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CLINICAL ANNUAL REPORT 2025



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
KCA	: Keep a Child Alive
TI-CBT	: 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 the following esteemed partners for their technical and financial support:

- The Ministry of Health
- UNAIDS Country Office
- MoH/CDC/COAG
- Global Fund
- Gesundes Afrika/BMZ
- Aids Health Care Foundation
- WE-ACTx/USA
- Keep a Child Alive
- Musician Without Borders
- Masana wa Afrika
- For Afrika
- RRP+
- Rwanda NGOs Forum
- 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

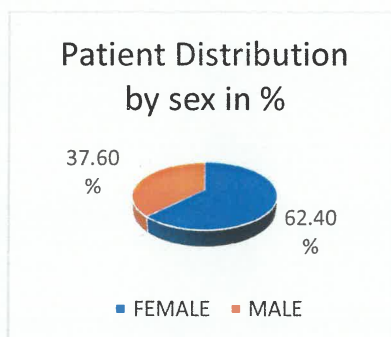
WE-ACTx For Hope is a local nongovernmental organization legally registered with the Rwanda Governance Board. It is located in Nyarugenge District, one of the three districts of Kigali city. It provides medical care services, hospital referrals, and HIV counseling, testing, and treatment for tens of 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 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

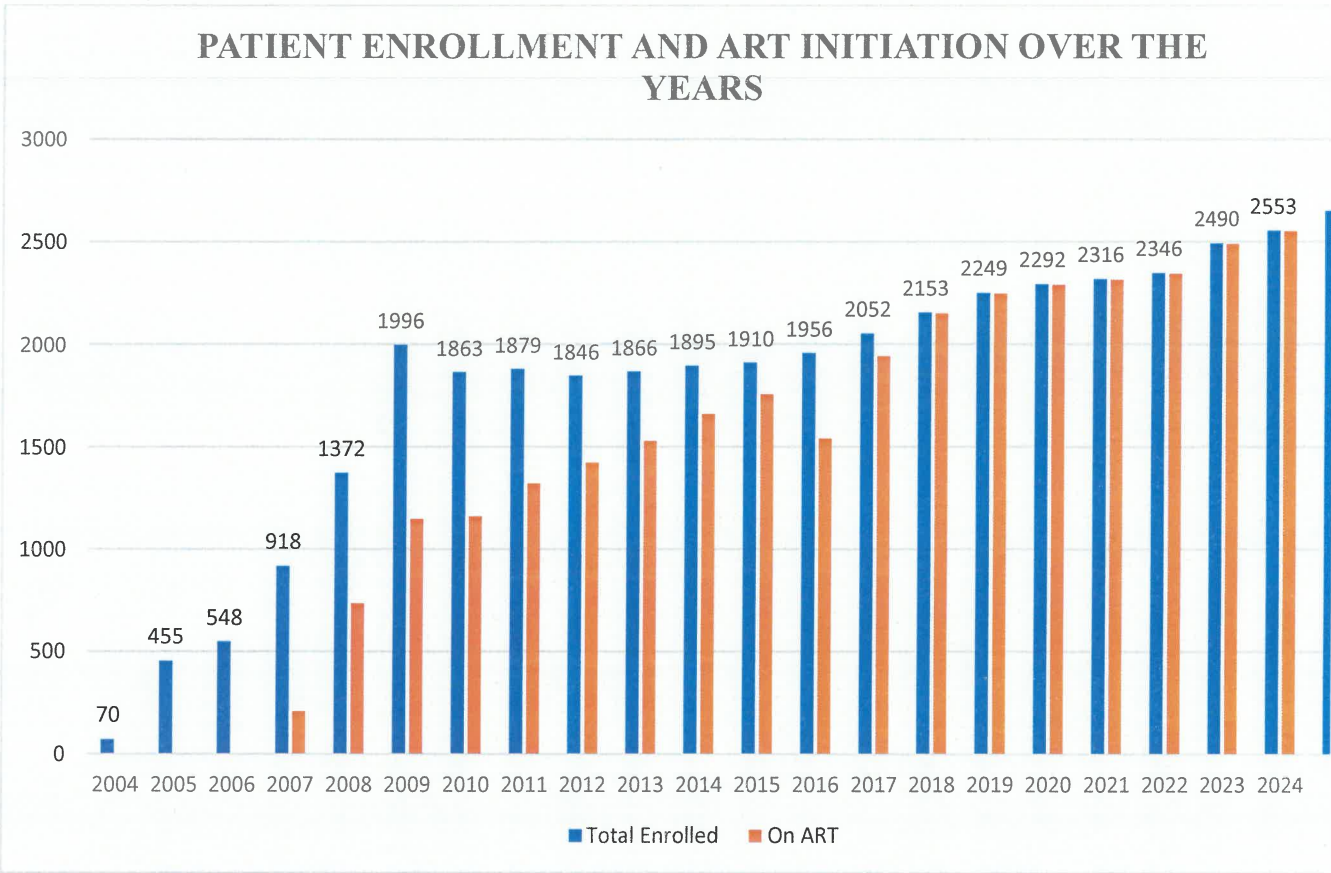
1. PATIENT DISTRIBUTION BY SEX

SEX	NUMBER	%
FEMALE	1653	62.4
MALE	996	37.6
TOTAL	2649	100%



The representation above illustrates the distribution of active registered beneficiaries in our HIV clinic by sex at the end of 2025: 62.4% of them are female, while males count 37.6%.

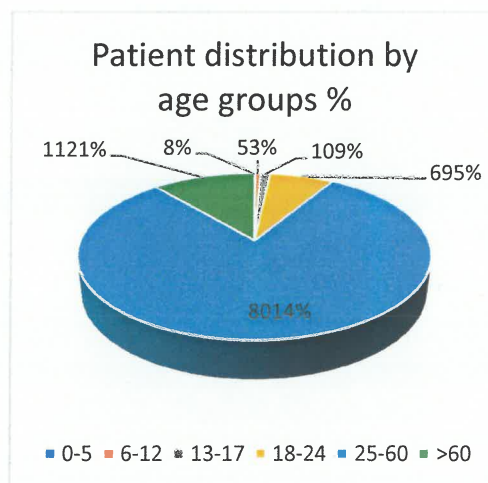
2. PATIENT ENROLLMENT INTO CARE AND TREATMENT IN OUR HIV CLINIC OVER THE YEARS



The above representation illustrates 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 rose again, from 2,031 in 2017 to 2,553 in 2024, and to 2,649 by the end of 2025.

