



HDI

HEALTH DEVELOPMENT INITIATIVE

Striving for a healthy society



ANNUAL REPORT 2012

CONTENTS

A MESSAGE FROM OUR EXECUTIVE DIRECTOR	3
ABOUT HDI	4
OUR SUPPORTERS	6
OUR PROGRAMS	8
Family & Community Health	8
Fighting Gender-Based Violence.....	8
Building the Livelihoods of People Infected & Affected by HIV/AIDS.....	9
Preventing & managing Tuberculosis.....	10
Sexual Health and Reproductive Education.....	11
Supporting a Village to Support Itself.....	12
Dietary and Nutrition Status Survey of Women and Children in Rwanda.....	13
Medical & Technical Support	14
Treating & Training for Skin Conditions.....	14
Training Healthcare Providers to Fight GBV.....	14
Supporting Healthcare Providers to Uphold Patient’s Rights.....	15
Training Healthcare providers on management of TB and HIV/AIDS coinfection.....	15
Advocacy & Policy Monitoring	16
Fighting Unsafe Abortions.....	16
‘Know Your Rights’: Promoting Patient Rights.....	17
Protecting Against Unsafe Sex.....	17
Supporting Sex Workers Health.....	18
Global Advocacy.....	18
Fighting Against Global Fund Cuts.....	18
Improving Maternal Health.....	18
Strengthening Access to Medicine in East Africa.....	18
Promoting Pro-Health Intellectual Property Laws.....	19
HDI AUDITED FINANCIAL REPORTS	20

A MESSAGE FROM OUR EXECUTIVE DIRECTOR

This was a groundbreaking year for HDI.

We had success with some of our more challenging policy objectives, we established new partnerships, and we expanded many of our programs. I am happy to say that our work improving the quality and accessibility of healthcare in Rwanda has never been stronger.

Some of our proudest achievements in 2012 include:

- **29,345** people learned valuable HIV/AIDS prevention and family planning skills through our door-to-door campaign in the following sectors: Rubaya, Rwamiko, Rukomo and Ruvune.
- The Rwandan government **changed the penal code** to permit legal abortions in the cases of rape, incest, forced marriage and maternal/child endangerment.
- **12,000** people were educated on TB-HIV/AIDS co-infection prevention, testing and management in the districts of Bugesera, Muhanga and Gasabo.
- Launched a popular radio show on patients' rights called "**Ubureganzira bw'umurwayi**"



This year, HDI was also proud to establish a thriving partnership with the Foundation Open Society Institute, which has helped us to create a supportive and stigma-free environment for the LGBTI community in order to improve their access to quality healthcare. In addition, we began a partnership with the US-based student organization, GlobeMed, which strives to improve the health of the impoverished around the world. I look forward to continuing and growing these partnerships in 2013.

I would like to take this opportunity to thank HDI's partners and donors, which include but are not limited to: the Rwanda Ministry of Health, RGB, PSA, Global Fund, Harvest Plus, UNAIDS, UN Women, UHAI, IPAS, WHO Stop-TB Partnership, and RBC. Without their generous funding and support, none of our work would be possible.

Finally, I wish to thank the dedicated HDI staff, countless volunteers, NGOs, health workers and institutions who have dedicated their time, money and resources to our work. Their optimism and support have taken us one step closer to realizing our vision of a Rwanda where everyone enjoys the highest attainable standard of health.

Yours Sincerely,

A handwritten signature in blue ink, appearing to read 'Aflodis Kagaba'. The signature is stylized and fluid.

Aflodis Kagaba
Co-founder and Executive Director
Health Development Initiative

ABOUT HDI

What we do

Health Development Initiative (HDI) is a non-profit organization working to improve the quality and accessibility of healthcare in Rwanda. We do this through a combination of education, advocacy and health-system strengthening.

Our vision

A healthy Rwandan society in which medical care is accessible to all communities regardless of socio-economic level; in which women and their families are educated and informed about reproductive health, family planning, and newborn care; and in which preventable disease no longer threatens lives.

