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March 07th, 2025

Dr Sabin NSANZIMANA

Minister of Health

RE: Submission of Clinical annual report 2024

Honorable Minister,

WE-ACTx for Hope has been working in Rwanda since 2004 in the fight against AIDS. It is a local Non-Governmental Organization, legally registered with Rwanda Governance Board, it has a Memo of Understanding with the Ministry of Health to run a medical Clinic for HIV patients. We are managing 2553 patients, all on antiretroviral treatment with 99.6% of viral load suppression. It is with great pleasure that I hereby submit to you its clinical annual report 2024.

Honorable Minister, I am available for discussion regarding any question or concern you may have related to this report and happy to meet with you any time.

Respectfully,

Chantal BENEKIGERI

Director of Clinical Systems

WE-ACTx for Hope

Cc:



- ✓ Director General of Rwanda Biomedical Center
- ✓ Chief Executive Officer Rwanda Governance Board
- ✓ District Executive Administrator of Nyarugenge District.



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CLINICAL ANNUAL REPORT 2024



WE-ACTx for Hope Staff

1. Acronyms and abbreviations

| | |
|---------|---|
| WE-ACTx | : Women Equity in Access to Care and Treatment |
| PMTCT | : Prevention of child transmission of HIV |
| DOT | : Direct Observation Treatment |
| EMR | : National Electronic Medical Records |
| HMIS | : Health Management Information System |
| DSDM | : Differentiated Service Delivery Model |
| ARTs | : Anti-retroviral treatment |
| VL | : Viral load |
| MwB | : Musician without Borders |
| KIP | : Kigali Imbereheza Project |
| KCA | : Keep a Child Alive |
| TI-CBTe | : Trauma-Informed Cognitive Behavioral Therapy |
| NICHD | : National Institute for Child Health and Human Development |
| DCS | : Director of Clinical Systems |
| DAF | : Director of Administration and Finances |
| MHU | : Mental Health Unit |
| IGA | : Income Generating Activities |
| SRHR | : Sexual reproductive health and rights |
| ASRHS | : Adolescent sexual reproductive health services |
| AGYW | : Adolescent Girls and Young Women |
| MSM | : Men who have Sex with Men |
| DC. | : Discordant Couples |
| VIA. | : Visual Inspection with Acetic Acid |
| HPV. | : Human Papilloma Virus |
| PLHIV | : People living with HIV |

2. Acknowledgment

We-Actx For Hope, thanks very much to the following esteemed partners for their technical and financial support:

- The Ministry of Health
- UNAIDS Country Office
- MoH/CDC/COAG
- Global Fund
- Comic Relief
- Gesundes Afrika/BMZ
- Aids Health Care Foundation
- WE-ACTx/USA
- Keep a Child Alive
- Musician Without Borders

- Elma Philanthropy
- For Afrika
- RRP+
- Rwanda NGOs Forum
- Amahoro Human Respect
- Hands of Mothers
- Individual donors
- Mama Courage
- Love to Help
- Impinganzima Center
- Rwanda women network
- Love with actions
- Izere mubyeyi center
- Tubiteho center
- Hvp Gatagara
- Rosa mystica
- Amizero school

3. INTRODUCTION

WE-ACTx For Hope is a local nongovernmental organization legally registered with the Rwanda Governance Board. It is located in Nyarugenge District, one of the three districts of Kigali city. It provides medical care services, hospital referrals, and HIV counseling, testing, and treatment for tens of thousands of Rwandans and their families. Currently, our clinic in Rwanda (Clinic located in Center Ville Nyarugenge) offers comprehensive HIV care. WE-ACTx For Hope's medical services include confidential HIV testing and counseling, clinical evaluation, HIV prophylaxis, antiretroviral treatment (ART), as well as care for opportunistic infections and other medical-related problems. As part of our efforts to support our patients' overall health and adherence to ART, we also provide nutritional support, including the distribution of Sosoma (a highly nutritional, locally sourced porridge) each month to the families of around 500 youths and 500 adults who are in extreme poverty & who are currently on ART.

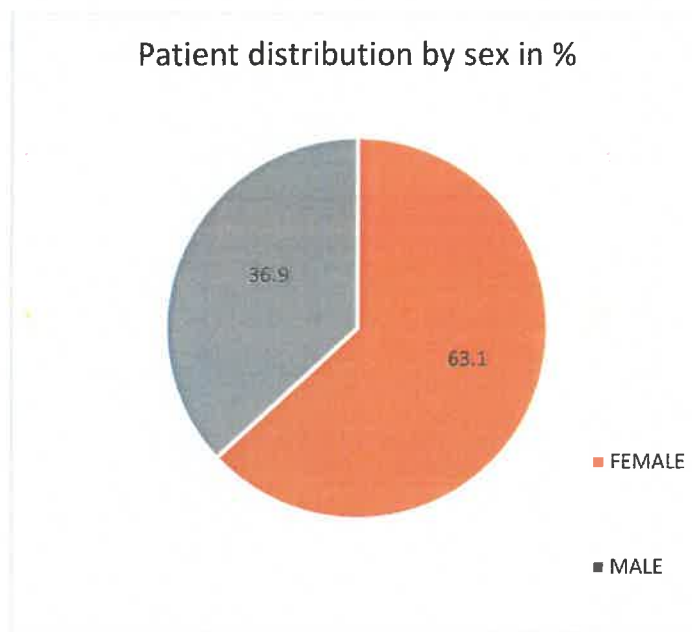
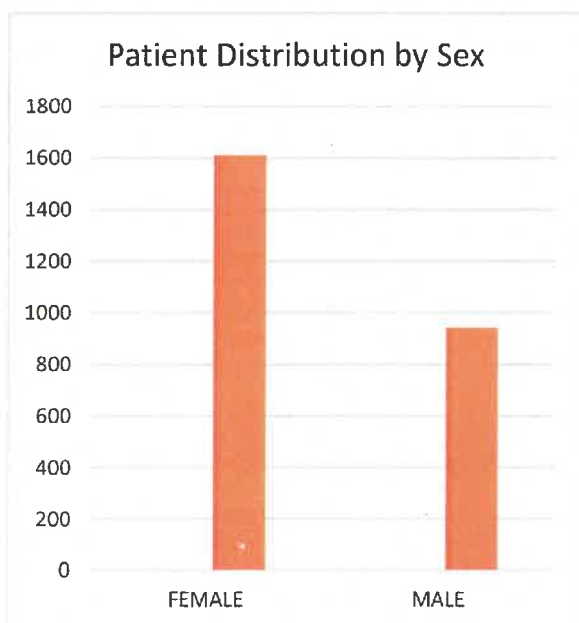
WE-ACTx For Hope's medical care programs are deeply integrated with our comprehensive psychosocial support services and index testing services, strengthened with income-generating activities initiatives. We believe that collaborating with our patients to overcome the numerous obstacles that can hinder ongoing self-care is essential for helping the communities we serve live well with HIV. The WE-ACTx for Hope clinic provides specific days for comprehensive care for each group, such as children, adolescents, and young adults, along with Sunday support, where peer educators play a crucial role as role models to promote resilience, ART adherence, and retention to care. We continue to emphasize on key populations who are at high risk of HIV, such as sex workers, serodiscordant couples, people who inject drugs (PWID), mobile individuals such as truck drivers, and the LGBTQ+ community. We actively conduct case tracing/Index testing, which includes three

components: partner notification, family testing, and social network testing. We continue sensitization on sexual reproductive health to fight HIV/AIDs and unwanted pregnancies in schools.

A. CLINICAL CARE

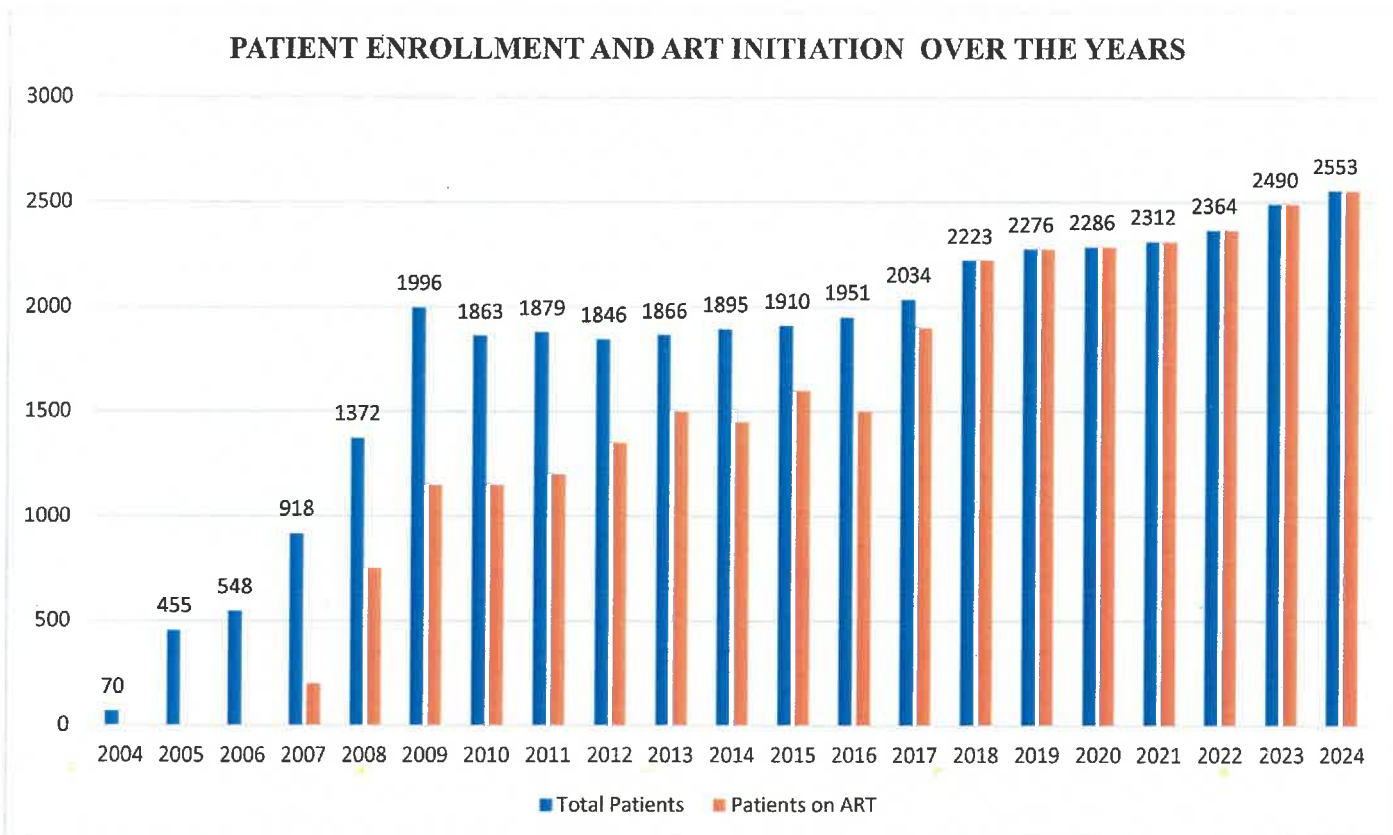
1. PATIENT DISTRIBUTION BY SEX

| SEX | NUMBER | % |
|--------|--------|------|
| FEMALE | 1611 | 63.1 |
| MALE | 942 | 36.9 |
| TOTAL | 2553 | 100% |



The representation above illustrates the distribution of active registered beneficiaries in our HIV clinic by sex at the end of 2024: 63.1% of them are female, while males account for 36.9%.

