First Lady’s Intervention at

OAFLA High-Level Event ‘Improving the sexual and reproductive health of adolescent girls: the role of First Ladies’, held on the margins of the 71st United Nations General Assembly

New York, 21 September 2016
Dear sisters,
Distinguished guests,
Ladies and Gentlemen,
All protocol observed.

Good morning.

It is my great pleasure to be here with you, for this high-level event on ‘Improving the sexual and reproductive health of adolescent girls: the role of First Ladies’, held on the margins of the 71st United Nations General Assembly.

Honourable guests,

We know that paying close attention to the issue of girls’ sexual and reproductive health is of great importance to us, as a society and as parents. Experience has shown that their level of comfort, and knowledge, on these matters has an impact on their education, behavior and well-being, which in turns determines their ability to positively influence their own health, and that of future generations.
While we can all agree that this topic is still a social, and cultural taboo for many of us, we cannot afford to let a little discomfort determine whether or not we encourage parents, educators, and health professionals to talk about this issue with our young girls.

As yours, my belief is that our role is to indeed ensure that our girls and boys have access to the best age-appropriate, youth-friendly health services, and to embrace our responsibility to empower them with keen knowledge, pertaining to their sexual and reproductive health.

As concerned individuals and parents, we must therefore continue to put in place a diversity of initiatives that respond to our youth’s needs, while taking into account our cultural norms, and recognizing the value of prevention strategies to preclude health crises, that would heavily impact the future of children on our continent.
Distinguished ladies and gentlemen,

As requested by the moderator, I would now like to introduce a few of Imbuto Foundation’s initiatives. But before that, allow me to mention, and thank the key actors that the Foundation has partnered with in ASRH. These actors have made our impact all the more powerful.

They are the Rwandan Ministry of Health, the Ministry of Youth & ICT, the ONE UN Family, U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the Packard and Segal Foundations, and the Department for International Development (DFID).

When the organization was launched 15 years ago, we had one single project called ‘Family Package’, working for the wellness of pregnant mothers, and families affected by HIV/AIDS. Over the years, we have included in that same project, a special focus on youth – both in and out of school – with awareness messages on ASR, and encouragement for voluntary testing and counselling.
We also held communication forums, where **parents and their adolescent children**, have open and constructive conversations on ASRH matters. In the past year, we were able to organize 6 forums that facilitated related talks and discussions.

Another project speaking to the topic at hand is ‘**Adolescent Sexual Reproductive Health & Rights**’ implemented by Imbuto since 2010. This project pairs schools with health centres that provide youth-friendly ASRH services, and works with trained peer educators to raise awareness about prevention of HIV/AIDS, and sexually transmitted diseases, as well as reducing the risk of unwanted pregnancies.

Thanks to this project, in the past year 1,700 family members were equipped with ASRH knowledge through **Parent-Adolescent Communication** forums, and over 150 teachers were trained on how to address ASRH issues. To date, over 33,000 girls and 18,000 boys aged 10-19 were recipients of these ASRH services, which also included an **anti-teenage**
pregnancy component, as part of a larger national awareness campaign.

Esteemed guests,

A similar project to the one I have just talked about, is called ‘Mountain Movers’. Launched in 2011, it aims to promote knowledge on HIV prevention and sexual reproductive health, among in-school and out-of-school youth, aged 15-24 years old, also through specific communication forums messages.

It is through this project, that Rwanda’s OAFLA continental ‘All In’ campaign was launched this past July, under the theme ‘From commitment to action’. The event drew over 2,500 youths from across the nation, and public and private partners, who all came out to support this meaningful campaign. Powerful testimonies were given, including one by a young woman, who bravely confronted the reality of her HIV positive status, and refused to let that diagnostic get in the way of her graduating from
university, and becoming an activist in the fight against HIV/AIDS.

The last initiative I have in mind is the 12+ programme, launched only 2 years ago, with the aim of providing vulnerable girls, aged 10-12, with crucial information on sexual reproductive health, but also equips them with socio-economic and leadership skills, to prepare them for adolescence, that next and delicate chapter of their lives.

These young girls are mentored by over 400 young women, though weekly innovative, and youth-friendly sessions, held in what we call ‘safe spaces’. To date, 17,500 young girls have graduated from Imbuto’s 12+ programme.

**Distinguished guests,**

The power of collaborative efforts in public-private partnerships, and the active involvement of our youth in addressing ASRH issues within our communities, are more evident every year. And they translate into
our young girls becoming increasingly knowledgeable about their own health, and thereby ensuring a thriving life for themselves, and their future children.

The experiences drawn from these initiatives show that there are various, but just as effective ways, to approach the question of sexual and reproductive health, as it relates to our young girls.

**Ladies and gentlemen,**

I would like to conclude by reiterating that respecting the cultural norms of our different communities, is a key consideration in devising sustainable approaches. This plays an important part in securing the buy-in, and ownership of parents and adolescent girls.

However, we are also required to look at this matter from a medical standpoint, and recognize that it is our responsibility to educate our youth, to make informed decisions and adopt best practices, which will help them live the kind of healthy future, they are so rightfully entitled to.
Lastly, I would be remiss if I did not mention that all projects above and others, will benefit from the integration of a Comprehensive Sexuality Education Curriculum, in primary and secondary schools in Rwanda.

With a number of key partners, the Ministry of Education has validated the start of teacher-training programs on key features of the new curriculum, which should be included in school subjects, ranging from sciences and health, to general studies and communications.