

HDI NEWSLETTER

JANUARY-MARCH 2021



EXPANDING GENDER EQUALITY WORK TO CHURCHES



Religion plays a significant role in Rwandan families and society. It is the foundation of many people's beliefs and can be the source of stereotypes and biases especially especially women. It was on that basis that HDI in partnership with TearFund, the project Transforming Masculinities was initiated. The project aims at merging rights-based and bible-based approaches to explain sexual and gender-based violence to them.

On March 2-5, HDI invited heads of different churches and religious groups

for a 3-day training on how to approach and tackle sexual and gender-based violence in their communities. They explained the laws pertaining the subject, background situation and how the bible itself condemns discriminatory violence.

The Transforming Masculinities project works with churches that are committed and willing enough to integrate the project in their church's daily activities. In this work we begin by reaching out to church leaders as they are key influencers in Rwandan society.

Church leaders then select gender champions who will conduct dialogues in their congregations. By beginning with church leaders, we ensure their buy-in and create a network of church-based trainers.

The project was initially scheduled to start in March 2020 but was interrupted by the Covid-19 pandemic. HDI starts with the head of the church and the deputy, and continues with at least 8 other people from the church with an equal number of men and women.

Once they were all trained and understood the SGBV situation, they were then sent back to their communities to disseminate the information and educate others about SGBV and religion. The first phase that started in March has now trained almost 50 members of different churches and are now training others teams. The phase is the pilot to test how effective religious leaders would be in fighting against SGBV.

All the involved churches now have groups of gender champions who closely follow SGBV cases in their churches. Annonciata Mukayitete, Project Coordinator at HDI says they are already receiving feedback from

the gender champions teams. “They were excited and enlightened when we trained them and explained the link between the bible and fight against SGBV. They have already started reporting and observing positive changes in their communities,” Mukayitete says, adding that it is likely that the project will be expanded to more churches once the first phase proves efficiency. Only one month into action, religious leaders have already started seeing change.

Bishop Claudien Bimenyimana is one of the trained religious leaders. He heads Siloam Family Holy church in Bugesera district. They have been implementing the project for three weeks and the

results and excitement are already showing.

“*People show up every time we have training. The sessions are interactive and practical. Women and men all show excitement, ask many questions and share the message. The project is not only impacting our congregation but also friends and neighbours.*”

Bishop Bimenyimana expects a significant change in mindset of the trainees at the end of the training in nine weeks and he is hopeful that it will happen.





RAISING AWARENESS ON SEXUAL AND REPRODUCTIVE HEALTH THROUGH ONLINE DRAMA SERIES

In order to expand the growing awareness on sexual reproductive health and rights, HDI has enhanced the use of digital innovation to entertain, as well as teach, the community on reproductive health. Through HDI's new drama series, 'Ingamba,' that airs on HDI TV (Youtube Channel) parents and their

children have an opportunity to access accurate information about sexual and reproductive health and rights.

Béatrice Mutesi, the script writer and director of this series at HDI, says the inspiration behind the drama roots in the fact that reproductive

health is still a part of life that seems to be neglected in Rwandan society, mainly because sex education is still a taboo in Rwandan culture.

"Parents and caregivers cannot easily discuss sexual matters with their children. On the other hand, young people also don't have space

for accurate information in a friendly way such as a series, where they can laugh and see people they can relate to.

The reason we chose drama as a new platform is to engage the public in a way that entertains and educates at the same time.

” she says. “People usually like characters in films. They try to compare them with the life they are living and can also relate to their environment and lifestyle.”

Muhoza, the main character, plays a 12-year-old who doesn't have information about contraception.

Her mother never talks to her about sexual education, yet she is always opposing her husband who is willing to talk to Muhoza, but is limited by the fact that he is abroad for work.

What her mother doesn't understand is how this can push Muhoza into unwanted sexual activity, unwanted pregnancy and unsafe abortion that can claim her life.

On the other hand, there is a well-informed couple, Fofu and Clapton, both of whom are young adults who are sexually active.

They always go to the hospital together to learn more about

suitable contraceptive methods that can help them avoid unwanted pregnancies. When young people see these characters, Mutesi believes they can relate to their social lives, get information and avoid the consequences that come with engaging in unprotected sex.

