

# HDI NEWSLETTER

APRIL - JUNE 2021





## **THE RIGHT TO HEALTH FOR ALL: Training for law enforcement officers and social workers**

Health is a fundamental human right, which is indispensable for the exercise of other human rights. According to the Constitution of Rwanda, every Rwandan is entitled to the right to good health without discrimination (article 21) and the Government of Rwanda has a duty to promote activities

that ensure good health (article 45). The right to health has also been given special attention in other Rwandan laws.

Despite the laws in place, stigma and discrimination are still prevalent. Noting the stigma and discrimination held by law

enforcement officers and social affairs officers in Rwanda, HDI sensitized and equipped 30 District Administration Security Support Organ (DASSO) officials and local leaders with knowledge about human rights, which will enable them to conduct their work without bias or judgement.

The two-day workshop held between May 27th and May 28th targeted law enforcement officers and local leaders in all sectors of Nyarugenge District so that they are well-informed about all aspects of the constitutional provisions for human rights and the right to health. The workshop gave the officials space to discuss the challenges they encounter in their daily work.

Social affairs officers play a key role in the social protection and welfare of families in the Rwandan communities. DASSO, on the other hand, has the critical task of supporting District authorities to enforce their decisions and instructions and collaborate with other organs to ensure public order at the community level.

**In his opening remarks, Dr. Aflodis Kagaba, the Executive Director of HDI, noted that the most vulnerable Rwandans are those most in need of equitable treatment from law enforcement officers.**

Dr. Kagaba recognised the work law enforcement officers do on a daily basis to support vulnerable groups, such as working with female sex workers. However, he highlighted that some sex workers still experience sexual abuse and violations by law enforcement officers.

According to Ernest Ngoga Nsengiyumva, the Legal Advisor and Notary in Nyarugenge District, the workshop helped DASSO and social affairs officers

understand how to enforce the law in a way that respects human rights.

“One of the issues officers face is how to implement the rule of law while avoiding human rights violations. Law enforcement officers should be exemplary and humane at all times, regardless of the circumstances.”

He emphasized that officers who are found causing harm to anyone will be dealt with according to existing procedures and may face dismissal if they commit a grave offense. He stressed that everyone deserves to be treated with dignity, including street children and sex workers.

***Human rights and the right to health go hand-in-hand. The Constitution provides equal rights for all Rwandans, including vulnerable individuals and especially in the critical right to health for all. HDI has been at the forefront of empowering and advocating for the most vulnerable groups, who deserve equitable treatment.***

“  
My commitment is to teach my colleagues to respect the rights of sex workers and the LGBTI community and to fight any form of abuse done against them because they have the same rights as all Rwandans.

Jeannette Uwizeyimana,  
DASSO

Christopher Sengoga, the HDI Head of Human Rights and Litigation, is optimistic that the workshop has changed the way district officers do their work, as they are now sensitive to the dignity and rights of all people they encounter.

“We offered them knowledge and fundamental principles on human rights as encompassed in the Constitution of Rwanda, but also shed light on other laws that are enforced at the community level. The workshop laid out how district officers can enforce and

implement regulations at the community level,” he said.

Thomas Gasana, an officer in Nyarugenge District, said that the workshop opened his mind to better practices while executing his work. The Government of Rwanda has made substantial effort in improving the health and well-being of its citizens in regards to health. However, as a society, it is of great importance to review each and every aspect of health rights in order to improve where needed.





## STAKEHOLDERS CALL FOR **COLLECTIVE STRATEGIES IN MALARIA FIGHT**

Malaria continues to pose a major global threat despite the efforts to eliminate the disease. The World Health Organisation indicates that in 2019, there were an estimated 229 million cases of malaria worldwide. The estimated number of malaria deaths stood at 409,000 that same year.

In Rwanda, though the number of deaths have reduced from 660 in 2015/2016 to 264 in 2018/2019, numbers show 3.5 million cases of malaria in 2019; of those cases, 7,000 were severe.

In an effort to raise awareness on malaria prevention, HDI organised a campaign to fight malaria and tackle the issues that prevent malaria from ending. Aime Naganze, a social behaviour change and communication officer at Society for Family Health (SFH) Rwanda who attended a radio show organized by HDI on Isango star, stresses that malaria is a serious illness and remains among the leading causes of death among expectant mothers and infants.

“With pregnant mothers, their immune system is weaker, so being exposed to any disease is risky. Being infected with malaria in this case, exposes them to so much. There is a possibility of premature birth or death of the child and/or the mother herself,”

she explains. Malaria remains prevalent, Naganze says, partly due to reluctance from the public to take preventive measures.

“At times, people ignore what they should do to prevent malaria. For example, they don’t get rid of stagnant water, clear bushes or make an effort to sleep under a mosquito net. Yet, if you follow those measures, it’s possible to prevent malaria,” she observes.

#### EFFECTIVE MEASURES

Naganze says that people must understand that fighting malaria is be a collaborative effort. Naganze also encourages people to make use of health services available. Malaria treatment is free for those in ubudehe categories 1 and 2, and for others,

treatment is affordable, as long as one has medical insurance.

There are community health workers everywhere at the village level, in fact there are over 500 community health workers countrywide.

In addition to these strategies, Naganze points out that existing treatment is effective, “Mosquitoes keep changing resistance, that is why you see that even measures keep changing. For example drones have been introduced to aid in spraying.”

The ongoing spread of COVID-19 continues to threaten the malaria response, particularly in the highest malaria burden countries.

“

***We will be able to fight malaria when everyone makes it their responsibility. We tell people that every time they see any signs of malaria, they should seek medical attention immediately. When you delay or don’t get proper treatment, you give it a chance to weaken your body.***

”

“

Despite the significant progress made in the fight against malaria, we must remain aware of what more we can do to put an end to this devastating disease. Malaria still takes the lives of so many every year, and all stakeholders must work together in order to reach the zero malaria target, while recognizing that as long as malaria exists as a disease, it will continue to threaten the poor and vulnerable communities.

