

OVERCOMING COVID-19: SUSTAINING HEALTH AND RIGHTS RESPONSE

HDI NEWSLETTER / APRIL-SEPTEMBER 2020



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Dear Readers,

Welcome to our April-September 2020 newsletter, which has a particular focus on the resilience of Health Development Initiative in the face of the COVID-19 pandemic.

Beyond the many health risks posed by this pandemic, COVID-19 has also highly impacted the sexual and reproductive health efforts in Rwanda and the rest of Africa. The majority of our clients and activities were affected by the lockdown. Meetings and training slowed down, or stopped, movement was restricted to staying at home and schools closed leaving many young people redundant with limited access to accurate information.

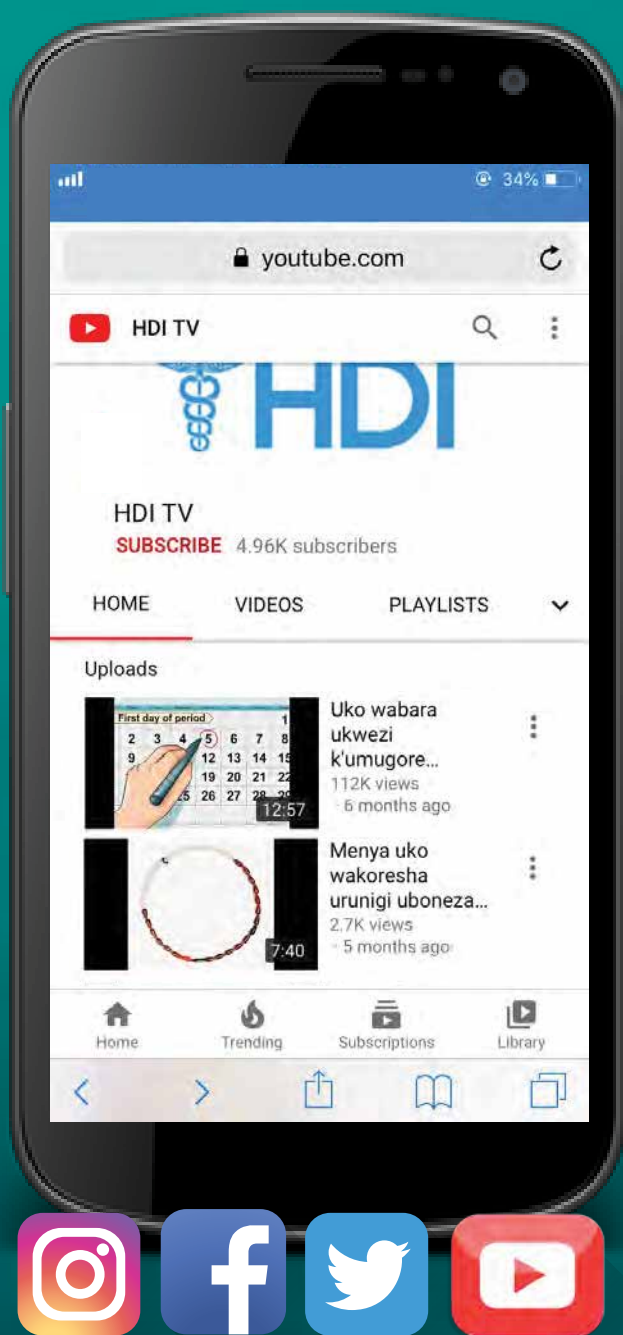
At HDI we were not prepared for this outbreak; however, we took appropriate measures to comply and protect our staff while at the same time continuing to deliver our interventions and engage our target beneficiaries on COVID-19 prevention strategies, as well as reassuring them to become more resilient.

During this period, HDI together with its partners, employed innovative approaches such as digitalization, social media, radio programs to ensure uninterrupted access to SRHR information and services including family planning and safe abortion services. Different messages were displayed on media channels, and we made sure we reached out to our different target beneficiaries such as adolescents, youth, women, teachers, parents, duty bearers, key populations and other marginalized communities.

As we continue to face Covid-19 pandemic, we are more committed to building resilience and maintaining continuity of our work on advancing community health, sexual and reproductive health and rights, inclusion and human rights. We are always grateful for the collaboration of all our partners. Let's keep fighting against coronavirus by respecting all preventive measures and making sure those around us are safe.

Dr. Aflodis KAGABA
Executive Director

BOOSTING HDI DIGITAL PLATFORMS DURING COVID-19



The spread of the coronavirus pandemic since the beginning of 2020 has devastated the world's economy, and left many institutions in Rwanda and globally facing huge challenges. However, organizations that have adopted a digitalization strategy in response to the crisis were able to maintain contact with beneficiaries to stay relevant during the COVID-19 pandemic.

In order to control the spread of coronavirus, governments across the world imposed strict lockdowns, social distancing and wearing of masks. In Rwanda the lockdown was imposed on March 21st making it difficult to implement community programs. To respond to the emerging gaps, HDI amplified its social media presence, increased radio programs and YouTube videos to help the general public mitigate the spread of the virus as well as maintain continued access to information.