Juliette Karitanyi, the Director of Communications at HDI, says the main purpose of this series is to provide reproductive health and rights information to the public, to help parents educate their children about SRHR and for the youth to access accurate information about sexual reproductive health and rights.

“ Sex talk within the family is still a taboo in most parts of Africa, especially in Rwanda. When HDI avails this kind of information through drama, it relieves the weight for some parents who consider this subject a taboo. This helps their children have access to SRHR information, and young people to make well-informed decisions regarding their sexual relations. ”



7860
SUBSCRIBERS

The HDI YouTube channel has since grown. It started in December 2019 but has over 7,000 subscribers now.

The series aired for the first time on HDI's YouTube channel in September last year. "For the months it has been airing", Karitanyi says, "They see the engagement of young people in the comment sections, who usually send positive feedback of accessing information they didn't know, but are now learning through Ingamba series".

"The first episode has been viewed by more than 6,000 people. This shows positive feedback and gives us the courage to keep producing more episodes. We have already produced 17 episodes.

Others reach out through the HDI toll free number and every week,

the hotline receives between 500-700 calls from young people asking questions related to SRHR.

It is a space that we would like to continue to explore since that's where young people are and we want to find them where they are and empower them." Juliette Karitanyi said

The channel provides more information on health, for example, it shares information on health education, involvement of male parents in fighting discrimination done to teen mothers, covid-19 prevention videos, and 'Ask your doctor' segment-where experienced doctors answer questions that people leave in the comment section and more.

A large pink ribbon is draped across the left side of the page. Several pink petals are scattered around the ribbon, some at the top and some at the bottom right. The background is a light, neutral color.

RAISING AWARENESS ON CANCER

Mama Oda, a breast cancer survivor first found out that she had breast cancer in August 2003. She was terrified because she thought she was going to die and leave her young children orphaned. Today, Mama Oda is one who can testify that breast cancer is not synonymous to death.

To raise awareness on cancer and encourage its prevention, detection, and treatment, HDI organized a radio talk show, social media campaign and reached out to a cancer survivor, to counter the negative attitude and fatalistic beliefs about cancer and promote early preventions to save lives.



In a radio show organized by HDI on Isango Star Radio, Mama Oda shared her experience about breast cancer that took her left breast 17 years ago.

She called upon women and girls to take care of their health; to get regular medical checkups and especially do breast self examinations.

In an accompanying interview on Isango Star radio, Dr. Faustin Ntirenganya, an Onco-Plastic and Breast surgeon at the University Teaching Hospital of Kigali, reiterated Mama Oda's point on breast cancer prevention, treatment and widely-held myths about preventable cancers such as Breast cancer, Cervical cancer, Colon cancer, Lung cancer and

Prostate cancer through screenings that can be done in Rwanda.

Breast cancer is the top cancer in women both in the developed and the developing world. A recent study found that 52 percent of patients with breast cancer in Rwanda present with stage III and 24% present with stage IV. This is a result of both system-related and patient-related delays in having cancer diagnosed. To avoid such delays, Dr. Ntirenganya suggests monthly self-diagnosis, and medical check-ups. He also addressed myths around breast cancer and cancers in general, such as the myth that cancer is a death sentence, that once you have done

chemotherapy the hair never grows back, or that any lump in your breast is cancer.

Both radio shows were among HDI's efforts to reach and educate the public about preventable cancers as a part of recognizing Cancer Day on February 4th.

PREVENTION AND DIAGNOSIS

In a question thread posted on HDI social media platforms to raise awareness about preventable cancer, HDI asked social media users about their knowledge on cancer and cancer prevention. Based on the information from Prof. Emmanuel Rudakemwa, radiology and imaging sciences at King Faisal Hospital, screening is vital in breast cancer prevention.