Our mission

Our mission is to promote community-based healthcare and development in Rwanda. We work to educate communities on health practices and empower providers to deliver better health services. Using a rights-based approach, we advocate for quality healthcare for disadvantaged and marginalized groups. Through education and improved healthcare capacity, we seek to bridge the healthcare inequalities in our country.

Our Objectives

1. To strengthen the capacity of the Rwandan healthcare system to deliver quality health services.
2. To support the fight against malnutrition and infectious diseases (such as HIV/AIDS, TB, and malaria), and promote hygiene and sanitation
3. To educate young people and women about reproductive health, health rights, family planning and STIs.



Where we Work

Blue dots represent recent HDI project locations

ABOUT HDI

Our Activities

Family & Community Health:

We provide communities with support, training and health education, thereby empowering them to prevent and treat illness. Much of our work in this area focuses on reproductive health and family planning education.

Medical & Technical Assistance:

HDI works to strengthen the capacity of healthcare providers through a combination of training and medical assistance programs. We support international medical volunteers to treat Rwandan patients and train their Rwandan counterparts in specialized medical treatments.

Advocacy & Policy Monitoring:

We work with policy makers, civil society organizations, and government institutions to advocate for positive policy change. A major part of this work involves building strong partnerships with like-minded individuals and organizations – united, we can ensure our message is powerfully communicated.





OUR SUPPORTERS

HDI would like to kindly acknowledge all the organizations who provided their time and support to our work this year:



The Global Fund supported our work in training Community Health Workers (CHWs) to educate

people about HIV/AIDS prevention and family planning. The Fund also funded our agricultural cooperatives for people infected and affected by HIV/AIDS.



The Stop TB Partnership provided generous funding to help HDI raise awareness for TB

in Bugesera. This project also informed community members in Bugesera how to access TB screenings and treatment.



UN Women supported our project to increase the capacity of public service providers to fight against Gender-Based Violence (GBV).



The Rwandan Governance Board committed significant funds to our 'know your rights' project.

This project increased the awareness of patients' rights and enabled healthcare providers to fulfill these rights.



IPAS funded our advocacy calling for decriminalized abortion.

In August 2012, Rwanda's penal code was altered to allow for abortion in cases of rape, incest, forced marriage and maternal / child endangerment. This was a major achievement for HDI, its partner organizations and, above all, women throughout Rwanda.

OUR SUPPORTERS



[Foundation of Open Society Institute](#) provided invaluable support to create an enabling environment for the promotion and protection of LGBTI health and human rights in Rwanda.



[UNAIDS](#) Provided support to strengthen the capacity of police and community leaders to respond to gender based violence at the sector level. This project ensured women and girls access to services for the prevention of HIV/AIDS. It also promoted capacity building for CSOs & CHWs in order to prevent TB and HIV/AIDS co-infection and reduce the number of HIV/AIDS-Positive people dying from TB.



We collaborated with [Harvest Plus](#), [CIAT](#), [RAB](#), [NUR](#), [IFPRI](#), and Cornell University on a research endeavor aimed at uncovering the link between bean fortification and iron deficiencies among 240 female students enrolled at the National University of Rwanda.



For several years now, PSA has supported our project to promote development among the community of potters in Bwiza. This support has allowed us to undertake projects in education, health and income generation in order to improve the lives of this population.



[IREX](#), a US-based nonprofit organization dedicated to providing innovative programs to produce sustainable change, funded our project advocating for sexual health rights and reproductive health rights among young people in Rwanda.



OUR PROGRAMS

Family & Community Health

Fighting Gender-Based Violence

Gender-Based Violence (GBV) is a major problem in Rwanda, and thousands of women suffer every day. GBV has a devastating impact on children, families and society as a whole.

A major obstacle in overcoming this issue is the limited resources available to service providers to support those experiencing GBV and to prosecute those who commit these crimes.