At the beginning of the pandemic in Rwanda when everyone was under a total lockdown and confined at home, the fastest and easiest source of information was through digital channels. HDI amplified its digital platforms to educate the general public on how to contain the virus through different social media platforms including Facebook, Twitter, Instagram and YouTube.

Under numerous hashtags including: **#BeResponsibleRw**, **#AskHDI** and **#PlayYourPart**, HDI provided reliable information to the online community to break the cycle of misinformation that rose from fake news. This campaign was based on a series of infographics and videos (YouTube) available in both Kinyarwanda and English to equip citizens with accurate information on handwashing, mask wearing, social distancing practices and different preventive measures. The campaign reached more than 400,000 people who were reached through the hashtags in a course of three months (March to May).

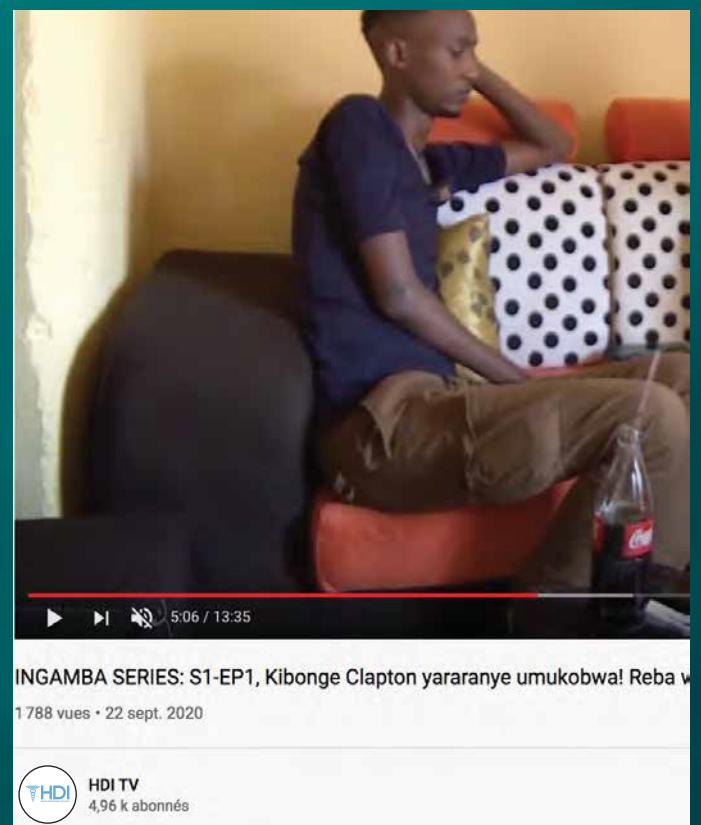
HDI has so far produced more than 30 educational videos on COVID-19 preventives measures, but also on SRHR information that included safe abortion, menstruation, family planning and gender-based violence.

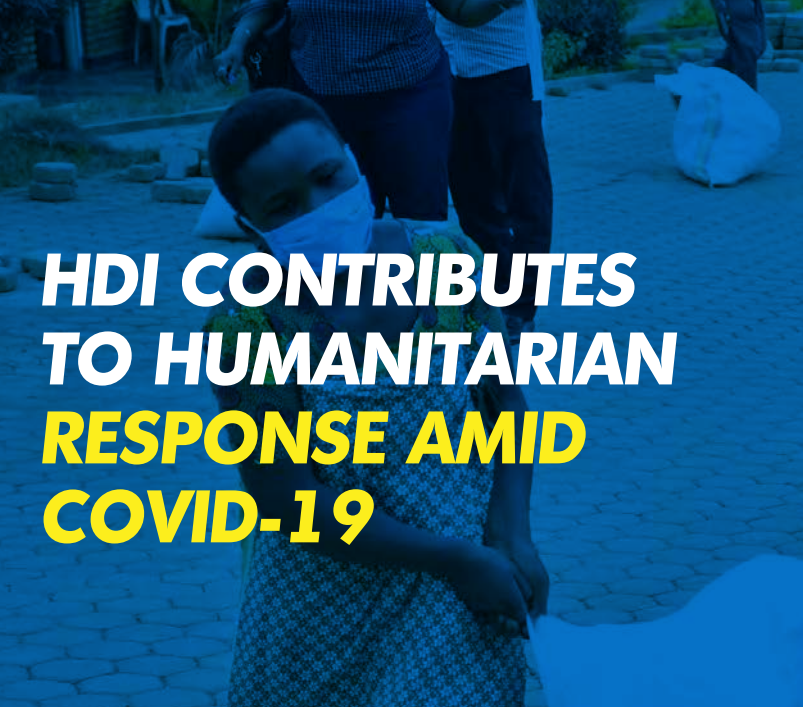
A team of HDI medical professionals composed messages on YouTube. One educational video on the menstrual cycle got over 85,000 YouTube views. HDI also organized webinars on Zoom and engaged young people on WhatsApp on different

topics such as adolescents access to SRHR services during COVID-19, the role of young men in fighting GBV, the exclusivebreastfeeding dilemma for career women and more. The newly introduced series “Ingamba” addresses issues of unsafe abortion and myths on contraception, as well as encouraging a good parenting style and healthy relationships in families.

