HDHI NEWSLETTER

MAY 2022
Opinion leaders from various districts have called on stakeholders to take the sensitization drive relating to the Ministerial Order on Abortion to the grassroots where cultural and religious beliefs continue to affect mindsets.

In October 2018, the Rwandan government removed the requirement of court approval and the second doctor’s permission for a legal abortion.
Involvement of religious leaders crucial

Addressing the participants, the Mayor of Rusizi District, Dr. Anicet Kibiriga reminded that the Ministerial Order was put in place to ensure that girls and women who choose to procure abortions receive safe and stigma-free services.

However, he said that there are still challenges in the dissemination of the Order on the grassroots level where the larger part of the community hasn’t fully grasped what it entails.

Kibiriga pointed out that with extra effort and coordination, these challenges can easily be fixed by some community opinion leaders, especially religious leaders. He called for the advocacy and sensitisation drive to be expanded to involve more stakeholders.

Since then, Health Development Initiative (HDI) has conducted countrywide sensitization programs aimed at engaging communities, duty bearers, and opinion leaders on the Ministerial Order on Abortion. These include local leaders, religious leaders, doctors, and law enforcement agencies among others.

This May, HDI kicked off nationwide workshops to engage these leaders and community duty bearers and collect feedback on the progress made so far.
“Issues around reproductive health do not discriminate. We are facing these challenges collectively as a community and we must find the solutions together. For example, if our religious leaders were to embrace this Ministerial Order and take it back to their congregations, some of these issues would be history,”

- Dr. Anicet Kibiriga, the Mayor of Rusizi District

The Nyamasheke District Cooperate Services Division Manager Joseph Rutikanga commended the efforts to sensitize opinion leaders and requested the same program to be extended directly to communities where lack of sufficient information and issues around negative mindset continue to be challenged.

We request that this awareness campaign on the Ministerial Order on Safe Abortion is taken to the grassroots so that girls and women are more aware of their rights and are equipped with enough information that will enable them to support themselves or others who seek these services.

- Joseph Rutikanga
The Nyamasheke District Cooperate Services Division Manager

2 Take the sensitization drive to grassroots
Decentralise safe abortion services

The Nyamasheke District representative of ‘Inshuti z’Umuryango (Friends of the Family)’ Roger Papias Habinshuti touched on the issue of limitations that are posed by abortions being permitted in district hospitals instead of health centers.

“Inshuti z’Umuryango (Friends of the Family) is a community workforce that responds to the everyday needs of Rwandan children and families through household visits. The Director of Health in Rutsiro District, Etienne Nirere also called for the decentralization of the services since most of the community members that may require abortion services live far from hospitals.

“Why are we subjecting these women and girls to long distances yet health centers near them can help them? I find this problematic, and in my opinion, this issue continues to block many from being able to access these services.”

- Roger Papias Habinshuti, The Nyamasheke District representative of ‘Inshuti z’Umuryango (Friends of the Family)

“Many of those we serve to live at least 50km or more away from hospitals. I am wondering why these abortion services cannot be extended to health centers. This Ministerial Order can only successfully serve the communities if the facilities delivering these services are easily accessible,” he said.
We still have challenges when it comes to putting this order into action. I recently referred a young woman who was seeking safe abortion services to a hospital, and she was rejected by the healthcare providers before they could even ask her the relevant questions. This delay is forcing many girls to give up on procuring these services.

- Roger Papias Habinshtuti, The Nyamasheke District representative of ‘Inshuti z’Umuryango (Friends of the Family)

Habinshtuti also touched on the need for training for healthcare providers to enable them to provide timely and easier access to abortion services.

He pointed out that although the Ministerial Order on abortion is clear, there are still some challenges where healthcare providers, especially in rural areas, delay or even decline to provide these services. Children and families through household visits. The Director of Health at Bushenge Provincial Hospital, Dr. Emmanuel Mashyaka called for sensitization for more healthcare providers who are still unaware of the Ministerial Order on Abortion.

“It is surprising that many doctors, especially in rural areas know so little or nothing at all about this Order. This puts those seeking these services at risk of being turned back when they come to us,” he said.

