

HDI NEWSLETTER

SEPTEMBER 2022



TACKLING STIGMA AROUND SUICIDE

On September 10th, HDI joined the rest of the world to recognize World Suicide Prevention Day. We encouraged the Rwandan community to understand that each suicidal death is a public health concern that has profound impact on those around the victims and the community in general.

In order to raise awareness on issue, we were joined on KISS FM by Patrick Murenzi from Mental Health Journal Rwanda to facilitate a dialogue on suicide as a mental health issue. The dialogue addressed the value of fighting the stigma around suicide and encouraging well-informed action that can promote the reduction the instances of suicide.

According to the World Health Organization, 77% of suicides worldwide occur in low- and middle-income countries. 46% of suicides are as a result of known mental health issues.





This means that suicide is as much an issue of concern to the Rwandan community as it is for the world. It is important that we have open discussions more often because young people continue to be victims

Patrick Murenzi
Mental Health Journal Rwanda



To relate the matters in the Rwandan context, Murenzi said that according to the Ministry of Health, about 9.5 deaths per 100,000 persons per year were due to suicide, occurring to individuals aged between 15 and 18.

Mental health challenges in Rwanda are often stirred up by the country's historical background, especially the consequences of the 1994 genocide against the Tutsi, domestic conflicts, sexual abuse, and effects of Covid-19 among the main causes of mental health disorders in Rwanda.

Murenzi encouraged the dissemination of more information about suicide, the causes, as well as the prevention within Rwandan communities.

He addressed on the common belief that suicide is a result of depression where he pointed out that although it is one of

the causes, suicide can result from other reasons such as poverty, grief, terminal illness, and lack of emotional support during hard times.

He also talked about causes that are often downplayed by society including relationship breakdown, family issues and discrimination.

“In the efforts to strengthen available mental health systems and introduce more resources, it is important to approach suicide with empathy. This will help us to identify mental health issues and provide support to those around us. Being well informed can indeed be a first step to help in suicide prevention,” he said.

In addition, he encourages participation in mental healthcare through therapy and counseling and daily methods such as journaling.

CELEBRATING WORLD CONTRACEPTION DAY

In the month of September, we celebrated World Contraception Day. The celebration this year came as the government launched new antenatal care (ANC) guidelines that recommends expectant mothers to have at least eight contacts with their healthcare providers during their pregnancy.



The new guidelines, also in line with the World Health Organization (WHO), replace those introduced in 2016 that initially recommended at least four visits. The guidelines will respond to identified areas of

antenatal care that are critical to saving lives, improving quality of care.

Speaking at the launch, the Permanent Secretary in the Ministry of Health, Zachee

lyakaremye, said that the new guidelines present a more comprehensive opportunity to address essential antenatal areas. He pointed out that the process of developing the new recommendations



highlighted the value of communicating effectively and addressing social-cultural issues and physiological family planning misconceptions in a respectful manner. Research has shown that by implementing timely and appropriate evidence-based practices, antenatal care can save lives. Crucially, it is also an opportunity to communicate with and support women at a critical time of their lives," he said. He reminded that the government has scaled up high impact maternal and neonatal interventions to significantly decrease maternal and new-born mortality.

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***“These efforts integrate family planning services into antenatal, delivery and postnatal care. As part of increasing contraception uptake, we expanded contraception services to the lowest community level to increase accessibility and use for young people and people with disability,”* Iyakaremye said.**



He touched on the importance of family planning where he said that with contraceptive use, around 425,000 unintended pregnancies were prevented while approximately 780 maternal deaths were averted in 2021.

He called on all healthcare providers including obstetricians, general medical practitioners, midwives, and nurses who are responsible for providing antenatal care and family planning services at all levels to contribute to improving maternal and neonatal healthcare outcomes

in Rwanda. The UNFPA Adolescent and Youth Unit Team Leader, Therese Karugwiza reminded that over 600 women die from pregnancy or delivery related complications while around 5,700 new-born children die every year in Rwanda.

She reminded that these deaths can be avoided with antenatal care contact where most risks in pregnancies can be found and treated in a timely manner.

Karugwiza added that with the expansion

from four to eight antenatal visits, some of the services will be brought closer to the women and will be performed by community health workers.