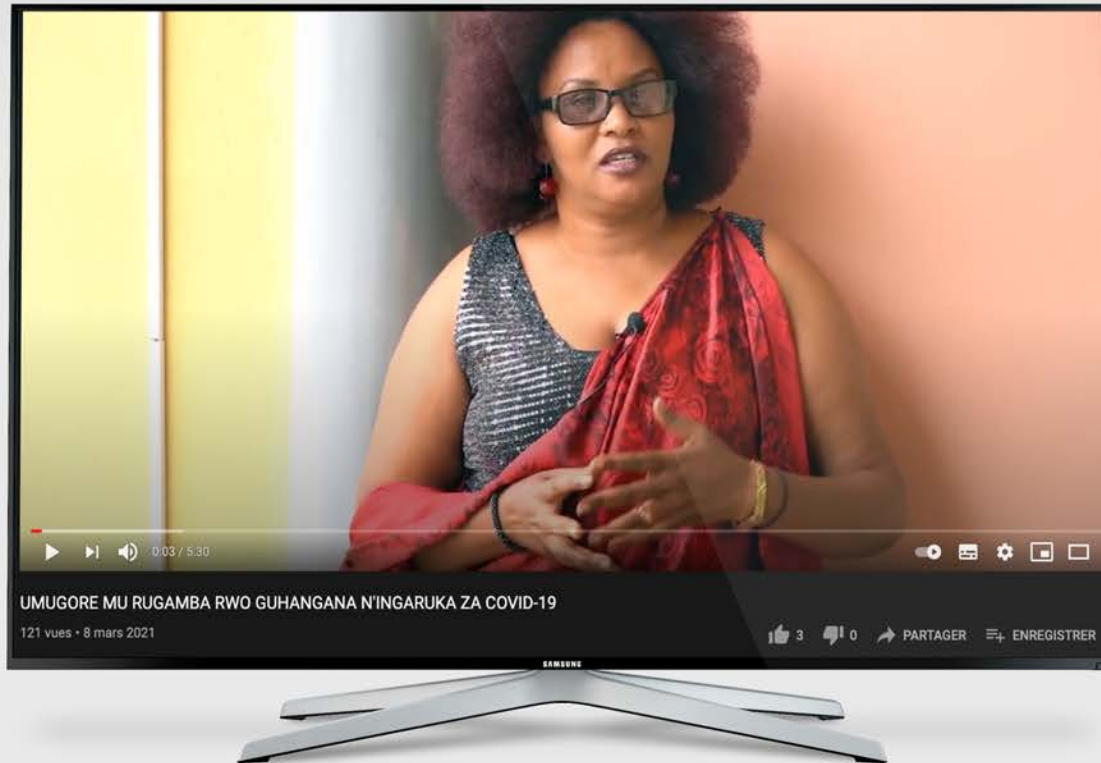
Breast cancer screenings are usually done for women aged 40 years and above using a mammogram. Colon cancer can be screened from the rectum (the final section of the large intestine) to the cecum (the beginning of the large intestine) and is done for people aged 40 years and above, unless there are other medically

indicated risk factors. Screening for lung cancer is particularly done for people aged 40 years and above who have high risk (i.e. those who smoke); it can be done in many different ways, for example, chest X-ray and CT scan.

For cervical cancer screening, the Pap smear is one of the most reliable and effective screening tests. It is advisable to go for check-ups between the ages of 35 and 65, and these should be done at least once in two years. For Prostate cancer screening, also for those aged 40 and above, screening is done through prostate specific antigen (an antigen detected in blood).



WOMEN'S STORIES OF RESILIENCE DURING COVID-19



International Women's Day is a global holiday celebrated annually on March 8th in recognition of the achievements of women and awareness raising for women's issues that are still prevalent in society today. This year's theme:

“Women in leadership: Achieving an equal future in a COVID-19 world, highlighted the tremendous efforts by women and girls around the world in shaping a more equal future and recovery from the COVID-19 pandemic,

as well as the barriers to equality that remain. HDI chose to celebrate this day with different activities including making an educational video showcasing the resilience of women during Covid-19.



To highlight one of the challenges women faced during the lockdown, HDI produced a video in which a woman who was pregnant during the lockdown faced difficulties going to hospital visits while ensuring that she stays safe. Access to contraception was also a challenge for most women since there

were restrictions on movement. Unpaid care work also increased. With children out of school, women's work at home increased, while at the same time they were trying to pursue their careers and take care of their children. Despite the devastating effects of Covid-19 in everyone's lives, Women have

embraced and developed different ways to adapt through their actions in their communities. Many women in charge of their communities are at the frontline protecting their communities. They are the backbone of society's endurance.



International Women's Day

#ChooseToChallenge

This year's theme for International Women's Day, "Choose to Challenge", encourages everyone to call out gender bias and inequality, hailing the notion that from challenge comes change and that change leads to transformation. Even though it will take years to attain gender equality, it is everyone's responsibility to challenge gender stereotypes and harmful social norms.