He also pointed out that those who know about the Order have conscientious objection challenges brought on by doctors’ refusal to perform abortions because of moral or religious beliefs.
Revise RSSB transfer requirement

The Nyamasheke District representative of ‘Inshuti z’Umuryango (Friends of the Family)’ Roger Papias Habinshuti touched on the issue of limitations that are posed by abortions being permitted in district hospitals instead of health centers.

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“Many of those we serve to live at least 50km or more away from hospitals. I am wondering why these abortion services cannot be extended to health centers. This Ministerial Order can only successfully serve the communities if the facilities delivering these services are easily accessible,” he said.

What this means is that the person issuing this transfer at the health center will be privy to this information and then at the hospital, security personnel, for example, will need to see why you need access to hospital premises. In the end, the list of the people who have access to this private information becomes longer than necessary.

- Monique Uwurukundo,
The Rubavu District Gender and Family Promotion Officer
EMPOWERING DOMESTIC WORKERS ON THE MINISTERIAL ORDER ON ABORTION

This month, HDI met with 120 vulnerable women involved in domestic work to raise awareness on safe abortion and policy framework to access it and empower them with knowledge about their options in case they are sexually assaulted. Our target is to train 2,000 domestic workers in the City of Kigali. They were also trained on different contraception methods and GBV reporting, since women involved in domestic work are at risk of gender-based violence and have mere information about channels of reporting GBV cases.

Christopher Sengoga, the Director of the Center for Health and Rights, said “We started a similar campaign

We are informing them in case they experience or witness gender-based violence. Now they understand their rights and where to report, such as RIB and their nearest hospital. We also let them know that HDI is here to help as well.

- Christopher Sengoga,
the Director of the Center for Health and Rights
He added that the campaign emphasizes their right to sexual and reproductive health, access to justice, access to medical services, and the provisions in the ministerial order on safe abortion for those who were sexually abused. Sengoga revealed that after the 2017 campaign, domestic workers were also identified as a highly vulnerable group in terms of sexual violence and various kinds of abuse in general.

“We are raising awareness of their rights to be free from sexual violence or gender-based violence and their family planning options in order to avoid unexpected pregnancy because they are more vulnerable,” he said.

However, the focus is to raise awareness around the ministerial order on abortion” He added that most domestic workers do not have accurate information on their sexual and reproductive health and rights, which makes it hard for them to find help when they are abused. Sengoga said the campaign will be expanded country-wide after training as many domestic workers as possible in Kigali with the help of community leaders and community health workers at the village level. According to a study conducted by HDI on the causes, practices, and consequences of terminating pregnancies in Rwanda, a lack of information and vulnerability are two of the reasons women are in prison for abortion.

The Ministerial Order on Abortion is still facing some challenges due to moral and religious biases among the healthcare providers. Other challenges include difficulties in protecting the privacy of women seeking safe abortion services and the stigma toward them since they are all received in maternal wards.

Moreover, there is an issue with geographical accessibility of the services, since safe abortions are only provided at hospitals or polyclinics. Often this requires women to travel long distances to get safe abortion services, especially economically vulnerable women.

Beneficiaries speak out

The domestic workers, who were trained on June 2nd, commended this initiative and called for HDI to extend the campaign to more people across Rwanda. Valentine Tuyishime, one of the participants, expressed her gratitude toward HDI for thinking about them. She added that they have learned a lot through the training, including where to report cases of gender-based violence. She explained that in their everyday life they face abuse. She recounted a story of her peer who became pregnant after a sexual assault. Now they know the options that are available to them in such situations according to the law. Another participant, Agnes Nyiramana welcomed this campaign saying it is very important to them.

“Many women have been victims of sexual abuse and struggle to raise children born out of it, without knowing there is a way they can be facilitated earlier,” she said. She added that it is important to extend the campaign to other areas of Rwanda to reach as many women as possible.
A ccording to the Rwandan Constitution of 2003, revised in 2015, every Rwandan is entitled to protection from discrimination, the highest attainable standard of health, bodily integrity, liberty and security, and all other human rights. These rights, however, are often not guaranteed for women engaged in sex work and Lesbians, Gay, Bisexual, Transgender and Intersex (LGBTI).