“**Integrating family planning services into maternal health services can be an effective strategy for reducing unmet need, especially in situations where maternity care is a woman’s primary contact with the healthcare system,” she said.**

Call for inclusion

Alliance Stella Ishimwe, a Rwandan youth representative working with Health Development Initiative (HDI) who moderated a panel under the theme, “No Woman Should Die While Giving Life,” welcomed the new recommendations and called for these guidelines to be inclusive of young people.

“*These new guidelines are commendable and timely. What we would like to see next is their dissemination countrywide in such a manner that healthcare providers deliver these services to expectant adolescents in a stigma-free environment,” Ishimwe said.*

Additionally, Ishimwe called for a review of the laws and policies that continue to frustrate many young people’s quest for contraception methods. The Executive Director of the Umbrella of Organisations of Persons with Disabilities in the fight against HIV&AIDS and for Health Promotion (UPHLS), Francois Xavier Karangwa, also touched on the challenges that people with disabilities still face in relation to access to Sexual Reproductive Health and Rights services. “We are still facing challenges in accessing health facilities as well as equipment and materials like those used in communication. Most of these materials still don’t favour people with visual and hearing impairment and frustrate their efforts to enjoy family planning services,” he said. He called for more efforts to be put in ensuring that all information and services are inclusive so that no Rwandan is left behind.

A Family Planning Business Case report developed in Rwanda in 2019 indicates that, on average, between 2015 and 2050, every Rwf 1,000 invested in family planning will yield Rwf 112,000 in returns.

CELEBRATING WORLD PATIENT SAFETY DAY

The government has been at the forefront of drafting laws and regulations aimed at protecting the Rwandan community against poor quality services in a wide range of public and private sector domains.

In 2013, in consultation with its health sector partners, the government, established law establishing Medical Professional Liability Insurance. The law elaborates medical service users' rights and the responsibilities of health service providers. Additionally, it identifies

compensation benefits for healthcare users who, due to the medical service(s) that were provided to them, were rendered incapable of leading the life they used to live prior to receiving care.

Unfortunately, most service users lack knowledge of their legal rights, which hinders improvement of service quality. As part of the World Patient Safety day celebration this year, we carried out a social media campaign to raise awareness on the articles incorporated in this law.



We have consent forms available for everyone and this requires that you explain to the patient the procedures they will undergo, the risks, alternatives and benefits. We also remind the patients that they have the right to reject the procedure. These forms are kept in the patient's file, and we occasionally review patient files to see if these procedures were respected.

- Lt Col Dr Ernest Munyemana
The Director General of Kibagabaga Hospital

We also talked to healthcare professionals and lawyers to get a bigger picture on how this law is put into practice.

Under this law the fundamental rights of a patient and any other health service user are stipulated from article 3 to article 13 and covers the right to information, right to consent, right to confidentiality, freedom of choice and right to compensation among others.

In our discussion with Lt Col Dr Ernest Munyemana, the Director General of Kibagabaga Hospital, he highlighted the interventions done by the hospital to ensure that the patient is protected under their care

He pointed out that the facility often reminds its healthcare providers about the Code of Medical Ethics in their staff meetings as well as the rights of the

patient. Kibagabaga Hospital healthcare providers were earlier this year trained by HDI on this particular law.

The Director of Center for Health and Rights at HDI, Christopher Sengoga, discussed the importance of informing patients about their rights.

He explained that on one end, there is the need to protect the patients and make them aware of their rights and on the other end, there are healthcare providers who are still few and sometimes overwhelmed by their workload.

“There is a need to understand that this law does not only protect the patient but also protects the providers.

That’s why we have had dialogues with over 450 medical professionals across the country about this law and we believe

that with more awareness, something will change,” he said. Closing the week of awareness raising on patients’ rights, the call for action remains the same: “Do No Harm”.

Hospitals are encouraged to put up posters about patients’ rights.

Healthcare providers are reminded to read the patients their rights before every procedure, ensure that consent forms are read and signed for all services and treat their patients in a dignified manner.