The series yielded positive feedback from the audience that it attends to as many social issues that families and youth are facing today are tackled in the series.

HDI is finding it effective to reach out to the YouTube followers that are growing massively with more than 4,000 followers so far. Staying connected with the online community will impact a larger audience as the organization continues to explore ways to increase its online following.





HDI CONTRIBUTES TO HUMANITARIAN RESPONSE AMID COVID-19



HDI reached out to more than 4,000 vulnerable families economically affected by COVID-19 in different districts. Among them, 2,000 families were from the Southern Province (Nyaruguru, Ruhango, Huye, and Nyanza districts), and more than 2,000 were from Kigali city (Kicukiro, Gasabo, and Nyarugenge district).

Rwanda, like other countries worldwide, has been affected by COVID-19, which impacted the trade and the social-economic status of Rwandans. The pandemic has posed difficult times for a lot of people: those who lost their main source of income due to the lockdown, especially female sex workers; who lost clients due to restrictions on movement of people; hospitality care workers whose industry shut down; teachers whose schools were closed; daily casual workers who live hand-to-mouth.

The pandemic also affected vulnerable people living with HIV and teen mothers, key and marginalized populations, which most likely aggravated their vulnerability

since they are already financially struggling. In a coalition with other Civil Society Organizations (CSOs), HDI took a step by assisting vulnerable people with food and hygiene materials, especially those who were severely affected during this pandemic.

During this intervention, HDI took the opportunity to raise awareness on COVID-19 and encourage citizens to mitigate the spread of coronavirus by responding to the preventive measures put in place by the WHO and the Government of Rwanda.





ENSURING ACCESS TO SAFE ABORTION SERVICES DURING THE COVID-19 PANDEMIC

In the face of COVID-19 and the response to it, accessing healthcare services including safe abortion services remains a challenge for many. Abortion has always been a service that is stigmatised and made difficult to access in society; now with the pandemic where movement is restricted, it has been made substantially more challenging. While adapting to a rapidly evolving situation, HDI reached out to communities through community awareness sessions, sensitisation meetings, specific radio and TV shows focusing on the realisation of safe abortion in Rwanda.

HDI reached out to over 4,000 people to discuss the current legal framework of abortion and family planning in 7 districts: Nyagatare, Gatsibo, Musanze, Gakenke, Rulindo, Ruhango, and Muhanga. The awareness sessions targeted teen mothers, parents of teen mothers, female sex workers, youth and women leaders, law enforcement agents, local authorities, religious leaders and healthcare providers.

Furthermore, HDI trained over 250 future physicians in order to build their capacity on providing safe abortion services, and engaged 80 representatives from different CSOs working on SRHR to discuss their role in advancing access to safe abortion services during the COVID-19 Pandemic.

During the awareness sessions and sensitisation meetings, the focus was on raising awareness on the legal provisions related to abortion in Rwanda including the Ministerial Order No.002/MOH/2019 of 8th April 2019 determining conditions for a medical doctor to perform an abortion. We also discussed the rights of health service users as stipulated in the medical liability insurance law. In all sessions, the participation of the media was a priority in order to ensure broader dissemination of information and call for collective action of different stakeholders to ensure access to safe abortion services.

As an immediate result of the awareness sessions on access to safe abortion services, HDI received an increased number of people seeking information and services on safe abortion. Between the months of April and September, over 200 women and girls reached out to HDI through its hotline (3530) seeking information and services for safe abortion.

Over 70 women and girls provided positive feedback after receiving the service. The follow-up questions and calls to the hotline from groups HDI met, demonstrated that there is need to reach out to more communities with information on the ministerial order on abortion, as most women and girls are at risk of procuring unsafe abortion due to lack of information about what the law stipulates. Many attendees welcomed the exemptions of abortion provision as a way of saving women's lives. HDI also provided women with information on contraceptives.

Teen mothers recommended HDI to further conduct outreach campaigns on abortion in schools because students are highly exposed to teenage pregnancy that could lead to unsafe abortion.

During the COVID-19 pandemic, accessing safe abortion services has become even more crucial. Women and girls may be at risk of sexual coercion and assault due to quarantine and may also find it difficult to access contraception as a result of restricted movement. This calls for collective efforts to address the unmet need for contraception, to strengthen family planning services and broaden access to safe abortion.

If the ministerial order on abortion is well-implemented, it will reduce the complications arising from unsafe abortion and the maternal mortality linked to unsafe abortion.



STRENGTHENING HIV PREVENTION SERVICES DURING COVID-19

HDI ensured uninterrupted HIV service provision in a safe and stigma-free environment regardless of the extraordinary challenges posed by COVID-19.

Reducing HIV prevention in the face of COVID-19 would have exacerbated the current HIV prevention crisis and would have threatened the gains that have been achieved so far. In this regard, HDI prioritized the prevention of HIV through sensitisation meetings to young people, sex workers, and key populations, and distributed 15,300 condoms and 131,600 lubricants. HDI also ensured that people living with HIV receive the best care despite the existing burden of the pandemic.