In the month of May, we organized training on documenting cases of human rights violations with a focus on monitoring and documentation cases of human rights violations and discrimination. We had 12 representatives of Female Sex Workers’ community-based organizations and 21 representatives and members of the LGBT Community. Participants were enlightened about the right to health, right to education, and freedom of movement. Participants learned different principles, standards, and tips related to the documentation of human rights violations. More importantly, participants who were involved in the previous documentation assignment shared with the audience challenges they previously faced when documenting cases of human rights violations affecting the members of the community (LGBT and Sex workers). The training activities aim to build capacities of LGBTI and SW CBOs so that they can play a watchdog role in holding the local and national authorities accountable. A few highlighted challenges were the lack of evidence when reporting cases of violations. Sex workers who are victims of rape, and the majority of LGBT do not also report cases of human rights violations for fear of persecution from local leaders.

Another challenge is access to information, because of living in isolation and lack of confidence. The trainer shared with the participants some practical tips to overcome the identified challenges.
Prior to Menstrual Hygiene Awareness month, we organized 21 school visits, where we met with 945 adolescents’ boys and girls in health clubs across Kigali. We held conversations around prevention of unwanted pregnancies, menstrual hygiene and raising awareness about menstrual cycle tracking, technology for tracking menstruation but at the same time incorporating fertility awareness methods with other contraception methods.
On Saturday, May 28th, we celebrated Menstrual Hygiene Day to continue raising awareness on the importance of MHM. We also donated 100 boxes of pads to the girls’ rooms in the schools we visited, this include Groupe scolaire Ruhanga and Groupe scolaire Muyange in contribution towards ending period poverty.

The health club members performed dances and plays on the prevention of teenage pregnancies and breaking myths around menstruation.

Alongside the on-going campaign of reaching out to 23 schools by the end of June, we also held an online campaign that reached out to 100,000 users, under #Kubonezurubyaro and #cyclebeads hashtags.
BREAKING THE MYTHS AROUND MENSTRUATION

Elvis Benimana, Hotline counselor and facilitator tackled myths around menstruation during the visits, “Many women and girls across the world still feel discriminated against or stigmatised over normal bodily functions as basic as menstruation. Even though it is normal for women and girls to menstruate, many people still do have negative misconceptions about it—their misconceptions are often inspired by deep-rooted sociocultural practices and superstitious beliefs that run parallel to scientific knowledge and evidence.” He encouraged boys and girls to break these myths and normalize menstruation and menstruation products.

He presented to the audience different menstruation products including pads, tampons and menstrual cups and encouraged girls to use what suits them since everyone's body is different and everyone should make informed decisions about what products to use. The discrimination, exclusion and its related stigma associated with menstruation make the celebration of the Menstrual Hygiene Day every year necessary. We used this day to raise awareness about the challenges regarding access to menstrual products, education about menstruation and period-friendly sanitation facilities, and also break taboos to end the stigma surrounding menstruation.
This year on May 17, we celebrated the International Day Against Homophobia, Transphobia, and Biphobia. LGBTI+ people in Rwanda and abroad made a great contribution to fighting any type of discrimination done toward the member of the LGBTI community. We joined Amahoro Human Rights and the community of LGBTI members in Kigali for a joyous celebration of freedom, respect, and equality.
Together with a large team of other CSOs working on human rights, our organization took an active part in the life of the city and the country. **We raised awareness of discrimination, and repression of the LGBTI community worldwide and in Rwanda and pledged to take action and**

engage with policymakers, public opinion leaders, and CSOs on how a member of the LGBTI community could also enjoy their full rights without facing discrimination and violence.

The celebration ended with a fashion show, folkloric dance, and poetry, all done and organized by members of the LGBTI, some portraying their day to day life, the freedom of being who they are and wearing what they want, as well as highlighting the dream of being free from stigma and discrimination. As we raised the rainbow flag to mark the International Day Against Homophobia, Transphobia, and Biphobia, we recommitted to the promotion of human rights, equality, and diversity.
This May, we hosted a team from Plan International that joined us to discuss achievements, lessons learned, and challenges in relation to the global Covid-19 pandemic and the execution of the Sida/CIVSAM project activities.