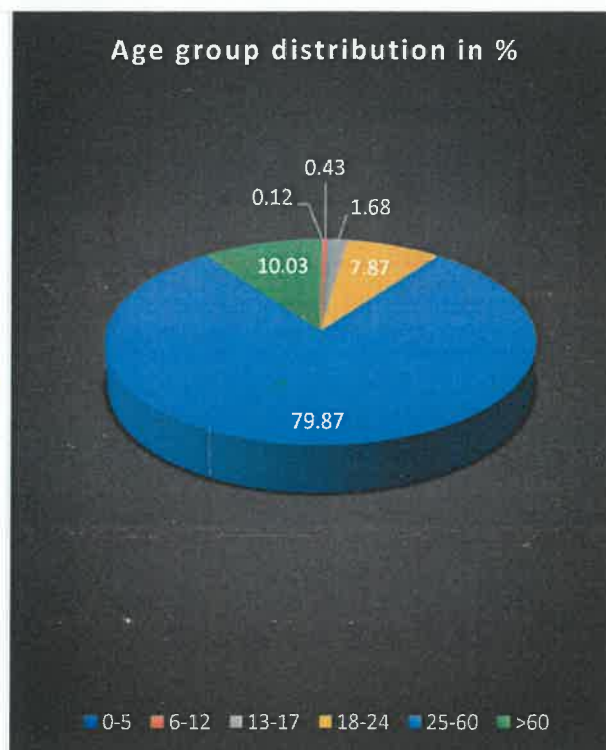
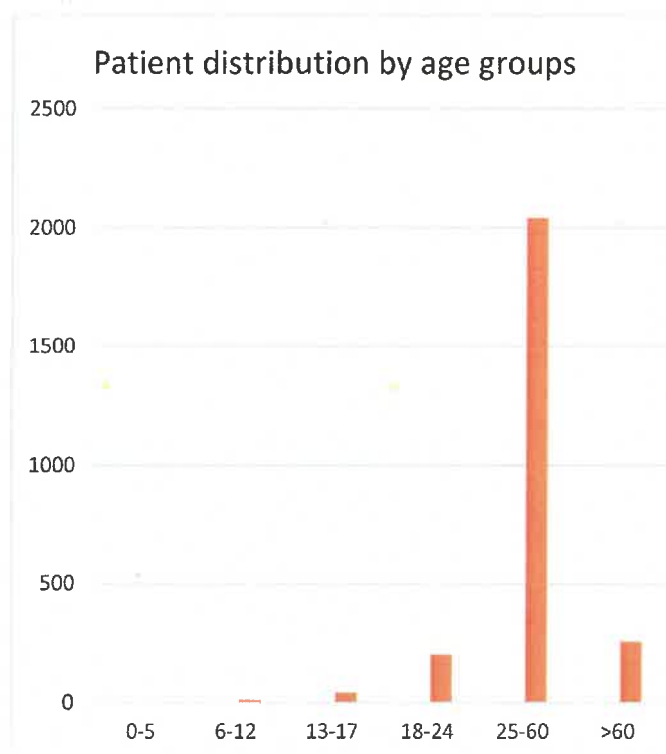
2. PATIENT ENROLLMENT INTO CARE AND TREATMENT IN OUR HIV CLINIC OVER THE YEARS



The above representations illustrate the continuous growth of our beneficiaries at the HIV Clinic over the years, showing a steady increase since 2004. The client count surged from 70 in 2004 to approximately 2,000 in 2009, where it plateaued until 2016. In 2017, WE-ACTx For Hope launched a new program known as “Index Testing” or “HIV Active Case Tracing,” which includes three components: partner notification, family testing, and social network testing, with a focus on sex worker groups, youth, and family members testing, of all our clients. Consequently, the number of clients increase again from 2,031 in 2017 to 2,490 in 2023 and reached 2,553 by the end of 2024.

4. PATIENT DISTRIBUTION BY AGE GROUPS

| CENTRE VILLE | | | |
|--------------------|---------------------------------|------------|-------------|
| Age group in years | Total number of Patients On ART | Male | Female |
| 0-5 | 3 | 1 | 2 |
| 6-12 | 11 | 6 | 5 |
| 13-17 | 43 | 20 | 23 |
| 18-24 | 201 | 95 | 106 |
| 25-60 | 2039 | 713 | 1326 |
| >60 | 256 | 107 | 149 |
| TOTAL | 2553 | 942 | 1611 |



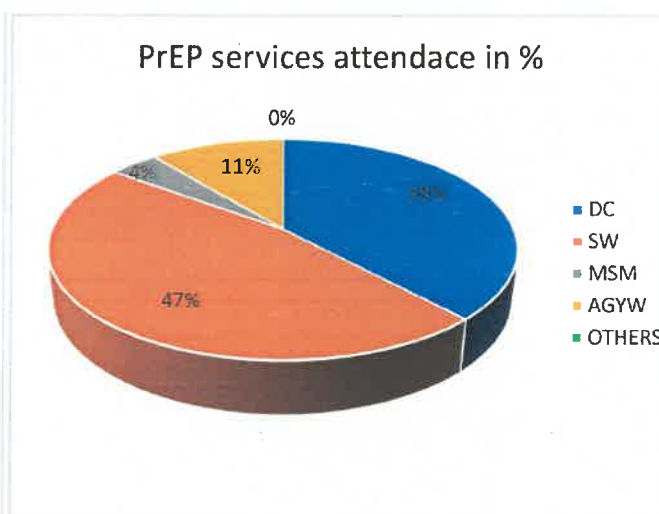
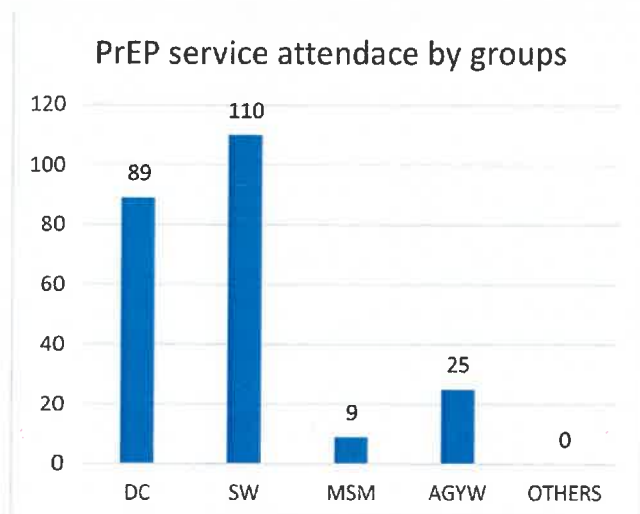
The above representations illustrate the age group distribution of our patients, the majority of our beneficiaries are adults ranging between 25 to 60 years old, representing 79.87 % of all beneficiaries. Adolescents aged 6–12 years and young adults aged 18–24 represent 0.43% and 7.87%, respectively. Only three children, equal to 0.12% of the beneficiaries, are under 5 years old, highlighting the success of PMTCT/EMTCT services.

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4. HIV PREVENTION / PrEP service

| CHARACTERISTICS | NUMBER | % | Male | Female |
|-----------------|------------|-------------|------------|------------|
| DC | 89 | 38% | 15 | 74 |
| SW | 110 | 47% | 2 | 110 |
| MSM | 9 | 4% | 9 | NA |
| AGYW | 25 | 11% | NA | 25 |
| OTHERS | 0 | 0% | 0 | 0 |
| TOTAL | 235 | 100% | 11% | 89% |



From the above representation, Sex Workers, specifically female sex workers, dominate our beneficiaries in PrEP service with a 47% rate, followed by discordant couples with 38%,

5. DISTRIBUTION ACCORDING TO REGIMEN

| CHARACTERISTICS | NUMBER | % | Male | Female |
|------------------------------|-------------|-------------|--------------|--------------|
| 1 ST LINE REGIMEN | 2436 | 95.4 | 893 | 1549 |
| 2ND LINE REGIMEN | 116 | 4.5 | 48 | 62 |
| 3 THIRD LINE REGIMEN | 1 | 0.004 | 1 | 0 |
| TOTAL | 2553 | 100% | 36.9% | 63.1% |

The above table shows that among 2553 clients followed in our Clinic, 2436 (95.4%) are on the first-line regimen, 116 (4.5%) are on 2nd line regimen, and one client is on 3rd line regimen. The one client on the 3rd is well-followed, regularly consulted, and counseled. Home visits were done to assess how he is keeping his medications. Financial constraint was found to cause poor adherence, and we provide nutrition support to facilitate adherence to medicine.

6. UPDATES ON NCDs INTEGRATION IN OUR CLINIC

We initiated a systematic screening of diabetes and hypertension in patients over 60 years old, as well as cervical cancer screening in females aged between 24 and 70 years old.

6.1. Diabetes and HTN results from the screening

| No | DIAGNOSIS | Found result | % |
|----|-------------------------------------|--------------|------|
| 1 | DIABETES | 3 | 2% |
| 2 | DIABETES COMBINED WITH HYPERTENSION | 3 | 0.6% |
| 3 | HYPERTENSION | 23 | 3% |

Among 167 newly screened for diabetes and hypertension, 29 screened positive for hypertension or Diabetes, representing 17.36 %. They are regularly well followed and home visits are organized for them.

6.2. Cervical cancer / HPV

| Activities | Number of Client | |
|---|------------------|-----|
| Women Screened | | 205 |
| Screening Modalities | VIA test | 75 |
| | HPV DNA test | 142 |
| Women Living with HIV Screened | | 205 |
| Referrals for Advanced Diagnostic Evaluation | | 4 |
| Awareness Activities Conducted (Morning IECs) | | 127 |

| Method | | Number of Client |
|---------|-----------------|------------------|
| VIA | VIA positif | 9 |
| | VIA négatif | 66 |
| VPH ADN | VPH ADN Positif | 22 |
| | VPH ADN Négatif | 120 |

Result by Method

From the above tables, 205 women were screened; 22 became positive using the HPV AND test, with nine positives on the VIA test. **Among positive cases, 72% of eligible patients received thermal ablation treatment at our clinic, with a 100% success rate,** the remaining percentage have not yet attended their scheduled appointments; however, they have been followed up via telephone, and home visits were conducted to ensure their continued care. Four women presented with Grade III lesions or higher or

suspected of having cervical cancer or other issues during screening were referred to the Hospital for further evaluation and management.