3. PATIENT DISTRIBUTION BY AGE GROUPS

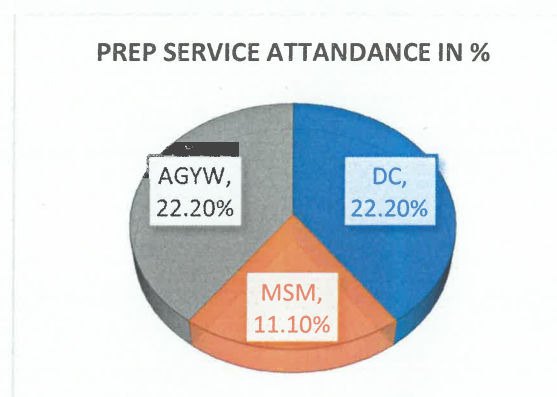
CENTRE VILLE				
Age group in years	Patients Number On ART	%	Male	Female
0-5	2	0.08	1	1
6-12	14	0.53	7	7
13-17	29	1.09	13	16
18-24	184	6.95	90	94
25-60	2123	80.14	764	1349
>60	297	11.21	121	176
TOTAL	2649	100%	996	1653



The above representations illustrate the age group distribution of our patients; the majority of our beneficiaries are adults ranging between 25 and 60 years old, representing 80.14 % of all beneficiaries. Adolescents aged 6–12 years and young adults aged 18–24 represent 0.53% and 6.95%, respectively. Only two children, equal to 0.08% of the beneficiaries, are under 5 years old, highlighting the success of PMTCT/EMTCT services.

4. HIV PREVENTION / PrEP service

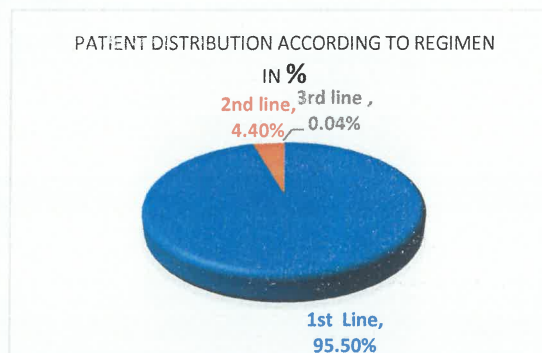
Category	Number	%	Male	Female
DC	10	22.2	6	4
SW	20	44.4	N/A	20
MSM	5	11.1	5	N/A
AGYW	10	22.2	N/A	10
OTHERS	0	0	0	0
TOTAL	45	100%	11%	89%



From the above representation, Sex Workers (SW), specifically female sex workers, dominate our beneficiaries in PrEP service with a 44.4% rate, followed by both Discordant Couples (DC) and Adolescent Girls and Young women (AGYW) with 22.2%, and lastly Men who Have Sex with Men (MSM) count 11.1% of the total.

4. DISTRIBUTION ACCORDING TO REGIMEN

category	Number	%	Male	Female
1st Line	2531	95.5	946	1585
2nd line	117	4.40	49	68
3rd line	1	0.04	1	0
TOTAL	2649	100%	37.60%	62.40%



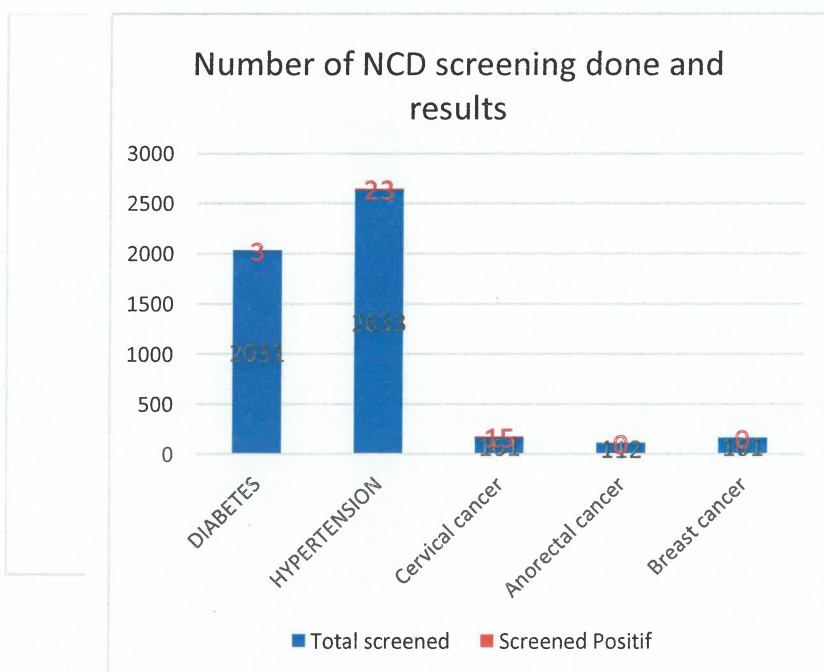
The above table shows that among 2649 clients followed in our Clinic, 2531 (95.5%) are on the first-line regimen, 117(4.4%) are on 2nd line regimen, and one client is on 3rd line regimen. The one client on the 3rd is well-followed, regularly consulted, and counseled. Home visits were done to assess how he is keeping his medications. Financial constraint was found to cause poor adherence, and we provide nutrition support to facilitate adherence to medicine, currently he is doing very well.