For more information about the provisions of the Law on Medical Professional Liability Insurance no. 49/2021 of 22/01/2013 visit our website at <http://hdirwanda.org/wp-content/uploads/2019/12/Know-Your-Rights-.pdf>

OVER 500 DOMESTIC WORKERS TRAINED ON THE MINISTERIAL ORDER ON SAFE ABORTION

This September, we trained over 500 female domestic workers drawn from all the Sectors in Kicukiro District as well as Nyarugenge District in Nyamirambo Sector on the Ministerial Order on abortion. The training provided insight into the linkages between Sexual and Gender Based Violence (SGBV) and unsafe abortion and provided some of the tools that they can use to identify, prevent and report SGBV. The World Health Organization estimates that 1 in every 3 women worldwide has experienced domestic violence and a quarter of all girls have faced different forms of domestic violence by age 19.

In Rwanda, domestic violence is highly prevalent and underreported with about 2 in every 5 girls reported to have experienced physical violence by age of 15. Additionally, it is estimated that 31.9% of minors aged below 18 are engaged in domestic work. 8.67% of these domestic workers are reported to have been abused sexually.



Despite the high numbers of young people who experience violence, there is no research on the depth of this abuse among employees of the informal sector, such as housemaids.

Facilitator Brenda Karungi opened the training sessions explaining the meaning of GBV where she told participants that it is any form of violence that is directed at an individual based on her sex or gender identity.

Karungi explained that although men, boys, sexual and gender minorities also experience GBV, women and girls are more at risk and the usually the most affected.

She took the participants through the types of GBV, include physical violence, sexual, psychological, and economic abuse. She touched on the impact of GBV including STI infections, unwanted pregnancy, and unsafe abortion. She also explained that GBV can potentially cause other long-term psychological effects where the victim may have feelings of isolation and depression.



Risk factors

In an open session, the participants said that they are hesitant to report GBV cases due to the risk of losing their jobs while others feared retaliation from their bosses. The domestic workers mentioned other factors that make them vulnerable to GBV include poverty and low salaries which are often used to coerce them into abusive sexual relations with their bosses. Some of the participants also indicated that they did not know where to report before and the kind of evidence that would help their cases.

Karungi told the participants to approach any Isange One Stop Center that is closest to them upon facing any form of GBV. She explained that at the Center, a sexual violence victim is immediately provided with post-exposure prophylaxis treatment plan to protect them from contracting



HIV as well as emergency contraception to enable them to avoid any unwanted pregnancy.

Isango One Stop Center personnel also assist the victims in general to undergo tests, collect forensic samples, fill medical legal reports for judicial assistance and where necessary, transfer the victim to a referral hospital for more investigation. The victims are also offered psychological and social rehabilitation. **Karungi pointed out that the victims can also call the HDI Hotline 3530** for support and

guidance. The participants were reminded the value of keeping clothes or underwear that they may be wearing during physical and sexual attacks and how taking a bath immediately after assault contaminates or erases any medical or forensic evidence.

The participants were also reminded to safekeep paper documentation, text messages or photographs that may be used in supporting their pursuit of justice.

Ministerial Order on Abortion

Karungi also shed some light on the Ministerial Order on Abortion, emphasising the four categories of those that are legally permitted to access abortion services.

She reminded that these include victims of rape, incest, those who are underage and those with pregnancy related complications that are likely to harm the mother or the unborn child.

The participants also learned that healthcare providers were only obliged to provide a form. Additionally, she advised them to approach the nearest healthcare facilities or HDI offices to seek family planning advice that will protect them from unwanted pregnancies.



Participants' feedback

27-year-old Marie-Ange Nyiramana, opted to join domestic work when her small business collapsed at the height of the Covid-19 pandemic. She said that besides the inability to speak up for themselves or others due to the unequal power dynamics between themselves and their employers, many of her colleagues lack enough GBV related information.

“For you to report something, you must first know that you are a victim. Until today, I thought GBV only meant being beaten up. I didn’t know that I could report any abuse and actually be heard. This is why such information is important to us,” she said.

Amina Niyonsenga said that although she was aware of Isange One Stop Centers, she did not know that a victim can report a case of GBV without necessarily indicating the name of her abuser.

“Until this training, I thought that if I was raped by a stranger, I could not report the matter since the center would probably ask for the name of the perpetrator. I also did not know that there is medication that I can be given at the center to protect me from HIV or an unwanted pregnancy in case I became a victim of violence,” she said.

