

HDI NEWSLETTER

JANUARY 2023





FOSTERING PARTNERSHIPS WITH FAITH BASED ORGANIZATIONS ON FAMILY PLANNING

This January, we engaged Faith Based Organizations and religious leaders from Bugesera and Gicumbi Districts on their role in mitigating myths and misconceptions around family planning. The meetings were also an opportunity for the religious leaders to get clarifications for any questions or challenges and seek support for opportunities to increase family planning uptake within their communities. The dialogues were attended by ten religious leaders affiliated to different religious denominations as well as healthcare providers from five health centers in each of these districts.

58%

of married and sexually active women and girls aged between 15-49 are currently using modern methods of family planning.

6%

are currently using traditional methods of family planning.

14%

have unmet needs.

The Officer in Charge of Family Planning at Rwanda Biomedical Center(RBC), Joel Serucaca told the participants that although there has been an improvement in the uptake of family planning with 58% of married and sexually active women and girls aged between 15-49 currently using modern methods and 6% on traditional methods, at least 14% still have unmet needs.

Reducing unmet need for family planning is the most effective intervention to reduce maternal mortality. Serucaca reminded the religious leaders that their positions in society can play a significant role in influencing positive behavior change and

improving family planning uptake within their communities. Religious leaders were reminded that they have opportunities to provide guidance on family planning based on their knowledge and understanding of scriptures during marital counseling to couples, weekly religious services, small group gatherings, home visits, workshops, or community events.

He touched on the existing challenges, including the myths and misconceptions around contraception use including unfounded beliefs around failure to have children in future, miscarriages and long term illness among others.

“ We have incorporated family planning in every aspect of our church activities. We provide marriage counseling to young couples preparing to start their own families. For those who are already married, we group them in teams where we continue to consistently share this message as well as messages around gender equality



Bishop Claudien Bimenyimana,
the leader of Siloam Family Holy
Church in Bugesera District

Bishop Claudien Bimenyimana, the leader of Siloam Family Holy Church in Bugesera District, told fellow religious leaders that his decision to practice family planning gives him an opportunity to have a healthier family life as compared to other people in his community. He said that this has motivated him and his team to incorporate the value of family planning into his church teachings. The participants also looked into the value of family planning messaging that

is tailored to religious gatherings. For instance, while the Quran prohibits Muslims from controlling pregnancy out of fear of the inability to provide, the participants looked at how messaging can be around family planning in relation to improving the livelihood and care of children. They recognized the value of men's role in supporting the family, and committed to encouraging more involvement of men to support maternal and child health and family planning.

The participants called for more funding and promotion of programs that engage men in family health decisions, to improve couple communication and create a sense of mutual accountability within families. They said this would play a significant role in improving gender equity, particularly with regard to family planning.

The participants requested capacity strengthening in the documentation and dissemination of their success to enrich the evidence base for the larger community. They also pledged to support and expand advocacy efforts through mentoring family planning advocacy champions.

The workshops were organized in partnership with JHPIEGO.

ENGAGING RETAIL PHARMACISTS ON SAFE ABORTION SERVICES

HDI organized a one day workshop with 30 pharmacists to discuss the challenges and opportunities related to the Ministerial Order on Abortion. Drawn from private pharmacies and health facilities, the pharmacists were given an overview of available safe abortion options including the proper use of misoprostol and mifepristone.

The workshop was an opportunity for HDI to expand on its partnerships with like-minded service providers, increase demand for trusted information, improve access to medication and in turn, reduce the prevalence of unsafe abortion.



It kicked off with participants taking the Stigmatizing, Attitudes, Beliefs and Actions Scale (SABAS), a tool designed to measure abortion stigma at the individual and community level. SABAS is used to capture three important dimensions of abortion stigma: negative stereotypes about men and women who are associated with abortion, discrimination against women who have abortions, and fear of contamination as a result of coming in contact with a woman who has had an abortion. In this particular workshop, the tool was used as a pre and post test to measure if there was any short-term mindset change at an individual level.

The Pharmacists were given an overview of what the Ministerial Order on Abortion determines that for a medical doctor to perform an abortion, the person requesting the abortion must be a minor, a victim of rape, forced marriage, incest or someone whose pregnancy poses a health risk to herself or the fetus. When the person requesting the abortion is a child or a person with a mental disability, the legal representative is required to consent to the abortion in writing. If the legal representative objects, the consent of the child shall prevail.

The Director of Community Outreach at HDI, Jocelyne Emery Ingabire, a Pharmacist, re-emphasized the burden of unsafe abortion in Rwanda and the value of including healthcare providers in lightening the burden.



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Disruptions in the supply of medical abortion drugs delays provision of abortion services and can affect a woman's opportunity to access a timely and safe abortion as well as increase risks to her overall health.