6. UPDATES ON NCDs INTEGRATION IN OUR CLINIC

Diabete, Hypertension, Cervical Cancer , Breast cancer and Ano-rectal Cancer screening are systematically integrated into our HIV care and treatment, a systematic screening of diabetes in all patient on DTG and all patient over 60 years old, hypertension screening in all patients above 12 years, cervical cancer screening and breast cancer screening in females aged between 24 years and above, as well as Anarectal screening / proctology are being done for our patient.

7. NCD profile

No	Condition	Total screened	Positif result	%
1	DIABETES	2031	3	0.15
3	HYPERTENSION	2633	23	0.87
4	Cervical cancer	161	15	9.32
5	Anorectal cancer	112	0	0.00
6	Breast cancer	161	0	0.00



A Total of 2031 patient were screened for diabetes, with 3 new cases diagnosed started treatment, 2633 screened for hypertension with 23 positive started treatment, 161 screened for both cervical and breast cancer, with 15 positive cases of early cervical lesions and treated with thermo-ablation in our clinic, no case was screened positive for breast cancer, a total of 112 were screened for anorectal conditions with 0 screened positive for ano-rectal cancer.

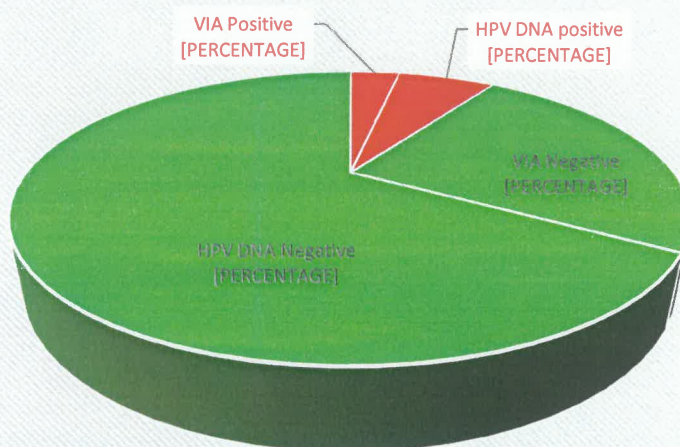
Activities	Number of Client	
Total Women Screened	161	
Screening Modalities	VIA test	44
	HPV DNA test	117
Women Living with HIV Screened	161	
Referrals for Advanced Diagnostic Evaluation	0	
Awareness Activities Conducted (Morning IECs)	192	

Method		Number of Client
VIA	VIA positif	5
	VIA négatif	39
VPH ADN	VPH ADN Positif	10
	VPH ADN Négatif	107

8. Cervical Cancer / HPV Results by Method

From the above Tables, 161 women were screened; 10 women equal to 6% became positive using the HPV AND test, and five equal to 3% become positive on the VIA test. **Among positive cases, all 13 (87%) received thermal ablation treatment at our clinic, with a 100% success rate, no one was referred** The remaining 2 have not yet attended their scheduled appointments; however, they have been followed up via telephone, to ensure their continued care. No woman presented with Grade III lesions or higher or suspected of having active cervical cancer or other issues during screening, therefore no case was referred for further evaluation and treatment.

Cervical cancer screening and results by method in %



9. Proctology (Anorectal disorders Cancer)

Activities	Number of Client	
Total Screened	112	
Screening by sex	Male	14
	Female	98
Living with HIV Screened	112	
Referrals for Advanced Diagnostic Evaluation	0	
Awareness Activities Conducted	32	

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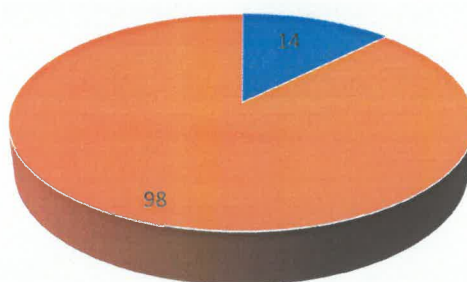
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(Morning IECs)	
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Result by Sex

Sex		Number of Client
Male	Male positif	0
	Male négatif	0

Anorectal screening by sex



■ Male ■ Female

10.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	139	127	267	160	693	296	397
Clients that accepted index testing services	139	127	267	160	693	296	397
Number of contacts elicited	192	192	342	291	1017	517	500
Total tested	176	227	296	286	985	331	654
Newly tested HIV positive	9	13	21	16	59	24	25