That is why HDI launched a project in Nyagatare and Bugesera to increase the ability of community and government members to respond to and fight against GBV.

This project involved training police officers and community leaders to better manage GBV; the training modules covered GBV laws and hospital referrals for victims, particularly those at risk of HIV/AIDS.

We also taught Civil Society Organizations (CSOs) to better lobby for GBV prevention. Additionally, community members learned the associated health risks of GBV as well as how to prevent and manage GBV.

Most importantly, these groups were shown how to coordinate their efforts against GBV to ensure that their interventions were unified and effectively implemented.





OUR PROGRAMS

Building the Livelihoods of People Infected & Affected by HIV/AIDS

For hundreds of thousands of people in Rwanda today, HIV/AIDS is a part of their daily lives. In addition to living with a serious health burden, infected individuals often experience stigmatization from their family and friends and struggle to find employment.

Much progress has been made in this area and, thanks to the hard work of countless people, HIV/AIDS rates in Rwanda have largely stabilized. However, much more needs to be done to ensure that no new cases of HIV/AIDS arise and that people living with HIV/AIDS can have fulfilling, independent lives. That is why HDI designed a project to reduce HIV/AIDS's prevalence and help people living with HIV/AIDS to support themselves. The project's main goals were to increase community awareness of Male Circumcision and Family Planning as part of a comprehensive HIV/AIDS prevention and community sensitization campaign.

Through education, we hope to improve the social protection and economic opportunities for people living with HIV/AIDS. The project focused on educating Community Health Workers (CHWs) in family planning and HIV/AIDS reduction methods such as male circumcision.

In 2012, after their training was complete, we supported 40 CHWs in undertaking a door-to-door campaign to teach people in Gicumbi district about these issues. The project, implemented with generous funding from the Global Fund, also supported 480 people living with HIV/AIDS to establish community agricultural cooperatives.

Cooperative members gained experience in business and community development through Income Generating Activities (IGAs) and project management. These cooperatives have greatly helped their members to earn a decent living for both themselves and their families, and we expect this success to continue for many years to come.



29,345 people taught how to prevent HIV/AIDS through our door-to-door campaign

OUR PROGRAMS

Preventing & managing Tuberculosis

People living with HIV/AIDS are at an increased risk of contracting TB. Sufferers can experience breathing problems, debilitating tiredness and, in the most severe cases, death. The good news is that TB can be treated—at no cost—quickly and effectively in Rwanda, especially if caught early.

In collaboration with [UNAIDS](#), [the WHO](#), and the [Stop-TB Partnership](#), HDI launched a TB prevention and management program in Bugesera, Mohanga, and Gasabo. A major component of this program involved holding district-wide campaigns to teach the community how to both prevent TB and access TB screenings.

The campaign's message reached an incredible total of more than 12,000 people. The project also trained 5 social affairs officers at the sector level from the Bugesera District. As a result, the social affairs officers committed themselves to raising awareness and advocating for increased TB screenings among people living with HIV/AIDS (PLWHIV/AIDS).

While we were proud of our successes at the sector level, a grassroots campaign was not enough. At HDI, we believe our message will be most effective when we reach all levels of the community. As a result, we trained government officials, community leaders, PLWHIV/AIDS, and local NGOs on how to raise awareness for TB and to advocate for increased TB testing.

The training was a major success— at its close, 15 government officials declared their commitment to raising awareness for TB and HIV/AIDS, and many more learned to identify, prevent, and manage both of these life-threatening diseases.

More than 12,000 people learned TB prevention and management methods





OUR PROGRAMS

SHARE: Sexual Health and Reproductive Education

Today, young people in Rwanda are exposed to a wide variety of attitudes and beliefs about sex and sexuality, and many of these messages are confusing, incorrect and harmful.

HDI believes that empowering young people with correct sexual knowledge enables them to make informed decisions about their sexual behavior and health.

