



HDI

HEALTH DEVELOPMENT INITIATIVE
Striving for a healthy society



ANNUAL **20**
REPORT **13**

A MESSAGE FROM THE EXECUTIVE DIRECTOR

Health Development Initiative as an organization has made remarkable progress in 2013. I look forward to sharing some of the highlight activities, lessons learnt, and our vision for the future in this annual report. We remain committed to improving access to health and human rights for all of Rwandan society.

The scope of HDI's programs has become more audacious in the past year, and we wish to continue the same in 2014.

Each staff member working at HDI is devoted towards improving the living capacity and conditions of its beneficiaries through improving health quality and ensuring human rights.



HDI was incomparable in its progression this year, improving partnership with other NGO's, building remarkable collaborations with new stakeholders and beneficiaries and expanding the scope of our influence in the region.

In 2013, HDI was proud to establish a new partnership with AVAC, which will help strengthen our advocacy program on HIV prevention and policy monitoring. In addition, we have established a new partnership with NOURISH International's UNC Chapter, a student organization from the University of North Carolina at Chapel Hill. This will help us expand our awareness activities in the community of the historically marginalized in order to help fight against malnutrition.

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

Finally, I wish to thank the dedicated HDI staff, volunteers, NGOs, health workers, and institutions that 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 has the opportunity to enjoy the highest standard of health and well being.

Yours Sincerely,



Afrodia KAGABA
Executive Director and Co-founder
Health Development Initiative

OUR SUPPORTERS

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



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ABOUT HDI

Vision:

A society in which everyone has the opportunity to enjoy the highest standard of health and well-being.

Mission:

To empower individuals, communities, and institutions to improve community health and development in Rwanda. Using a rights-based approach, HDI builds sustainable alliances to advocate for and support health-friendly policies and services for every Rwandan regardless of social, cultural, or economic status.



Objectives of the organization:

1. To build the capacity of Rwandan communities and institutions to provide better health services to all segments of Rwandan society. This includes advocating for the right to affordable health care services for all.
2. To contribute to the fight against infectious and preventable diseases, including HIV/AIDS, Malaria, and Tuberculosis, through education and empowerment of both local health care workers and patients.
3. To educate young people, especially primary and secondary school youth, about reproductive health, family planning, HIV/AIDS, STIs, and drug and alcohol awareness.
4. To support those who wish to serve disadvantaged communities through a sustainable, local and international volunteer program.



Core Values:

Rights-Based Approach: HDI values strategies that promote and protect the human rights of all persons.

Accountability: HDI is accountable to its donors, the communities it serves, and all other stakeholders for the resources that come into its possession and in all that it does as an organization.

Partnership: HDI believes in building and nurturing partnerships for efficient, effective, collaborative service to Rwandan communities.

Transparency: HDI's primary responsibility is to the target beneficiaries of its interventions; the organization operates in an open manner, with all stakeholder voices respected.

Sustainability: HDI believes that communities and partners should be left stronger and more resourceful after its interventions are complete.



Our Focus Areas

Policy, Advocacy, and Governance: HDI works with policy makers, civil society organizations, and government institutions to advocate for positive policy change. This requires strong partnerships with like-minded individuals and organizations, to ensure a united, powerful communication message.

Family and Community Health: HDI provides communities with support, training, and health education, empowering them to prevent and treat illness, with an emphasis on reproductive health, family planning, infectious disease prevention, nutrition, and hygiene and sanitation initiatives.

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



OUR PROJECTS

Sexual Health and Reproduction Education (SHARE)

Since 2007, HDI's Sexual Health and Reproductive Education (SHARE) program has provided comprehensive sexual and reproductive health education to over 20,000 secondary school students in Kigali, Rwanda.

The project works in conjunction with Anti-AIDS clubs based in the schools to help fill the existing gap in Rwanda's health education curriculum. This education empowers students with the tools to think critically about their sexuality and protect themselves, with the ultimate aim of reducing the prevalence of HIV/AIDS, unwanted pregnancies, and reproductive illnesses in Rwanda. In 2013, SHARE trained 36 Peer Educators from nine schools to educate their classmates and communities on a variety of sexual health topics.