7. HIV ACTIVE CASE TRACING PROGRAM (INDEX TESTING PROGRAM)

| Indicators | Janvier- Mars | April- June | July- September | October- December | Total | Total Male | Total Female |
|--|------------------|----------------|--------------------|----------------------|-------|---------------|-----------------|
| Clients offered Index testing service | 279 | 164 | 132 | 83 | 658 | 225 | 433 |
| Clients that accepted index testing services | 278 | 161 | 130 | 81 | 650 | 222 | 428 |
| Number of contacts elicited | 571 | 188 | 258 | 154 | 1171 | 513 | 658 |
| Total tested | 382 | 306 | 192 | 196 | 1076 | 591 | 436 |
| Newly tested HIV positive | 13 | 15 | 16 | 7 | 51 | 29 | 22 |

All the 51 people tested HIV + were enrolled the same day as recommended by the National protocol at WE-ACTx For Hope Clinic. Index testing remains one of the principal strategy to be used in voluntary testing.

8. CLIENTS WHO DIED IN 2024

| NO | DOB | CAUSE OF DEATH | LAST VL/COPIES/ML | Date of last VL | DATE OF DEATH | SEX (M,F) |
|----|------|----------------------------------|----------------------|--------------------|------------------|--------------|
| 1 | 1979 | Crise du foie | <20 | 21/02/2023 | 08/01/2024 | F |
| 2 | 1980 | Cause inconnu | <20 | 27/07/2023 | 25/01/2024 | M |
| 3 | 1963 | Cause unconnu | <20 | 11/12/2023 | 05/01/2024 | M |
| 4 | 1966 | Cephalee chronique | <20 | 13/7/2023 | 07/03/2024 | M |
| 5 | 1950 | Pleureusie | <20 | 27/06/2023 | 09/05/2024 | M |
| 6 | 1954 | Neuphropathie (Renal failure) | <20 | 19/06/2023 | 13/05/2024 | M |
| 7 | 1971 | Accident | <20 | 11/04/2023 | 09/07/2024 | M |
| 8 | 1971 | Anemie | <20 | 14/03/2024 | 25/07/2024 | F |
| 9 | 1976 | Cancer du foie | <20 | 13/05/2023 | 25/07/2024 | F |
| 10 | 1960 | Diabete | <20 | 18/03/2024 | 05/09/2024 | F |
| 11 | 1970 | Cancer du foie | <20 | 07/03/2024 | 17/12/2024 | F |

This table shows that in 2024, we lost 11 clients from different mentioned causes but not related to their HIV status.

9. UPDATES ON Differentiated Service Delivery Model (DSDM) for HIV/AIDS treatment and service provision

| CLIENT CATEGORY | NUMBER | PERCENTAGE | MALE | FEMALE |
|------------------|--------|------------|-------|--------|
| UNSTABLE CLIENTS | 109 | 4.3 | 48 | 61 |
| CLIENTS ON 3 MMP | 476 | 18.6 | 155 | 321 |
| CLIENTS ON 6MMP | 1968 | 77.1 | 739 | 1229 |
| TOTAL | 2553 | 100% | 36.9% | 63.1% |

At the end 2024: 1968 clients (77%) were on 6 MMP (Provision of 6 months), 476 on 3MMP (19%) and 109 clients were classified as unstable (4%) . Some strategies are in place to help those unstable patients.

10. DIRECT OBSERVATION TREATMENT (DOT)

In 2024, DOT was used for one 16-year-old female who had problems taking ARVs. After 6 months of DOT interventions, she achieved viral load suppression, and now is stable.

11. UPDATES ON CLIENTS ON THE THIRD LINE

| No | DOB | CURRENT REGIMEN | LAST VL | 3rd line regimen starting date |
|----|------|--|----------------|--------------------------------|
| 1 | 1969 | AZT/3TC, Darunavir, Raltegravir, Ritonavir | <20 (03/08/21) | 26/1/15 |

As shown by this table, we have one client on the third line, and he is clinically and biologically stable.

12. KEY INDICATORS IN 2024

| # | Activity | Current data (%) in 2024 |
|---|---|--------------------------|
| | Proportion of patients with new files (Files version 2020 or 2018) | 2553/2553= 100% |
| 1 | Proportion of Children under 15 years old with updated weight and height | 32/32= 100% |
| 2 | Proportion of files with Adjusted pediatric dosage | 32/32 = 100% |
| 3 | Proportion of well completed Pediatric growth charts | 32/32 = 100% |
| 4 | Proportion of files of clients on ART with updated Viral load | 2532/2553=99.2% |
| 5 | Proportion of files with updated psychosocial follow up | 2479/2553= 97.3% |
| 6 | Proportion of clients in pre-ART but eligible at ART | 0% |
| 7 | Proportion of files with VL>1000 copies with documented action | 17/17=100% |
| 8 | Proportion of clients(Peds/Adults)with updated clinical consultation | 2548/2553 =99.8% |

B. PSYCHO-SOCIAL AND MENTAL HEALTH PROGRAMS

1. Introduction

In psychosocial program, a lot of activities were conducted at the WE ACTx for Hope HIV Clinic during this year 2024, aimed at improving the psychosocial well-being of our beneficiaries.

Throughout the year, we implemented a range of interventions, including psychosocial follow-ups and mental health screening, counseling sessions, peer support groups, etc. These activities focused on reducing stigma, improving adherence to treatment, and developing emotional resilience. By providing a safe and supportive environment, we empowered patients to navigate the challenges of living with HIV while promoting overall mental health and social integration. The report outlines key achievements, challenges faced, and future strategies to strengthen psychosocial support within our clinic. Through collaborative efforts with nurses, and patient advocates, we remain committed to addresses both the medical and psychosocial needs of our patients.

2. ACTIVITIES THAT WERE PLANNED FOR 2024

During this reported period the following psychosocial activities have been planned to be implemented:

- Therapeutic groups for adolescents / Blason
- Psychosocial follow ups and mental health screening
- Individual therapies done by psychologists / counselors
- New case assessment and counseling
- Conducting IEC sessions
- Conducting support groups sessions for different groups
- Meetings with peer educators
- Emergency social assistance
- Conducting CBT and YOGA sessions for vulnerable youth (HIV+, sex workers and LGBTIs) in order to improve their psychosocial wellbeing

3. ACTIVITIES CARRIED OUT DURING 2024



❖ **Therapeutic groups for adolescents/ Blason**

Introduction

Some children and youth in the ART program at WE-ACTx For HOPE are orphans from an early age, and disclosure has left them with emotional distress and/or delinquent behaviors. Some express feelings of social isolation, aggressive behaviors, alcohol and drug abuse, and high-risk sexual behaviors, which may affect their adherence to ART.

To provide them with a safe and friendly space for expressing their psychological suffering, group therapy has been organized to help them express themselves freely and overcome the life difficulties they have experienced.

Progress

In the year 2024, **12 sessions** of group therapy have been conducted with **80 youth** participating, some of whom attended two sessions. During these group therapy sessions, which are conducted in the form of verbal expressions and dialogue, we use a technique called “blason.” This technique helps everyone express themselves by sharing their personal stories and releasing their emotions. Common issues among these youths include orphan hood, poverty, stigma, delinquent behaviors, family conflicts, depression related to romantic deception, and low self-esteem.

During the sessions, each participant has the opportunity to share how they see themselves and how others see them, what has made them saddest, their celebrated achievements, life projects and challenges, dreams, and inner strengths.

- As a result, the youth have found a space to express their emotions; some cry while others experience sadness or anger.
- Some have low self-esteem and feel hopeless.
- Others abuse alcohol and drugs to cope with loneliness.
- Some have discovered through others that they are strong and can achieve great things.
- Some recognized their own stigmatization and learned self-love through discussion.

Lessons Learned

- Everyone is unique, with their own personal life and experiences, and should be treated as an individual with empathy.
- Being an adolescent living with HIV/AIDS requires special follow-up to navigate this stage successfully.
- A friendly environment for children and youth living with HIV/AIDS is key to successful follow-up and adherence to ART.

Challenges

- The small building does not allow us to provide the youth with a welcoming, fully safe environment.
- Poverty among youth is a barrier to mental wellness.
- Sometimes, healthcare providers feel exhausted and lack time for burnout prevention sessions.

Recommendations

- Youth who graduated from Sunday support groups wish to have other permanent groups to help them stay connected.
- Offering vocational training could help youth fight against poverty.
- Refresher training on the “blason” technique for psychosocial staff can be beneficial.
- Burnout prevention sessions for healthcare providers are needed to ensure they remain strong and effective in their everyday responsibilities.

❖ Psychosocial follow ups and mental health screening

At WE-ACTx for HOPE, after six months, every patient undergoes a psychosocial assessment by a psychologist or counselor to screen for depression and other mental health concerns using standardized tools. This process helps identify individuals requiring special follow-up or referral to specialized psychiatric centers. Additional assessments cover issues such as abuse, stigma, socioeconomic challenges, adherence difficulties, sex work, homosexuality, drug use, disclosure concerns, delinquency, and schooling for children.

Children under 15 receive monthly follow-ups to ensure their psychosocial well-being and adherence to treatment. In the past year, 3,647 follow-ups were conducted, with 575 patients screening positive, 5 referred to psychiatric centers, and 570 receiving psychotherapy and cancelling sessions at our clinic.

Challenges: Most of our clients use mutuelle de santé as their health insurance. When we refer them to specialized psychiatric centers, they must first go through a health center, which prolongs the transfer process to these specialized facilities. In some cases, they do not get referred at all. As a recommendation, we suggest creating a partnership with one of these specialized centers to streamline the referral process.

❖ Individual therapies done by psychologists / counselors

In the past year, psychologists and counselors at WE ACTx for HOPE HIV Clinic have provided essential individual therapies and counselling sessions to support the mental and emotional well-being of people living with HIV. A total of 575 sessions were conducted, addressing issues such as anxiety, depression, trauma, stigma, and adherence challenges.

These confidential one-on-one sessions created a safe space for patients to express their fears, process their diagnosis, and develop coping strategies. Therapy focused on resilience-building, stress management, and empowerment, ensuring that patients felt supported both emotionally and psychologically.

Patient feedback highlighted significant improvements in mental health, treatment adherence, and overall quality of life. The integration of trauma-informed care and cognitive-behavioral techniques has enhanced the effectiveness of therapy.

Moving forward, the clinic aims to expand access to mental health therapy, strengthen follow-up support, and incorporate group interventions where needed. WE ACTx for HOPE remains dedicated to holistic care, recognizing mental health as a key component of HIV treatment and overall well-being.

❖ **New case assessment and counseling**

We have conducted comprehensive assessments and counseling for newly diagnosed individuals, ensuring a supportive and informed transition into care. A total of **105** new cases were assessed, with each individual receiving personalized counseling from our dedicated healthcare team.