As part of our SHARE (Sexual Health and Reproductive Education) program, we train student leaders and volunteers to educate their peers about issues like contraception, STIs, relationships and pregnancy.

This education takes place through a series of interactive games, competitions and debates.

In 2012 HDI was delighted to welcome three members of [GlobeMed](#), a US-based student organization devoted to improving global access to healthcare, as instructors for our summer SHARE training program.

This was a fantastic learning and intercultural experience for all involved, and HDI looks forward to welcoming a new group of [GlobeMed](#) volunteers next summer.

OUR PROGRAMS

Supporting a Village to Support Itself

At HDI, we concentrate our efforts on the areas and people with the greatest need, which is why we are working with the deeply impoverished and historically marginalized community of Bwiza.

This is a very different kind of project, as we are supporting the entire community to attain quality health, education, housing, and in short, a quality life. To combat the village's maternal and child mortality and morbidity rates, we provided the village members with health insurance, health education, and sanitary hygiene materials. We also contributed to the construction of houses and Ventilated Improved Pit Latrines (VIPLs).

To improve literacy rates among the villagers, we encouraged children to attend school and promoted adult attendance in education programs. Ultimately, HDI aims to help the community members of Bwiza to support themselves. We have worked in collaboration with the Ndera sector, the Imbuto foundation and other partners on a number of programs in Bwiza.

We improved the community's nutrition status through implementing sustainable agriculture programs, developed small-scale dairy production programs to provide economic opportunities for community members, provided education on healthcare services and prevention, as well as encouraged community members to seek medical treatment.

Furthermore, in collaboration with Agaseke and UN WOMEN, we have provided training and basket-weaving materials to a women's basket-making cooperative in Bwiza Village. HDI hopes and believes that the Bwiza village will soon find itself out of poverty and prospering for many years to come.

268 people learned how to earn
a better income.





OUR PROGRAMS

Dietary and Nutrition Status Survey of Women and Children in Rwanda

Throughout Rwanda and most of Africa, iron deficiency is endemic. Although most cases are mild, in severe cases iron deficiency has the capacity to impede every aspect of a person's life. For example, during childhood and teenage years, iron deficiency can severely impair a person's mental development. During adulthood, it can hinder physical strength, including the ability to work and even walk. The ability to easily prevent iron-deficiency makes these consequences even more tragic.

Iron deficiency and anemia are major problems in developing countries where the diet is based mainly on plant foods. Common beans are a staple food in various East African countries, and Rwanda is among the leading countries in per capital bean consumption. As a result, a promising approach to combat iron deficiency in Rwanda is the biofortification of beans. Biofortification through traditional plant breeding methods has significantly increased the iron content of certain bean varieties.

HDI, in collaboration with HarvestPlus, CIAT, RAB, NUR, IFPRI, and Cornell University, is working on an extensive research project on the relationship between iron deprivation and the use of biofortified beans. This project will provide iron-fortified beans to 240 girls at the National University of Rwanda. Changes in the iron status of subjects consuming biofortified beans will be compared to the iron status of those consuming non-biofortified beans.

We will also assess the effects of biofortified bean consumption on physical activity and cognitive development. If our hypothesis is supported and biofortified beans reduce the prevalence of iron deficiency and anemia among university girls, we hope to use these findings to advocate for the mass production and dispersion of biofortified beans throughout Rwanda.

OUR PROGRAMS

Medical & Technical Support

Treating & Training for Skin Conditions

For many years, HDI has run a volunteer program supporting international healthcare professionals who wish to volunteer their time and expertise in Rwandan hospitals, health centers and clinics.

In 2012, we were delighted to welcome Dr. Susan Boiko from San Diego, CA USA to be the latest participant in this program. Susan, a dermatologist, volunteered at Nyamata Hospital for a period of three weeks. There, she developed a training program that she taught to a range of doctors, nurses, laboratory attendants, and pharmacists. Trainees were educated on a variety of issues including skin conditions, etiology and medical management.