In addition, HDI received funding to hire a full-time SHARE Coordinator and six volunteer SHARE facilitators to make SHARE activities more consistent, efficient, and engaging than ever before.

SHARE facilitators are university students that HDI has trained on reproductive health subjects. The SHARE facilitators visit Anti-AIDS clubs bi-weekly to provide educational materials, present information on a range of reproductive health topics, answer questions, and assist in club activities. HDI was also pleased to welcome three interns from GlobeMed, a US-based student organization devoted to improving global access to healthcare, to assist with the SHARE program activities.

They participated in the development of educational tools for the Anti-AIDS clubs, updated our SHARETank.org interactive discussion forum, and led our annual SHARE Peer Educator Training. The interns were enthusiastic and helpful, and HDI looks forward to welcoming a new group of GlobeMed volunteers in 2014. This education empowers students with the tools to think critically, protect themselves, and ultimately reduce the prevalence of HIV/AIDS, unwanted pregnancies, and reproductive illnesses in Rwanda.

SHARE is currently operating in ten secondary schools in Kigali, but our dream is to expand this program to schools throughout Rwanda, women's groups, and rural communities that lack access to quality health education. In 2014, we aim to expand the program to 20 schools to educate over 12,000 students and community members on sexual and reproductive health.

“Through SHARE and the Anti-AIDS clubs I gained self-esteem and confidence to express myself publicly. I also learned how to deal with sensitive situations and problems facing adolescents, which we would never receive answers to from our parents and guardians. The clubs are changing lives because students like me are free to deal with sensitive situations and there are fewer cases of unsafe sex.”

— Hellen Nomugisha, SHARE facilitator and previous Anti-AIDS Club President

Advancing Health and Rights for Key Populations

Despite the fact that Rwanda does not criminalize sexual orientation and the law guarantees freedom of association, both LGBTI individuals and LGBTI organizations in Rwanda continue to face discrimination, inadequate protection, and lack of respect for their fundamental human rights.

Men who have sex with men (MSM) and sex workers have particularly high risks for contracting HIV/AIDS, but they continue to struggle to access to prevention and treatment services.

With generous support from UNAIDS, amfAR, and the Foundation Open Society Institute, HDI has been working to protect the health and human rights of key populations in Rwanda since 2010.

In 2013, HDI educated members of the LGBTI community on HIV prevention as well as international laws and treaties ratified by the Rwandan government protecting their rights.



HDI also supported friendly centers for 5 LGBTI groups to give the LGBTI community a safe space to discuss issues of stigmatization, social integration, and how to access health services (esp. HIV services).

HDI was honored to host experts from the Rwandan Biomedical Center (RBC), the Ministry of Health, amfAR, Fate Consulting, Ltd., and UNAIDS to build the capacity of our LGBTI partners.

LGBTI partners received in-depth training in grant writing, research, monitoring and evaluation, and non-profit finance management. Through HDI's activities, our partners have been receiving invaluable knowledge and skills that will help them to grow, prevent HIV/AIDS transmission, and fight social stigmatization.

“The HDI project led to a renaissance of HOCA after a long leadership vacuum. Through the project, we became more organized and educated. We now hold regular meetings and trainings. As a result, our members better understand how to maintain healthy lifestyles and have more hope for the future. In addition, we are enjoying abundant recognition and support from donors. In the last 12 months we have been invited to attend over 10 regional LGBTI conferences and forums”

—Executive Director, Horizon Community Association (HOCA)



Empowering Those Affected by HIV/AIDS

Hundreds of thousands of people in Rwanda suffer from HIV/AIDS. In addition to living with a serious health burden, infected individuals often experience stigmatization from their families and friends and struggle to find employment. Close family and friends are indirectly affected by the disease through caring responsibilities imposed by the epidemic.

Since 2011, HDI has been implementing a project aimed at promoting HIV prevention and impact mitigation at the community level. With the support of the Global Fund, HDI has been supporting small business cooperatives to improve the lives of people living with HIV/AIDS as well as those indirectly affected by the disease. Cooperatives choose from a range of income generating activities such as rearing cows or cultivating produce. HDI then hosts trainings for cooperative members on small business management and provides cooperatives with seed money for their businesses.