Being a girl, I can testify that these gender stereotypes are real and have affected me in one way or another. An example of a victim of gender stereotyping is a girl growing up with her self-esteem, ambition and expectations already curved to fit the society in which she is raised. Her choices for her own sexual and reproductive health are based upon

norms that regulate women's freedom, particularly in regard to their sexual identity and life, resulting in restrictions on her sexual and reproductive rights. Her choice to reject bride price, for instance, should be respected and valued.

Another example of gender stereotype is an empowered woman who chooses to go to school, get her degrees, build her own house, but is questioned by society about whether she will ever find a man who will marry her.

Due to the perception that her achievements intimidate men and will put her at risk of not finding a man, they question whether she will end up alone for the rest of her life. However, if these successes were logged by her male counterpart, this man would be labelled

as a strong and successful person. He will still be praised by society even if he chooses not to marry and no one will be bothered if he ends up alone and dies without marrying.

Violence against women and girls is also rooted in the patriarchal power imbalance between men and women, and in the dominant belief that men protect, provide for and have authority over their family and that good women prioritize their family's health and wellbeing. After marriage, women's most important role is to serve their husbands and raise their children.

men and women. Gender stereotypes can be both positive and negative for example, 'women are nurturing' or 'women are weak'. Gender stereotyping is the act of placing these attributes on to a woman or man solely because of their membership in the social group of women or men. The strongest forces behind gender gaps are harmful social norms and stereotypes which limit the expectations of what women and men can or should do. These barriers discriminate against women. They are deeply ingrained and all around us. Confronting and changing stereotypes is therefore vital to evolving how both women and men are able to operate in a society. This responsibility touches each and every facet of people's lives, from what they see and experience at

home, to what they learn at school, and how they are treated at work or on the streets. When challenging these stereotypes and biases, we should be confident and firm, because women's rights are human rights.

Change doesn't happen overnight, but speaking up will bring about transformation. If we all choose to speak up, and challenge harmful social norms and stereotypes, we may inspire people to find the courage to speak up for themselves, and slowly bring the change we want to see.

It is everyone's obligation to reshape these stereotypes; this shared goal's success will have an impact on us all. Gender transformative approaches

should include people of all ages, all genders, professionals in all services, and leaders in all structures if our central goal is to bring about gender equality, non-violence and power sharing.

Honnête Isimbi
Gender Mainstreaming Officer





RESPONDING TO CONTROVERSIES AROUND ADOLESCENTS' ACCESS TO CONTRACEPTIVES

In many places, social and group norms hinder discussion between children and parents about contraception. In addition, knowledge gaps and misconceptions prevent use or proper use of contraceptive methods. Although policies requiring sexuality education for adolescents are in place in all schools in Rwanda, parents are still unwilling and resistant when it comes to sexual and reproductive conversations with their children.

Some parents, through different platforms, have raised concerns over pledges that seek to allow adolescents to access contraceptives without their parents' or guardians' consent. They fear that with the access, adolescents will be exposed to sex prematurely.

On one of Kiss FM's talk shows, Kumbel, Abdul Al-Hamid, a single parent, raised his

voice against the claim that adolescent should have full access to contraceptives, arguing that, apart from the unnecessary exposure to sex, it would weaken the ultimate connection between children and parents.

"Contraceptives might be used in emergency cases, but parents should be involved. I can never tell my adolescent daughter to use birth control pills. I want her to practice abstinence before anything else," he argued.

Christopher Sengoga, Human Rights Officer from HDI, explained that although the law states anyone under the age of 18 must get consent before accessing contraceptives, contraception is safe for girls and women, and does not increase an adolescent's sex drive.

"According to research done by the Guttmacher Institute, the decision to begin

using a contraceptive is a personal choice, contraception can be a relatively safe option for girls and women throughout reproductive years, with no increased risk due to using it at a younger age. Some parents are concerned that giving young people access to contraceptives will encourage them to begin engaging in sexual activities. However, contraceptives do not affect women and girls' libido. Teenagers are succumbing to inavailability of SRHR information, leading to a steep increase in teenage pregnancies. Rwanda has seen a drastic increase in teenage pregnancies in the previous two years. The law does not force anyone to engage in sexual activities, rather it helps them to make informed decisions." he said.