The organization visited different hospitals in the districts of Nyanza, Nyaruguru, Gasabo, Kicukiro, Nyarugenge, and Huye. The purpose of this activity was to check with health centers if key populations were referred to their respective health centers and provided with non-discriminatory services. HDI recorded a total of 13 health centers in 6 districts, which received a total of more than 1,800 key population members for different services.

During the visits, HDI along with peer educators, provided information on HIV prevention, its transmission, and other sexually transmitted diseases, as well as the importance of condoms, hygiene, child registration, and family planning among sex workers.



Each meeting had 30 participants from key populations and was led by peer educators and HDI staff.

Key populations were faced with extra challenges as a result of the pandemic. Strategies put in place to stop the virus from spreading amongst the population, such as the national lockdown and restriction of movements, affected the livelihood and safety of sex workers; many lost clients, increasing the risk of homelessness and the need to accept riskier clients.

As a way to train them about the pandemic and how to cope with these hard times of COVID-19, HDI prepared quarterly meetings with key populations to assess the progress of the use of family planning and the use of condoms and lubricants.

A portrait of Aaron Clevis Mbembe, a Black man with a short haircut and a goatee, smiling. He is wearing a light blue dress shirt and a dark tie. The background is a plain, light-colored wall.

Aaron Clevis MBEMBE
Associate Director of Policy
and Advocacy Institute

CONTINUING ADVOCACY IN THE FACE OF COVID-19

In the face of the COVID-19 pandemic, marginalized communities have shouldered a disproportionate weight. On top of their already unstable situation, our beneficiaries have been thrown into a rut of homelessness, lack of food, lack of hygiene materials, as well as lack of access to SRHR services.

HDI has continued to support advocacy efforts for female sex workers, the LGBTI community, young people, and others. Despite focus being drawn almost exclusively to COVID-19 and prevention measures, HDI continued its role in appealing to government institutions

and other partners to maintain humanitarian efforts towards all people including marginalized groups. One such effort was the support of more than 4,000 families to access food and hygiene materials.

Additionally, HDI continued to position itself as a primary source of unbiased, accurate SRHR information during the pandemic. The number of people, especially young people, seeking SRHR information and services through the hotline dramatically increased from around 1,000 callers per week to over 10,000 callers per week on average.

Aaron Clevis Mbembe, Associate Director of the Policy and Advocacy Institute at HDI, recalled that it was a privilege to witness the power of digital communication.

Though social media and digital channels have always been primary methods of communication, we saw spikes in our social media campaigns and youtube views. This was a testament to our efforts to reach our beneficiaries.

Mr. Mbembe took us through how HDI and its staff coped with the pandemic in relation to continued advocacy.

HOW DID COVID-19 AFFECT HDI'S ADVOCACY ACTIVITIES?

HDI, like most other organizations, was profoundly impacted by the pandemic. The lockdown affected nearly all of HDI's primary activities. Even today, months after the lockdown ended, we are still feeling the consequences. What we are feeling as an organization is nothing compared to the impact it has had on our beneficiaries and their quality of life.

Our beneficiaries were faced with lack of food, lack of shelter, depression, inability to access health services due to the limits on movement put in place to prevent the spread of COVID-19. Likewise, the focus shifted from those who desperately needed advocacy and support, to COVID-19 prevention.

All that to say that advocacy became more necessary than ever before. For instance, sex workers were faced with stigma and discrimination by local authorities in relation to government food assistance, since they were required to prove that they had a registered business before receiving aid.

Lockdown measures also hindered access to SRHR services and information, particularly for adolescents and young people. We worried that the school closure and increased number of house parties would result in adolescents and young people engaging in risky sexual behavior more than had been while they were in school leading to a greater likelihood of child defilement, teenage pregnancies and unsafe abortions. This led us to increase our presence on social media, YouTube, and radio shows.

Since we have increased our visibility online and through radio programs, our hotline calls also increased by 900%. This was an incredible growth! The calls increased to the extent that we are unable to meet the demand. We plan to expand our call center to reach as many callers as possible.

HOW DID HDI ENSURE ADVOCACY DURING COVID-19?

Advocacy is not an endeavor which can be finished. Advocacy is and always will be a constant striving to improve the lives of those being advocated for. When one advocacy effort has succeeded, another takes its place.

Despite the limitations imposed by the pandemic, we continued our advocacy efforts related to gender-based violence, access to adolescent services, access to mental health services, teenage pregnancy, access to safe abortion, prevention of child labor, and more

Although our staff were working from home, we remained sensitive to the issues facing our target groups during the pandemic. Specifically, in the past six months, we intervened as a friend of the court (*amicus curiae*) in a litigation case seeking to examine the legality of surrogacy agreement in Rwanda. HDI availed its medical and legal expertise to the court, which later ruled in favor of the surrogacy agreement. We engaged national authorities for the introduction of harm reduction services in Rwanda. We advocated for the affordability of the emergency contraceptive pill. On the whole, we kept the advocacy conversations going to ensure that no one would be left behind.

WHAT ARE SOME OF THE ACHIEVEMENTS THAT YOU ARE PROUD OF?

We also contributed to the COVID-19 prevention efforts by educating people, especially our beneficiaries, about prevention measures, ensuring that they received accurate information. When the lockdown was imposed, we immediately responded, successfully reaching more than 4,000 families with basic food and hygiene materials.

