles of teen mothers living on Nkombo island. In the radio category, the overall winner was Jean Claude Twagirimana from Radio Salus.

The three were each awarded an 800,000RWF cash prize and an HP laptop worth 800,000RWF.

In the 1st Runner Up print position was Jean de Dieu Akimana from Intyoza Publication for his story which looked into the need for community health workers to advise adolescents in Kamonyi district.

TV1's Fulgence Hakuzuwera also scooped the 1st Runner Up prize in the TV category for his story which tackled the aspect of men's engagement in their wives' menstrual cycles. In the radio category, RBA's Naomi Irakoze Mugaragu scooped the 1st Runner Up award for her story on the rising number of teenage pregnancies in rural areas.

The three were each awarded a 300,000RWF cash prize and a phone worth 450,000RWF.

In the 2nd Runner Up position in the print category, the winner was Elias Hakizimana from The Inspirer Publication who wrote a story about teens that were impregnated at the height of Covid-19 who are yet to get justice. In the TV category, Isango Star's Gabriel Maniriho won for his feature story on condom kiosks. In the radio category, VOA's Pierre Claver Niyonkuru won for his feature on the life of teen mothers in Mahama refugee camp.

The three were each awarded a 200,000rwf cash prize and a phone worth 350,000RWF.

The panel of judges was composed of a veteran journalist, Faith Mbabazi; Paul Mbaraga, a lecturer at the University of Rwanda School of Journalism; and Dr. Anicet Nzabonimpa, who is a medical doctor and Reproductive Health Expert.

Speaking at the event, the Executive Director of HDI, Dr. Aflodis Kagaba,

applauded the members of the media for the hard work that each of the winners put into researching and producing an informative story. He commended all journalists who have worked hard despite the Covid-19 pandemic challenges.

“You all were not discouraged by the restrictions that the pandemic put on all of us. You went out there, researched your stories, published them and continued to encourage the masses to acquire reproductive health services. We commend you for that effort,” he said.

Emmanuel Mugisha, The Executive Secretary of the Rwanda Media Commission, a media-self regulatory body, challenged the journalists who were present to select the information they feed the public.

“This night aims at celebrating our fellow reporters who take time to

inform, educate and advise Rwandans on sexual and reproductive health, and for that, let me also take the opportunity to challenge you to feed our listeners, viewers and readers constructive and reliable information,” he pointed out.

On behalf of the Minister of Health, the Head of Clinical and Public Services, Dr. Corneille Ntihakose lauded HDI for organizing the ceremony, noting that these awards help the ministry in the evaluation of gaps in the reproductive sector.

“These outstanding stories help us to evaluate each year, and realise the potential gaps we have to address as policy makers,” he said.

Ntihakose reminded that the media has been walking with the government and civil society organisations for over 20 years as both taught about condom use and general HIV and malaria prevention and treatment.



“We encourage you to continue doing stories that focus on different vulnerable groups including refugees, widows and orphans and to identify gaps that may need our intervention,” he said.

Hans Bretschneider, representing GIZ (Deutsche Gesellschaft für

Internationale Zusammenarbeit) as one of the development partners reminded attendees that cultural and religious beliefs continue to block young people from using contraceptives and negotiating condom-use for fear of being labelled. He pointed out that openly discussing these issues in the media

has the potential to normalise the conversations and in the end promote a stigma-free and liberal environment in the country. Running under its sixth edition, the award competition received 148 submissions from 99 journalists based in 35 media houses

STIGMA, LACK OF INFORMATION BLAMED FOR YOUTH HIV INFECTIONS

Progress in education and treatment has enabled many people with HIV worldwide to continue to live healthy and full lives today. However, despite these developments, many young people continue to shy away from getting tested due to stigma or lack of information.

This was explained in detail by Director of Community Outreach at HDI, Jocelyne Emilie Ingabire, during a Twitter Space conversation that brought together different stakeholders to discuss the

high prevalence rate of HIV among Rwandan youth.

The conversation was part of the month-long HDI awareness campaign on HIV that kicked off on the World AIDS Day which is celebrated on December 1.

Ingabire blamed stigma and lack of adequate information, which she said are barriers that weaken the ability of people and communities to protect themselves from HIV and to stay healthy if they are living with HIV.

“Fear of discrimination that stems from stigma, may keep young people from going for tests or even disclosing their status to family, friends and sexual partners. This can increase isolation and undermine prevention efforts such as using condoms, and access and adherence to treatment,” she said.