”

**Dr. Athanase Rukundo,**  
Director of Programs at HDI



# CYARUZINGE COMMUNITY OF POTTERS RECEIVES MENSTRUAL HYGIENE PRODUCTS COURTESY OF HDI AND MOSHIONS



HDI and its partners, ahead of International Menstrual Hygiene day, donated reusable sanitary pads in support to women and girls of the Cyaruzinge community of potters in Gasabo district. As part of its campaign to end period poverty and observing Menstrual Hygiene Day, HDI is organising webinars, TV and Radio Talkshows, to raise

awareness on period poverty, highlight the importance of good menstrual hygiene management, and advocate for tax-free pads in Rwanda.

The campaign attracted more than 1,000 women and girls. Lack of access to sanitary products due to financial constraints, can be caused by a wide range of life

events that negatively impact on a girl or woman's ability to access sanitary products to manage a most intimate and regular occurrence in her life. Studies show that more than four in five teens miss class due to the lack of access to menstrual hygiene products.



To observe the menstrual hygiene month, HDI donated menstrual products that were pledged by Moshions in Celebration of International Women's Day to ease period poverty among vulnerable young women and girls.

Moshions, a fashion brand, marked the cause with a 20% discount on women's wear pieces, and a contribution of 10% from all revenues on 8 March 2021.

Before the current pandemic crisis, millions of women and girls were already struggling to meet their menstrual needs, with an internalized shame often linked to this natural process.

COVID-19 has highlighted, and even exacerbated, challenges related to menstruation. Dr. Kagaba acknowledged the power of collective efforts towards solving social issues and appreciates Moshions for their significant contribution to overlooked health issues, like menstrual products. "Period poverty is a global issue affecting vulnerable women and girls who don't have access to safe, affordable period supplies.

Working with Moshions on promoting menstrual health will contribute to reduction of period poverty in the lives of adolescent girls who are unable to afford such necessities," he noted.

The collaboration highlights the fashion brand's values of inclusion and empowerment, by providing funds for HDI's pursuit of social welfare and gender equality. Both partners praise the immense role of women in national development, and pledge their commitment to tackle challenges young women face along the way.

The Business Manager of Moshions, Dany Rugamba, commends the collaboration and underlines the brand's passion for socially impactful projects.

"We are proud to join the movement to erase period poverty during these difficult times. HDI has remarkably transformed access to health for the most vulnerable in Rwanda.

“

*We believe that each pad counts and can keep girls from skipping school because of their period.*

”



***This community of potters is a historically marginalized population that faces extreme poverty, food insecurity, discrimination, and diseases from poor hygiene. With the support, Uwimbabazi and other vulnerable women and young girls in the community are hopeful that hygiene management is going to improve.***

We are confident that our financial donation to the organisation will advance the mission further.” Rugamba said. Claudine Uwimbabazi, a mother of four from the community of potters of Cyaruzinge cell in Gasabo district said that before getting sanitary pad support from Health Development Initiative (HDI) and its partners, she and her daughter were using old pieces of Kitenge Cloth in

place of sanitary pads, as their household income is too low to afford proper sanitary pads. “I am happy that HDI and its partners helped us improve menstrual hygiene and sexual and reproductive health education. We appreciate the support because in most cases, when we have our monthly periods, our financial capacity is too low to afford sanitary pads,” she said.

“

**Access to menstrual hygiene is a human right.  
The government has a responsibility to put in place  
a policy environment and to incentivise local production.**

”

Uwimbabazi is among many other women who have received a donation of sanitary pads from HDI and its partners during menstrual hygiene month.

Since 2008, HDI has used a multi-faceted approach to empower community members with the knowledge and skills to become agents in improving their lives. In partnership with Moshions (a fashion brand), and PSA, HDI provided over 200 sanitary pads and 80 reusable sanitary towels to a group of women and young girls in Cyaruzinge village in a bid to fight period poverty.

The activity, facilitated by Annonciata Nyirakarehe, a nurse

counselor at HDI, also included discussions on family planning, menstrual hygiene management and contraception use.

Nyirakarehe reminded the beneficiaries that even if the cloth pads may be a sustainable sanitary option, they must be hygienically washed and dried in the sunlight. Because sunlight is a natural steriliser and drying the cloth pads on sunlight sterilises them for future use. She also recommended them to store these cloth pads in a clean dry place for reuse.

The campaign was also joined by HDI's Youth Ambassador Sandrine Umutoniwase, Miss

alent 2021, who also talked to the women and emphasized the need to maintain good hygiene during menstruation.

“Period poverty is a global issue affecting women and girls around the world, because of lack of clean water and menstrual products. Being part of this initiative that contributes to the access of hygienic sanitary products is such an honour for me. Women and girls of Cyaruzinge were happy to hear about tips on maintaining good hygiene. I hope many other corporate companies could include many CSR activities that alleviate the lives of vulnerable people, especially vulnerable women and girls.” She said.



In December 2019, Rwanda announced it was scrapping Value Added Tax (VAT) on sanitary pads to make them more affordable; however, HDI has been part of the advocacy to ensure that VAT on sanitary pads would be removed.

In May 2021, in response to advocates' calls to review the situation on the ground, the Ministry

of Trade and Industry announced that VAT was exempted on all sanitary pads and that all traders should respect the VAT exemption. While this has been a win for menstrual hygiene advocacy, Dr. Aflodis Kagaba said that just like the government did for face masks, it should put in place and fast track an enabling environment to encourage local producers to make affordable pads to ease access.