Additionally, we engaged the ministry of local government to include sex workers in the then ongoing social assistance and submitted a letter to the Office of the Prime Minister outlining human rights concerns related to COVID-19 prevention measures that were in place. HDI was involved in a number of social media

campaigns on the affordability of emergency contraceptive pills and launched radio programs aimed at tackling GBV and SRHR issues.

We wanted to keep the media engaged in our advocacy efforts, especially since young people were no longer in school. We launched our policy brief on addressing the legal and policy challenges to adolescents' access to SRHR information and services in Rwanda.



RAISING AWARENESS ON MENSTRUAL HYGIENE

“When men and boys are educated about menstruation, they can build confidence and encourage healthy habits since taboos and myths are circulated among everyone. This can reduce stigma and discrimination associated with menstruation.”

Marie Ange UWASE

Director of the Center for Health and Rights



On May 28th 2020, HDI celebrated Menstrual Hygiene Day by hosting a live tweet chat to break the silence on menstruation.

Although menstruation is a normal and natural element of the female reproductive system, it has been known as just a “girl’s thing” for so long, that it has become taboo and unwelcome to be openly discussed, be that in public or with friends and family. Having this sort of impediment further hinders young women from accessing the knowledge on the management of their menstrual health, thus preventing them from achieving their full potential.

The tweet chat aimed at educating men, boys, girls, and women alike about menstruation and addressing the barriers to menstrual hygiene. The end goal of the tweet chat was to promote menstrual hygiene management and improve the overall menstrual experiences for girls and women to ensure that their potential is not limited by something as natural as their periods.

During the live chat, which generated 31 questions in total, men and boys were encouraged to play a role in addressing the gaps in menstruation hygiene and discourage period shaming as a way to create an enabling environment in which no woman or girl is held back because of her period.

It was also noted that, although sanitary products are exempted from VAT, this is not reflected in the current prices offered. This issue was raised during the live chat and participants started a movement to advocate for the facilitation of women and girls' access to sanitary menstruation tools such as pads and tampons.

HDI was pleased to see the conversation, which had been opened during the live chat on the access of menstrual sanitary products, continue on well after the live chat, and even appear in newspapers.

This was apparent by the articles that came out after the live chat in newspapers, addressing the price issue on sanitary pads that did not change despite the VAT exemption. HDI was happy to have started a conversation that contributed to the resulting movement. This came as a result of women sharing their first menstrual experiences as well as expressing their feelings about menstrual hygiene and what they wish was different during the live chat. In summary, the live chat we offered was an advantageous effort to bring light to the misconceptions and lack of knowledge regarding menstrual health.



HDI Rwanda @HDIRwanda · May 27

As we celebrate the International [#MHDDay2020](#) on Thursday May 28th, @HDIRwanda will be hosting a Menstrual Health Tweet Chat. We will be joined by [@AngeCoquette](#), Director of HDI's Center for Health & Rights who will answer all your questions on menstrual hygiene management. [#AskHDI](#)



GUEST
MARIE ANGE UWASE
DIRECTOR OF HDI'S CENTER FOR HEALTH AND RIGHTS

TOPIC
MENSTRUAL HYGIENE MANAGEMENT

 **THURSDAY, MAY 28, 2020**

 **2:00PM - 4:00PM**

   @hdirwanda

17 68 186

AMPLIFYING RADIO AND TV PROGRAMS TO ENSURE UNINTERRUPTED FLOW OF SRHR INFORMATION DURING COVID-19



During the COVID-19 pandemic lockdown and even after the lockdown was lifted, HDI adapted the use of TV and radio shows as a way of raising awareness and providing SRHR information to ensure that every adolescent, men and women still have access to the correct information from the comfort of their homes while respecting COVID-19 prevention measures.

The global pandemic made drastic changes to everyone's lifestyles. However, people still needed a way to access SRHR information without going out and risking their health. HDI availed a means to ensure that the information flow was not impeded. This enabled easy access to SRHR information to rural communities

and people with no access to smartphones or internet. Most of the topics discussed were based on frequently asked questions by the community when they called the HDI toll free hotline. Such topics included various methods of contraception, family planning and menstruation. Other topics such as Gender-Based Violence prevention and safe abortion services were prompted by the increase in child defilement cases according to national data.

In response, HDI organised radio and TV shows about positive masculinity, realisation of SRHR in Rwanda, and abortion on Radio Rwanda, Magic FM, Rwanda TV and Royal FM.

The TV and radio shows were aired through various stations to increase the chances of the information reaching as many people as possible. Among the radio and TV stations were Isango Star, Magic FM, Royal FM, Radio Rwanda, Isango TV, Rwanda TV. In mid-July, HDI also partnered with KISS FM to launch a new radio show strictly for young people.

This show quickly gained popularity among very young adolescents aged between 12 and 14 years old. HDI also organized a TV show on The Square, a TV program aired on RBA, which talks about current affairs.

The show featured a discussion about the availability, affordability and accessibility of SRHR, where the Executive Director of HDI, Dr. Aflodis Kagaba, explained how the 2019 ministerial order on abortion came into place and outlined the gaps that existed before the order's establishment.