Christopher encouraged parents to find the right information to share with their children and always avoid sharing myths around sexual and reproductive health.

**FACILITATING PARENT-CHILD
CONVERSATION ON SRHR:
TESTIMONIES AND TIPS**



After a series of radio shows on the importance of discussing SRHR in a home setting, parents and children highlighted the challenges and experiences of parent-child SRHR conversations.

Parents and young people shared their tips on how to build healthy relationships with children. Different parents agreed that talking to a child starts when they are able to understand matters concerning their age and body changes; there is no required age.

They advised that the most important thing is to form a friendship with their children and encourage them to feel free to express themselves. They encouraged parents to show their children that they are trustworthy.

Lilian Uwineza, a mother of two young adult children

“Parents should talk to young children even when they are 3 or 4 years old. They should know how to keep their private parts clean and that no one should touch them. That’s when they start to feel free around you and share everything with you.”

Abdul Al-Hamid, single parent of two daughters and a teenage son

“Before, talking to children about sexual education was difficult, but nowadays it is easier because I have learned to approach my children and talk to them, and even teach them to know their rights. When I sit down with my daughters we talk straight to the point because we are so close. And when I go to talk to them, I bring their brother. I teach them that abstinence is ideal; they should only have sex when the right time comes. I always tell them to be open with me if they change their mind. At home, I have condoms so that if they need them, they can use them instead of having unprotected sex and having unintended pregnancies.”

Ishimwe, 18 years old

“When you do not talk to your child, they make uninformed and risky decisions. They should be close to their parents.”

Tuyishime, parent

“It would be nice to start talking about sexual and reproductive health and rights at a young age, like in primary school.”

Thabita, 18 years old

“I used to talk to my mom a lot about sexual and reproductive health and rights and she told me that if abstinence fails, I could use a condom.”

REPUBLIKA Y'U RWANDA



MINISITERI Y'UBUZIMA
INTARA Y'IBURASIRAZUBA
AKARERE KA GATSIBO

**MUTUELLE DE SANTÉ USERS:
ACCESS TO SAFE ABORTION**

Mukeshimana, a resident of Bugesera District was a victim of gender-based violence in 2020. This incident left her shattered and she later discovered she was pregnant. She decided to seek an abortion considering the circumstances in which she had conceived. She was given information on how to access safe abortion services. The process of procuring an abortion was so complicated as I was asked for a transfer to access this service since I use Mutuelle de Santé, the annual community-based health insurance scheme.

Her main challenge was accessing these services using Mutuelle de Santé, the annual community-based health insurance scheme, which she uses. The current legal framework on abortion provides that a woman is allowed to terminate a pregnancy of up to 22 weeks under conditions, such as pregnancy being a result of rape, forced marriage, incest, when the pregnant person is a minor or if the health of the mother or baby are at risk.

The current law determining offences and penalties goes further to facilitate women to obtain medical abortion upon the authorisation of a medical doctor, and not through a decision granted by

the court as it was previously. Both have been huge steps towards securing women's reproductive rights and curbing consequences such as infertility and maternal mortality, which can happen as a result of illegal abortion services.

However, regardless of the milestones taken so far, predicaments for potential service users still prevail.

According to the current ministerial order on abortion, safe abortion services can only be procured at hospitals. The downside of this is that patients using Mutuelle de Santé can only access hospitals if they are granted a transfer from health centres. Health centres, on the other hand, cannot give a transfer, since the first level of access for services is at the hospital.

And even though Marie-Claire was finally able to access the services with the help of HDI, her experience shows the limitations women still face in accessing safe abortion services even when they are obliged to get them.

Dr. Aflodis Kagaba, Executive Director of HDI, says that Rwanda is lucky to have had this progress within the legal framework, something he says has

been able to reduce the number of unsafe abortions.

He says that the awareness that has been done in terms of availing safe abortion services is now yielding results, noting that they are starting to see health care providers who are willing to provide safe abortion services and are currently doing so.

“Women also are being informed about the services,” he said. “Last year, at HDI alone, we saw over 400 women requesting for information on safe abortion and how they can access them. Others were seeking support in terms of legal aid.”

He however highlights that when the law determining penalties and offenses and the ministerial order on abortion were put in place, a limitation was set up allowing only doctors to offer safe abortion services.