In addition to her training work, Susan personally treated an astonishing 150 patients during her stay at the hospital. She also had the opportunity to treat an additional 50 patients during her visit to the Gakurazo health centre. Neither health facility had a practicing dermatologist on staff, so for many patients Susan's visit was the first opportunity they had to have their long-standing conditions treated by a specialist.

Training Healthcare Providers to Fight GBV

With the support of UN Women and UNAIDS, HDI trained 38 healthcare providers to fight against Gender Based Violence (GBV). The project sought to upgrade current GBV reporting systems in order to stimulate a comprehensive treatment response for GBV victims. HDI trained healthcare providers from two district hospitals (Nyamata and Nyagatare) to raise awareness for GBV and improve the accessibility of GBV services. We also trained one person from each affiliated health center to manage GBV cases.

Trainees were taught to implement GBV laws and to reduce victims' risk of contracting HIV/AIDS.





OUR PROGRAMS

Supporting Healthcare Providers to Uphold Patient's Rights

As part of our 'Know Your Rights' program, we trained healthcare providers from hospitals and health centers to respect patient's rights and handle complaints.

Thirty healthcare providers from the Bugesera and Gasabo districts were trained on patients' rights, patients' responsibilities and medical ethics. Some hospitals and health centers have changed their education manuals/ documents to include patients' rights, and they are prioritizing patients' rights in their annual performance contracts.

A committee in charge of the quality of health services in local health centers, under supervision by the Social Affairs Officer at the sector level, keeps the keys of the suggestion boxes. This has helped to improve the level of trust among patients at each of the clinics.

Taining Healthcare Providers on Management of TB and HIV/AIDS Coinfection

HDI increased its activities to train healthcare providers in Bugesera, Gasabo and Muhanga in order to strengthen the capacity of the healthcare delivery system in treating and preventing HIV/AIDS and TB.

These programs taught healthcare providers to screen for TB at each visit, administer INH preventive therapy, and control current TB infections. This assured rapid diagnosis and initiation of TB treatment. The training also improved the health sector's capacity for preventing and treating cases of HIV/AIDS-TB co-infection by raising awareness of the importance of TB and HIV/AIDS prevention and emphasizing the integration of TB-HIV/AIDS services.

OUR PROGRAMS

Advocacy & Policy Monitoring

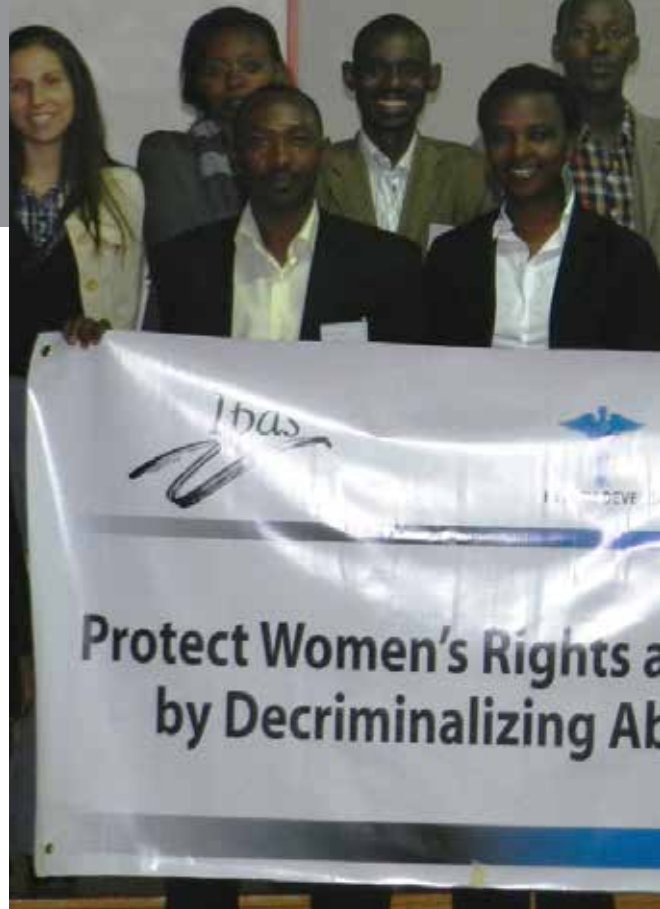
Abortion was decriminalized in 4 cases!