Through the TV and radio shows, HDI was able to reach thousands of people. A total of 64,187 people called the HDI hotline from April to August and 6,222 were able to inquire about their concerns and get assistance.

UBUZIMA ON AIR N'IMYOROROKERE

TOPIC: MENSTRUAL HYGIENE MANAGEMENT

SATURDAY, MAY 30, 2020

ISANGO STAR 91.5FM
5:00PM - 6:00PM

ISANGO STAR TV
6:45PM - 7:45PM

HOSTS:
- DONATA UWAJEJEZA
- BEATRICE UMUTESI

GUEST:
DEVOTHA WIHOGORA

HDI

[@hdirwanda](#)

UBUZIMA ON AIR N'IMYOROROKERE

TOPIC: USE OF EMERGENCY CONTRACEPTIVE PILLS

SATURDAY, JUNE 6, 2020

ISANGO STAR 91.5FM
5:00PM - 6:00PM

ISANGO STAR TV
6:45PM - 7:45PM

HOSTS:
- DONATA UWAJEJEZA
- BEATRICE UMUTESI

GUEST:
DR. ANICET NZABONIMPA

HDI

[@hdirwanda](#)

DUSANGIRE IJAMBO

TOPIC: LEGAL FRAMEWORK OF SEXUAL AND REPRODUCTIVE RIGHTS IN RWANDA

THURSDAY, MAY 14, 2020
5PM - 6PM

RADIO RWANDA

HOST:
CLEOPHAS BARORE

GUESTS:
HON THEOBALD MPORANYI
Public Health Expert,
Former MP

MR CHRISTOPHER SENGODA
Head of Human Rights
and Litigation at HDI

MRS NDIJET KABANYANA
Executive Secretary
of Rwanda NGO Forum on
HIV/AIDS and Health Promotion

HDI

IKIGANIRO KUMBE!

INSANGANYAMATSIKO: IBIHE BIRANGA UKWEZI K'UMUGORE

102.3 KISS FM
RWANDA'S NUMBER 1 HIT MUSIC STATION

UMUNYAMAKURU:
JANE UWIMANA

UMUTUMIRWA:
INGABIRE HOZA EMELYNE
(Medical student)

ON AIR
KU CYUMWERU,
06 NZELI 2020
6:00PM - 8:00PM

HDI

[@hdirwanda](#)

STRENGTHENING ADOLESCENTS' PARTICIPATION IN THE FIGHT AGAINST TEENAGE PREGNANCY



GUEST

DR. ATHANASE RUKUNDO

PROGRAMS DIRECTOR AT HDI

 @Rukath

TOPIC

ROLE OF YOUNG PEOPLE IN CURBING TEENAGE PREGNANCY IN RWANDA



FRIDAY, 22ND MAY, 2020



2:00PM - 4:00PM

AskHDI **# SRHRforAll**

   @hdirwanda

As we recognize the importance of adolescents' role in fighting unplanned pregnancies, it is imperative that they get involved in the proposed solutions. During this pandemic, HDI has developed and established different ways adolescents can be part of this straining yet crucial battle against teenage pregnancy.

On May 22nd, HDI conducted a tweet live chat to provide adolescents an opportunity to ask questions and address their concerns on SRHR during this pandemic. It also acted as a platform to talk about the role of the youth in curbing teenage pregnancy.

Many adolescents who participated in the live tweet chat had a lot of questions regarding the use and effectiveness of emergency contraceptives and the effects of unsafe abortion. Aaron Clevis Mbembe, HDI head of the Policy and Advocacy Institute said, "Unsafe abortion is very dangerous to a woman's health. If a woman is qualified for legal exemptions to receive safe abortion services, the law authorizes only qualified medical doctors to perform an abortion, not traditional healers."

Youth-led webinars aimed at addressing different barriers that the youth often face in regard to the access of SRHR information



and services amid COVID-19, as well as adolescents' capacity building trainings that trained a number of adolescents to become adolescent champions, were among other methods HDI used to provide and strengthen adolescents' SRHR knowledge.

Tony Sangwa, a 19 year-old adolescent currently at home during this COVID-19 pandemic, shared his thoughts saying, "The best way to reduce teenage pregnancy rate in Rwanda, is to remove the parental consent that is required before access to SRHR. Adolescents and young people need to be free and make informed choices"

HDI also partnered with KISS FM to launch a youth radio show called KUMBE to expand SRHR information sources for adolescents that are out of school during this global pandemic.

The KUMBE radio show that aired on July 17, garnered a staggering 5,523 calls received by HDI hotline (3530).

Through the calls, HDI was able to recognise a huge gap in adolescents' knowledge of emergency contraceptives, as well as many misconceptions about condoms and the use of contraceptives. The radio show offers adolescents a means to acquire SRHR information in a friendly stigma-free manner.

In a bid to sensitize young people to lead responsible lives and avoid the temptation of getting involved in risky behaviours that could endanger their lives, 1k Entertainment and Health Development Initiative (HDI) joined forces to release a song to encourage young people to shun temptations and stay focused.