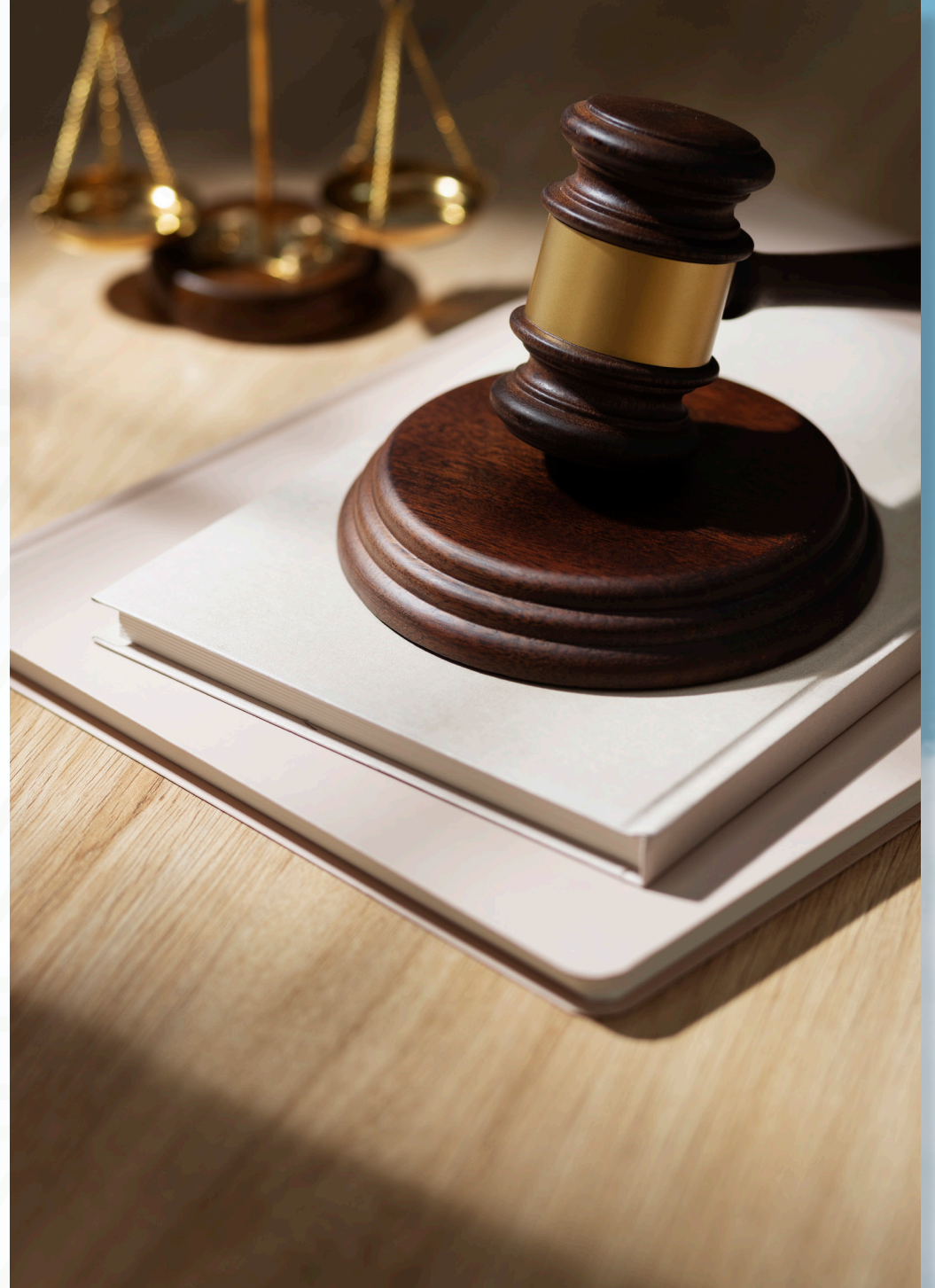
The next batch of about 100 domestic workers will be trained by the end of October this year.



SRHR COALITION HOLDS DIALOGUE ON #ICPD25 COMMITMENTS

This September, we hosted a dialogue in which 30 Civil Society Organisations under the Coalition of Sexual and Reproductive Health and Rights (SRHR) came together to identify progress gaps and possible interventions towards advocacy for ICPD25 Commitments.

The participants, drawn from youth-led organizations, adolescents, and child rights-based organizations, were reminded that during the ICPD25 meeting convened in Nairobi, Kenya last year.