USE OF TELEMEDICINE IN SAFE ABORTION DELIVERY SERVICES

Ingabire reminded that used together with misoprostol, mifepristone is currently considered the safest and most effective medication for safe abortion. However, the government requires that these drugs are administered only from hospitals and polyclinics by a certified healthcare provider.

For instance, she pointed out that nationally, the estimated induced abortion rate is 25 abortions per 1,000 women aged 15–44 which brings the total annual number to approximately 60,000 abortions annually. She also touched the supply chain of the medications used in abortion and on the proper administration of these medications as per the WHO recommendations.

Access to appropriate and timely treatment or services plays a significant role in reducing the burden of unsafe abortion. However, this can only be achieved if there is a functional supply chain to ensure availability of abortion drugs and supplies within the health system.

She reminded that studies to investigate the feasibility, acceptability, and effectiveness of the use of telemedicine to deliver abortion services continues to be explored in relation to new WHO abortion guidelines. This guidelines recommend telemedicine as an alternative to in-person delivery of medical abortion services in whole or in part.

Specifically, she said that upon approval, telemedicine would be used partly or exclusively in pre and post abortion counseling, provision of instructions, active facilitation of the administration of medicines, and follow-up post-abortion care.

Before this workshop, I did not know that the Ministerial Order on Abortion existed. In only one day, I have learnt a lot about the law and been updated about where the provision of abortion services is potentially headed in future. We need many more such workshops

- Annick Mireille Kubana, AI Pharmacy

The delivery of these services would be done through the use of hotlines, digital apps or text messages. Participants also had an opportunity to discuss their experiences where many of the questions raised were around determining when a person requesting an abortion is being honest or falsifying information. The participants were reminded that besides being prohibited from asking a client for any proof, doctors providing abortion services are required to ensure that the client signs a document certifying that she will be held liable by the law should it be determined that she lied. The participants requested for such workshops to be organised so that more pharmacists are given refresher information related to the services that they provide daily.

In 2021, HDI partnered with Rwanda Biomedical Center to facilitate a 15 day training program of mid-level health providers; nurses and midwives on the knowledge and skills needed for provision of comprehensive medication abortion services in the first trimester within the legal framework in Rwanda through Telemedicine.

The project aimed at increasing availability of quality first trimester abortion services by bringing services closer to women through health centers and decreasing referrals for first trimester medication abortion among others.

The workshop was organized in partnership with Global Care.



RAISING AWARENESS ON SELF ADMINISTERED CONTRACEPTIVE METHODS

To improve the knowledge of the population on contraception, we carried out a three months long social media campaign aimed at providing comprehensive information and addressing myths and misconceptions on self administered family planning methods. Self administered contraceptive methods are those that can be initiated by individuals to plan their families without necessitating the support of health workers.

They include combined oral contraceptives, progestin-only pills, emergency contraceptive pills, spermicides, diaphragms, male and female condoms, fertility cycle awareness-based methods, cycle beads and lactational amenorrhea method (LAM) among others.

Expanding the contraceptive method mix is one of the key high impact interventions that can boost the contraceptive use rate. It is also among Rwanda's International Conference on Population and Development (ICPD25) commitments and FP2030 priorities.

Delivered through a series of Twitter and Facebook posts on our platforms, the campaign sought to engage the community of social media influencers and young opinion leaders to use their voices to debunk the myths and misconceptions attached to their use.

Throughout our different engagements, the persistent questions raised were around the safety of self administered methods especially the pill, the effectiveness of LAM and whether these methods cause cancer.



TOPIC:

DEBUNKING THE MYTHS AROUND SELF-ADMINISTERED CONTRACEPTIVE METHODS

CO HOST AND MODERATOR



ANNE MARIE NIWEMWIZA

PRESENTERS



MARIE CLAIRE IRYANYAWERA
(UNFPA)



Dr. VICTOR N. MIVUMBI
(JHPIEGO)

HOST: HDI RWANDA

26th January 2023 | 7PM



Under the hashtag #Kubonezurubyaro, the campaign reached 2.8million people on both our Facebook and Twitter platforms.



The Twitter Space attracted 495 participants.



Appearing on a Twitter Space organised in January, Dr. Victor Mivumbi Ndicunguye, the Senior Advisor on Reproductive Health and Maternal, Child and Newborn Health at Jhpiego reassured the participants that these methods are only put on the market after being subjected to comprehensive research and intensive clinical trials and approved by the World Health Organisation. He reminded the participants that these methods are used by millions of women all over the world because they meet international safety standards.