The project also aims at educating cooperatives and community members. Cooperative members are educated on HIV prevention, family planning, rights of people living with HIV, and how to



demand equal treatment in society. HDI also trains community health workers (CHWs) who conduct door-to-door campaigns to inform community members on family planning and HIV/AIDS prevention. After two years of successful execution in Gicumbi District, HDI was accepted by the Global Fund as one of the most effective project implementation partners and assigned to expand activities to Rwamagana District.

As a result of the program, over 8,000 households and 32,000 people have been educated on HIV/AIDS prevention and 36 cooperatives with more than 700 members have been empowered with knowledge and skills that will improve feelings of self-worth, prevent disease transmission, and promote societal integration.

Before HDI came, we were very disorganized and stuck without hope for our futures, as many of us are HIV positive. We now have hope for the future—for us and our families. We are united, we have weekly meetings to share our feelings and problems, and we make decisions together. We now feel we have another family.

—Agathe Mugirasoni, President of Girubuzimabwiza-Rukomo cooperative



Community of Potters Health and Development (COPHAD)

The Community of Potters at Cyaruzinge is a historically marginalized population. Community members face extreme poverty, food insecurity, unemployment, discrimination, and elevated rates of maternal and child mortality. To mitigate these challenges, HDI uses a multi-faceted approach to empower community members with the knowledge and skills to become agents in improving their lives and the lives of their families.

HDI began working with the Community of Potters in 2008 with support from the Pygmy Survival Alliance to address the root causes of poverty and illness in the community. Much of our work in Cyaruzinge focuses on improving the health of community members, which includes projects in nutrition, latrine construction, hygiene and sanitation, education promotion, and economic empowerment.

In 2013, HDI focused on community nutrition, hygiene and sanitation, and small income generating activities. To improve nutrition status, particularly among children, HDI supported Cyaruzinge to cultivate 1.5 hectares of maize plantation to provide the community with a consistent staple food source.



HDI also educated community members on best nutrition practices and established 10 family gardens with a variety of vegetables to reduce malnutrition rates. In 2014, we plan to build 40 additional family vegetable gardens with the help of our new partners at Nourish-UNC so that every family can enjoy nutritious meals.

Hygiene and sanitation in the community has significantly improved due to extensive sensitization efforts. HDI contributed to the construction of community water tanks and sensitized the community on how to prevent diarrheal diseases through a major outreach initiative, which stressed the importance of drinking clean water, cleaning themselves and their clothes regularly, and washing their hands (esp. before and after eating and when they come back from toilets). HDI also raised awareness among community members on the importance of community health insurance and clinical care to increase health-seeking behavior.

To promote community development and ensure sustainability, HDI supported Cyaruzinge villagers to start income-generating activities, such as pottery making and basket weaving. With the support of Agaseke and UN Women, HDI provided community members and women's cooperatives with microloans to do business and start a community market. These initiatives have given community members a source of income to sustain their families.



Improving Nutrition Among Women and Children

Iron deficiency and anemia are major problems in developing countries where the diet is based mainly on plant foods. Beans are a common staple food in various East African countries, and Rwanda is among the leading countries in per capita 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.

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



The principal hypotheses tested were:

- i. Iron biofortified beans as a nutrition intervention would provide more bioavailable iron to female university students
- ii. Iron biofortified beans as a nutrition intervention would improve the iron status of female university students
- iii. Iron biofortified beans as a nutrition intervention would improve the physical performance of female university students
- iv. Iron biofortified beans as a nutrition intervention would improve the cognitive and perceptual functioning of female university students

Our hypotheses were supported and the consumption of biofortified beans over a period of 4.5 months significantly improved iron status among iron-depleted women. We hope to use these findings to inform future nutrition research initiatives and advocate for the mass production of biofortified beans throughout Rwanda.