“The challenge is with women who cannot afford to pay for the services themselves and use Mutuelle de Santé. They find it hard to access the services. Health centers cannot provide safe abortion because their main staff are nurses and midwives. We don't have doctors at the health centre level, which means women can only access

doctors at the hospital level.” This, he says, is an issue that needs advocacy. “Though we have been paying for the service for some of the women, it’s quite expensive. We need to see how these barriers can be addressed,” he says. Information from Rwanda Social Security Board, which is the administrator of Mutuelle de Santé, however, points towards optimism for victims of Gender-Based Violence seeking the services.

In a statement in reference to the request made by the Ministry of Health for the reimbursement of health services provided to GBV victims by health insurance, Regis Rugemanshuro, Director General of RSSB, highlights that health services provided to GBV victims insured with Community-Based Health Insurance (Mutuelle de Santé) will be covered by their insurance (CBHI).

GBV victims are to be received at the hospital level as emergency cases, without being requested to present referral notes from health centres. In theory, this policy has been in effect since July last year. Dr. Kagaba however stresses that a focus on GBV victims may overshadow the main problem,

which is accessing safe abortion services without referral. “Someone may request safe abortion due to incest. It would be good if RSSB could issue a directive to all hospital directors waiving referral requirements in case of safe abortion services since the first level of access is the hospital.”

Christopher Sengoga, the head of Human Rights and Litigation at HDI says that it seems some institutions and individuals are confusing access to safe abortion under the conditions of “rape” with other cases.

“They think all cases of women that seek abortion are a result of rape. Abortion is allowed in situations beyond rape cases as well, such as incest among adult women or children, or a child engaged in consensual sexual relationship with a fellow child without force. This does not fall under GBV,” he says.

He adds that using mutuelle is also associated with other challenges; upon requiring women to get a referral, they are obliged to first report the case to RIB for investigation then go through Isange One Stop Centre to record the case and refer them to hospital, this is when the case qualifies as GBV by

Isange. This is done with a presumption that all abortion cases are GBV cases yet this is not necessarily the case.

According to RSSB however, Mutuelle de Santé only caters for services that are to be provided for in regards to the policies as outlined by the Ministry of Health. Alexis Rulisa, the head of CBHI Department at RSSB says RSSB is in constant discussion with health sector stakeholders, and particularly stakeholders in the reproductive health subsector.

It is through those discussions that removal transfer note requirements for GBV victims was decided as a solution to remove barriers to accessing services. If transfer notes constitute a barrier to abortion services access, those issues will be discussed in that forum for consideration, he says.

Sengoga however reiterates that there is urgent need for RSSB and the Ministry of Health to issue a directive to all hospitals to ensure that women and girls seeking safe abortion services are not required to present referrals as stipulated in the ministerial order on abortion.



SRHR DIALOGUE WITH MISS RWANDA FINALISTS



During the bootcamp, HDI's Adolescent SRHR Program Officer, Annet Mwizerwa, had an interactive session with contestants to increase their knowledge on contraception, gender-based violence and to sensitize them on their role in the prevention of teenage pregnancy.

For the second year, HDI has partnered with Miss Rwanda, a platform that empowers and motivates young women to speak up on issues affecting them and be part of the solution.

Despite the Covid-19 pandemic, the event brought together more than 400 girls aged between 18 and 26 from across the country.

This platform created an opportunity for HDI to raise awareness on gender-based violence, strategies to reduce teenage pregnancy and access to contraception among adolescents,

which are prevailing issues in our society. The bootcamp was conducted in a bubble where girls got the chance to work on their projects without any distractions.

During the session, contestants were eager to learn more about how to prevent gender-based violence and denounce social norms that enable it.

They also showed interest in learning about the menstrual cycle, menstrual hygiene and the use of contraceptives among the youth.

During the finals held on March 20,

HDI awarded the overall winner of the talent competition, Umutoniwase Sandrine. Sandrine, a 20 year old who displayed amazing skills and creativity in painting, will join the HDI team to work with young people and teenagers in advancing sexual and reproductive health and rights through the visual arts.

HDI believes that equipping these young women leaders with accurate information on SRHR guarantees a wider reach of information to their peers since they play a big role in influencing and advocating for fellow youth.