Mivumbi also told the participants who were doubting the effectiveness of self administered family planning methods that these methods are mostly lifestyle-based and demand a certain level of commitment which can sometimes make them difficult for some users to implement correctly. For instance, he explained that progestin-only pills must be taken at the same time every day. However, in case one forgets, they are advised to take the pill in not more than three hours past the usual time to avoid pregnancy. Should the 3 hours past the usual time elapse, the person on the pill is advised to use a backup method of birth control for the next 48 hours before they start taking the pill again. He reminded the users to keep track by using alarms, reminders, or birth control apps that can help to remind them to take the pill on time.

On the fertility awareness method, the doctor said that this form of natural birth control can be effective if the user monitors her body temperature, observes daily changes in cervical mucus, and knows when exactly her menstruation period is due. He also touched on the Lactational Amenorrhea Method (LAM) which he said is effective if the mother breastfeeds exclusively for the first six months, gives the baby little or no food, and has not had a period.



ENGAGING ADOLESCENTS ON APPROPRIATE SRHR CHOICES THROUGH PLAY

In partnership with Cricket Builds Hope (CBH), we are running a program that aims to deliver a series of workshops for girls and boys aged 11-15 to improve their knowledge on how best to make appropriate and informed sexual and reproductive health choices. The program, which will run for one year, relies on a combination of workshops and cricket game sessions to

encourage reproductive health and rights engagement and cement learning, monthly 'safe spaces', as well as awareness campaigns. The first cohort of students enrolled in the program were a group of students selected from Group Scolaire Gahanga.

Held at the Gahanga Cricket Stadium, the 7-week sessions involve training program workshops on puberty and hygiene, sexuality and rights, relationships, communication and consent, pregnancy, STIs/HIV/AIDS and contraception. Additionally, the workshops include a 2-hour cricket session that is held once a week and later, a cricket festival at Gahanga Cricket Stadium.

The workshops are run by HDI SRHR experts and CBH facilitators and held in multiple small groups (bubbles) to enable them to learn and teach other students in future.

At the end of each cohort, an evaluation of the knowledge increment is conducted on various topics relating to sexual health and rights integrated into cricket games.

Ange Mutoni, the Adolescent SRHR Program Officer at HDI said that using the cricket sport to educate is one of the innovative social and behavior change activities that can be used to engage adolescents to inspire reflection and dialogue on sexual reproductive health.



At HDI, we know that adolescence represents a critical window of opportunity where young people learn to make independent decisions and form their own attitudes and beliefs. This partnership is a good opportunity to fill a critical information gap and equip young adolescents with the ability to navigate challenges and opportunities during puberty

**- Ange Mutoni,
The Adolescent SRHR Program Officer at HDI**





The Director of Cricket Builds Hope, Will Hammond said that the collaboration offers a unique opportunity to raise awareness and support the dissemination of key SRHR related information to adolescents.

The 2030 Agenda for Sustainable Development recognises the growing contribution of sport to the empowerment of women and of young people, individuals and communities as well as to health, education and social inclusion objectives.

The 1st cohort of 60 adolescents graduated in early January and the process to recruit the next cohort is ongoing.



Cricket is beyond being a sport. Like many other sports, it has a natural affinity to attract young people and bring together different stakeholders to collaborate in raising awareness of some of the challenges that our communities face, and to help source solutions.

- Will Hammond
The Director of Cricket Builds Hope

PARTNERSHIP & LEARNING EXPERIENCES



This January, we received a delegation from Norwegian People's Aid (NPA) that was led by the Country Director, Senada Kahrیمان.

We discussed about the impact of our partnership and broader areas of mutual interest and collaboration.

STAKEHOLDERS SPEAK:

WHO CAN USE CONTRACEPTION

- Women and girls, from their first period to 40 years of age
- Men and boys from their first ejaculation, throughout lifetime
- Exceptions can occur when a certain type of contraceptive cannot be used by a person depending on their health status

USAID MOMENTUM

3 13 22 2,668

Katie Carlson-Akuno
@powerhouse_kate

Replying to @HDIRwanda and @USAID_MOMENTUM

Would add here that girls can and should use contraception before their first period if they are sexually active, as many girls believe the myth that you can't get pregnant if you haven't yet had your period, though we know they can if they've started ovulating.

19:59 · 18 Jan 23 · 81 Views

IMPORTANCE OF USING CONTRACEPTION

- Improving maternal health and child survival through healthy timing and spacing of a pregnancy
- Reducing the number of abortions overall, especially unsafe abortion
- Preventing sexually transmitted infections (STIs), including HIV/AIDS; improved access to condoms, both male and female, reduces the rate at which STIs, including HIV, are spread
- Empowering women to make informed decisions on their reproductive health
- Improve couple communication on family planning
- Promoting social and economic development and security

USAID MOMENTUM

1 10 29 2,228

Hategeka J. Baptiste
@BaptisteRwanda

Replying to @HDIRwanda and @USAID_MOMENTUM

Well documented. In addition, may prevention of teenage pregnancies added on the list, JUST A WISH! Keep Advocating @HDIRwanda #KubonezaUrubyaro

WHAT CONTRACEPTIVE CAN I USE WHILE BREASTFEEDING?