11.CLIENTS WHO DIED IN 2026

NO	DOB	CAUSE OF DEATH	LAST VL/COPIE	Date of last VL	DATE OF DEATH	SEX (M,F)
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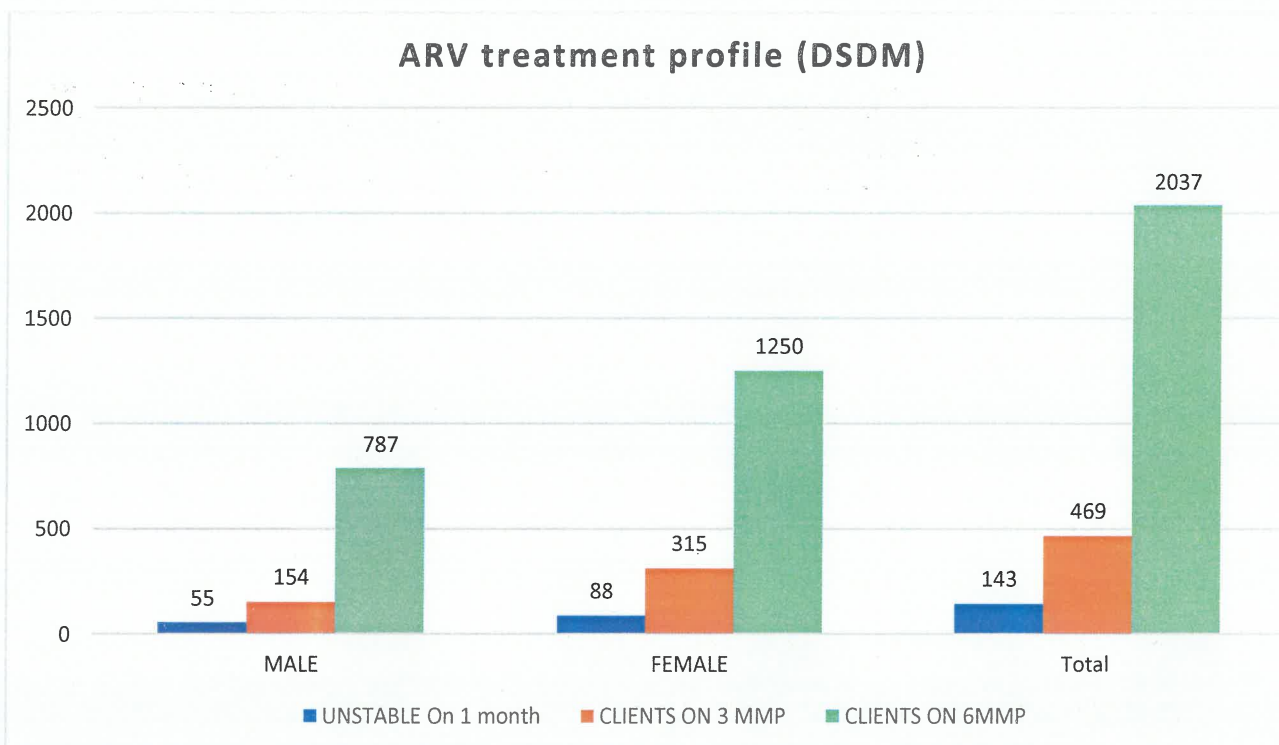
			S/ML			
1	1960	Crise cardiaque	<20	06/06/2024	17/01/2025	F
2	1972	Diabete	594	29/04/2024	17/01/2025	F
3	1985	Epilepsie	<20	7/03/2024	30/01/2025	F
4	1965	Cancer du colon	15800	27/06/2024	05/02/2025	M
5	1980	Arret cardiaque	<20	17/07/2024	13/03/2025	F
6	1954	Cancer du gorge	<20	15/07/2024	18/05/2025	M
7	1969	cancer	<20	13/05/2024	23/04/2025	F
8	1991	Accident	<20	13/11/2024	26/09/2025	F
9	1960	Arret cardiaque	<20	13/02/2024	24/10/2025	F
10	1968	Asthma			27/10/2025	m

This table shows that in 2025, we lost 10 clients from different mentioned causes.

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

CLIENT CATEGORY	NUMBER	PERCENTAGE	MALE	FEMALE
UNSTABLE CLIENTS	143	5.3	55	88
CLIENTS ON 3 NMP	469	17.7	154	315
CLIENTS ON 6 NMP	2037	76.9	787	1250
TOTAL	2649	100%	36.9%	63.1%

13.



At the end 2025: 2037 clients (75.9%) were on 6 MMP (Provision of 6 months), 469 on 3MMP (17.7%) and 143 clients were classified as unstable (5.3%). Some strategies are in place to help those unstable patients.

14.DIRECT OBSERVATION TREATMENT (DOT)

At the end of 2025, No patient was on DOT, the recent one a 16-year-old female who had problems taking ARVs. After 6 months of DOT interventions, she achieved viral load suppression, and now is well and stable.

15.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 well followed, clinically and biologically stable.

16.KEY INDICATORS IN 2024

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#	Activity	Current data (%) in 2024
	Proportion of patients with new files (Files version 2020 or 2018)	2649/2649= 100%
1	Proportion of Children under 15 years old with updated weight and height	19/19= 100%
2	Proportion of files with Adjusted pediatric dosage	19/19 = 100%
3	Proportion of well completed Pediatric growth charts	19/19 = 100%
4	Proportion of files of clients on ART with updated Viral load	2570/2649=97%
5	Proportion of files with updated psychosocial follow up	2621/2649=99%
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	2618/2649 =98%
9	Proportion of clients with Viral load suppression	99%

B. PSYCHO-SOCIAL AND MENTAL HEALTH PROGRAMS

I. INTRODUCTION

This report summarizes the psychosocial activities carried out at the WE ACTx HIV Clinic to improve beneficiaries' mental and social well-being. It highlights efforts to reduce stigma, support treatment adherence, build emotional resilience, and strengthen integrated psychosocial care through holistic practice.

II. ACTIVITIES PLANNED FOR 2025

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
- Conduct training of care givers to improve their knowledge in adolescent model's service provision
- Organize quarterly care givers meetings to improve treatment literacy and adherence support to children and adolescents
- Participate in monthly activity in adolescents room facilitated by adolescent peer Lead at health facility
- Emergency social assistance

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III. ACTIVITIES CARRIED OUT DURING 2025

❖ Therapeutic groups for adolescents/ Blason

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 using “blason” technic, has been organized to help them express themselves freely and overcome life difficulties they have experienced.

In 2025, **11 sessions** of group therapy have been conducted with **72 youth** participating, as some of them attended two sessions. “Blason” technique helps everyone express themselves by sharing their personal stories and releasing their emotions. Common issues among these youths include issue with status integration, orphanage, poverty, stigma, delinquent behaviors, family conflicts, depression related to being deceived in relationship, 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.

Through group therapy, we have learned that:

- 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.

In brief, group therapy sessions played a crucial role in mental well-being of youth/adolescents but staff need supervision or space for burnout prevention

❖ Psychosocial follow ups and mental health screening

At WE ACTx for HOPE, all patients receive a comprehensive psychosocial evaluation after six months of care, conducted by a psychologist or counselor using standardized screening tools to identify depression and other mental health conditions. This assessment helps determine patients who need closer monitoring or referral to specialized psychiatric services. The evaluation also addresses concerns related to abuse, stigma, socioeconomic vulnerability, treatment adherence, sex work, sexual orientation, substance use, disclosure challenges, behavioral issues, and school attendance for children.