Participants also engaged in several educational sessions focused on understanding HIV, treatment initiation, mental health support, and addressing concerns related to stigma and disclosure. Counselors provided emotional support, guided patients on the importance of adhering to antiretroviral therapy (ART), and connected them to peer support groups for ongoing encouragement.

Feedback indicated that early intervention and counseling significantly reduced anxiety and improved engagement in care. A strong follow-up of new cases is very helpful, as it has been shown that most of our clients with viral load failure are those who were newly tested HIV positive.

❖ **Morning health education**

Throughout the year, nurses and counselors at WE ACTx for HOPE HIV Clinic have conducted daily morning health education sessions, providing vital information to patients and caregivers. These sessions focused on HIV treatment adherence, prevention strategies, nutrition, mental health, and overall well-being.

A total of **242** sessions were held, with **7650** participants attending. The interactive format allowed participants to ask questions, share experiences, and receive guidance on managing their health. Key topics included understanding antiretroviral therapy (ART), managing side effects, preventing opportunistic infections, non-communicable diseases (NCDs), cervical cancer, PrEP, the importance of lab testing (renal function tests), unwanted pregnancies among youth, sensitization for family members' testing, how psychosocial problems can affect adherence, and reducing stigma.

Feedback from attendees indicated improved knowledge, better medication adherence, and increased confidence in managing their health. Nurses and counselors played a crucial role in delivering clear, practical, and culturally sensitive education, ensuring that information was accessible to all

❖ **Support groups conducted by peer educators**

Over the past year, peer educators, assisted by nurses and counselors at WE ACTx for HOPE, have conducted numerous support groups, creating a safe and supportive space for people affected by HIV. These sessions addressed emotional well-being, medication adherence, stigma reduction, patient orientation to other services, and life skills. A total of 189 sessions were conducted, with 8,766 patients in attendance. It is important to note that every patient is required to participate in four sessions each year. Key topics included mental health, nutrition, self-care, safe sex, disclosure, non-communicable diseases (NCDs), and stigma. Participants reported feeling more confident, staying on treatment, and gaining a sense of belonging. Moving forward, we aim to reinforce training for our peers so that they can improve their leadership skills and deliver effective support group sessions, continuing to empower our community



The Director of Clinical Systems is delivering her message during the youth support group.

❖ **Conducting meeting with peer educators**

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To strengthen the work of peer educators, monthly meetings are held to review session progress and address key issues. During these meetings, each peer educator presents the topics covered, participant questions, and challenges encountered, particularly obstacles preventing proper medication adherence. Additionally, we take time to review and update certain topics to enhance their knowledge.

During the reporting period, 12 meetings were conducted, providing a platform for peer educators to share experiences, refine their approach, and improve their effectiveness in supporting participants. These sessions play a crucial role in ensuring that peer educators are well-equipped to address the needs of their peers.

❖ **Emergency social assistance**

In order to assist to emergent cases, a financial aid is provided to eligible patients. During this year 12 patients received emergency social assistance in total amount of 240, 000 Rwandan francs

❖ **Conducting CBT and YOGA sessions for vulnerable youth**

Over the past three years, we have been conducting a project aimed at improving the psychosocial well-being of vulnerable youth, specifically those at risk or experiencing mental distress, including young people living with HIV, sex workers, and LGBTQ youth, through CBT and yoga interventions. The following activities were carried out during the last year.

- We have successfully completed the remaining two waves (15-17) of CBT (Cognitive Behavioral Therapy) and yoga courses, reaching 274 out of the intended 280 participants (i.e 98% attainment achieved). We are delighted with the high attendance and active participation of the enrolled youth.
- A workshop was held in July 2024 on raising awareness of mental health and reducing stigma towards LGBTIs. This workshop was attended by 25 participants including community leaders, community health workers, and community nurses. The training objective was to equip community nurses and health workers with the knowledge and skills to address mental health stigma within the LGBTIs population and enhance overall mental health awareness. The workshop successfully provided participants with a comprehensive understanding of the unique mental health challenges faced by LGBTIs individuals. Through interactive sessions, participants gained insights into the impact of stigma, discrimination, and prejudice on the mental well-being of this population.

Outcomes:

- Increased awareness of the mental health needs of the LGBTIs population.
- Improved understanding of the impact of stigma and discrimination on mental well-being.
- Strengthened capacity to identify and refer individuals with mental health concerns to appropriate services.
- Adopted a supportive and inclusive environment for LGBTIs individuals within the health facilities and in the community.

- An awareness-raising workshop was conducted to promote the sustainability of the CBT and yoga project. Fifty participants attended including healthcare providers from various health facilities in Kigali, members of youth-led organizations, and community health workers received training on the basic knowledge of CBT and yoga. The workshop focused on equipping participants with CBT and yoga approaches that they can incorporate into their daily psychosocial activities



Participants practicing simple yoga techniques.

- ✓ All evaluation-related activities, such as focus group discussions after each wave and annual evaluations for the remaining waves, were well conducted, and the data was collected effectively.
- ✓ Event Closure: To celebrate our project's achievements, a closing event has been organized. This event provided an opportunity for all stakeholders to come together and reflect on our accomplishments. It showcased the benefits of the yoga and CBT approaches in addressing mental health challenges, shared the impact of the project with our stakeholders, and created a platform for participants to share their experiences and stories. The event included speeches, presentations on the impact of the CBT and yoga approaches, success stories from beneficiaries, a yoga demonstration, ect



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The strengths and success of this program

We successfully recruited and retained a large number of the target population, with 1,386 out of 1,400 participants attending the CBT and yoga courses. These participants were divided into 17 waves, with each wave originally intended to have 80 participants, except for the last 2 waves

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which had 100 participants. Participants reported improvements in both their mental and physical well-being, as confirmed by evaluations and focus group discussions conducted after each wave.

The involvement of community health nurses and leaders has played a crucial role in raising awareness about mental health issues, reducing stigma towards LGBTIs, and providing education on common health needs and mental health needs for LGBTIs individuals. This initiative has also addressed the values and attitudes of healthcare providers, helping to minimize stigma.

The most significant achievements of the program

1. Improved mental Wellbeing and Social Integration for Vulnerable Youth:

The project clearly targeted vulnerable youth, such as those living with HIV, sex workers, and LGBTQ+ individuals, with the aim of addressing both their physical and mental wellbeing. By participating in an integrated yoga and CBT course, vulnerable youth were able to improve their mental wellbeing. This course has successfully reduced anxiety, depression, and improved overall emotional regulation among these high-risk groups. After each cohort, during focus group discussions, participants reported that the program had helped solve some of their problems, such as isolation, sleeping problems, feeling calm, and learning healthy coping skills. The program taught them how to deal with difficult situations and helped them become more resilient so that they have the strength and willpower to keep moving forward, no matter what problems they face in the future. They learned how to control emotions like anger and sadness and to cope healthily with stress using the cognitive triangle.

The improved social functioning observed in these youths suggests that they felt more empowered to engage with their communities. This could be attributed to reduced social stigma or the development of social skills throughout the course, where they sat together regardless of their differences and discussed how they can cope with the problems they are facing.

2. Increased Capacity and Stigma Reduction:

To strengthen community-level action, community workers, leaders, and nurses were trained as part of the project. This empowerment enabled them to identify and support youth experiencing mental distress, potentially creating a ripple effect of awareness and reducing stigma.

Therefore, the most significant achievement of the project is likely its holistic approach to improving the wellbeing and social integration of vulnerable youth, while simultaneously reducing stigma and building long-term capacity. The project addresses both individual needs and systemic challenges, creating a more supportive environment for these young people.

4. RECOMMENDATION: Psychosocial team needs a temporal specialist to assist in complicated cases and for supervision in general (once a month).

C. MUSIC THERAPY PROGRAM

1. Introduction

Listening and playing music can change our mood and help us reflect on our feelings and experiences. Music plays an important role in the world as it helps us in easily expressing ourselves. It has different impacts on the daily lives of people.

It is in this regards that in 2018, WE-ACTx For Hope integrated music therapy and yoga in its program to help those patients with depression and trauma signs. Since then, the patients liked and enjoyed those programs.

2. Activities planned for the year 2024

- Monday music training
- Therapeutic music group
- support group
- new program of working with disability children
- Music as Therapy training

These activities have been completed and the results are as following:

- ✓ **Monday music training:** it was attended by people who are trained to work with children in various musical activities its objectives were to engage musician in increase sense of connection, creative, concentration, to build confidence and develop employable skills.
- ✓ **Therapeutic music group:** This group attend by the youth aged 19-26 people's support groups at WAFH. Further objectives are to build confidence and sense of value, a positive experience of success; to grow the skills of youth, encouraging discipline through music
- ✓ **Wednesday music drop-in:** This is a group that every child who comes to a medication appointment attend; this year we had 43 children participating in this program.
- ✓ **Support group (Drum sessions):** This is a music program for teenagers who participate in a support group where they have musical activities sessions. Trained peer parents are the ones who support these kids by playing different instruments such as guitar, Piano, and drums, playing games, dancing traditional dance& modern dance and community music activities. The main objectives were to engage youth in creative, group activity, relationships between youth, with peer parents and inspiring talent.
- ✓ **Program of working with disability children**

This program started from May 2024, after long time looking for the place to work with, we been able to find 2 place and we started then. In the month after also found new place which called Love with Actions.

In October 2024 we also found other 3 schools and center like HVP Gatagara, Amizero school and Tubiteho Center. Now we started to work with their children in music as therapy and still waiting to receive others.

Our mission towards the children from this center and schools is to empower children with disabilities through music by promoting confidence, inclusion, equality, quality, and safety. Additional goals include enhancing confidence and self-worth through successful experiences, nurturing youth skills by fostering discipline, concentration, and creativity through music, and providing a platform for expressing emotions and feeling loved.

Vision towards the children from this center and schools is to be the agents who will use the power of music to bring joy

Music as Therapy training

In March 2024, for 2days we were able to participate in Music as Therapy training where they prepare us to know how to work with disabilities children, this training was attended by 15 people from we-actx for hope, 2 people from Ready for Reading and 2 trainers from Youth Led Music as Therapy association located in Rusizi district.

These are the photos for training:



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VISITORS

- On 7th January to 6 April of 2024, we have received the two music therapist students from UK called Amelia Caesar and Sarah Price who were coming in the internship. They managed to work with disabilities children from GSF Nyamirambo, elder women in Rwanda Women Network, they also worked with elderly parents from Impinga Nzima. not only that but also, they were working with children who has special cases from We-Actx for hope.
- On 2nd March of 2024, we welcomed Two Trainers called Ishimwe Fidel (Legal representative of Youth led musical Therapy) and Musoni Audace (Executive secretary of Youth Led Musical Therapy). from Youth Led Musical Therapy association. Their mission is to contribute to the community development through using music as therapy.
- On 11st November of 2024, we had a plan to host a guest who was going to come to check the progress of working with children with disabilities. but unfortunately, he lost his father when her was planning to come and stopped the trip. In the future they will tell us when he is ready to come.