There are many birth control methods that you can use and they include male or female condoms, the progestogen-only pill, Lactational Amenorrhea Method, the implant and the injection, intrauterine device and sterilization. All these can also be started immediately after birth.

USAID MOMENTUM

1 13 35 2,359

Amiel NZAYISENGA
@Amiel3418

Replying to @HDIRwanda and @USAID_MOMENTUM

And for those who do not get enough time to breastfeed bcse of their daily work, it's good to use another methods of contraception which is not lactational methods because it may not help (fail) and get pregnant unexpectedly due to not breastfeeding regularly! #kubonezaUrubyaro

Amiel NZAYISENGA
@Amiel3418

Replying to @HDIRwanda and @USAID_MOMENTUM

1. Not use teeth for opening condom! Look on it's edge there is an opening space!
2. First check an expiration date before you use condom
3. Talk, discuss with your partner and agreed to use it as the preventive methods to use!

@Janeuwimana @srhr_rwanda

#Kubonezurubyaro

11:31 · 29 Jan 23 · 471 Views

HDI Rwanda Host

26 Jan 23 · HDI Rwanda

Debunking the myths around self administered contraceptions

1h 35min · 513 tuned in

Play recording

1 3 7 1,172

Gisa
@celestin_gisa

Replying to Debunking the myths around self administered contraceptions

Nifuzaga kudasaba Niba ntacyo byatwara ko ikiganiro n'ubundi Kiri mukinyarwanda ntakuntu n'umutwe wikiganiro mwawushyira mukinyarwanda kugira buriwese abashe kumva icyo mushaka kuvugaho byoroshye bidasabye gukomeza gusobanurira abantu.

HDI Rwanda @HDIRwanda · 12 Jan

HDI is conducting a workshop with opinion leaders from @HuyeDistrict as part of the process to track and collect progress information related to a countrywide awareness campaign on the Ministerial Order on Safe Abortion./1 #WhyHer #BahoNeza

Rwanda Biomedical Centre and Imbuto Foundation

2 8 33 4,435

IGA Health Initiative
@iga_health

Replying to @HDIRwanda @HuyeDistrict and 2 others

Many hospitals are denying services to clients and it's a big challenge

17:10 · 12 Jan 23 · 82 Views

HDI WISHES TO THANK OUR PARTNERS AND SUPPORTERS

- AMPLIFYCHANGE
- BLACK WOMEN'S HEALTH IMPERATIVE
- CATHOLICS FOR CHOICE
- CRICKET BUILDS HOPE
- DELEGATION OF THE EUROPEAN UNION TO RWANDA
- EAHP
- EQUIMUNDO
- FEMNET
- FOSI/OSIEA
- GIZ
- GLIHD
- GLOBAL HEALTH CORPS
- IMBUTO FOUNDATION
- IMRO
- IPPF-Asociación Profamilia
- JHPIEGO/MCGL
- MINISTRY OF GENDER AND FAMILY PROMOTION
- MINISTRY OF HEALTH
- MINISTRY OF JUSTICE
- MINISTRY OF LOCAL GOVERNMENT
- NORWEGIAN PEOPLE'S AID
- PARLIAMENT OF RWANDA
- PLAN INTERNATIONAL RWANDA
- PSA
- RNGOF
- RWANDA CIVIL SOCIETY PLATFORM
- RWANDA SOCIETY OF OBSTETRICIANS AND GYNECOLOGISTS
- RWANDA BIOMEDICAL CENTER
- RWANDA EDUCATION BOARD
- RWANDA GOVERNANCE BOARD
- RWAMREC
- SFH
- SISTERLOVE INC.
- SOCIETY FOR FAMILY HEALTH
- STEPHEN LEWIS FOUNDATION
- STOP TB PARTNERSHIP
- THE CENTER FOR REPRODUCTIVE RIGHTS
- THE DAVID AND LUCILE PACKARD FOUNDATION
- THE EMBASSY OF SWEDEN
- THE EMBASSY OF THE KINGDOM OF NETHERLANDS
- THE GLOBAL FUND
- THE NEWTIMES
- UHAI-EASHRI
- UNAIDS
- UNFPA
- UNICEF
- VSO
- WELLSPRING PHILANTHROPIC FUND
- WEMOS
- WHO
- WOMEN'S LINK WORLDWIDE