# ADDRESSING SEXUAL ASSAULT: A PATH TO GENDER EQUALITY

---

By **Annonciata Mukayitete**  
Senior Program Officer - Human rights at HDI

---

Gender inequality has been arguably one of the most repeated hot topics of the modern times. While most activism about gender inequality focuses on emancipation and empowerment, there is still work to do around violation of women's fundamental rights.



*Sexual assault is a result of centuries of women's oppression with roots in social norms and families - how boys and girls are raised. This reality makes it even harder to reverse. Sexual assault goes hand-in-hand with economic imbalance. Women are synonymous with poverty in many cultures.*

Fundamental rights in this context refer to the right to one's own body, choice of reproduction plans and sexual activities and pleasure to mention a few. When impinged of any of the above rights, this is called sexual assault. It is reported that one in three women has faced sexual or physical assault, needless to mention, first-hand victims of sexual assault are women.

Sexual assault is rape, attempted rape, sexual harassment, emotional and/or physical assault that can result in long-term, sometimes irreversible impacts to the victim.

Rwanda has put forward policies to change this reality and these policies have certainly changed lives. The impact is manifested in Gallup Global Law and Order reports that place Rwanda among the safest countries in the world for women to live in.

Tens of thousands of teenage girls get pregnant every year and the numbers have been on the rise in Rwanda recently. Apart from the heightened impacts and challenges these girls face, this fact is a reflection of inequality and ignorance in regard to sexuality.

An evident example is a recent debate that caught the public's attention on whether an under-18 year old girl can access contraceptive services and products without their parents' consent. In Article 7 of the law, it stipulates that every person who has attained the majority age has the right to decide in relation to human reproductive health issues, the majority age in Rwanda being 18 years of age.

By putting the age at 18, younger adolescents are left out and as

it turns out, some are already sexually active. The law in this regard prohibits anyone under the age of 18 to access contraceptives without their parents' or guardians' approval.

It is important to note that whatever the circumstances, impregnating an underage girl qualifies as sexual assault. The problem does not end when a woman is old enough to give consent or access contraceptives. Ignorance of their own rights, poverty and some cultural norms still pull down women. Women account for only 32% of small business owners, according to the National Institute of Statistics of Rwanda. The number shrinks even more when it comes to medium and large enterprises.

Impacts of sexual assault are not exclusive to the victim. If a woman is sexually assaulted, her children and the whole community will be affected. When a woman is entrusted with raising the next generation while she is emotionally, financially and sexually unstable, the effects will be passed down and the vicious cycle will continue.

Impacts of sexual assault are not exclusive to the victim. If a woman is sexually assaulted, her children and the whole community will be affected. When a woman is entrusted with raising the next generation while she is emotionally, financially and sexually unstable, the effects will be passed down and the vicious cycle will continue.

In addition to policies, laws and initiatives in place to prompt change, there is a need to consistently educate the public about sexual assault and how damaging it is to the society.

While women need to take the lead in driving the change, men have the key. They are on the front in this patriarchal society and the change would be a fantasy if they were not on board.

The responsibility lies in everyone's hands though. Rwanda already has the political will, laws and facilities to minimize the damage are already in place. These include Isange One Stop Centers scattered across the country to help victims, counseling and

legal services offered to them free of charge, among others.

---

*It is important to note that whatever the circumstances, impregnating an underage girl qualifies as sexual assault.*

---

Different programs are being run to consistently educate women about their rights and also bring men on board. These include repeated training of key players such as teen mothers and their parents, religious leaders, local leaders and civil society organizations.

All this, and more to come, will create a more equal and safer society for everyone. of inequality and ignorance in regard to sexuality.

”  
All this, and more to come, will create a more equal and safer society for everyone. of inequality and ignorance in regard to sexuality.



# **EMPOWERING ADOLESCENTS WITH SKILLS TO ADVOCATE FOR THEIR RIGHTS**

Health Development Initiative (HDI) in partnership with Plan International Rwanda under the SIDA/CIVSAM program has been training adolescent leaders from different parts of the country on how they can advocate and contribute to policy influencing to promote child and adolescents' rights protection as well as Sexual and Reproductive Health and Rights (SRHR).





20 adolescents in Bugesera District and 20 others from Gatsibo and Nyaruguru Districts were the latest trainees.

Before training on their role in advocacy for adolescents' rights, they were taken through SRHR training according to Annet Mwizerwa, Adolescent Sexual and Reproductive Health and Rights Program Officer at HDI, "We took a group of adolescent leaders who had already been trained on Sexual and Reproductive Health and Rights."

"Then they were trained on policies and rights related to child rights protection and sexual and reproductive health and rights and how they can advocate for their rights," She said.

"After the training, we expect them to identify problems, how they can advocate and propose solutions in their communities. They also learnt what should characterize someone who advocates in case of such rights violations and how they can do it in a successful way," she continued.

"They learnt that an advocate should have leadership and passion in representing people in case they want a problem to be solved,"

The adolescents also understood that they have to analyse the problem with allies before embarking on advocacy actions to solve it. "We aim at empowering adolescents to make decisions and advocate for child rights protection.



We want them to become adolescent leaders who are well informed and have the ability to do advocacy for themselves and others in terms of problems that affect them. Through the training they are also empowered in a way that they contribute to policies that are made to protect children and young people,” Mwizerwa said.

Once informed and empowered, the adolescents are expected to put in practice what they have learnt and be part of daily advocacy for children, adolescents and young people and also educate their colleagues on their rights in the communities.

“If they experience a problem they will have the ability to identify and be part of addressing it. We can also engage them in high-level advocacy in different meetings and confidently raise the problems facing adolescents and young people,” she said.

Mwizerwa said that HDI has been training and empowering adolescents and young people on child’s rights from 23 secondary schools across the country.

“We also organize debates in schools to teach young people about child’s rights and sexual reproductive health and rights,” she said, adding it is part of HDI efforts to empower young people to be advocates for their sexual and reproductive health through provision of accurate information in schools.