ACHIEVEMENT FOR THIS YEAR

- we reached over 500 people who have been able to benefit from music making.
- We have been able to work with more 8 center and schools that care for children living with disabilities, reaching 356 children.
- Through music, we were able to raise the hope and confidence of the youth, which lead to an increase the number of beneficiaries who adhere to the doctor's appointment.
- We have provided employment to more than 13 youth from we-actx for hope who now receive salary every month and help them continue to develop themselves through there hard working.

MUSIC THERAPY AT IMPINGANZIMA NYANZA/BUTARE

3. Introduction

With the permission of the Ministry of Ubumwe, We-Actx For Hope conducted a pilot project at Impinganzima in Nyanza District on music therapy for mental health support.

This report provides details on a pilot project conducted by WE-ACTx for HOPE, in partnership with Musicians without Borders, to explore the use of music therapy in assisting individuals with mental health challenges living in IMPINGANZIMA hostel. The project has offered four music therapy sessions to the beneficiaries of the IMPINGANZIMA hostel, located in the Nyanza District. These sessions took place on March 20th and 27th, April 3rd, and May 8th, 2024, each lasting for one hour.

4. Objectives of the pilot project on music therapy

The main goal of this pilot project was to assess the feasibility and acceptability of music therapy for the beneficiaries of IMPINGANZIMA, as well as explore the potential benefits of music therapy in supporting mental health of these beneficiaries. These potential benefits include healing the wounds of genocide against Tutsi in 1994, creating positive change in their daily life, reducing anxiety and stress, improving mood and emotional regulation, and increasing self-awareness and expression.

5. Methodology

- ✓ **Music therapy session:** All the beneficiaries were grouped together due to their small number. The group from WE ACTx consisted of two professional music therapists and one psychologist. The sessions incorporated various elements such as playing music, drumming, using sticks and shakers, playing the xylophone, dancing and singing. However, our main focus was on meeting the needs of the beneficiaries, who especially enjoyed dancing to culturally relevant music. This allowed individuals of all ages to participate actively and enjoy the music sessions.

On the opening day, the clinical director of WE ACTx FOR HOPE delivered an opening speech to the beneficiaries and staff of IMPINGANZIMA. In her remarks, she provided background information and explained the goals, vision, and mission of WE ACTx. She expressed the organization's commitment to contributing to their psychosocial well-being by establishing music therapy at their center.

- ✓ **Focus group discussions:** After each music session, psychologist conducted a focus group that gathered valuable information about the beneficiaries' emotional responses to music therapy.

Feedbacks from beneficiaries: Through focus group discussions conducted after music sessions, participants shared their feelings after music therapy session as follows:

- ✓ The music session was good and enjoyable. It helped me stretch my muscles.
- ✓ It helped us combat loneliness and isolation, making us feel loved and cared for.
- ✓ It served as a stress release.
- ✓ It helped us cope with trauma and other mental health problems.
- ✓ Having regular sessions that last longer than an hour would be beneficial for us.
- ✓ I was tired and weak, but after this intervention, I feel good.
- ✓ Prior to the session, I had a headache, but it reduced through the music practice.
- ✓ My feelings have changed; I no longer feel stressed.
- ✓ When I started the music session, I was very stressed and my heart felt heavy, but now I feel relaxed.
- ✓ Before starting this music session, I was feeling tired and weak because of glycaemia increase, but now I am feeling good

6. Recommendations and conclusion

Our pilot project, which explored the use of music therapy to support the mental health of IMPINGANZIMA beneficiaries, yielded remarkable results. The project empowered beneficiaries' mental health, as evidenced by the overwhelming positive feedback we received from participants. Many reported feeling less stressed, expressing themselves more freely, and experiencing improved moods. They also found that the program helped them manage their anxiety in ways they never expected. In short, participants reported significant benefits from the program.

This pilot project has provided a strong foundation, and we believe that a sustainable music therapy program can greatly improve mental well-being across different IMPINGANZIMA hostels in the Country. WE-ACTx FOR HOPE is committed to seeking other partners and partnering with mental health advocates to continue this program and expand it to other IMPINGANZIMA hostels in our Country.

The total Numbers in general who participated in the music program in 2024 are:

- 585 youth participated in Rwanda Youth Music in 2024.
- 229 Children were from WAFH.
- 356 Children were from outside WAFH (Children with Disability).
- 17 WAFH youth were employed in different activities.
- 16 trainees Participated in Music as Therapy training.

Plan for the year 2025

- Monday music training
- Therapeutic music group
- Support group
- New program of working with disability children
- Music as Therapy training

As a conclusion, at the core of our everyday experience with music, we use it to relax, express ourselves and generally improve our well-being. It has evolved into a tool for healing and self-expression, often dictating how we, as individuals, take steps to impact society.

D. ADOLESCENT GIRLS AND YOUNG WOMEN ACTIVITIES REPORT

1. Introduction

WE act for Hope implemented a project with RBC/ HIV division, funded by Global fund, in fighting against HIV/AIDS, and reduce new infection, activities that have been implemented in GICUMBI, KAMONYI and RUHANGO Districts. The project focused on HIV prevention among adolescent Girls and young Women,

To achieve the goals, three main levels of intervention were available: prevention of new HIV infections in Adolescent Girls and Young women, care and treatment for infected ones with referral to different Health centers in catchment areas and impact mitigation. It is under these three levels that WE-ACTx for hope

developed and prioritized specific activities to achieve the goals with the highest impact for a given investment.

2. OBJECTIVE OF THE PROJECT

Increasing the awareness on HIV Prevention and link Adolescents Girls and young women to Health Facilities to access Services and Reduction of new HIV Infection incidence in AGY&W.

3. DESCRIPTION OF THE PROJECT ACTIVITIES (Fighting HIV/AIDS in AGYW)

The project was designed and is being supported by Global Fund via Government of Rwanda/Ministry of Health-RBC/SPIU, to serve as an opportunity to reach general population and Adolescent girls and young women with a comprehensive package of HIV Prevention programs and with aim of reducing new HIV infections. Therefore, WE ACTX FOR HOPE as one of the implementing partners of MoH/RBC under this project of Fighting HIV/AIDS operates in **GICUMBI, KAMONYI and RUHANGO** Districts, whereby the target group is Adolescent Girls and young women (AGYW).

4. PROJECT ACTIVITIES AND RESULT

Baseline assessment and Pre-Interventional Activities

| NO | DATES | Location | MEETING VENUES | PARTICIPANTS PER DISTRICT | Conducted Analysis | Key Results |
|----|-----------------------|------------------|-------------------------------------|---|---|--|
| 1 | 2nd to 5th March,2022 | GICUMBI District | District, Meeting Room (Nice Hotel) | 50 Participants (15 Young women in School and 35 out of School) | Vulnerability Status among home based and street based Young women (Lifestyle, Financial status - Ikiciro cy'ubudehe) | 1) Most of the young women get pregnant due to lack of information about sexual reproductive healthy 2) Poverty in Families 3) Drug abuse in young women 4) Use of alcohol in young women |

| | | | | | | |
|---|-------------------------|------------------|---|--|---|---|
| 2 | 8th to 10th March, 2022 | KAMONYI District | District, Meeting Room (Chris Hotel) | 50 Participants (18 Representatives of Young Women in school and 32 Representatives of Young Women out School) | Vulnerability Status among home based and street based Young women (Life style, Financial status - Ikiciro cy,ubudehe) | 1) Most of the young women get pregnant due to lack of information about sexual reproductive healthy 2) Poverty in Families 3) Drug abuse in young women 4) Use of alcohol in young women |
| 3 | 9th to 10th March, 2022 | RUHANGO District | District, Meeting Room (White hall Hotel) | 50 Participants (21 Representatives of Young Women in school and 29 Representatives of Young Women out School) | Vulnerability Status among home based and street based Young women (Life style, Financial status - Ikiciro cy,ubudehe) | 1) Most of the young women get pregnant due to lack of information about sexual reproductive healthy 2) Poverty in Families 3) Drug abuse in young women 4) Use of alcohol in young women |

1) The table above indicates the summary of the conducted Baseline assessment of AGYW in and out of school in Gicumbi, Kamonyi & Ruhango Districts.

1. IMPLEMENTATION PROCESS

✓ HIV MAIN ACTIVITIES PLANNED FROM July-December 2024

- Conduct outreach to mitigate and raise awareness to teen mothers living with HIV, conduct supervision and mentorship during and after disease outbreaks, Mpox, Marburg, to ensure both mothers and children are in good ARVs treatment continuity.
- Conduct Quarterly coordination meetings with stakeholders to discuss on progress review for HIV Project implementation and inform the quarter implementation of activities with aim to improve quality of services delivered at the community level among key and vulnerable population.
- Conduct supervision of activities carried out by NGOs

- Organize mass campaigns by targeting youth especially Adolescent girls and young women (AGYW) through community campaigns to increase their knowledge on current disease outbreaks, HIV/TB, sexual reproductive health right and health facility services utilization during pandemics.

A. DETAILS ON ACTIVITIES DURING The Quarter Four (July-December -2024)

To sustain the progress of our project in the catchment areas of Kamonyi, Ruhango, and Gicumbi, we conducted a quarterly coordination meeting with our key stakeholders, including local leaders and healthcare providers. During this meeting, we collaborated on strategies to continue delivering high-quality services to adolescent girls and young women. We also discussed the challenges faced and identified ways to address them. Moving forward, we remain committed to increasing key performance indicators and ensuring continued progress in our shared efforts

Summary:

Quarterly Coordination Meetings: Stakeholders (local leaders, healthcare providers) came together to discuss the project's progress and strategies for continued service delivery to adolescent girls and young women. Emphasis was placed on identifying and addressing challenges, as well as exploring ways to increase positive indicators of success.

Challenges Identified: Cost of Health Services: Healthcare providers raised concerns about the high costs of certain services, especially treatments for Gender-Based Violence (GBV) and testing for Sexually Transmitted Infections (STIs). These services require expensive kits and resources, which can strain the health centers' budgets.



Photos of IPs Kamonyi, Ruhango and Gicumbi.

Conduct outreach to mitigate and raise awareness to teen mothers living with HIV, conduct supervision and mentorship during and after disease outbreaks, Mpox, Marburg, to ensure both mothers and children are in good ARVs treatment continuity done in three districts July to December 2024

Teen Mothers Outreach and HIV Awareness Campaign (July - December 2024) Project Overview:

In the quarter of September to December 2024, WE Actx for Hope conducted a series of activities aimed at mitigating the effects of HIV on teen mothers living with HIV and raising awareness about sexual and reproductive health. The initiative was conducted across three districts: Ruhango, Kamonyi and Gicumbi. The primary focus was on ensuring the continuity of antiretroviral therapy (ARVs) for both mothers and their children, particularly during the challenges posed by the Mpox and Marburg outbreaks.