At the Nairobi meeting, countries recognised that reproductive health, women's empowerment, and gender equality are the pathway to sustainable development and therefore, renewed commitments to integrate population concerns into all their economic and social activities.

Rwanda's renewed commitments include a 15% increment of domestic budgetary allocation for health, putting in place necessary legislative, policy, as well as strategic frameworks which provide for all persons to have access to quality integrated health services.

Rwanda also committed to further improve access, uptake, service delivery, access, and uptake of health services in order to increase antenatal attendance, decrease maternal mortality ratio and increase demand for ASRH for all Rwandans.

Promote Inclusion

Speaking at the opening of the dialogue, the Adolescent Sexual Rights Health, and Rights Advisor at Plan International Rwanda, Alice Bumanzi, called on the participants to ensure meaningful inclusion and diversity of young people in decision making around response to their SRHR needs.

“When you say diversity, many people think about women, but during your project planning, monitoring and reporting, you must look beyond that. It is our collective responsibility to include other vulnerable groups like people with disabilities and LGBT communities, who are often forgotten yet they constantly face challenges related stigma and discrimination,” she said.

Challenges in CSE delivery

Bumanzi applauded the progress made by Rwanda through including the introduction of Comprehensive Sexuality Education (CSE) in the national curriculum in 2016.

However, the participants discussed the challenges in the implementation of CSE where personal, traditional, and religious mindsets still have a negative influence on how the curriculum is delivered.

The participants also discussed the big number of young people who have dropped out of school. They learnt that in collaboration with Rwanda Biomedical Center/Ministry of Health, Plan International has developed a CSE program for out of school young people.

Bumanzi said that the curriculum was developed on the international guidelines set by UNESCO and also picked from the national curriculum. It has been validated and it is already being implemented.

What we need to see more is delivery of more trusted, age appropriate, culturally sensitive, and scientific information to all those who need it.

Davina Kamikazi who represented young people called for the use of available platforms like 'Umugoroba W'ababyeyi' to educate parents on sexual and reproductive health relating to young people.

"The first point of interaction when it comes to trusted information is home. However, our parents either don't have enough information about sexual and reproductive health or they are not equipped with the tools on how to communicate it with us. We need CSOs to help us in that area," she said.

Stronger collaboration

The participants also discussed the value of stronger collaborations and the need for coordination among CSOs to avoid duplication and instead promote ways they can best complement each other in order to reach more beneficiaries.

They also touched on the significance of doing advocacy work that is based on collaboration with beneficiaries and called for the creation of platforms where they can publicly defend their stand and welcome public input.

Partnership & Learning Experiences



We were honored to receive the Ambassador of Israel to Rwanda, Honorable Ambassador Ron Adam, at our office on September 5th, 2022. Our discussions touched on our work on advocacy, Sexual and Reproductive Health and Rights, and advancement of Gender equality in Rwanda among others.



This September, HDI staff had a professional development training on Qualitative Research in Health. The training aimed to equip our staff with an understanding of Qualitative Research, its importance and relevance to the work that HDI does.

Dr. Anita Nudelman, Applied Medical Anthropologist, put emphasis on Research Ethics including having an open mind, avoiding bias and being empathetic to the participants. Nudelman also highlighted the importance of analyzing issues in health in the context of specific societies and cultures.



HDI participated in the 21st National Women Council General Assembly this September, bringing together forward-thinking women to draw attention to critical issues and concrete actions accelerating the realization of gender equality and the empowerment of all women and girls.

Responding to Panel questions related to Family Planning at the National Women Council GA, Dr. Aflodis Kagaba said that although the uptake of family planning methods has made significant strides over the last few years, there are still challenges that need to be addressed.

“Although Family Planning uptake is at least 63%, about 37% of all pregnancies in Rwanda are still unwanted.

There is still a challenge of lack of enough information. We advocate for access to FP information because it is the cornerstone of good decision-making on an individual level. If you are equipped with the right information, it is easier to decide on pregnancy before and even immediately after having sexual intercourse,” he said.

HDI wishes to thank our partners and supporters

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- BLACK WOMEN'S HEALTH IMPERATIVE
- CATHOLICS FOR CHOICE
- DELEGATION OF THE EUROPEAN UNION TO RWANDA
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