HDI
HEALTH DEVELOPMENT INITIATIVE



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EMPOWERING JOURNALISTS ON SRHR AND GBV SENSITIVE REPORTING



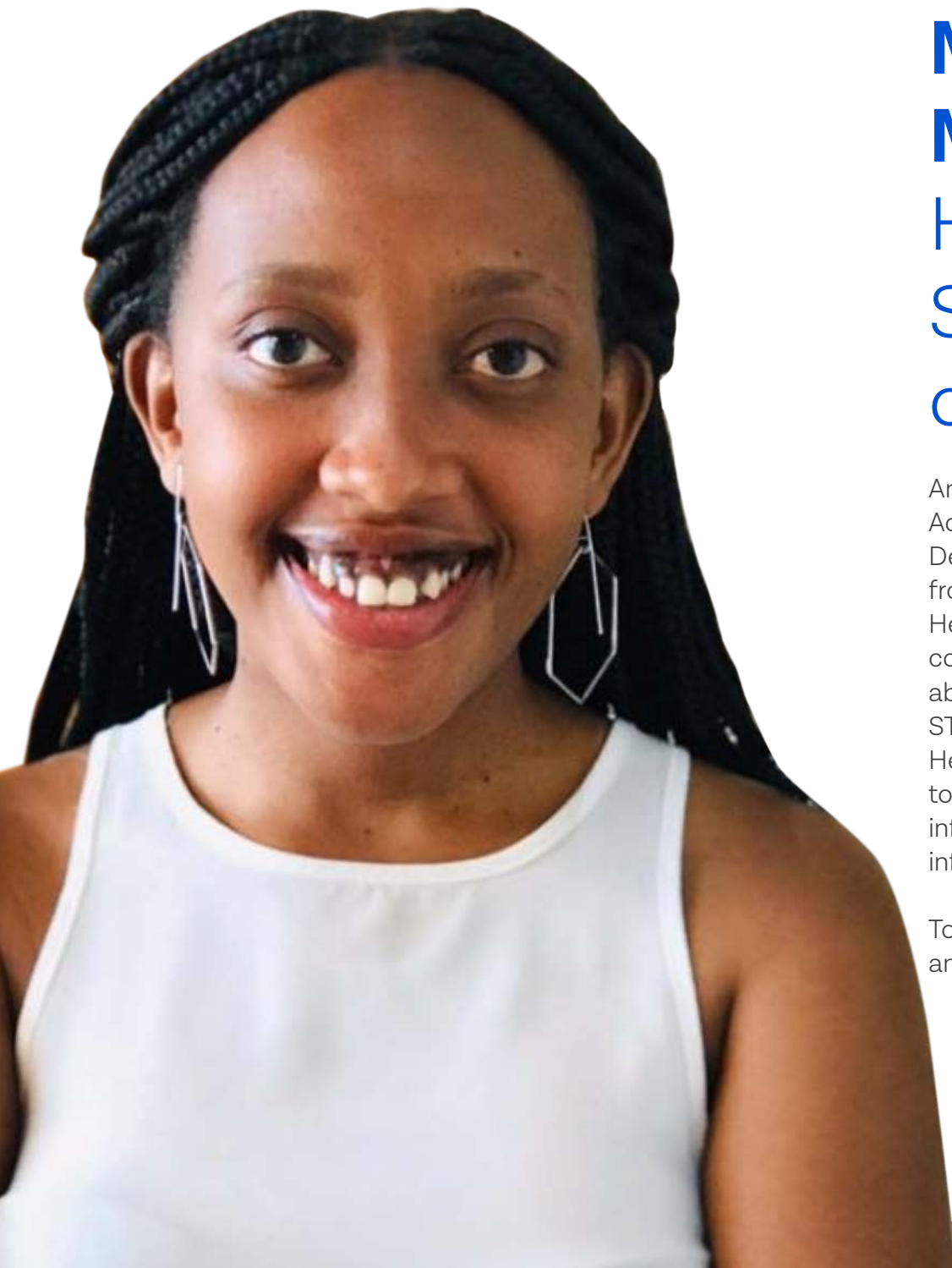
Health Development Initiative (HDI) held a sensitization meeting on March 31st, 2021 with 15 media professionals who work and report on Sexual and Reproductive Health (SRHR) sensitive reporting and gender-based violence.

Journalists and media professionals play a significant role in shaping public perceptions about women and men, and the community in general. Therefore it is critical that accurate reporting promotes community understanding on SRH and GBV.