Ensuring young people have accurate information about sexual and reproductive health guarantees that they are making informed decisions considering that without information, they are easily susceptible to peer pressure and risky behavior, she added.

# ADOLESCENT LEADERS SPEAK OUT

“From our previous training on sexual and reproductive health with HDI, we also took the initiative to train our peers aged between 15 and 17. We realized that teen pregnancies are affecting those in this age range because some had inaccurate information about sexual and reproductive health

Jean de Dieu Ufitimana, a 19-year-old adolescent leader, said that they are ready to put into practice what they have learnt about child’s rights and Sexual and Reproductive Health and Rights and advocacy.

“We observe many problems facing children and adolescents in communities. For instance, some parents pay school fees for boys and let girls drop out of school. Some children in general have also dropped out of school.”

“This has an effect on their future. Being well informed and empowered as adolescents we have to raise our voices and trigger change on this and we can do it in collaboration with allies and duty-bearers,” he said. He

added they are also well equipped with knowledge to educate other adolescents on Sexual and Reproductive Health and Rights and advocacy on them. “We have a savings club at school through which we also discuss all these issues. We also manage to know each other’s problems and work together to solve them,” he said.

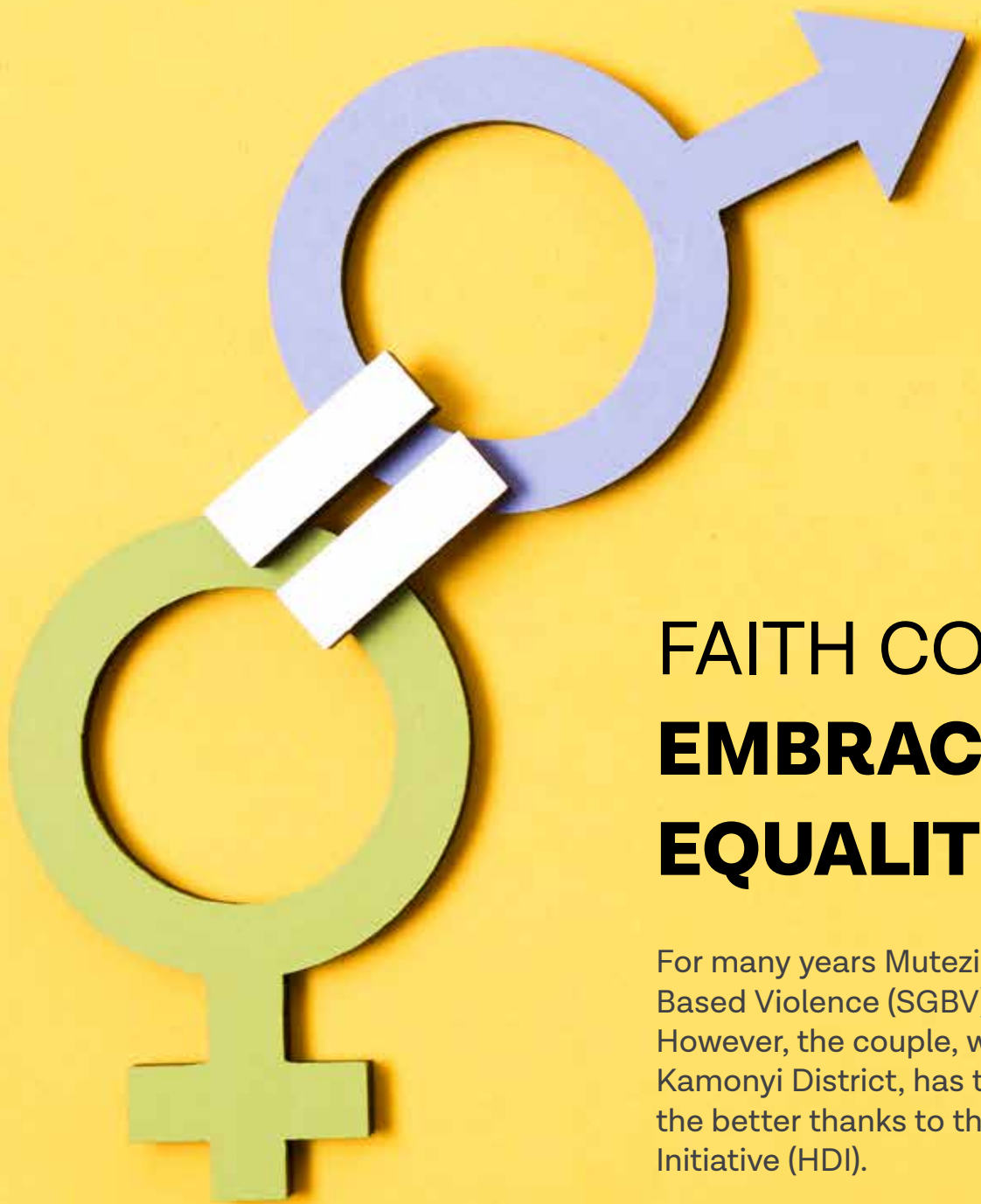
Alice Byukusenge, a 17-year-old adolescent, said that after the training on advocacy, she identified some child rights violations, including births that were not registered, especially from teen mothers.

“If someone is not registered, they will struggle to get a national identity card when the time comes,” she said.

She added that as a trained adolescent, she will be part of the change, bringing solutions to problems in the community, especially those related to Sexual and Reproductive Health and Rights.

“I am equipped with advocacy skills now. Our savings club is also a good platform to discuss problems adolescents face,” she said.

Sandrine Muhimpundu, another 17-year old adolescent added, “After the training, I will share my knowledge with other adolescents, their rights and how they can advocate for themselves and for others.”