Children under the age of 15 are screened monthly to support their psychosocial health and treatment adherence. Over the past year, a total of 5,868 follow-up sessions were completed; 603 patients screened positive for psychosocial or mental health concerns, 3 were referred to psychiatric facilities, and 579 received psychotherapy and counseling services within the clinic.

❖ Individual therapies done by psychologists / counselors

Over the past year, psychologists and counselors at the WE ACTx for HOPE HIV Clinic delivered individual therapy and counseling services to promote the psychological and emotional well-being of people living with HIV. A total of 1067 sessions were held, focusing on concerns such as depression, anxiety, trauma, stigma, and challenges related to treatment adherence.

These private, one-on-one consultations provided a secure and supportive environment where patients could share concerns, come to terms with their diagnosis, and build effective coping mechanisms. Interventions emphasized emotional resilience, stress reduction, and personal empowerment to ensure comprehensive psychosocial support.

Feedback from patients indicated notable improvements in mental health, consistency with treatment, and overall quality of life. The use of trauma-informed approaches alongside cognitive-behavioral strategies contributed to improved therapeutic outcomes.

Looking ahead, the clinic plans to develop access to mental health services, enhance follow-up systems, and introduce group-based interventions as appropriate. WE ACTx for HOPE continues to prioritize holistic care, acknowledging mental health as an essential element of HIV management and overall wellness.

❖ New case assessment and counseling

Comprehensive assessments and counseling were provided to individuals newly diagnosed with HIV to support a smooth and informed entry into care. In total, 82 new clients were assessed, each receiving personalized counseling from the clinic's multidisciplinary healthcare team.

Clients also participated in educational sessions covering HIV knowledge, treatment initiation, mental health services, and issues related to stigma and disclosure. Counselors offered emotional reassurance, emphasized the importance of adherence to antiretroviral therapy (ART), and linked patients to peer support networks for continued motivation.

Client feedback showed that early psychosocial intervention helped ease anxiety and strengthened engagement in care. Consistent follow-up of newly diagnosed clients has proven especially beneficial, as data indicate that viral load failure is more common among individuals who are newly diagnosed with HIV.

❖ Morning health education

Over the past year, nurses and counselors at the WE ACTx for HOPE HIV Clinic facilitated daily morning health education talks to share essential information with patients and caregivers. These sessions addressed key areas such as adherence to HIV treatment, prevention methods, nutrition, mental health, and general wellness.

A total of 240 education sessions were conducted, reaching 7,589 participants. The sessions were highly interactive, encouraging participants to ask questions, exchange experiences, and receive practical advice on managing their health. Topics covered included antiretroviral therapy (ART) use and side-effect management, prevention of opportunistic infections, non-communicable diseases, cervical cancer awareness, PrEP, the importance of laboratory monitoring (including renal function tests), prevention of unintended pregnancies among youth, family testing sensitization, the impact of psychosocial challenges on adherence, and stigma reduction.

Participant feedback reflected increased health knowledge, improved treatment adherence, and greater confidence in self-care. Nurses and counselors were instrumental in delivering clear, practical, and culturally appropriate health education, ensuring that information was understandable and accessible to all attendees.

❖ 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 192 sessions were conducted, with 8,891 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.

❖ Conducting meeting with peer educators

To improve the effectiveness of peer educators, monthly coordination meetings are organized to assess session outcomes and address emerging concerns. During these gatherings, peer educators report on topics discussed, questions raised by participants, and challenges faced especially barriers affecting consistent medication adherence. The meetings also include reviews and updates of selected topics to strengthen peer educators' knowledge and skills.



Within the reporting period, 12 meetings were held, creating an important forum for experience sharing, skills improvement, and strategy refinement. These regular sessions are essential in ensuring that peer educators remain well-prepared to effectively support and respond to the needs of their peers.

❖ **Participate in monthly activity in adolescents room facilitated by adolescent peer Lead at health facility**

Adolescent peer leaders at the WE ACTx Clinic have begun facilitating monthly activities in the adolescent room to promote peer support, health education, and psychosocial well-being. A total of 179 adolescents have participated in these sessions on a monthly basis. To facilitate the activities, we have divided the adolescents into four groups based on age, with those experiencing viral load (VL) failure and special cases placed in their own group. These sessions include interactive discussions on various topics, but during this reporting period, we emphasized VL suppression and the obstacles to good adherence, as we have recently observed an increase in the number of adolescents with VL failure. We also discussed mental health, emotional support, peer pressure, and substance use. Through storytelling and group sharing, adolescents build confidence and strengthen social connections. The safe and youth-friendly environment encourages open dialogue, empowering participants to take ownership of their health.

❖ **Conduct training of care givers to improve their knowledge in adolescent models service provision**

During this past year, training for caregivers was organized. A total of 213 caregivers attended the meeting at the WE ACTx HIV Clinic and were divided into two groups to facilitate participation. The purpose was to inform them about the new adolescent model (ATLAS) and their roles in helping to achieve the goals of this model. They received an introduction to ATLAS, its design, and the involvement of caregivers in this initiative. The training also focused on understanding adolescent development, communication strategies, adherence support, and stigma reduction. This training empowered caregivers to actively engage in the care process, improve support at home, and strengthen collaboration with health providers to ensure better health outcomes for adolescents living with HIV.

❖ **Emergency social assistance**

In order to assist to emergent cases, a financial aid is provided to eligible patients. During this year 14 patients received emergency social assistance in total amount of 280, 000 Rwandan francs

IV. RECOMMENDATIONS

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 and music unite 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.

At the beginning of the year, we held a strategic planning meeting where we started by preparing for the entire year and setting the key guiding principles to follow throughout 2025. The meeting brought together coordinators, Teachers, as well as volunteer teachers. This process has yield visible results, both from our side as Coordinators and from the beneficiaries of the program.

2. Music in community

This year, in our community music activities, we placed strong emphasis on **teaching the songs**, where we worked together to understand the key steps involved in song Instructions. These steps included **Presentation, Teaching, and Singing together**. They worked in groups and individually. In addition to this, we assigned homework, where each participant would came prepared with a song and teach it to others while following the steps we had learned together.