Key Activities and Achievements:

1. Raising Awareness on HIV Prevention and Sexual Reproductive Health:

- 30 peer educators from the three districts were trained and engaged in outreach efforts to raise awareness about HIV prevention and the importance of continuing ARV treatment.
- These peer educators held informational sessions, targeting teen mothers, to provide accurate information on HIV prevention, reproductive health, and the importance of ongoing medical care.

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- Outreach activities focused on prevention of new HIV infections, empowering young mothers with knowledge and practical tools to protect their health and that of their children.

2. Supervision and Mentorship:

- A key part of the project involved regular supervision and mentorship sessions for both peer educators and teen mothers. This ensured continuous support for the ARV treatment adherence of mothers and their children, especially during disease outbreaks like Mpox and Marburg.
- The team ensured that health service provision remained uninterrupted during the outbreaks, and any gaps in the healthcare delivery system were identified and addressed.
- The mentorship provided not only focused on health but also psychosocial support to teen mothers, which was critical in ensuring their mental well-being during these difficult times.

3. Challenges Faced:

- **Migration of AGYW to Kigali:** One of the most significant challenges discussed during the peer educators' evaluation meeting was the migration of adolescent girls and young women (AGYW) from rural areas to Kigali in search of economic opportunities. This movement caused a disruption in their access to health services, as many were lost to follow-up. This lack of continuity in treatment, especially for ARVs, increased the risk of both mother-to-child transmissions of HIV and non-adherence to treatment regimens.
 - **Response:** The team proposed strategies to address this issue, including improving communication channels with the AGYW and local service providers in Kigali to ensure that they continued receiving services.

4. Impact of Disease Outbreaks:

- The outbreaks of Mpox and Marburg added an additional layer of complexity to the outreach efforts. Teen mothers living with HIV faced heightened vulnerability due to weakened immune systems, and the fear surrounding these diseases caused some to hesitate in seeking care.
- **Response:** The outreach activities incorporated health education on Mpox and Marburg, addressing the fear and misinformation about these diseases. Additionally, the team ensured that local clinics were equipped to provide services to HIV-positive mothers and their children without interruption, despite the outbreaks.

Lessons Learned and Next Steps:

1. **Mobile Health Outreach:** Due to the migration challenges faced by AGYW, the team recommended the establishment of mobile health outreach programs that can follow these young women, even as they move to larger cities, ensuring continued access to HIV care and support services.
2. **Strengthening Peer Educator Networks:** The peer educators expressed a need for additional training in handling specific health crises like disease outbreaks and in providing more comprehensive support to mothers. Expanding their capacity to address both the medical and psychosocial needs of HIV-positive mothers is critical for long-term success.
3. **Expanded Monitoring and Follow-Up:** A more robust monitoring system, possibly integrating mobile technology or community health workers, would help track and follow up on teen mothers who migrate, ensuring that they continue their treatment and are aware of available services in their new locations.

Conclusion: The activities conducted in the July to December 2024 quarter were instrumental in raising awareness, providing mentorship, and ensuring the continuity of ARV treatment for teen mothers living with HIV in Ruhango, Kinazi, and Byimana. Despite challenges such as migration and disease outbreaks, the program successfully supported teen mothers in managing their HIV care and prevention efforts. Moving forward, the lessons learned will inform future outreach strategies and ensure more effective support for HIV-positive mothers and their children



Photos of Peer Educators Ruhango&Kamonyi District.

✓ **Conduct supervision of activities carried out by NGOs**

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During the period of July to December 2024, We Actx for Hope Team conducted a comprehensive supervision of the activities carried out by our NGOs in the catchment areas. The focus of this supervision was on monitoring and evaluating the implementation of peer education programs aimed at supporting adolescent girls and young women. Our team specifically assessed how the peer educators are referring these groups to health centers for necessary health services, with a particular focus on sexual and reproductive health care. Key observations included:

1. Monitoring and Evaluation of Peer Educators:

The peer educators were actively engaged in referring adolescent girls and young women to health centers for essential health services. Their work was carefully monitored to ensure they were providing accurate information and support, and that the referrals were being appropriately followed up on.

Challenges in Health Care Services:

Some challenges were identified during the supervision. A major concern raised was the quality of services provided by certain healthcare providers, particularly regarding the treatment of sexually transmitted infections (STIs).

New healthcare providers, in particular, were noted as struggling to deliver high-quality care, which could negatively affect the adolescent girls and young women seeking services. These providers were also reportedly not as responsive to the specific needs of STI prevention and treatment.

A troubling issue was the reluctance of some providers to offer STI services, with some claiming that the costs associated with these services were too high. This poses a significant barrier to ensuring comprehensive healthcare for young women.

Future Plans:

Moving forward, We Actx for Hope Team plans to address these challenges by engaging with the health centers to improve service delivery. We will work on training health care providers to be more responsive to the needs of adolescent girls and young women, particularly in relation to STI care and prevention.

We also aim to foster better communication between the peer educators and health centers to ensure that referrals are being met with the appropriate level of care. Additionally, further advocacy will be carried out to ensure that STI services are accessible and affordable for the target population.

In conclusion, while the peer educators are making strides in their efforts to refer young women to health centers, there are still significant gaps in the services provided by certain healthcare providers. Addressing these gaps will be essential to ensure the continued success and impact of the program.

| #District | #conducted sectors | #Dates | #Number of participants | Number of Books and Condoms condom Distributed |
|-----------|--------------------|--|-------------------------|--|
| Kamonyi | Musambira& Rukoma | 27 th -29 th 2024 December | 30 | 1008 Condoms have been distributed |
| Ruhango | Kinazi& Byimana | 20 th -22 nd 2024 December | 30 | 1008 condoms have been distributed |
| Gicumbi | Kaniga& Byumba | 18 th -20 th 2024 December | 30 | 1008 condoms have been distributed |

Organization of mass campaigns targeting youth particularly AGYW through community campaigns to increase their HIV knowledge and HIV, SRHR and TB Services utilization during post in Ruhango and Kamonyi Districts.

The community dialogue held in December 2024 in the districts of Ruhango, Gicumbi, and Kamonyi was a notable success in advancing efforts to reduce new HIV infections and promote sexual reproductive health awareness. The event, held on December 4th, 5th, and 6th, saw the participation of over 13,000 people, with a primary focus on educating youth in the community.

In collaboration with the District and sector Health Directors, the dialogue aimed to raise awareness about how to prevent new HIV infections, sexually transmitted infections (STIs), and unintended pregnancies through condom use and other preventive measures. One key activity was a demonstration on how to properly use condoms, which was an essential part of the campaign's objective.

As a result, 16,000 condoms were distributed across the three districts to encourage safe sex practices and reduce the risk of HIV transmission. The response from the community was highly positive, with many individuals expressing interest in adopting safer sex practices and incorporating condoms into their sexual health routines.

This mass campaign dialogue marked a significant milestone in efforts to educate and empower the community on sexual and reproductive health. It plays a crucial role in increasing awareness and promoting

| No | Organization | Name of the group | No_ of people per Group | Sector | Status | Savings for the period (2021-2024) (Frw) |
|------------------|------------------|-------------------|-------------------------|---------|---------------|--|
| | | | | | | |
| Ruhango District | | | | | | |
| | WE ACTX FOR HOPE | Tuzamurane Kinazi | 35 | Kinazi | Teen Mothers | 350,100 Rwf |
| | | Duhozanye Saving | 22 | Kinazi | | 39500Rwf |
| | | Urukundo Saving | 35 | Kinazi | Young Mothers | 60,000Rwf |
| | | Duterimbere | 35 | Ruhango | Teen Mothers | 550,000 Rwf |
| Total Savings | | 127 | | | 999,600 Rwf | |

healthy behaviors. Moving forward, there is a strong commitment to continue these efforts and work towards creating a more informed and healthier community, particularly focusing on preventing new HIV infections and promoting sexual health across the region.






Mass campaign photos Ruhango, Kamonyi, Gicumbi.

V111. Success and Best Practices/Achievements

FINANCIAL SAVINGS GROUPS (GSLA) FOR Adolescents Girls and Young Women

| No | Organization | Name of the group | No_ of people per Group | Sector | Status | Savings for the period (2021-2024) (Frw) |
|-------------------------|-------------------------|-------------------|-------------------------|-----------|----------------|--|
| KAMONYI District | | | | | | |
| | WE ACTX FOR HOPE | Gikundiro Savings | 30 | Musambira | Peer Educators | 250,000Rwf |
| | | Urungano Savings | 25 | Runda | Peer Educators | 150,000 Rwf |
| | Total Savings | | 55 | | | 400,000Rwf |

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| No | Organization | Name of the group | No _ of people per Group | Sector | Status | Savings for the period (2021-2024) (Frw) |
|-------------------------|--------------|----------------------------|--------------------------|--------|----------------|--|
| Gicumbi District | | | | | | |
| | | Nabo N, Abana Group Saving | 50 | Kaniga | Peer Educators | 640,000 Rwf |
| Total Savings | | | 50 | | | 640,000Rwf |

- In Ruhango District 117 out of 150 Young women decided to resume school and 660 out of 1050 decided to use family planning methods as precaution against HIV and unwanted pregnancies.
- In Gicumbi District 87 out of 140 Young women decided to resume school and 576 out of 720 Young women decided to use family planning as precaution against HIV & Unwanted pregnancies.
- In Kamonyi District 135 out of 180 Young women decided to resume school and 672 out of 760 Young women decided to use family planning as precaution against HIV & unwanted pregnancies

Lessons Learned

- Big number of AGYW are very interesting to participate in group saving
- Big number of AGYW are aware to learn and put into practice SRHS delivery
- Need to learn Financial Skills and Savings
- Need to Learn some Basic economic knowledge and entrepreneurial skills

V1. Challenges

- a. Most of Adolescents girls and young women living in poor families decide to interfere in sexual relations as an alternative of wellbeing
- b. Minimum resources in projects related to HIV Preventions and awareness
- c. Less mindset and cognitive skills on HIV Preventions, about Sexual and reproductive health, Sexual Transmission infections of Peer Educators
- d. Less mindset and cognitive skills on SRH, HIV/AIDS of Parents
- e. Increasing number of Teen mothers in the different sectors which has not yet covered

- f. Limited resources to support peer educators to do linkages and follow up of those on and dropped out on treatment
- g. Limited resources for data collection and monitoring the progress of AGYW Program and identifying areas for improvement
- h. Lack of mental health support to adolescent Girls and young women
- i. Limited skills and Information on Prep and Pep by some health centers and also to Beneficiaries

V11. Recommendations and Responsible Institutions

- Ensure quick Transfer of funds in order to implement the all projects related HIV Preventions on time
- Mobilize enough resources to reach at big number of Adolescents girls and young women.
- We may think about how to set some kiosk of condoms in different hotspot
- We may think about Income Generation to those Young Women
- By continue to reduce new HIV Infections community health workers may have some skills about how to use Prophylaxis drugs such Prep and Pep so that they can serve community more especially adolescent girls and young women.
- We may also think about field officer as solution to make follow up to peer educators, and same time Adolescent Girls and young Women.