## FAITH COMMUNITIES **EMBRACE GENDER EQUALITY**

For many years Mutezinkwano endured Sexual Gender-Based Violence (SGBV) from her husband Ndayisabye. However, the couple, which hails from Mugina Sector of Kamonyi District, has turned around their marriage for the better thanks to the support of Health Development Initiative (HDI).



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 concerning women. HDI and TearFund, an international Christian based charity organisation, are implementing a programme "Transforming Masculinities".

This program sensitised families on gender equality and family planning. The program worked with groups through structured small group discussions using Bible verses about gender equality. Themes included understanding how SGBV affects our communities, addressing unequal power balance and privilege, and discussing positive masculinity.

HDI starts with the head of the church and the deputy, as they are key influencers in Rwandan society. They then select 4 gender champions per church (2 men and 2 women) in charge of conducting community dialogues with at least 8 other people from the church, with an equal number of men and women.



After eight weeks of training on sharing of household duties, power dynamics, and the biblical equality of men and women before God, Mutezinkwano and Ndayisabye testified about the usefulness of the programme:

“I am a mother of 3 children with a 4th on the way. These training sessions were timely for us. God had a plan to restore our family and I learned so much about GBV. We all experience all types of gender-based violence. When my husband would come home, my children and I used to be

scared,” said Mutezinkwano. After the training, she added, they realized that GBV was disintegrating their family. Today, Mutezinkwano says, their relationship has improved.

“Now, after a long day, we sit and talk together. My children and I are happy and joyous. Unlike in the past, my husband now helps me with the household duties,” she explained, “When I am busy with other activities, he can help cook. I thank HDI for this amazing program and our church for offering this space so that we

can learn and be transformed,” she said.

On his part, Ndayisabye thanked the HDI for the transformative programme. “I used to have cultural norms that made me feel that I am superior to my wife, but after the training on gender-based violence my mindset totally changed. We are equal. I am ready to educate other men in the community about the effects of gender-based violence,” he said.



Juliette Karitanyi, Director of Communications at HDI, thanked the graduates and partners for the time dedicated to this program. She also commended the program for having trained 48 couples, 12 gender champions and 3 faith leaders. She explained that HDI is intending to extend similar programs to other faith congregations.

Bishop Bimenyimana Claudien, head of Siloam church in Bugesera said that after the training on Transforming Masculinities, there was a change in attitudes around topics such as family planning and SGBV especially through Siloam Church's three weeks of marriage training for intended couples. "We teach them to build a family without conflict and to avoid having too many children

because it causes financial strain, including the lack of school fees for children. We usually do this while using the manual that HDI provided, while highlighting scriptures to remind them that all are equal before God in Jesus; that we are one. We remind the man that he is not above the woman, so that they can become a living family," He said.



# **CSOs TO PLAY GREATER ROLE IN PUBLIC POLICY ADVOCACY**

The effective participation and contribution of Civil Society Organisations (CSOs) in the policy and law making process is expected to grow, buoyed by HDI's intensive capacity building programme on policy influencing and evidence-based advocacy with support from the Embassy of the Kingdom of the Netherlands.





The 9-day intensive training program, which started from 26th May to 18th June, equipped CSOs active in the human rights and justice sector with hands-on skills to contribute to policies and laws through conducting effective evidence-based advocacy for human rights.

---

## **CURRENT ADVOCACY GAPS**

---

A pre-assessment study on the capacity needs of CSOs in the justice and human rights sector, commissioned by HDI, indicated that 92% of the CSOs surveyed have advocacy capacity gaps.

According to the study, about 64% of respondents had limited capacity in monitoring and evaluation of the impacts of their advocacy initiatives, tactics and strategies. Additionally, 68% of the CSOs had limited skills in documentation and knowledge management of advocacy campaigns, while 58% had gaps in effective advocacy pathways.

On the other hand, 57% of the surveyed CSOs revealed they had a gap in advocacy communication strategies while 53% had advocacy capacity gaps in terms of coalition-building and

sustainability. Slightly less than a half (47%), revealed gaps in the collection and packaging of evidence for advocacy issues and amplifying advocacy messages to the media.

---

## **SOLUTIONS**

---

Acknowledging the gaps in advocacy, HDI brought together three cohorts of 40 staff from 20 CSOs for an intensive training that aimed to bridge the gaps and equip CSOs to advocate more effectively for issues in the human rights and justice sector.



John Mudakikwa, who facilitated the training, said that the participants have been equipped with modern skills in advocacy, not relying on awareness campaigns alone.

“One of the issues which was raised among the CSOs was the lack of communication strategies, since most of them have been conducting awareness raising campaigns instead of advocacy,” he said. “So we have dealt with how to form an effective communication and advocacy strategy, as well

as which policy makers or duty bearers they should target in order to influence change in policies or laws.” Guest speakers from Civil society, Ministry of justice and Parliament were invited to help the trainees put what they have learnt into practice.

Aaron Clevis Mbembe, the Associate Director of Policy and Advocacy at HDI added that the organizations were trained on policy analysis, building advocacy strategies and how to establish good relations and

engage in a constructive way with government entities.

“Some organizations have raised the concern that their research is not considered by the government, but now we have trained them on how to cooperate and involve the government in all phases of research for mutual ownership and to enhance its credibility,” he said.

“Government authorities have promised mutual cooperation to serve citizens and impact the communities they serve.”



## THE BATTLE TO CURB TEEN PREGNANCY IS STILL ALIVE

---

By **Annet Mwizerwa**

Adolescents' SRHR Program officer at HDI

---

According to official statistics, 98,347 teenagers gave birth in the last four years in Rwanda, with many dropping out of school to become mothers. In 2016, the number of teenage births recorded were 17,849. In 2017, it reduced to 17,337 teenage births, however these numbers of teenage pregnancies have been on the rise since 2018, despite the government's efforts to empower and support the girl child. With the on-going Covid-19 pandemic, chances are high that numbers are increasing even faster than before.