EXPANDING HOTLINE SERVICES IN RESPONSE TO COVID-19

While COVID-19 grew into a global pandemic, HDI's hotline spiked with calls and messages where the organization supported men, women, girls, and boys with family planning information, SRHR services, and counseling.

From April to September, HDI answered over 9,000 clients' calls via its hotline. A total of 9,597 clients called and were attended to by an HDI hotline staff member. The staff also received 16,366 SMS messages during the last 6 months. The majority of the people who reached out to HDI were seeking information or access to services like the menstrual cycle and pregnancy, sexual matters, and safe abortion. In the second week of July, the hotline staff reported, "We received 10 women who want safe abortion services and 1 person who asked about safe abortion law information.

We have gotten positive feedback from two referred clients who got safe abortion service." The hotline has been helpful beyond providing services and information. Beneficiaries have been able to express testimonies and initiate conversations with HDI staff. Eugenie Nyirandikubwimana, Hotline Coordinator at HDI, said that the calls are sometimes as long as 30 minutes, but they can also be 5 minutes depending on the services and the help the clients need. She narrates that some callers have interesting stories. One such story that touched her was the testimony of a young girl who called to ask for emergency contraceptive pills. "I have

been moved by the testimony of a 16 year-old girl who shared how she and her boyfriend had unprotected sex. She was scared of getting pregnant, but didn't have money to buy emergency contraceptive pills." Eugenie explained. She continued narrating that the young girl who called was forced to stay with her aunt when the school evicted them from the boarding school as a way of preventing the spread of COVID-19 among the students, since her family lives in the western part of Rwanda. Luckily her boyfriend lives in Kigali. They are both fans of youth talk shows and that's how she learned about HDI programs and the toll free number. She was thankful to HDI for saving her from getting pregnant.

Regardless of the challenges faced by the hotline staff, such as work overload and technical problems, 97 percent of the callers received were able to seek the services they needed and were attended to. Most of the people who called were in the range of 14 to 19 years old. "It is important to note that before the pandemic, calls received on the hotline did not exceed 1,000 callers per month. However, we have observed that in the month of April to September, the calls went as high as 10,000 calls per week on average." The hotline coordinator said. Due to limited capacity of handling the phone calls, the hotline recorded a total of 103,789 missed calls in the past six months causing unmet needs of those who were trying to reach the hotline, HDI is planning to expand the hotline to a call-center, in order to respond to the increased public demand.

MENSTRUAL STIGMA MUST STOP!

While conducting the tweet chat on menstrual hygiene day, I was happy to notice hearty participation from the youth. It was obvious they were inclined to learn more about menstrual health management. This was indicated by the huge number of calls we received through the HDI hotline (3530) following the tweet live chat, which further prompted a radio talk show on menstruation.

The realisation of human rights to health is a precondition for women and girls to practice menstrual hygiene. When girls don't have accurate information or manage menstruation inadequately, they experience negative health impacts and are not able to fully enjoy their right to health.

In the effort to reduce the health complications that arise from poor menstrual hygiene, we at HDI raise awareness on menstrual hygiene management through training of peer educators, community outreach, Radio & TV shows, and provide information through our toll-free hotline. I encourage young people to follow our Radio talk & TV show on Isango Star every Saturday from 5pm-6 pm. Educating women and girls as well as men and boys about menstruation can build confidence and encourage healthy habits. The lack of information around menstruation leads to discrimination and stigma that hinder women and girls from achieving their full potential.

Marie Ange UWASE

Director of the Center for Health and Rights

Men and boys have a role to play in addressing these gaps. Girls' rooms have been established to facilitate students to care for their menstrual hygiene and not miss school. Girls' rooms allow female students to access information, washing facilities, sanitary pads, painkillers, and reduce stigma. However, this initiative is not enough to end period poverty.

Civil Society Organisations and other stakeholders have to take advantage of each other's scale and capability to address existing gaps of menstrual hygiene products, particularly during this period of COVID-19. Let's also mobilise our networks to advocate for Sexual and Reproductive Health and Rights. The Rwandan government has exempted VAT on sanitary pads, however some retailers keep shifting the burden to consumers.

Breaking the stigma around menstruation will involve increasing awareness on the topic, providing information and encouraging candid conversations surrounding women's health. With this, menstruation may one day no longer be a taboo but will be celebrated as the natural experience that it is. We can demystify menstruation by engaging both girls and boys to create an enabling environment for candid conversations on menstruation, thus reducing stigma around it.



ADOLESCENTS ARE ABLE, LET'S TRUST THEM!

As a person often working with adolescents and youth in general, I have the privilege of knowing and witnessing their different challenges related to SRHR services. Youth in Rwanda face many problems, among which, unplanned pregnancy is the biggest plaguing them. I cannot stress enough how important availing SRHR information and services is in the attempt to involve adolescents in the fight against unplanned pregnancy. After conducting a live tweet chat on SRHR with adolescents, I noticed that there is still a lot they need to learn. As a health professional, it was a privilege to be able to participate in the live chat.

Among the questions asked was the appropriate age to start using condoms. There is no specific age at which you can start using contraceptives. You can use contraceptives as soon as you have reached reproductive age and you decide to engage in sex. If you do feel mature enough and emotionally ready to enter into a healthy sexual relationship, make sure you use a contraceptive method such as condoms to protect yourself from HIV, STIs, and pregnancy. Having a baby is a big responsibility. Babies require time, energy, and money. Young people who become parents while young may compromise or delay their planned life goals. Keep this in mind when making decisions about sex and contraceptives.