IMPLEMENTATION OF THE PROJECT TITLED: "Improved access to sexual reproductive health"

In addition to this program, WE-ACTx For Hope has been helped adolescent girls and young women in Karongi District in Eight Sectors. The following activities were done in partnership with Karongi District, Gesundes Afrika under BMZ funds:

- We trained 264 adolescent girls and young women in income generating activities. We distributed to them sewing machines, pigs, cows, goats, chickens and seed. They improved their livelihood, they formed a cooperative and are working in Gakiro in Karongi. Others are farmers with different products: tomatoes, potatoes, vegetables. They are all happy and independent from their families. Some of them resume to school, their children are going to school now and their depression decreased so much.
- We sensitized 264 adolescent's girls to sexual reproductive health, family planning, HIV and unwanted pregnancies prevention.

- We sensitized 132,000 community members in favor of support and antidiscrimination for vulnerable and chronic ill women
- We reached 38,400 youth and 208 vulnerable have improved knowledge sexual reproductive health, family methods, condoms use, HIV and unwanted pregnancies prevention. They are using SRH services at least once a year
- At least 260 local leaders have been empowered and conduct regular community dialogue to raise awareness among community members.
- We trained 120 health workers from 60 health facilities to provide youth friendly service and non-discriminatory health services
- The adolescent girls and young women have four operational savings

E. EDUCATION SUPPORT

Introduction

Children born with HIV face multiple hardships, including health complications, stigma, and economic struggles. Many come from underprivileged families, while others are orphans who have lost both parents. These circumstances deprive them of fundamental rights, particularly education. Without external support, their chances of escaping poverty and building a stable future remain slim.

We-ACTx for Hope has taken proactive steps to address these challenges by supporting children born with HIV, and ensuring they receive access to education, vocational training, and career opportunities.

Through sponsorship programs, donations, and community partnerships, We Actx for Hope has been able to **remove financial barriers** to education.

As of today, **62 young people** have benefited from the organization's initiatives. These include:

- **15 students** currently enrolled in primary school, setting a strong academic foundation.
- **31 students** attending secondary school, advancing their education and preparing for higher learning.
- **10 students** pursuing **university degrees**, equipping them with qualifications for professional careers.

- **6 students** have received **scholarships** for **one-year vocational training programs**. These programs cover fields such as **tailoring, carpentry, plumbing, Hair dressing, mechanics** and Hotel options

Vocational Training for Employment Readiness

Recognizing that not all students follow an academic path, We Actx for Hope also **invests in vocational training**. This ensures that students gain practical skills, enabling them to find jobs or even start their own small businesses. So far These hands-on skills **increase their employability**, reducing their vulnerability to **unemployment and poverty**.

Success Stories: Graduates Securing Employment

The impact of **We Actx for Hope** extends beyond education. Many students who received support from the organization have successfully **graduated** and are now contributing members of society.

Some of the **success stories** include:

- **7 students** who have completed secondary school and are actively seeking employment or further studies.
- **2 university graduates** who have already secured jobs, becoming financially independent and able to support their families.

These achievements highlight the transformational power of education and skills training, enabling these young people to break the cycle of poverty.



Thanks to We Actx for Hope, children who once had little hope for the future now have access to **education, skills, and employment opportunities**. The organization's commitment to **empowering young people** is creating lasting change, not only in their lives but also in their families and communities. Through **education, vocational training, and mentorship**, We Actx for Hope is ensuring that these children grow up with **dignity, confidence, and opportunities** to shape their own future.

F. OTHER ACTIVITIES

7. SEMAINE INTERNATIONALE DU DEPISTAGE 2024 (SID24) (INTERNATIONAL TESTING WEEK)



WE-ACTx for Hope participated in International Testing Week 2024 (Semaine internationale du dépistage 2024 (SID24) organized by Coalition Plus, screening was conducted in the community for HIV, Hepatitis B, and C, and STI, specifically syphilis.

SID 24 Screening results:

| Categories | Tested | Positif Result |
|-------------------|--------|----------------|
| HIV | 266 | 5 |
| Hepat B | 266 | 3 |
| Hepat C | 266 | 4 |
| RPR (Syphilis) | 266 | 6 |

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As shown at this table, we tested 266 people for HIV, Hepatitis B&C and syphilis. Among them, 6 (15.9%) have been tested positif for syphilis, 4 (10.4%) tested for hepatitis C, 3 (7.8%) for hepatitis B and 5(13.3) tested new HIV positif.
All those patients have been transferred to WE-ACTx For Hope Clinic.

8. WORLD AIDS DAY (WAD) 2024



WE-ACTx for Hope participated in WAD 24, held in Rubavu District

9. HIV Prevention Roadmap 2025-2027

Global HIV Prevention Road Map

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FIGURE 1.

The HIV Prevention 2025 Road Map: ten point Action Plan

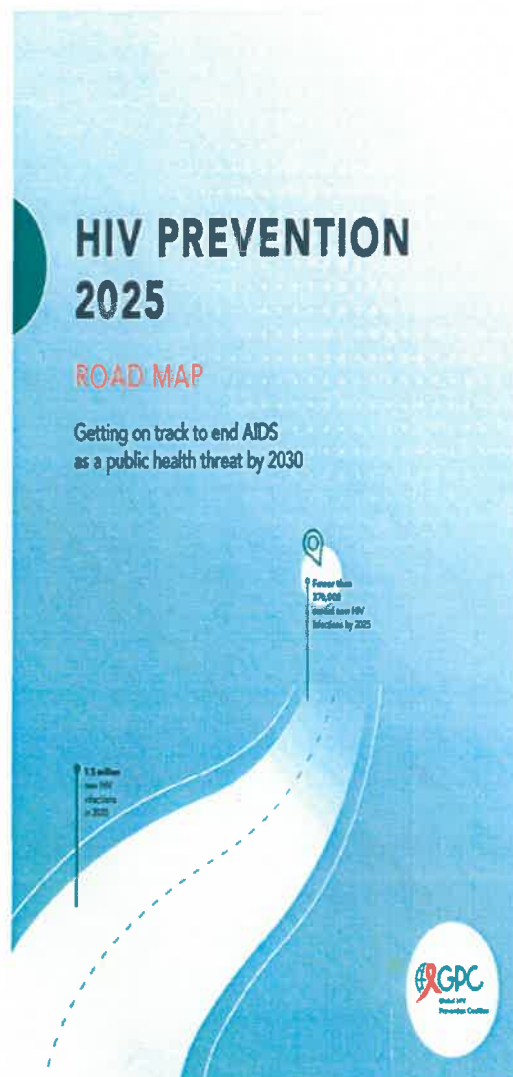
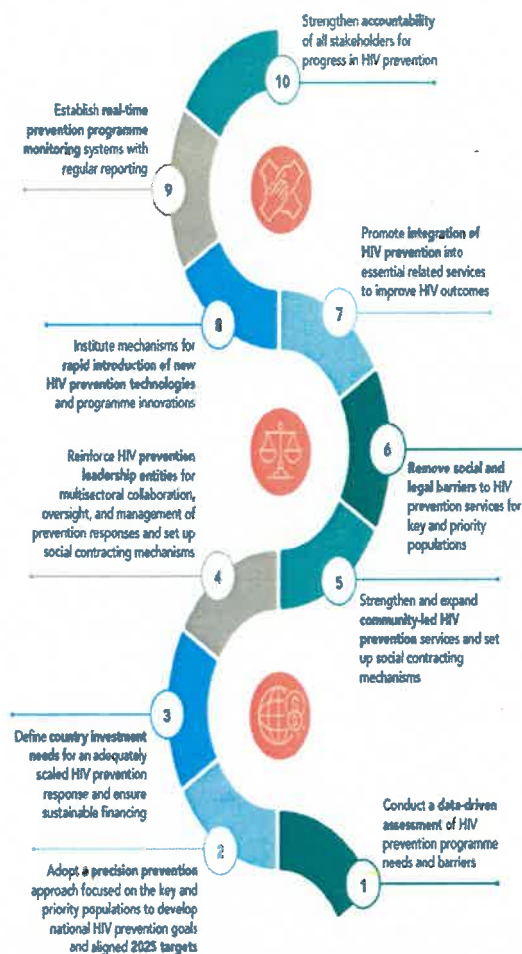
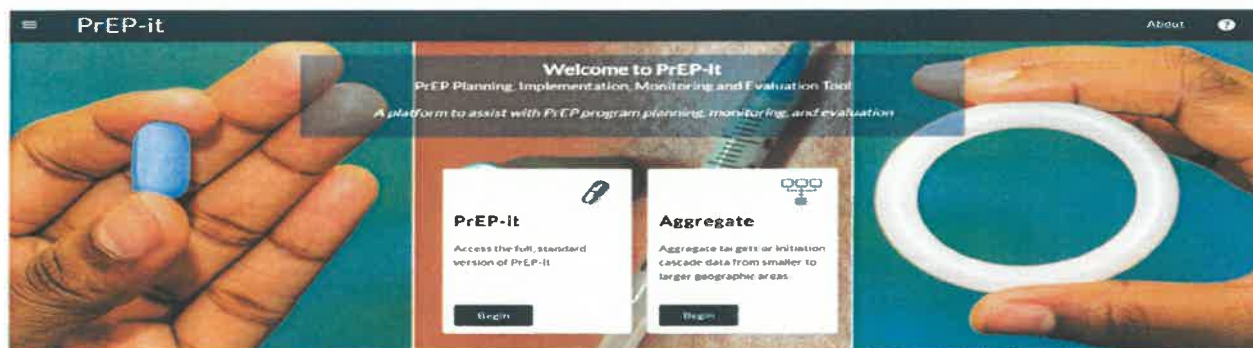


Image: https://hivpreventioncoalition.unaids.org/sites/default/files/attachments/JC3053_2022-HIV-Road-Map-Publication_En_v4.pdf

WE-ACTx for Hope participated and contributed in the Stakeholders' Consultation Workshop, on "Development of Rwanda's HIV Prevention Roadmap to adhere to the Global HIV Prevention Roadmap by Global HIV Prevention Coalition (GPC).

5. PrEP-IT WORKSHOP



PrEP-it is a web-based tool that helps users set targets, estimate costs and impact associated with targets, identify priority areas for PrEP for adolescent girls and young women, and forecast needed commodities. The following resources are available for better understanding PrEP target-setting and how to use PrEP-it.

Image: <https://www.prepitweb.org/>

WE-ACTx for Hope participated and contributed in the PrEP-It Workshop

6. PUBLICATION

We-Actx for Hope submitted an article titled: Bringing together the pieces: the need for holistic care for women living with HIV. The article was published in JIAS. Below the link for the article

<https://onlinelibrary.wiley.com/doi/10.1002/jia2.26228#msdyntrid=OWH1gSmF1CPMQphbf7b-HVdSJEXYQkufN99aR7fpu8I>

7. INTERNATIONAL IAD SOCIETY CONFERENCE ON HIV SCIENCE (IAS) 2025

Welcome to the IAS 2025 account

Create or sign in* to your conference account to register for IAS 2025, the 13th IAS Conference on HIV Science. You can also submit and track applications for abstracts, scholarships and more via your conference account.