*Teenage pregnancy does not only affect the mothers, but also their children, families and communities. Premature mothers may be robbed of the opportunity to be empowered women of the future and their children may face numerous risks, such as low birth weight, health problems associated with poor perinatal outcomes, greater risk of socio-emotional problems, and greater probability of giving birth at an early age as well.*

The pandemic has caused changes that have exposed girls and women. In April 2020, just months into the pandemic, the UN declared gender-based violence and human rights violations “shadow pandemics”, referring to the global increase in these issues amid the Covid-19 pandemic. Poverty, family conflict, emotional frustration from lockdowns and interrupted school schedules have all exposed vulnerable women and girls to both unplanned sex and sexual abuse.

Over the last few years, the Government of Rwanda and other institutions have established facilities and conducted

awareness campaigns about major ways to curb teenage pregnancies—these include forming and reforming laws and policies that keep perpetrators convicted of rape and defilement accountable and give rights to girls and women. Centers are also available such as the Isange One Stop Center and youth corners, where girls and youth can access information and services about SRHR (sexual and reproductive health and rights) services and products as easily as possible.

However, much as such strategies have been interrupted, teenage pregnancy is a battle that doesn't seem to have a foreseeable end.

Thousands of girls across the country still have limited access to SRHR information and services and have no idea of the facilities initiated just for them. There is no firm approach that works for all gender-based violence issues.

Awareness has to go along with infrastructure and facilities in place and behavioral and cultural change. Young girls should be educated about their rights, given unlimited access to SRHR services and information and facilities to support them. In light of the ongoing pandemic, concerned players should start identifying what barriers have risen over the last few years.



Efforts, campaigns and facilities have been initiated and it is time to identify what worked, and what didn't; Identifying what went wrong and why. From there, we will know how to navigate through the aftermath of the pandemic.

From the experience of listening to the stories of teen mothers, as much as access to SRHR services and facilities are needed, information and awareness also plays a huge role in making other approaches effective. These teenage pregnancy cases are not only numbers; they have

faces and stories attached to them, and a history that shapes the nation. It is high time that teenage pregnancy is seen as an urgent issue with strategies and plans that work.



## **EMPOWERING LGBTIs AND SEX WORKERS TO ADVOCATE AGAINST DISCRIMINATION AND STIGMA**

Patrick Uwizeyimana, 32, is a transgender woman living in Nyamirambo, Nyarugenge. Just like any other transwoman, Uwizeyimana has faced heightened stigma, discrimination and violence ever since she came out in 2009. As a result, she had to get married to a woman to make peace with her family and community.

Her family sees her as normal, despite her homophobic extended family and surrounding community. However this has not shielded her from judgment and discrimination at workplaces, hospitals, markets, and nearly everywhere she goes except a particular community center near her.

The community center was established in 2016 by Health Development Initiative (HDI) to provide a safe space for people like Uwizeyimana. It provides counseling, HIV prevention services, legal and social support to key populations.

“

Before the HDI project, I felt stigmatized on many occasions, especially in religious and church services, but now, due to the trainings, I am able to go out more in public, attend church services, look for a job and pursue my talent, just like any other individuals,” testified one of the transgender women.

”

Beneficiaries include transgender women and men, female and male sex workers, men who have sex with men (MSM) and Lesbian, Gay, Bisexual, Transgender, and Intersexual (LGBTI) groups.

HDI has committed efforts to support the LGBT+ community and other vulnerable groups in Rwanda. The efforts include the community center that has helped Uwizeyimana and hundreds of others, training and awareness campaigns aimed at informing the Rwandan community on fundamental rights. Despite the developments, members of the associations recall various challenges. “Some of us are still arbitrary arrested,

and when it happens, our children are victims too,” recounted one of the sex workers, citing gaps in their legal rights. “Sex workers are okayed in the constitution, but are still considered criminals in the ministerial order [Ministerial Order no. 001/07.01 of 19/04/2018 determining mission, organization and functioning of transit centers], hence when you are arrested, your children start suffering; boys become street kids and girls turn to prostitution,” she adds on. On the other side, LGBTIs say that in some communities, they are still not accepted and considered as abominable creatures, requesting for more efforts of advocacy.

On June 28, at Nobleza Hotel, an initiative titled “Empower-Include-Respect” that aimed at promoting accountability for human rights obligations on LGBTI and Sex workers’ associations, was concluded after 4 years.

The project has helped people like Uwizeyimana access healthcare, counselling and legal aid services. The members of LGBTI+ community expressed their gratitude to the outgoing project that raised awareness for their rights.

The mission was accomplished through training of people from different sectors like the



government, religious and civil societies organizations among others.

The message was also channeled through the focus group discussions that brought together 14 LGBTI organizations and 6 sex worker associations. The discussion played a key role in empowering them to be able to stand out in communities and show off their talents. A mother of an LGBTI child also says: "I gave birth to a girl with male characters. I felt bad because whenever I would send her outside, other kids mocked her, and she feared going outdoors, Now though, people

have started to understand that these are people who should be included in the society and there is a little change."

Dr Aflodis Kagaba, the Executive Director of HDI, stressed the importance of moving on with the project, pointing out some of the major milestones. "As we are coming to the end of this project we are motivated to continue the discussion. The project has given us resources to train doctors, nurses, and local leaders. We will continue the conversation on the promotion of human rights among LGBTI and sex workers." he noted.

"It is very hard to advocate when

cases are not documented," he continued, "I want to encourage all the CBO leaders to continue documenting violations to do evidence-based advocacy," he urged. Echoing the voice of Dr Kagaba, Nicholas Bellomo, the Ambassador of the European Union to Rwanda, one of the HDI partners in the project, also emphasized the need to continue with the initiative.