We also learned many games, with particular focus on those used when working with children with disabilities. Furthermore, in an effort to promote good mental **well-being** for both ourselves and the children we care for on a daily basis, we introduced a new topic in our community music activities: **Mental health treatment**. Through this topic, the staff learned that maintaining their own mental health as well as supporting the mental well-being of children with disabilities they interact with every day.

Together, we learned different mental health condition, their signs and symptoms, and ways to prevent them. Not only that, we also discussed how to support someone affected by mental illness or showing related symptoms. In addition, the training we conducted this year were very helpful, as we learned many important skills. For example, we learned how to care for a child or an adult affected by epilepsy, which is one of the conditions that commonly affected some of the children with disabilities we work with on a daily basis. We also learned many games, with particular focus on those used when working with children with disabilities. Furthermore, in an effort to promote good mental **well-being** for both ourselves and the children we care for on a daily basis, we introduced a new topic in our community music activities: **Mental health treatment**. Through this topic, the staff learned a great deal about maintaining their own mental health as well as supporting the mental well-being of children with disabilities they interact with every day.

Together, we learned how to differentiate different mental health conditions, their signs and symptoms, and ways to prevent them. Not only that, we also discussed how to support someone affected by mental illness

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3. Music as therapy

We collaborate with different schools for children living with disabilities and centers including Tubiteho center, Amizero school, Heroes school, HvP Gatagara, Izere Mubyeyi Center, Rosa Mystica, Autism Rwanda and Autism individual allies center. We reached 512 children who benefited from this program.

D. HIV PREVENTION AMONG KEY POPULATIONS

1. INTRODUCTION

In 2025, WE-ACTx for HOPE continued the implementation of the project “Fighting AIDS and Tuberculosis is Our Task”, funded by the Global Fund through the Government of Rwanda / Ministry of Health Rwanda Biomedical Center (RBC) Single Project Implementation Unit (SPIU). The project aims to reduce new HIV infections, strengthen TB prevention and early detection, and improve linkage to care among key populations.

The project is implemented in Gicumbi, Karongi, and Rutsiro Districts, targeting key populations (KPs), particularly female sex workers (FSWs) and men who have sex with men (MSM), who face heightened vulnerability to HIV and TB due to structural, social, and behavioral factors.

2. DISTRICT EPIDEMIOLOGICAL CONTEXT

Across the three districts, HIV prevalence in the general population ranges from 1.7% to 2.5%, close to the national average. However, HIV prevalence among key populations remains significantly higher, reaching up to 35–45% among FSWs and 10–20% among MSM. TB burden remains a concern, particularly in Karongi and Rutsiro, where geographic barriers, mobility, and delayed diagnosis contribute to ongoing transmission.

3. SUMMARY OF ACTIVITIES IMPLEMENTED IN 2025

a. Mapping and Linkage of Key Populations

Throughout the year, regular mapping exercises were conducted in Gicumbi, Karongi, and Rutsiro Districts to identify new KP members and emerging hotspots. Meetings with FSWs, MSM, peer educators, and healthcare providers were organized to:

- Identify new beneficiaries
- Strengthen referral pathways to HIV and TB services
- Address barriers related to stigma and discrimination
- Improve coordination between community actors and health facilities

These activities improved access to voluntary HIV testing, STI services, TB screening, and treatment services.

N ^o	DISTRICT	COVERED ZONE BY SECTOR	DATES	HOSTING HEALTH FACILITIES
1	GICUMBI	Nyamiyaga	21 st /05/2025	Mulindi HC
		Cyumba		Miyove HC
		Miyove		Cyumba HC.
		Rukomo		Gisiza HC
		Byumba		Byumba HC
		Kaniga		Ruhenda HC
				Nyamiyaga HC
***	Total	6		7
2	KARONGI	Rubengera	22 nd /05/2025	Rubengera HC
				Bubazi HC
		Bwishyura		Kibuye HC, Kibuye Referral Hospital
		Rugabano		Rufungo HC Rugabano HC
		Mubuga		Mubuga HC Karora HC
		Gashari		Birambo HC
***	Total	5		9
3	RUTSIRO	Mushubati	23 rd /05/2025	Mushubati HC
		Murunda		Murunda HC
		Rutsiro		Kayove HC
		Gihango		Congo Nil HC
		Ruhango		Kibingo HC
		Kigeyo		Kinihira HC Rutsiro HC
***	Total	6		7

b. Capacity Building of Peer Educators and Key Informants

In 2025, multiple trainings were conducted for peer educators drawn from FSW and MSM communities. A total of over 90 peer educators were trained across the districts during the year.

Training topics included:

- HIV and AIDS prevention and treatment

- Human rights and gender equity
- Gender-based violence prevention and referral
- PMTCT and reproductive health
- Condom and lubricant promotion
- Referral and follow-up mechanisms

Peer educators were equipped with tools and prevention commodities and developed action plans for community outreach, significantly strengthening community-led responses.

THE TRAINGS OF PEER EDUCATORS AMONG FSW AND MSM PLAN WAS AS BY THE TABLE BELOW:

N ^o	DISTRICT NAME	CONCERNED SECTORS	DATES OF ACTION	Number of Peer Educators FSW&MSM
1	GICUMBI	Kaniga	9 th -10 th /06/2025	3
		Cyumba		4
		Miyove		5
		Rukomo		5
		Byumba		11
		Nyamiyaga		2
		TOT:		30 Participants
2	KARONGI	Rubengera	11 th -12 th /06/2025	10
		Bwishyura		10
		Mubuga		3
		Rugabano		3
		Gashari		4
		TOT:		30 participants
3	RUTSIRO	Mushubati	13 th /06/2025	6
		Murunda		5
		Ruhango		4
		Gihango		8
		Rutsiro		3
		Kigeyo		3
		TOT:		30 Participants



c. Advocacy and Coordination Meetings

Annual advocacy meetings on KP rights were conducted during the April–June period, engaging district authorities, health facility staff, and community representatives. These meetings strengthened stakeholder commitment to stigma-free service delivery and improved collaboration.