Fighting Unsafe Abortions

At HDI, we believe that women have the right to access safe abortions. Without this right, women are frequently forced to resort to unsafe abortions, which can cause major health complications and even death. It is for this reason that unsafe abortion is the cause of an incredible 1 in 8 maternal deaths worldwide.

Although unsafe abortion threatens the lives of women worldwide, abortion is often a taboo issue. For these terrible consequences to be prevented, open discussion of the topic is imperative. In response, HDI initiated a debate in order to increase public awareness and discourse surrounding abortion laws, as well as to advocate for access to safe abortions.

This initiative entailed holding workshops and sensitizing local NGOs, media, and government officials to promote awareness of the links between Rwanda's abortion laws, human rights and the Millennium Development Goals. We held radio discussions encouraging people to discuss their views on the topic. In addition, we met with policymakers to discuss the negative impact of restrictive abortion policies and the need for more liberal abortion laws. In June 2012, the Rwandan government altered its laws to allow for abortion in the cases of incest, rape, forced marriage, and maternal/child endangerment. This modification was a groundbreaking achievement for HDI, our partners, the Rwandan government, and Rwandan women.





OUR PROGRAMS

'Know Your Rights': Promoting Patient Rights

National laws and policies that respect the rights of patients are at the heart of every good healthcare system, yet many patients are unaware of what their rights are, or how to seek redress when their rights have been violated. That is why HDI began a project in 2011 to promote awareness of patients rights and healthcare providers' responsibilities.

We began the project by broadcasting patient rights radio programs throughout Rwanda. These programs taught listeners about patient rights and how to hold policy makers accountable for the implementation of those rights. We also sent informative patient-rights posters to health centers throughout the area.

Furthermore, we led trainings on patient's rights for hospital administrators and healthcare workers in the Bugesera and Gasabo districts. We helped them to develop patient complaint mechanisms to ensure that patients rights issues were recognized and handled in a timely manner. Ultimately, HDI hopes our work in this area will lead to a more responsive and responsible healthcare system, where patients and providers work together to ensure the satisfaction of people's health needs.

Protecting Against Unsafe Sex.

In the SHARE project, HDI has been educating schools about safe sexual practices. In order to reach a vast audience, HDI recognizes that advocacy on this issue is crucial.

Therefore, with support from USAID, MCC, and IREX, we undertook a research study to determine the prevalence of condom and contraceptive accessibility for young people in high schools throughout the country. This study has extensively informed the implementation of our SHARE project, as well as our work that advocates for condoms and contraception access in schools.

OUR PROGRAMS

Supporting Sex Workers Health

Since 2009, HDI has been advocating for the healthcare rights of sex workers. We were dismayed when, in early 2012, prostitution was made illegal under the Rwanda penal code. This decision has made it more difficult for sex workers— who are especially vulnerable to HIV/AIDS and GBV- to access quality medical care. In response, HDI and the Rwanda NGO's Forum on AIDS and Health Promotion led a coalition of NGOs to advocate for the repeal of this law. This advocacy campaign involved writing a detailed letter to President Kagame requesting him to consider our concerns.

Global Advocacy

HDI strongly believes in fighting for the rights of all people to access quality healthcare. HDI understands there is a strong relationship between global, regional, and national healthcare policies and the healthcare status of individuals in developing nations; as such, Rwanda is directly affected by policies on multiple levels. HDI engaged in advocacy in a variety of global health forums in 2012 to ensure quality of care for Rwandans as well as others living in the developing world.