Under this program, we train adolescent leaders from different parts of the country on how they can advocate for themselves and how they can contribute to policy influencing. This is aimed at supporting young people to advance their rights and contribute to their pursuit of easier access to Sexual and Reproductive Health and Rights (SRHR).
DI joined different stakeholders to showcase different services and products; and share information regarding opportunities for internships or research thesis work available in the health sector. This opportunity built collaborations amongst CSOs, the private sector, students, and government institutions working on health. Community outreaches; in Huye at the University of Rwanda, in Nyakabanda in the City of Kigali, where we educated the participants about the use of condoms and lubricants, and in Nyaruguru, where young people learned about the prevention of unintended pregnancies while using condoms and different contraception methods.

On 25th May, our Executive Director Dr. Kagaba Aflodis joined the launch of the UNFPA 2022 State of World Population report under the theme “Addressing Teenage Pregnancy: The Call for Action.” Among the stakeholders that reaffirmed their pledge to end teenage pregnancy in Rwanda are the Minister of Health, Dr. Ngamije Daniel, the Minister of Gender and family promotion, Prof. Bayisenge Jeannette, the Sweden Ambassador in Rwanda, Johanna Teague, Ambassador of Japan in Rwanda, Jin-ween CHAE and the UNFPA country director Kwabena Asante-Ntiamoah.
Stakeholder’s speak

- **Matilda Enkrans**
  @ernkrans
  Inspiring discussion with civil society actors on inclusion, participation and accountability.
  @HDIRwanda, @NARwanda, @AmahoroR, @chante_MKS #DriveforDemocracy

- **Amahoro Human Respect**
  @AmahoroR
  We are grateful for the @NLinRwanda & @HDIRwanda for the support to make the #IDAHOBIT2022 celebrations possible @MwesigyeGeoffr7 @prince52497913 @assumpta_maya @InfoCerular @RwandaNGOForum @GermanyinRwanda @UHAIEASHRI @amplifyfund

- **UR Public Health Students Association**
  @urphsa
  Today, @urphsa a chapter of @HP_Corps had a visit to @HDIRwanda where they played #ishemaryanjye cards game. We're very grateful for @HDIRwanda 's hospitality and devoted time for the conversations held.@WHORwanda @RwandaHealth @RBCRwanda @UNFPAwanda @iacceleratorRw @Imbuto

- **RUKUNDO Athanase**
  @Rukath
  Replying to @Rukath @mnl_snke @KarangwaVerite and 13 others
  There’re many sampling techniques in studies involving hidden population like MSM or LGBTIQ. @TwahirwaOlivier has done an excellent study around MSM in Kigali city using some of these sampling strategies techniques. Full article can accessed via

  ![HIV infection and engagement in HIV care](onlinelibrary.wiley.com)

  Replying to @Rukath @mnl_snke and 15 others another study done by @HDIRwanda and @aphrc entitled "Examination of LGBT people’s lived experiences and public perceptions of sexual and gender minorities in Rwanda" has used other sampling techniques
HDI wishes to thank our partners and supporters

- AMPLIFYCHANGE
- BLACK WOMEN’S HEALTH IMPERATIVE
- CATHOLICS FOR CHOICE
- CDC
- DELEGATION OF THE EUROPEAN UNION TO RWANDA
- DFID
- EAHP
- FEMNET
- FOSI/OSIEA
- GIZ
- GLIHD
- GLOBAL HEALTH CORPS
- IMBUTO FOUNDATION
- IMRO
- MINISTRY OF GENDER AND FAMILY PROMOTION
- MINISTRY OF HEALTH
- MINISTRY OF JUSTICE
- MINISTRY OF LOCAL GOVERNMENT
- NORWEGIAN PEOPLE’S AID
- PLAN INTERNATIONAL RWANDA
- PROMUNDO
- PSA
- PSF/EMORY UNIVERSITY
- PYXERA
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- IPPF-Asociación Profamilia
- IRH
- JHPIEGO/MCGL
- RWAMREC
- THE NEWTIMES