In addition, bi-annual coordination meetings with former TB patients, TB focal persons, and health facility staff were conducted across all three districts. These meetings:

- Reviewed TB program implementation
- Strengthened community-based TB contact tracing
- Addressed challenges related to sample transportation and treatment adherence
- Promoted the role of former TB patients as community advocates

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TB capacity-building training photos

d. Targeted HIV and TB Awareness Activities

Targeted awareness activities were implemented throughout the year using innovative, youth-friendly, and community-based approaches, including sports-based outreach. Football matches and community events served as platforms for delivering HIV and TB education, testing, and referrals.

These activities reached key populations as well as in-school and out-of-school youth, increasing awareness of HIV and TB prevention, reducing stigma, and promoting health-seeking behavior.

e. Community-Based HIV Prevention Campaigns

Large-scale community outreach campaigns were conducted in both reporting periods. Services provided included:

- Voluntary HIV testing and counseling
- STI screening and education
- Condom and lubricant distribution
- Immediate linkage to care and initiation of ARVs or PrEP

These campaigns contributed to early identification of HIV-positive cases and strengthened prevention among HIV-negative individuals.

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Campaign event photos taken during outreach sessions.

f. PMTCT Promotion among Female Sex Workers

Targeted trainings and sensitization sessions were conducted for peer educators working with FSWs to enhance access to PMTCT services. Emphasis was placed on:

- Modern contraceptive use
- Early HIV testing during pregnancy
- Adherence to ARVs
- Undetectable = Untransmittable (U=U)

These interventions strengthened referral networks between communities and health facilities and improved knowledge and uptake of PMTCT services.



Training

session photos focusing on TB capacity building.

4. KEY RESULTS AND SERVICE STATISTICS (ANNUAL SUMMARY)

Across the year, the project recorded increased uptake of HIV testing, STI services, family planning, psychosocial support, condom distribution, and PrEP initiation across the three districts. Community-based approaches and peer-led interventions were instrumental in achieving these results.

5. KEY CHALLENGES IDENTIFIED

- Persistent stigma and discrimination against FSWs and MSM, particularly in rural areas
- Difficult terrain and limited transport infrastructure affecting service access especially to health facilities located in rural areas.
- Gaps in TB sample transportation, leading to delayed diagnosis
- Data gaps and reporting delays
- Minimum resources in projects related to HIV Preventions and awareness
- Less mindset and cognitive skills on HIV/AIDS, about Sexual and reproductive health, Sexual Transmission infections to KPs.
- Most of Adolescents girls and young women living in poor families decide to interfere in sexual relations as an alternative of wellbeing.

6. RECOMMENDATIONS

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- Strengthen TB sample transportation systems in collaboration with districts and RBC
- Expand stigma reduction initiatives targeting local leaders, law enforcement, and community influencers
- Strengthen community dialogue sessions using testimonies from peer educators and former patients
- Continue investing in peer-led and community-based service delivery models
- Ensure quick Transfer of funds in order to implement all projects related HIV Preventions on time.
- We may think about Income Generation to those Young Women.
- Participate in poverty reduction programs in order to ensure access of primary needs & self-reliance in Key populations.
- Mobilize enough resources to reach at big number of Key Populations, young women, and parents.

7. CONCLUSION

In 2025, WE-ACTx for HOPE successfully implemented comprehensive HIV and TB prevention interventions among key populations in Gicumbi, Karongi, and Rutsiro Districts. Despite persistent challenges, the project strengthened community systems, improved access to services, and reinforced collaboration with health authorities. Continued support and scale-up of these interventions remain critical to sustaining progress toward national HIV and TB targets.

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, community partnerships and scholarships, We Actx for Hope has been able to support 46 young people have benefited from the organization's initiatives. These include:

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

- **5 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**.

F. OTHER ACTIVITIES

1. SEMAINE INTERNATIONALE DU DEPISTAGE 2025 (SID25) (INTERNATIONAL TESTING WEEK)



WE-ACTx for Hope in collaboration with Coalition Plus, conducted the International Testing Week 2025 (Semaine internationale du dépistage 2025 (SID25)). The week started from 13 to 18th November 2025. We screened HIV, Chlamydia, Hepatitis B, and C, and STI, specifically syphilis targeting host spot. Results are as following:

Categories	Tested	Positif Result
HIV		
Hepat B		
Hepat C		
RPR (Syphilis)		

As shown at this table, we tested 266 people for HIV, Hepatitis B&C and syphilic. 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.

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All those patients have been transferred to WE-ACTx For Hope Clinic.

2. International Aids Society 2025

The IAS 2025, the 13th IAS Conference on HIV Science bring together over 3500 global health leaders researchers in HIV response. In 2025, the meeting held in Rwanda as Rwanda is one of the 7 countries which achieved the UNAIDS 95-95-95.

We-Actx For Hope participated and contributed in this important International meeting. We submitted 2 abstracts which have been accepted as poster presentation.



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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.

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* 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/>

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3. Partnership between Kibuye Hospital, We-Actx For Hope and Gesundes Afrika

In collaboration with BMZ Germany, through Gesundes Afrika, from 2022 to 2025, We-Actx For Hope implemented successfully a project titled: "Improved access to (SRH) health services and employment promotion for vulnerable target groups in rural communities in Rwanda".

From that collaboration, we have built a strong collaboration with Kibuye Hospital.

It is in this regards, Mental Health specialist Dr Ruth and Johanna conducted a 4 days' refresher training for mental health provider working in Kibuye Hospital and in the Health Centers.

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With Dr Violette, DG of Kibuye Hospital, Hospital staff and teachers from Germany



Visit to mental health service

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During mental health training

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The Vice Mayor Social Affairs with some of the participants



All the participants with the Vice Mayor

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4. Partnership with Rubavu District

We-Actx For Hope in collaboration with BMZ, Gesundes Afrika will implement the project titled:” Improved access to sexual reproductive health services and employment promotion for vulnerable target groups in rural communities in Rubavu District, Rwanda” during the period from 2025 to 2028.