Advocacy & Policy Monitoring

HDI strives to ensure all Rwandans have equal access to quality healthcare. For this reason, HDI uses a rights-based approach to advocate on behalf of marginalized populations to ensure that policies are friendly and effectively implemented.

Raising Awareness of New HIV Biomedical Interventions

HIV/AIDS is a completely preventable disease. For this reason, HDI is committed to educating communities on prevention strategies in the hopes of slowing HIV transmission and achieving zero new infections.

With the help of AVAC, HDI began a project in 2013 to inform communities about the emergence of new biomedical interventions in HIV prevention. HDI trained representatives of Rwandan Civil Society on Pre-Exposure Prophylaxis (PrEP), a new prevention method in which people who do not yet have HIV take a daily pill to reduce their risk of becoming infected. When used consistently, this method has been shown to prevent HIV transmission among men and women with very high risks for infection (i.e. sex workers, injection drug users, etc.). These



representatives are experts in the implementation of community-based health interventions and will be instrumental in spreading the word about new prevention strategies

In addition to Civil Society, HDI trained journalists on the role of media in HIV control strategies. Through media sensitization, HDI hopes to extend its educational reach to communities that may not have access to quality information regarding HIV prevention.

HDI also conducted policy dialogues to discuss improving partnerships between all HIV actors to supplement national HIV control policies. Through this comprehensive approach to HIV prevention education, HDI will help reduce the rates of HIV/AIDS transmission in the country.

Advocating for Conducive HIV Policies

As part of the HIV Technical Working Group and HIV National Strategic Plan (2013-2018) Working group, HDI participated in a number of workshops and meetings with policy makers, development partners, stakeholders, and parliamentarians to push for more favorable HIV prevention national strategies.



HDI advocated for a number of interventions in the new strategic plan:

- Inclusion of treatment as prevention as part of the national strategy to combat HIV/AIDS
- Improving accessibility of condoms and lubricants to the MSM community
- Prioritizing focus on MSM groups to provide them with information and services

We also advocated for the inclusion of Pre-Exposure Prophylaxis (PrEP) in the HIV NSP 2013-2018, but due to the fact that the WHO did not provide guidelines for the use of PrEP and there were insufficient funds, that revision is not yet accepted as part of the National Strategic Plan.

Advancing Women's Rights to Reproductive and Maternal Health

HDI actively participated in the Women Deliver Conference in Malaysia in May 2013, and HDI's Cassien Havugimana was asked to facilitate a dialogue between seventeen representatives of government and civil society in the Rwanda Country Caucus. The caucus sought to foster civil society dialogue to identify joint advocacy priorities on reproductive, maternal, and newborn health (RMNH). Havugimana was also identified as one of the top 100 young leaders working with Women Deliver who are advocating for RMNH rights



Fighting Against Unsafe Abortion

HDI continues to play a leading role in Rwandan advocacy arenas to fight against unsafe abortion. HDI has been a key participant in several dialogue meetings organized by Venture Strategies Innovations (VSI) in collaboration with the Ministry of Health and has contributed to Civil Society discussions on how to provide post-abortion care services in health centers.

HDI has received increased media attention in 2013 as a result of our successful advocacy campaign in 2012 that changed the penal code on abortion, making it acceptable in four cases (rape, incest, forced marriage, and maternal/child endangerment).

For the next phase of our advocacy in this area, we intend to reduce the gap between policy and implementation and engage duty bearers to ensure potential beneficiaries can effectively access safe abortion services.

We will also continue to engage in national level policy dialogues to make abortion laws less restrictive and extend the reach of abortion services. In this way, we hope to reduce maternal mortality rates in the country.

Reproductive Rights for Young People

HDI continues to advocate for access to condoms and other contraceptives for young people throughout the country. It is currently difficult for youth to access contraceptives, and many “youth friendly” centers do not distribute them. In order to prevent unwanted pregnancies and the spread of sexually transmitted diseases like HIV/AIDS, we realize it is of crucial importance to ensure youth have access to services so they can protect themselves.

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, let alone how to seek redress when their rights have been violated. HDI is currently the leading organization in Rwanda promoting patient rights. We seek to ensure that service delivery is rights-driven and that healthcare providers respect the rights of marginalized populations.