Sign in or create an account here

* You already have an account if you are an IAS Member or attended any of the following: IAS 2019, AIDS 2020: Virtual, HIVR4P // Virtual, IAS 2021, AIDS 2022, IAS 2023 and/or AIDS 2024.

The 13th IAS Conference on HIV Science
#IAS2025 | 13-17 July 2025

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Image: <https://profile.ias2025.org/>

WE-ACTx for Hope successively submitted two abstracts for the International AID Society Conference on HIV Science, which will take place in Kigali, Rwanda, in July 2025

G. PRIORITIES ACTIVITIES FOR 2025

- Enhance retention in care and ART Adherence among youth and children.
- Reinforce CBS
- Reinforce clinical continuous education of staff in HIV care and treatment
- Reinforce NCDs Services among PLHIV
- Reinforce Infection Prevention and Control measures to fight against emerging epidemics and increase awareness on epidemic prone diseases among PLHIV (focus on M-pox, Covi-19, Marburg and other VHF diseases)
- Reinforce Cervical cancer/HPV screening & treatment, and initiate breast cancer screening among females living with HIV.
- Reinforce data quality and data-driven decision-making at WE-ACTx for Hope
- Digital promotion in our Services
- Reinforcing child and adolescent follow-up, particularly disclose and SRH for youth
- Continue group therapy for youth(Blazon)
- Continue DSDM protocol
- Continue index testing protocol: notification, family members testing and social network testing.

- Reinforcing peer education program
- Reinforce care and psychosocial support to key population tested HIV+ enrolled in program
- Reinforce collaboration with other Organizations in charge of key population and female sex workers
- Conduct campaign of sensitization on sexual reproductive health, family planning, PMTCT and HIV prevention in youth
- Conduct advocacy meeting on sexual reproductive health and rights
- Weekly awareness meetings for young girls and female sex workers
- Direct observation (dot) to those children and youth who are not adhering well with high viral load
- Weekly sensitization on health reproductive for youth aged 14-24 years, family planning
- Provide nutrition support to children and youth under 24 years on antiretroviral treatment
- Providing technical support to beneficiaries in income generating activities
- Writing proposals for seeking new funds
- Participate in different meetings and conferences
- Continue process to sustain WFH activities by seeking potential donors who can built a new We-Actx for Hope clinic as we are renting the existing one.
- Reinforce home visit
- Reinforce outreach activities to encourage prevention and empowerment in youth/ adolescent and key population
- Increase public education and testing events to promote awareness about the disease and about infection status
- Bring together groups of youth (particularly young women and girls) for regular meetings with peer educators to build comprehensive knowledge of the disease and understanding of how to prevent infection
- Look how we can get a place where activities can be combined in one place and integrate new services: maternity, hospitalization, immunization....
- Reinforce PMTCT/EMTCT
- Reinforce the comprehensive management of HIV infected patients with non-communicable diseases (NCDs).




H. WE-ACTX FOR HOPE STAFF

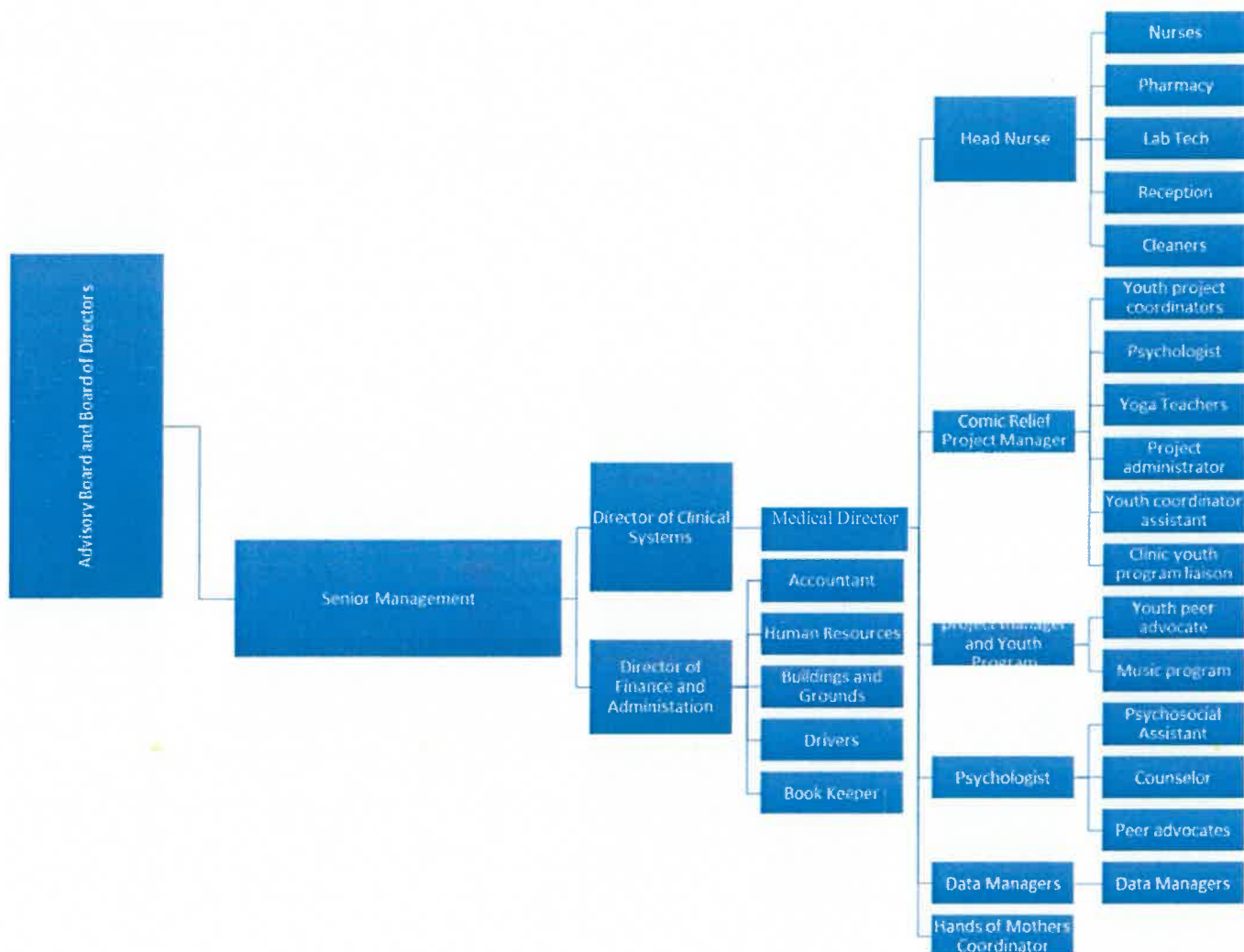
List of WE-ACTx for Hope's staff by December 2024

| Nb | NAMES | POST NAMES | QUALIFICATIONS |
|------------------------------|--------------|------------|--------------------------|
| A. Clinical staff | | | |
| 1 | BAMPORIKI | JOSEPHINE | Pharmacy Nurse A2 |
| 2 | KAYONGA | FLORENTINE | Pharmacy nurse A1 |
| 3 | DUSABE | CHANTAL | Nurse A1 |
| 4 | KAGAJU | ROSE | Nurse |
| 5 | INGABIRE | CHANTAL | Nurse receptionist |
| 6 | MOUBARACK | DOSSA | Receptionist |
| 7 | HABIMANA | AUGUSTIN | Receptionist |
| 8 | MUSANINYANGE | JACQUELINE | Data manager |
| 9 | UMUHOZA | JUSTINE | Data manager |
| 10 | HAKIZIMANA | LEON | Data manager |
| 11 | NZABONIMANA | ABEL | Lab Tech |
| 12 | NDAGIJIMANA | TELESPHORE | Lab Tech |
| 13 | Dr ISHIMWE | PACIFIQUE | Medical Director |
| B. Psychosocial staff | | | |
| 14 | TUYISHIME | JOSETTE | Psychologist |
| 15 | MWANGAZA | ODILE | Trauma counselor |
| 16 | UMUTESI | ALICE | Peer advocate |
| 17 | MUNGANYINKA | BEATRICE | Family peer advocate |
| 18 | MUKAMUSONI | JOSEE | Family peer advocate |
| 19 | UWIMANA | ODETTE | Psychologist |
| 20 | UFITINEMA | DELPHINE | Psychologist Assistant |
| 21 | UMUTONIWASE | SANDRA | Youth Peer Advocate |
| 22 | NDOLIMANA | AIME | Logistic Officer |
| C. Support staff | | | |
| 23 | UMURAZA | NASSIM | Yoga Teacher |
| 24 | UWIRAGIYE | NADINE | Book Keeper |
| 25 | BAHIZI | MARIE | Health community workers |
| 26 | UWIMANA | JULIENNE | Cleaner Remera |
| 27 | MUTUYIMANA | SHAKIRA | Cleaner |
| 28 | UWAMBAZA | MATHILDE | Cleaner |

| | | | |
|--------------------------------|--------------|----------------|--|
| 29 | RUKUNDO | CLAUDE | Cleaner |
| 30 | NSHIMIYIMANA | CLAUDE | Yoga teacher |
| 31 | NSHIMIYIMANA | ERIC | Music trainer |
| 32 | UWAYEZU | BEATRICE JOLIE | Music trainer |
| 33 | USABAMAHORO | LEONTINE | Music trainer |
| 34 | RUKENGEZA | ESPOIR | Music Teacher |
| 35 | UWAMAHORO | MADINA | Music program coordinator |
| 36 | UWAMARIYA | EMELINE | Music program coordinator |
| 37 | UWAMBAZA | MATHILDE- | Cleaner clinic |
| 38 | MUVUNANYAMBO | JEAN | Night guard Remera |
| 39 | BIKORIMANA | FREDERICK | Cleaner and day guard Remera |
| 40 | MUTUYIMANA | SHAKIRA | Cleaner Clinic |
| 41 | NIYONKURU | RAUBEN | Night guard |
| 42 | NTEZIMANA | MARCEL | Driver |
| 43 | USANASE | JEAN DE DIEU | Diver |
| D. Administrative Staff | | | |
| 44 | BENEKIGERI | CHANTAL | Director of Clinical Systems |
| 45 | NDAYAMBAJE | JEAN BOSCO | Director of Finance and Administration |
| 46 | GAJU | WILLY | Accountant/Book Keeper |




I. Organizational chart



Prepared:

Dr. Pacifique ISHIMWE,
Medical Director

Verified and approved:

Chantal BENEKIGERI, Public Health
Director of Clinical Systems