"The baseline in the protection and promotion of LGBTI and sex workers here in Rwanda is quite good, but we need to do more work on the ground," he said.

"Even though this three-year





## **ADDRESSING BARRIERS THAT LIMIT ACCESS TO SAFE ABORTION SERVICES**

Maniriho Jean Marie Vianney is a 36 year-old parent of a teen mother living in Nyamagabe District. After his daughter discovered she was pregnant, they went to Nyamagabe hospital seeking safe abortion services. The two were disheartened when a healthcare provider denied

them the service. The healthcare provider even went as far as to threaten to report them to RIB for attempting to abort.

This scenario is unfortunately common, despite the legal framework in place that would allow this teen mother, and others,

to access safe abortion services. Several other parents joined in and shared similar experiences of the fear of seeking those services, as they were asked for proof from the Isange One Stop Center before performing safe abortion.



According to the ministerial order No. 002/MOH/2019 of 8th April 2019 determining conditions for a medical doctor to perform an abortion and the rights of health service users as stipulated in the medical liability insurance law proof is not necessary to access safe abortion.

The ministerial order on abortion makes it clear that no evidence, court order, or any transfer from IsangeOneStop center is required for a woman within the approved categories is required to provide services related to safe abortion.

To broaden community awareness on access to safe

abortion services and prevent maternal mortality from unsafe abortion, HDI held sensitisation meetings in Kirehe, Kayonza, Nyamagabe, Nyamasheke, and Ngororero districts. This is part of an ongoing campaign to raise awareness on the ministerial order on abortion in all districts in Rwanda.

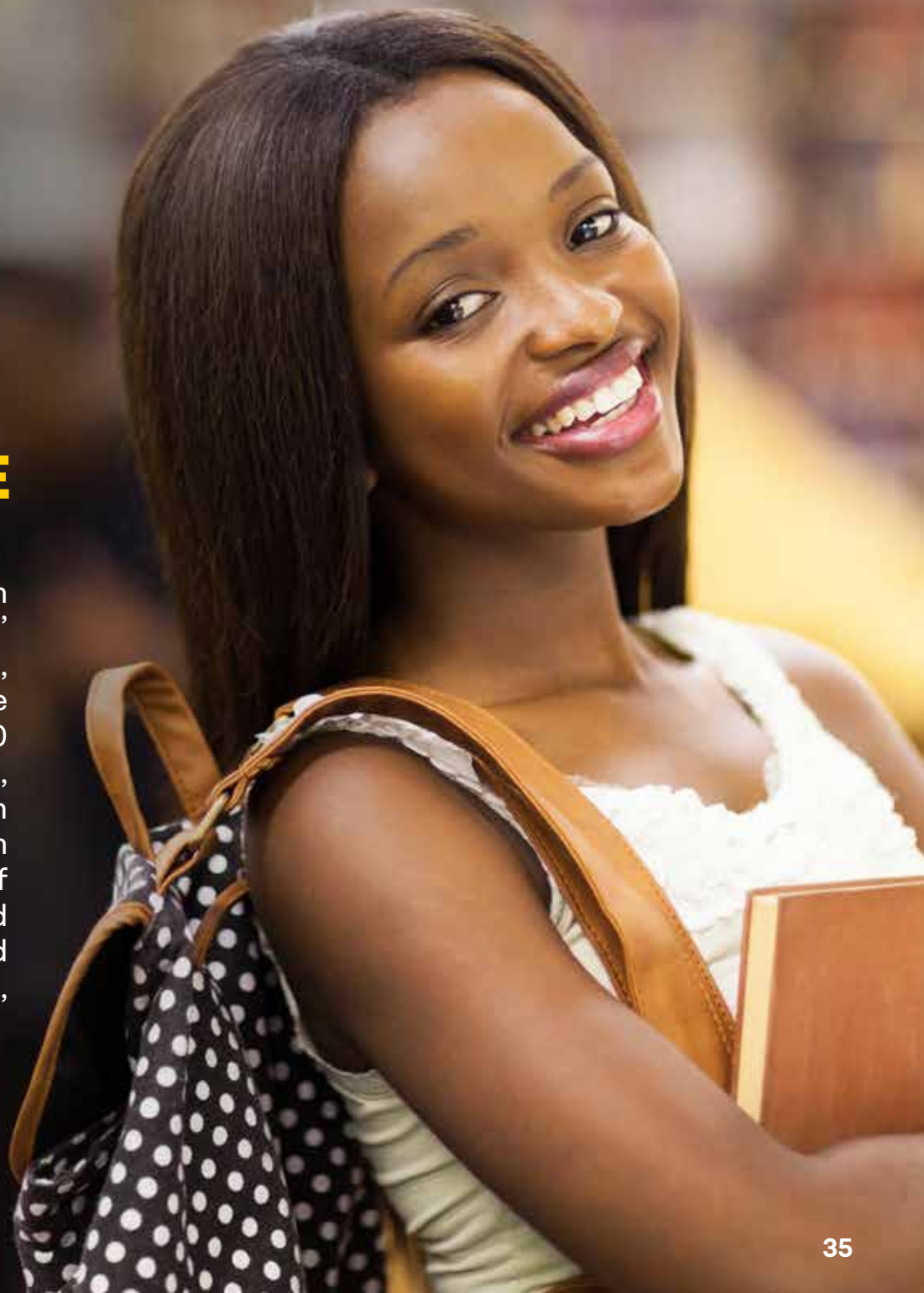
During the outreach campaigns Jean Pierre, another father to a teen mother, expressed the hurdles he went through when he found out his daughter had been impregnated at the age of 13. He said, “I was in disbelief and I blamed myself for never taking up the initiative to educate her on her

sexual health. As a father thinking of the future of my daughter, I wanted her to get an abortion in an unsafe way because that was what I knew for the moment. This was the reason that pushed my wife to break up with me.” He urged all fathers to be actively involved in their children’s lives and educate them on SRH. “The consequences of not teaching them affect the whole family” he added.