For this reason, HDI started a project in 2011 with support from the Rwandan Governance Board (RGB) to promote awareness of patient's rights and healthcare providers' responsibilities. We broadcast "Know Your Rights" radio programs throughout Rwanda to teach listeners about patient rights and how to hold policy makers accountable for the implementation of those rights.

We also spark discussions with healthcare providers and representatives from various health institutions on issues like patient confidentiality as well as strategies for promoting patient rights. As a result of this initiative, there is an increased understanding of patient rights among healthcare providers and patients, and patient rights policy/service delivery at health institutions dramatically improved.



East African Health Platform

The East African Health Platform (EAHP) was created in 2012 to provide a space for the collaboration of private sector organizations (PSOs), civil society organizations (CSOs), faith-based organizations (FBOs) and other interest groups working on health-related issues in East Africa.

The EAHP understands the importance of public-private partnerships in promoting facilitative health policies and practices in order to improve the lives of the residents in the region. HDI was instrumental in the foundation of the EAHP and has been a key partner ever since.

HDI is a member of the steering committee and leads a variety of discussions, ranging from advocacy to strategic planning. Our Executive Director, Dr. Aflodis Kagaba, is currently a Board Member of the EAHP.

As a result of HDI's advocacy efforts, the Rwandan government changed the penal code to permit abortion in the cases of rape, incest, forced marriage, and maternal/child endangerment.



LESSONS LEARNED & ACTIONS

A reflection on where we have been and where we wish to go:

Learning	Action
HDI does not optimize IT , which hinders efficiency	IT integration in all HDI Programs; procure latest hardware and software
Absence on social media hinders visibility	Embrace social media (Twitter, Facebook, creation of a proficient website) - by training staff; communicate better its action
Difficulties in staying focused in light of punctual needs	HDI becoming experienced enough to make accurate predictions
Collaboration with like-minded NGOs is key	HDI will continue to foster partnerships with, and support national and regional NGOs; HDI will also engage in Public Interest Litigation on health related rights
The Civil Society representation is hostile to LGBT rights	Continued awareness-raising among the civil society on LGBTI rights
Weak rights based approach in Rwanda CSOs	Training Rwandan Civil Society's staff, members and Board on the Human Rights Based approach
Anticipated action not fully funded punctual action strongly funded	The design of programs and budgets should leave room for innovation, learning and adjustments

MOVING FORWARD

HDI made great strides in 2013, but we are constantly striving to improve. We have big dreams for the organization and have identified some key areas for development to help us reach our goals. These areas include:

- Strengthening partnerships with other civil society organizations, development partners, public institutions, private companies, and corporations
- Growing as an advocacy organization in health and human rights
- Increasing involvement in technical working groups at national and regional levels
- Improving human resource capacity, particularly regarding fundraising and grant-writing skills
- Improving documentation and communication systems

Progress in these areas will allow us to strengthen our internal systems, expand our programs, and ultimately improve the lives of vulnerable communities in Rwanda.



HDI AUDITED FINANCIAL REPORTS



Health Development Initiative
Kigali, Rwanda

9th April, 2014

Dear Sir,

Subject: Audit report on Financial Statements of HDI

We are pleased to submit our report on the audit of Health Development Initiative financial reports for the year ended 31st of December, 2013.

This report brings to your attention matters that came to our notice during the course of the audit and our recommendations on the findings. We have structured the report in the following key headings

- Section 1 Executive summary
- Section 2 Statement of responsibilities
- Section 3 Accounting Policies
- Section 4 HDI Financial Statements

We wish to express our appreciation to HDI for the opportunity accorded to us to provide our professional services. We also wish to thank the management and staff of HDI for their cooperation during the audit.

Yours sincerely

Ibrahim N Gatimu
Managing Partner



GNI CPA Ltd.

1 Executive summary

1.1 Institution Information

Principal place of activity

Kicukiro
P.O. Box 3955,
Kigali, Rwanda.
Telephone: +250 788305117

Management

The management who held office during the 12 months period to 31st December, 2013 were:.