Fighting Against Global Fund Cuts

The decision to cancel all additional Global Fund programming until 2014 has put countless people in Rwanda at risk of contracting AIDS, TB and malaria. Therefore HDI, along with 214 other organizations, signed the ICSS' Call to Action advocating for the Global Fund programming to be reinstated as soon as possible.





OUR PROGRAMS

Improving Maternal Health

Cassien Havugimana, HDI's program manager, attended a maternal health advocacy meeting organized by Women Deliver in March. As a result of the meeting's discussions, an advocacy group was formed to promote maternal health worldwide.

Strengthening Access to Medicines in East Africa

In mid-2012, the East African Assembly created the first HIV/AIDS/AIDS Prevention and Management Bill. HDI contributed to the formation of the bill by participating in consultative meetings and offering suggestions to improve the bill's content. HDI was also delighted to be a signatory to an open letter to all East African heads of state calling for the implementation of the bills' measures.

Promoting Pro-Health Intellectual Property Laws

Intellectual property rights can have a major impact on public health through their implications for access to medicines. In April 2012, HDI attended a workshop organized by SEATINI that was aimed at advocating for improved healthcare intellectual property laws. HDI also participated in three weeks of trainings hosted by the University of Kwazul-Natal and Pretoria University in South Africa on intellectual property law and access to medicine. Through a letter campaign, we influenced the extension of the World Trade Organization's Trade-Related aspects of Intellectual Property Rights (TRIPS) agreement, which ameliorated the impact of patents on access to medicines by impoverished communities.



HDI AUDITED FINANCIAL REPORTS

4 Independent auditor's report

To the management of HDI

We have audited the Financial Reports of HDI, set out on page 7, which have been prepared on the basis of accounting policies under chapter 3 of this report and requirements of the funding agreement. We obtained all the information and explanations which we considered necessary for our audit.

Responsibilities of HDI Management

HDI Management is responsible for the preparation of the financial reports, which give a true and fair view of the state of affairs of the organization and of the operations for the period.

Responsibilities of the independent auditors

Our responsibility is to express an independent opinion on the financial statements based on our audit. We conducted our audit in accordance with International Standards on Auditing. The Auditing Standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance as to whether the financial statements are free from material misstatement. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by the management, as well as evaluating the overall presentation of the financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

In our opinion, except for the fact that beginning balances in 2012 were beyond the scope of our audit, proper books of accounts have been kept and the fund accountability statement, which are in agreement therewith, presents a true and fair view of the state of financial affairs of the Health Development Initiative as at 31 December 2012 and its surplus for the period then ended in accordance with the funding agreements and in conformity with the basis of accounting described in Note 3 above.


Ibrahim Gatimu
Managing Partner
GNI Certified Public Accountants Ltd.



Date 16/08/2013

HDI AUDITED FINANCIAL REPORTS

5.1 Statement of Revenue and Expenditure

	Note	FY 2012 RwF	FY 2011 RwF
Revenue			
Grants	5.3.1	257,294,753	246,042,319
Other income		11,423,799	27,612,809
Total Revenue (A)		268,718,552	273,655,128
Expenditure	5.3.2		
Program Expenses		226,341,637	236,037,294
Other Administrative Expenditure		31,242,620	11,791,401
Total Expenditure (B)		257,584,257	247,828,695
Surplus/deficit (C=A-B)		11,134,295	25,826,433


The financial statements were authorized for issue jointly by:


 Afflodis Kagaba

Executive Director

Date 15.08.2013




 Patrick Gafurumba

Finance Manager

Date 15.08.2013

5.2 Statement of Financial Position

	Note	FY 2012 RwF	FY 2011 RwF
Assets			
Cash at Bank	5.3.3	79,985,411	69,863,604
Cash in Hand	5.3.4	59,870	214
Account Receivables and Advances		1,050,000	250,000
Total assets/Net assets		81,095,281	70,113,818
Representing			
Accumulated surplus (Deficit) from previous years		69,960,986	44,287,385
Net surplus / (Deficit) for current year		11,134,295	25,826,433
Total closing balance		81,095,281	70,113,818