According to the most recent Rwanda HIV Impact Assessment released in 2019, HIV prevalence is two or more times higher in older adolescent females (ages 15-24 years) compared to older adolescent boys/young men.

“HIV prevalence is two or more times higher in older adolescent females aged 15-24 years as compared to older adolescent males. Broken down, the numbers indicate that prevalence rates are 0.3% in males; 0.5% in females aged between 10-

14 years, 0.4% in males and 0.8% in females aged between 15-19 years and 0.6% in males; 1.8% in females aged 20-24 years,” she said.

The highest number of new infections can be attributed to sex workers, and men who have sex with men (MSM) and their partners. Ingabire pointed out that the stigma that these people face mean that, in some cases, they are denied HIV information and medical services. This continues to be a challenge that is highly detrimental.

However, she said that together with other Civil Society Organisations, HDI is implementing the 2018 - 2024 National Strategic Plan on HIV/AIDS to ensure that the high-risk groups are catered for.

“The first thing that we are doing is to encourage policymakers to appreciate the value of providing high-risk people with adequate information and medical services,” she said.

She also touched on the HDI hotline which runs a toll-free number (3530) where anyone can get information, guidance, counseling, and advice daily from counselors and health care professionals.

“This cross-section of experts works daily to provide information on Sexual Reproductive Health and Rights plus HIV. We also provide free HIV testing services. We are not yet providing ARVs, but our hope is to do so in the near future. When we find someone positive, we provide them with counseling before referring them to the nearest health center,” she said.

The Executive Director of the Community Health Boosters, Anaclet Ahishakiye touched on the ABCs of HIV prevention: Abstinence, Being faithful, and Condom usage.

“We chose to concentrate more on condom distribution in youth centers, universities and other places that are frequented by young people because condoms are the most trusted method to use in the fight against contracting HIV,” he said.

Ahishakiye touched on the challenges in the fight against the epidemic where he said that there is very little access to general information on HIV and more specifically on condom usage and testing. During this campaign, HDI joined the national commemoration of World AIDS Day on 1st December 2021 in Nyagatare, where Rwanda was observing its 33rd anniversary. The event brought together different partners including the ministry of health, the US Ambassador to Rwanda, Peter H. Vrooman, the UN Resident Coordinator for Rwanda Mr.

Fodé Ndiaye and other CSOs.

Dr. Daniel Ngamije, the Minister of Health, applauded the country’s considerable progress towards ending AIDS. “The country will keep decentralizing the services of prevention and treatment to reach everyone.”

“We will also run an awareness campaign around the country that will last 3 months. With hope to reach the 2030 target, where 95% will know of their status, 95% will be taking medications and 95% will have suppressed their viral load.”

The event was an opportunity to showcase all the HIV interventions including raising awareness on existing HIV prevention tools and services, ending stigma and discrimination among key populations, HIV testing, condoms



STAKEHOLDER VOICES

Thank you HDI for the training. Pharmacy students have to be well equipped with knowledge about family planning, (either natural or modern methods) so that we can provide best advice to our client to make their choices!

Alain Shingiro, Rwanda Pharmaceutical Students' Association-RPSARwanda

Thank you so much Dr. Aflodis Kagaba HDI ED, for your the services and time you commit to the younger generation who are in need of your advice. This motivate us to work hard and feel proud of our country's devepment in the healthcare system.

Amiel NZAYISENGA, Vice-president, Medical student at University of Rwanda

HDI recognizes that religious leaders play significant roles in communities. As part of their #SRHR advocacy work to address unsafe abortions, they just finished a workshop with religious leaders where they learned about legal provisions relating to abortion.

Stephen Lewis Foundation

I am proud of my fellow woman, friend, and sister, journalist Scovia Mutesi, for becoming the overall winner of the 2021 Reproductive Health Journalism awards in the TV category. Thank you #HDIrwanda for fighting against gender-based violence, promoting reproductive health rights and and human rights.

Mbabazi Dorothy, Journalist at the Rwanda Broadcasting Agency

Thank you HDI for developing awareness on the challenges we face in society. I really appreciated your commitment, the 2 day training on family planning methods highlighted what we need to focus on in the fight against unwanted pregnancy.

Alliance Ishimwe, Nurses and Midwives Student's Association of Rwanda

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
- EAHP
- FEMNET
- FOSI/OSIEA
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- MINISTRY OF HEALTH
- MINISTRY OF JUSTICE
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