No.	Name	Designation
1.	Aflodis Kagaba	Executive Director
2.	Cassien Havugimana	Programs Director
3.	Patrick Gafurumba	Finance Manager
4.	Josephine Kamarebe	Programs Officer

1.2 HDR Background

Programme area	Details												
Projects Implemented	Various												
Funding Summary	<p>The breakdown of the funding arrangement is as summarised in the table below:</p> <table border="1"> <thead> <tr> <th>Description</th> <th>Amount USD</th> <th>Amount RwF</th> </tr> </thead> <tbody> <tr> <td>Grants</td> <td></td> <td>341,139,305</td> </tr> <tr> <td>Other Income</td> <td></td> <td>2,998,815</td> </tr> <tr> <td>Total</td> <td></td> <td>344,138,120</td> </tr> </tbody> </table>	Description	Amount USD	Amount RwF	Grants		341,139,305	Other Income		2,998,815	Total		344,138,120
Description	Amount USD	Amount RwF											
Grants		341,139,305											
Other Income		2,998,815											
Total		344,138,120											
Reporting organisation	Health Development Initiative Rwanda												
Period reviewed	1st January 2013 to 31 December 2013												
Date of review	4 th April 2014 to 9 th April 2014												



GNI CPA

Gishushu, RDB, Nyarutarama Rd, Kigali.

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4 Independent auditor's report

To the management of HDI

We have audited the HDI Financial Reports, set out on page 7 and 8, 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 HDI financial reports, which give a true and fair view of the state of affairs of the project 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 project'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.

Opinion

In our opinion, 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 Health Development Initiative as at 31 December, 2013 and its deficit for the period then ended in accordance with the funding agreement and in conformity with the basis of accounting described in Note 3.


Ibrahim Gatimu
Managing Partner
GNI Certified Public Accountants Ltd



Date 11/04/2014.

5 Financial Statements for the year ended 31 December 2013

5.1 Statement of Revenue and Expenditure

	Note	FY 2013 RwF	FY 2012 RwF
Revenue			
Grants	5.3.1	341,139,305	257,294,753
Other Income		2,998,815	11,423,799
Total Revenue (A)		344,138,120	268,718,552
Expenditure			
Program Expenses	5.3.2	347,618,727	226,341,637
Administrative Expenses	5.3.3	14,177,404	31,242,620
Establishment Costs	5.3.4	4,650,000	
Finance Costs	5.3.5	5,576,724	
Total Expenditure (B)		372,022,855	257,584,257
Surplus/(Deficit) (C=A-B)		(27,884,734)	11,134,295

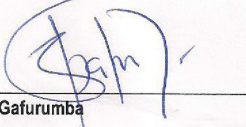
The financial statements were authorized for issue jointly by:


 Afrodia Kagaba

Executive Director

Date April 11, 2014




 Patrick Gafurumba

Finance Manager

Date 11/4/2014

5.2 Statement of Financial Position

	Note	FY 2013 RwF	FY 2012 RwF
Assets			
Account Receivables and Advances	5.3.6	300,000	79,985,411
Cash at Bank	5.3.7	49,898,931	59,870
Cash in Hand	5.3.8	3,011,616	1,050,000
Total Assets/Net Assets		53,210,547	81,095,281
Representing			
Accumulated Fund Balance	5.3.9	53,210,547	81,095,281

5.3 Notes to financial report

5.3.1 Grants

Description	FY 2013 RwF	FY 2012 RwF
Aids Vaccine Advocacy Coalition (AVAC)	15,087,490	-
The Foundation For Aids Research (amfAR)	12,382,640	-
Foundation Open Society Institute (FOSI)	21,850,000	21,000,000
Global Fund	49,104,632	95,529,614
Group Health Cooperative	8,988,410	-
International Food Policy Research Institute/ HarvestPlus	197,487,980	101,544,487
Lawrence University of Wisconsin	8,296,840	2,697,600
Pygmy Survival Alliance (PSA)	4,969,000	6,245,000
AKIBA UHAKI Foundation	3,248,050	2,956,161
UHAI EASHRI Company Ltd	12,831,160	585,600
Center for Reproductive Rights	-	1,197,500
IPAS	-	9,121,800
Rwanda Governance Board	4,995,480	1,500,000
UNWOMEN	-	8,916,891
WHO/Stop TB Partnership	-	6,000,000
UNAIDS	1,897,623	-
Total Grants	341,139,305	257,294,753