HDI AUDITED FINANCIAL REPORTS

5.3.1 Grants

Description	Income	
	FY 2011 – 2012 RwF	FY 2010 – 2011 RwF
Center for Reproductive Rights	1,197,500	-
Pygmy Survival Alliance	6,245,000	11,530,300
Global Fund SSF/HIV	95,529,614	56,548,202
Harvest-Plus	101,544,487	47,200,000
IPAS	9,121,800	9,754,470
Lawrence University of Wisconsin	2,697,600	-
Open Society Institute	21,000,000	-
Rwanda Governance Advisory Council (RGAC)	1,500,000	6,000,000
UHA! Safe Friendly Society	585,600	2,906,560
UNWOMEN	8,916,891	35,301,168
WHO/Stop TB Partnership	6,000,000	6,000,000
UHA!	2,956,161	13,926,989
UJAMA	-	4,174,280
IREX	-	52,700,350
Total	257,294,753	246,042,319

5.3.2 a) Expenditure

These relate to Expenditure as recorded in the cashbook of HDI. No budget execution report was available for a variance analysis.

Description	Expenditure	
	FY 2012 RwF	FY 2011 RwF
COPHAD	6,073,520	-
Global Fund	68,071,742	-
Harvest Plus	68,769,550	-
Harvest Plus efficacy study	11,001,500	-
Harvest Plus KIST Laboratory	12,684,410	-
IPAS	7,529,600	-
IREX Advocacy	7,605,000	-
IREX Outreach	2,040,000	-
Rwanda Governance Advisory Council (RGAC)	461,900	-
UHA! Coalition	750,000	-
UNAIDS	4,548,160	-
UNIFEM	25,264,442	-
WHO/OMS	4,288,600	-
Other Program Expenses	7,253,213	-
Total	226,341,637	236,037,294

HDI AUDITED FINANCIAL REPORTS

b) Other Expenditure

	FY 2012 RwF	Expenditure FY 2011 RwF
Other Administration expenses	31,242,620	11,791,401

5.3.3 Cash at Bank

The bank amounts shown in the table below have been reconciled to the bank statements as at 31 December 2012 and 31 December 2011.

Bank Name	Account No.	Account currency	Balance as at 31 December 2012 RwF	Balance as at 31 December 2011 RwF
BCR	00010-501230-044	RwF	88,945	-
BCR (Operations)	00010-501230-053	RwF	2,277,391	64,599,971
BCR (COPHAD)	00010-501230-050	RwF	1,426,497	855,018
KCB	4400583961	RwF	30,890,057	3,335,017
Ecobank	111-14543801-76	RwF	118,284	773,070
Bank of Kigali	0049-0316752-85	USD	45,184,235	300,528
Total			79,985,411	69,863,604

5.3.4 Cash in hand

Description	Balance as at 31 December 2012 RwF	Balance as at 31 December 2011 RwF
Petty Cash	59,870	214
Total	59,870	214

5.3.5 Account receivables

Debtor	Balance as at 31 December 2012 RwF	Balance as at 31 December 2011 RwF
Rent prepayment	1,050,000	250,000
	-	-
Total	1,050,000	250,000

Chairperson of the Board of Directors:

Dr. Joseph NKURUNZIZA
joseph@hdirwanda.org
Tel: +250 788 302 821

Executive Director:

Aflodis KAGABA, M.D, MSc
kagaba@hdirwanda.org
Tel: +250 788 305 117

Contact Details

Email Address:
info@hdirwanda.org

Website:
www.hdirwanda.org

Mailing Address

HDI Rwanda
P.O Box 3955 Kigali,
Rwanda 250

Office Address

HDI Rwanda African Union Boulevard Kicukiro,
Kigali 300 meters from Sonatube
Near the Bank of Kigali, Kicukiro Branch.