For those who have reached a mature age to plan their family, how long you choose to use contraceptives is still a very personal decision. Some methods give you protection for up to ten years. The effects of contraceptives vary from one person to another. I advise that you seek medical guidance from your nearest health facility.

All young people should be aware of SRHR at an early age, even teenage boys should be engaged to be able to protect themselves and others. Parents should remove taboos around SRHR by promoting friendly and stigma-free sexual education to their children (such as Parent-Adolescent Dialogue). The latest DHS 2014/2015 revealed that pregnancy rates in Rwanda increased from 6.1% to 7.3% in 2015. There are many causes including lack of access to SRHR information and services. Young people are expected to play a very important role in curbing teenage pregnancy. They can do this by seeking accurate information on SRHR and using condoms and modern contraceptives when they decide to have sex.

There are many myths around contraceptive use. When one chooses to use them, one should consider seeking the right medical information. For more information on contraceptives and their use, please call HDI on our toll-free hotline 3530.

Dr. Athanase RUKUNDO
Programs director



MEET DEVOTHA WIHOGORA, ONE OF HDI'S NURSE COUNSELLORS!



Devotha WIHOGORA Nurse Counselor

Devotha Wihogora is a nurse and counsellor at Health Development Initiative (HDI). She operates from the organisation's headquarters in Kigali. Her daily job is to provide clients with counseling and diagnostic services, meaning she spends most hours of her work talking face-to-face with clients of different categories.

Wihogora narrated that being at HDI not only helped her to impact the lives of those who seek services at the center, but also impacted how she interacts with her family members and friends especially her children. The mother of four confided in us that comforting people in life during tough times is satisfying, especially when people are struggling with health issues.

"I like when people come to me with issues they're dealing with in life. I have been doing the same work for 10 years and one of the things I love about my job is that each client brings a unique situation. I consider the ability to adapt and change to each client a healthy challenge for me, and I have always looked forward to it." She said.

When the COVID-19 pandemic hit, nothing was the same. The country was put under total lockdown, all non-essential movements were restricted and people were required to work and stay at home.

The services Wihogora offer are considered essential and she thinks, given her relationship with clients, her counselling was needed during the lockdown more than ever to promote optimal care for the clients she serves. So, she kept offering counselling services via phone. Her daily work is, above all, listening to people of different categories; women, adolescents, couples, men, key populations, sex workers, among others. The positive outcome of each interaction with them is what motivates her to continue passionately every day.

"One of my principles is to never interrupt a client. My job is basically to listen and help them to explore options available to solve their problems."

“When it works, which happens often, most of them are very happy and grateful to me and to HDI. For the past ten years, waking up to continue my work has been my best motivation.” Wihogora excitedly said.

The services she offers include counselling about family planning, prenuptial, GBV, drug abuse, safe abortion, pregnancy and STI . Wihogora’s office can hardly be found empty of clients. Although the pandemic has changed almost everything about how Wihogora used to workin regards to social distancing, decreased movements, wearing masks and washing hands frequentlyshe is happy that her relationship with her clients has not changed.

“Relationships and privacy between my clients and I are what matters most. I make sure they feel safe with me and can trust me with whatever they want. I am happy that despite the pandemic, that part has not changed,” she said.

She added that HDI privacy protocol for clients is assured to all clients. Wihogora is grateful that, despite the pandemic that affected almost everyone, HDI was able to continue serving at the center and remotely assist those in need of the center and services

STAKEHOLDERS SPEAK:



Before joining HDI's training on human rights, I was isolated from the constant fear of being arrested, chased from the village to village, where I resided or evicted from the house by my landlords. I face several forms of discrimination and stigma by my community members and particularly local authorities, security organs, and landlords. I couldn't work in the street during the day out of fear of being abused or harassed. Today, I am the vice-president in charge of women in the village and president of a community based organization for female sex workers.

Marie-Claire,
Female sex worker

After getting pregnant, my mom did not disown me, she welcomed me and my child who is now three. I am on family planning. After these training sessions given by HDI, I realised the need of going back to school.

Kwibuka,
Teen mother

We had a fabulous training. Thank you HDIRwanda for bringing this opportunity to young health care providers. Minors are dying from unsafe abortions but we are going to advocate more and more for these issues.

Royal Bazooka,
Medical Student: University of Rwanda



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I am going to be an ambassador of HDI in raising awareness on the ministerial order on abortion. We would like to see these kinds of programs being implemented in our cells.

Francois Kamonyo,
parent of a teen mother

I am in full support of the revised law that does not require a woman to present a court order before being eligible for a safe abortion. I recommend HDI to organize training with all hospital personnel that a patient meets before seeing a doctor, these include security guards, nurses, receptionists.

Gerard Urayeneza,
Director General of Ruhango Hospital

I really really love your work @HDIRwanda , you are actively bringing the change we wanted to see for years. Thank you

Isabelle Sindyrwanya,
Women's rights Activist

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