Other Income	Amount in 2013 RwF	Amount in 2012 RwF
Exchange Gain	2,998,816	-
Total Income	344,138,121	257,294,753

5.3.2 Program Expenses

Program	Amount in 2013 RwF	Amount in 2012 RwF
General Programme Expenses	-	7,253,213
AmfAR project activities	12,382,339	-
AVAC Project	15,997,410	-
Group Health Cooperative	8,988,410	-
Cophad Project	4,341,854	6,073,520
Global Fund Program	70,853,499	68,071,742
Harvest Plus	189,037,719	92,455,460
Foundation Open Society Institute (FOSI)	21,850,000	-
RGB Project	4,995,480	461,900
SHARE Project	8,296,840	-
UHAI EASHRI Company -Projects	8,977,553	-
HIV & AIDS prevention for the men having sex with men	1,897,623	-

Program	Amount in 2013	Amount in 2012
IPAS	-	7,529,600
IREX Advocacy	-	7,605,000
IREX Outreach	-	2,040,000
UHAI Coalition	-	750,000
UNAIDS	-	4,548,160
UNIFEM	-	25,264,442
WHO/OMS	-	4,288,600
Total	347,618,727	226,341,637

5.3.3 Administrative Expenses

Description	Amount in 2013 RwF	Amount in 2012 RwF
Communication	1,899,705	-
Insurance	64,385	-
Office Supplies	1,504,450	-
Printing and Reproduction	1,204,200	-
Repairs: Building Repairs	30,000	-
Repairs: Equipment Repairs	1,768,200	-
Transport: Local Travel	1,511,194	-
Other Expenses	5,465,270	31,242,620
Other Expenses: Donations & Contributions	100,000	-
Audit fees	630,000	-
Total	14,177,404	31,242,620

5.3.4 Establishment Costs

Description	Amount in 2013 RwF	Amount in 2012 RwF
Rent Expense	4,650,000	-
Total	4,650,000	-

5.3.5 Finance Costs

Description	Amount in 2013 RwF	Amount in 2012 RwF
Bank Service Charges	5,576,724	-
Total	5,576,724	-

5.3.6 Accounts Receivable

Debtor	Balance as at 31 December 2013 RwF	Balance as at 31 December 2012 RwF
Rent Prepaid	300,000	1,050,000
Total	300,000	1,050,000

5.3.7 Cash at Bank

The bank amounts shown in the table below have been reconciled to the bank statements as at 31 December 2013 and 31 December 2012.

Bank Name	Account No.	Account currency	Balance as at	Balance as at
			31 December 2013	31 December 2012
			RwF	RwF
BCR	00010-501230-044	RwF	88,945	88,945
BCR Operations	00010-501230-053	RwF	1,130,079	2,277,391
BCR COPHAD	00010-501230-050	RwF	2,233,644	1,426,497
KCB	4400583961	RwF	13,581,680	30,890,057
Ecobank	111-14543801-76	RwF	118,284	118,284
Bank of Kigali	0049-0316752-85	USD	32,746,299	45,184,235
Total			49,898,931	79,985,411

5.3.8 Cash in hand

Description	Balance as at 31	Balance as at 31		
	December 2013	December 2012		
			RwF	RwF
Petty Cash	3,011,616	59,870		
Total	3,011,616	59,870		

5.3.9 Accumulated Fund Balance

Description	Balance as at 31	Balance as at 31		
	December 2013	December 2012		
			RwF	RwF
Opening Balance as at 1 st January, 2013	81,095,281	69,960,986		
Surplus (Deficit) for the Year	(27,884,734)	11,134,295		
Total	53,210,547	81,095,281		

CONTACT US!

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