HDI presented on advancing sexual and reproductive health and rights according to the Rwandan legal framework and the ministerial order on abortion. Journalists also learned about common misconceptions about GBV. They were also trained on choosing the right pictures and messaging while reporting on abortion, since accurate reporting can go a long way to confronting abortion stigma and challenging

common misconceptions around abortion. Even when journalists are well-meaning, they may unintentionally use incorrect language and images to describe abortion. Language is powerful, and plays a role in stigmatising abortion.

At the end of the training, media professionals committed to use the guideline for journalists, editors and media outlets that report and work on GBV and SRHR and proactively pledged to work with HDI in producing accurate and honest portrayals of the advancement of SRHR in Rwanda.



MEET ANNET MWIZERWA, HDI's Adolescent SRHR program officer!

Annet Mwizerwa is a 24-year-old and the Adolescent SRHR Program Officer at Health Development Initiative (HDI). She operates from the organisation's headquarters in Kigali. Her daily activities include providing access to comprehensive sexuality education; knowledge about services to prevent, diagnose and treat STIs; and counselling on contraception methods. Her job also includes empowering young people to know and exercise their right to access SRHR information, in order to help young people make informed decisions.

Today, she sits with us to tell us more about herself and the work she is doing at HDI.



I learned about HDI about 4 years ago when I participated in an inter-university debate competition that HDI had organized. When my team emerged as the winner of this competition, it built a network between me and HDI's work.

Since then, as a nursing student I was often invited by HDI to various youth platforms until I became one of the SHARE facilitators. SHARE, (Sexual Health and Reproductive Education) is a program that reaches young people in high school with education on sexual and reproductive health and rights. My work as a facilitator in this program was part time, so I managed to do it alongside my academic schedule. Upon completing university, I requested and secured a three-month professional internship, which later gave me the opportunity to apply for the job that I currently have at HDI.



I have been with HDI for three years.



What is your day-to-day like?

My day is a combination of work and activities of personal interest. In my work, I do a lot of organization and planning, which includes attending meetings, drafting project proposals, and reading about current SRHR issues that need to be addressed.

My work also includes participating in radio/TV talk shows, field work, trainings, awareness campaigns and research. After work, I enjoy spending time with my friends and organizing and coordinating events.



What are your future plans?

My future plans are to become a strong woman leader and consultant in health who won't necessarily serve in leadership positions, but will bring influence and change to the community, especially the underserved in regards to global health.



There is a lot that I like about being the program officer of ASRHR at HDI. It has become a great platform for me to directly meet with adolescents to talk to them and know their thoughts and needs in regards to SRHR.

Working with HDI also gives me an opportunity to efficiently use my public speaking skills by hosting conferences, consultative meetings, panel discussions and participating in radio and TV talk shows. The nature of my work also allows me to network with other organizations that do similar or complementary work with HDI and this has enabled quick growth of my personal ability and my work at HDI in general.

**STAKEHOLDER
FEEDBACK**

STAKEHOLDERS SPEAK

I thank HDI for organizing this training for religious leaders on transforming masculinity. We have started small trainings with young couples in our church, in the Siloam Family Holy Church in Bugesera on prevention of SGBV [sexual gender-based violence]. This is going to help them live in harmony, respecting each other and maintaining gender equality in families.

BISHOP BIMENYIMANA CLAUDIEN,
Siloam Family Holy Church Bugesera

Thanks to HDI for this training, Kigali Today is working with young women interns. I want to go and implement this communication guideline on GBV and SRHR reporting along with other trainings that we were given at Kigali Today.

MALACHIE HAKIZIMANA,
Editor at Kigali Today

I really like the Ingamba series. It portrays the lifestyle and challenges that young people face, I always feel emotional looking at Muhoza's story. This series teaches a lot as young people. Thanks HDI TV!

DIVINE UMUTONI,
HDI TV subscriber

I really love your work @HDIRwanda, thank you for the trainings and information you provide to young people.

OSÉE NKURIKIYIMANA,
young person

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 Gov't
- ◆ Norwegian People's Aid
- ◆ Plan International Rwanda
- ◆ PROMUNDO
- ◆ PSA
- ◆ PSF/Emory University
- ◆ PYXERA
- ◆ RBP prtners
- ◆ 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
- ◆ WellSpring Foundation
- ◆ WHO
- ◆ Women's Link WorldWide