Regardless of the milestones taken so far, barriers are still prevail. There is still need to reinforce efforts in SRH education and disseminate information on safe abortion within communities.

# EMPOWERING UNIVERSITY STUDENTS WITH SRHR KNOWLEDGE

During the month of May 2021, HDI in partnership with the Medical Students' Association of Rwanda (MEDSAR), conducted 4 SRHR outreaches in the University of Rwanda (UR) to equip 2,000 students in the districts of Kayonza, Huye, Musanze and Nyagatare with information on sexual and reproductive health and empower them to be a vector of knowledge in tackling issues of unwanted pregnancies and adolescent sexual and reproductive health (ASRH) services, including family planning (FP).





The UR community in general in many of its campuses is facing a rising threat of unwanted pregnancies. Lack of access to ASRHR services, including family planning and comprehensive sexuality education (CSE) tend to lead to unwanted pregnancy.

This is a major public health issue among students who are often not equipped to take care of unplanned newborns, and which may force them to discontinue their studies, negatively impacting their future endeavours.

The unwanted pregnancies may result in students attempting unsafe abortion, leading to serious health complications or death.

According to the Rwanda Demographic and Health Survey 2020, the rate of teenage pregnancies and births in Rwanda stands at 5.2% This rate, though lower than the 2014 rate of 7.3%, has been fluctuating year-to-year.

Though the number of teenage pregnancies decreased from 2016 to 2017 (17,849 to 17,337), the number increased significantly in

2018 (19,832). This is an alarming trend, in part because it is unpredictable. The goal of efforts to distribute SRHR information is to have this number trend steadily downward.

During the outreach, students were provided with education sessions on sexual and reproductive health, information on the availability of ASRH services in a youth-friendly manner, voluntary tests for STIs and HIV. HDI also distributed 28,000 male condoms to those who needed them and made the condoms available in public points across the campus.

**MEET JOCELYNE,**  
*OUR ASSOCIATE  
DIRECTOR OF  
COMMUNITY  
OUTREACH*





## HOW DID YOU START WORKING WITH HDI?

I am a pharmacist by profession, but I am also passionate about working with communities. Before joining HDI, I used to see the work they do and how they incorporate community health and human rights in most of the programs. Once a vacancy was available, I did not hesitate to apply. I started working through the passion I had to work in the community, to serve the underserved and be the voice for the voiceless. In a few words, the work I was offered at HDI aligned with my passion and my dream career.



## HOW LONG HAVE YOU BEEN WITH HDI?

I have been working with HDI since 2019. It has been a great two years and half now, full of exciting challenges and good times. Learning and unlearning. Growing into my career as well!



## WHAT DO YOU LIKE ABOUT YOUR JOB AT HDI?

I love seeing the impact in the community through the work I do! Especially impacting the lives of those left behind and marginalized. Seeing a smile on people's faces motivates me to wake up every morning and go to work. Most of my fieldwork feels like an adventure and work at the same time; learning from these communities and also sharing my knowledge, time and available resources to alleviate their health concerns and advance their human rights.



## **HOW HAS COVID-19 AFFECTED YOUR JOB AND HOW HAVE YOU OVERCOME THE CHALLENGES?**

I am a very outgoing and socially confident person. My main work is on the field and interacting with the community. During this Covid-19 pandemic, restrictions put into place to mitigate the spread of the virus, such as curfew and lockdown, significantly impacted the way I used to interact with the community. Sometimes a negative test for Covid-19 was required for all participants or meetings could be suspended completely for a period of time, such as this current lockdown we are in. When possible, we met in smaller groups and increased the number of days of the meetings. Most of the time, I was still able to meet with the people in the community I serve.



## **WHAT ARE YOUR FUTURE PLANS IN THE WORK THAT YOU DO?**

The lesson I got from this pandemic is the importance of technology and the role it plays in our lives. We are currently working from home and having meetings online with my co-workers. I am planning to incorporate technology in the community work that I do. I observed that people with digital literacy and digital devices were not affected as much as the people who didn't have technology. Some meetings continued online and other activities carried on online as well. So in my future plans, I would like to incorporate digital literacy and advocacy for digital means and devices to improve the work I do in the community that I serve.

# STAKEHOLDERS SPEAK

The training on gender equality has changed the way we teach new couples in church. We have introduced teachings of the natural method of family planning since they have to give birth to children they can take care of and afford their school fees and using the instruction provided by the HDI to teach the types of GBV. There was a change in attitudes and using the scriptures will continue to reinforce these teaching as we go along.

## **PASTOR MACUMI JEAN BAPTISTE**

Miracle Pool church, Mugina

---

Outreaches like these are so important, Thank you University of Rwanda, HDI and Medsar for such a great partnership being responsible for Comprehensive Sexual Education at University Campuses!

## **NDAGIJE SERGE**

SRHR Outreach participant

---

The challenges we face in our menstrual period is that using old pieces of clothes as sanitary pads can even leak, stain ones clothes and cause embarrassment. When you have few clothes, it causes poor hygiene and vaginal infections since we cannot afford menstrual products. We appreciate HDI's support that will improve my menstrual hygiene and that of my 15-year old daughter

## **ANGELIQUE UMUTESI**

A mother of two during the donation of sanitary pads

---

I would like to thank HDI for raising awareness on the ministerial order on abortion.

## **UWIMPUHWE CHARLOTTE**

one of the parents of Teen mothers in Kayonza



## HDI WISHES TO THANK OUR PARTNERS AND SUPPORTERS

- AmplifyChange
- APHRC
- 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
- IRH
- 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
- Wellspring Philanthropic Fund
- WHO
- Women's Link WorldWide