We visited Rubavu District and met the Vice Mayor in charge of Social Affairs.

She said it is always good to have new partner in the District and she was excited about the project targeting adolescent girls and young mothers as the project aligns with the Imihigo for the District.



Picture with the Vice Mayor Social Affairs

5. Award received

In December, we received an Award from Aids Healthcare Foundation. The award was attributed to health centers with very high performance in the different indicators. We-Actx For Hope have been ranked 3rd countrywide in AHF supported sites.

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Drs Lambert Rangira, AHF Country Program Manager and Dr Athanase Rukundo, Clinical and Public Health Services Governance during the award ceremony

6. Health insurance for patients

In collaboration with Aids Health Care Foundation, we paid health insurance (mutuelle de santé)

G. PRIORITIES ACTIVITIES FOR 2026

- 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 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

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- 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).



WE-ACTX FOR HOPE STAFF

List of WE-ACTx for Hope's staff by December 2025

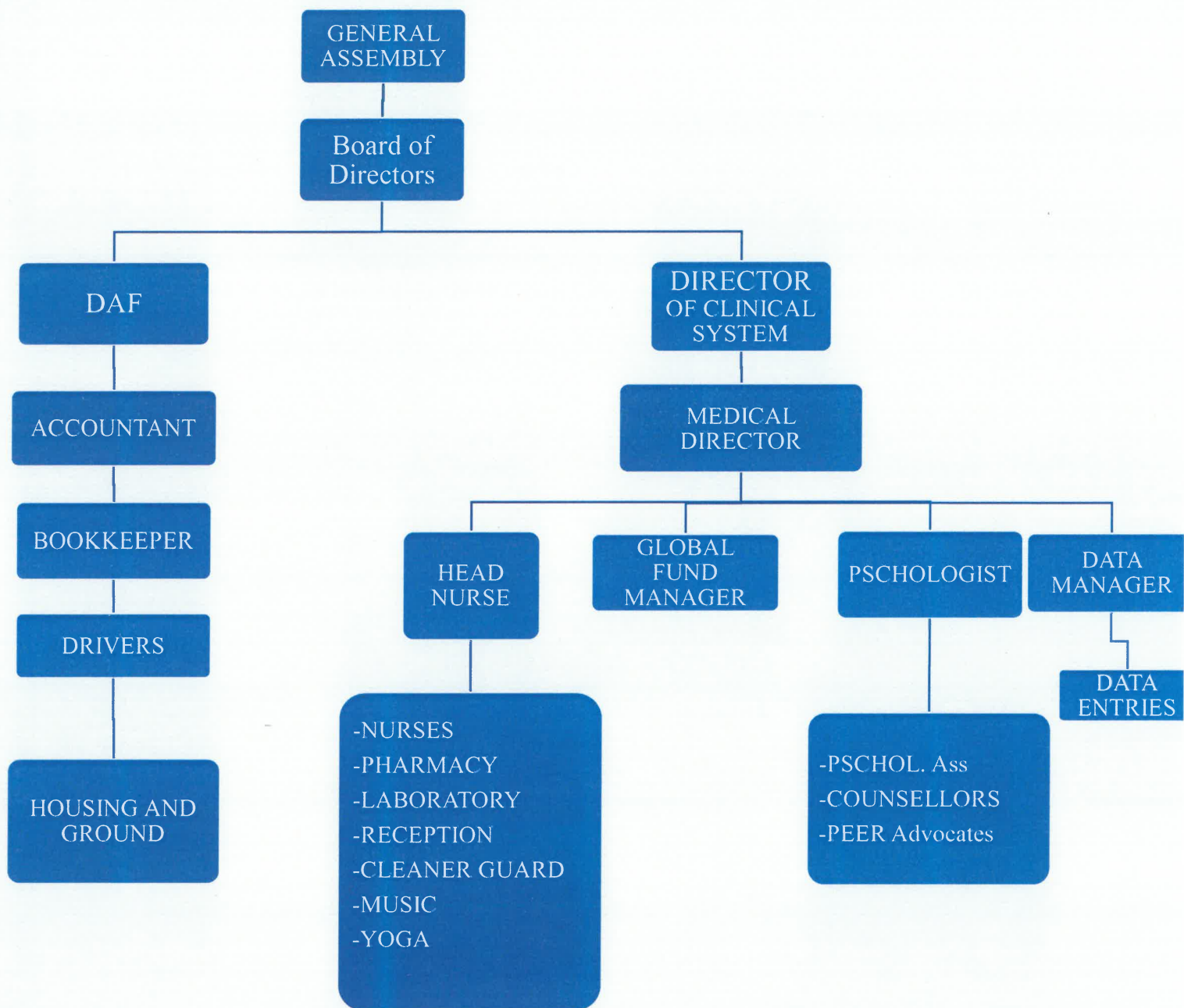
Nb	NAMES	POST NAMES	QUALIFICATIONS
A. Clinical staff			
1	BAMPORIKI	JOSEPHINE	Pharmacy Nurse A2
2	KAYONGA	FLORENTINE	Pharmacy nurse A1
3	DUSABE	CHANTAL	Nurse A1
4	KAGAJU	ROSE	Nurse
5	INGABIRE	CHANTAL	Nurse receptionist
6	MOUBARACK	DOSSA	Receptionist
7	HABIMANA	AUGUSTIN	Receptionist
8	MUSANINYANGE	JACQUELINE	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	NDOLIMANA	AIME	Logistic Officer
C. Support staff			
22	UMURAZA	NASSIM	Yoga Teacher
23	UWIRAGIYE	NADINE	Book Keeper
24	BAHIZI	MARIE	Health community workers

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




17. Organizational chart



Prepared:

Dr. Pacifique ISHIMWE,
Medical Director

Verified and approved:

Chantal BENEKIGERI, Public Health
Executive Director and Director of Clinical Systems