

# HDI NEWSLETTER

JANUARY 2026



# WHAT'S INSIDE

Facilitating Adolescent Participation in Inclusive SRHR  
Decision-Making

**Page 3 - 5**

---

Amplifying Civil Society Impact Through Strategic SRHR  
Movement Building

**page 6 - 9**

---

Strengthening School Leadership to Support CSE  
Delivery

**page 10 - 13**

---

Enhancing Duty Bearers Readiness to Implement New  
Healthcare Law

**page 14 - 17**

---

Building the Capacity of Intern Advocates in Strategic  
Litigation

**page 18 - 22**

---

**For questions, comments, or  
feedback, please reach us on:**

**Nasra Bishumba**

Senior Communication Advisor

**Email:** [nasra@hdirwanda.org](mailto:nasra@hdirwanda.org)

**Cell:** +250 788 309 262

Dear Partner,

Welcome to our **January Newsletter!**

In this edition, we share details from our dialogue with over 15 adolescent champions from diverse backgrounds for an interactive session on their experiences, challenges, and opportunities in relation to access to sexual reproductive health information and services. The discussions reaffirmed our commitment to youth-led programs that are inclusive, empowering, and responsive to adolescents' needs.

We also share highlights from our meetings in Bugesera, Gatsibo, and Nyaruguru Districts to support local leaders, healthcare providers, and law enforcement in understanding the newly passed healthcare law. We bring you interesting insights of these groups especially those related to the independent access to healthcare for adolescents aged 15.

Why is the delivery of Comprehensive Sexuality Education still a challenge and what can be done to fix the gaps? In this edition, we share the insights from our trainings with over 100 school leaders from Rubavu, Bugesera, Nyarugenge, Kicukiro, and Gasabo Districts on strategies to overcome cultural barriers, gaps in teacher knowledge, and limited teaching materials.

We also bring you highlights from the Rwanda SRHR Coalition strategic reflection and planning meeting and the plans for the movement this 2026.

Lastly, we look at how we are building the capacity of intern advocates on strategic litigation and the rights of sexual and gender diverse populations and how strategic litigation can drive systemic change, advance human rights, and promote inclusive justice.

Across all these initiatives, one message is clear: adolescents, educators, advocates, and duty bearers must work together to create inclusive, rights-based, and empowering SRHR programs.



## FACILITATING ADOLESCENT PARTICIPATION IN INCLUSIVE SRHR DECISION-MAKING

**A**t least 15 adolescent champions from diverse backgrounds were hosted at our offices for an interactive dialogue with our Deputy Executive Director, Ariane Dusenge, on their sexual and reproductive health and rights (SRHR) experiences.

Grounded in meaningful youth participation, the session provided a safe and supportive space for adolescents to openly share their sources of SRH information, the challenges they face, and the opportunities they envision to strengthen access to youth-friendly healthcare services.

The conversation reaffirmed our commitment to working with adolescents as partners and promoting youth-led approaches that shape programmes responsive to their needs and rights. Addressing the adolescents, Dusenge noted that intersectionality is a core principle for our organization in shaping programs that respond to diverse needs.

“We want to hear from all young people, because every perspective and story matters. Each of you is influenced by your identity, your experiences, and where you come from. Understanding the challenges you face helps us create solutions that work for everyone,” she said.



## ADOLESCENTS' IDEAS

---

Speaking on behalf of adolescents with disabilities, Bushira Uwamahoro highlighted barriers including limited access to health services tailored to their needs, social stigma and discrimination, inadequate SRH information in accessible formats, and exclusion from decision-making processes that affect their lives.

She also stressed the psychological impact of isolation, noting that without targeted interventions, adolescents with disabilities remain disproportionately vulnerable to poverty, abuse, and neglect.

Frank Ibyikora noted that adolescents with disabilities often feel intense pressure to step outside their comfort zones to fit in with peers. He explained that this pressure can lead them to engage in risky behaviours, suppress their needs, or compromise their well-being.

“Adolescents with disabilities should never have to compromise who they are just to fit in. Communities must be taught from an early age about inclusion, so everyone can grow up in a safe and supportive environment,” he said.



## NEED FOR MORE PEER EDUCATORS

---

Aline Niyonizeye highlighted additional barriers adolescents face in accessing SRH information and services, including stigma and judgment from adults and providers, fear of being seen at health facilities, and restrictive social norms that limit open discussions about sexuality.

She also noted gaps in Comprehensive Sexuality Education (CSE), with many adolescents missing lessons due to inconsistent delivery, limited teacher preparedness, and cultural discomfort around the topic.

Niyonizeye emphasized the value of engaging peer educators, explaining that adolescents are more open and responsive when they receive information from people they relate to and trust.

The January dialogue was followed in February by another session, keeping the conversation going and exploring new ideas from adolescents on how best to design SRHR programs that are relevant, inclusive, and empowering.



## STRENGTHENING THE SRHR MOVEMENT TO FOSTER CSO IMPACT

**R**ecognizing both the progress made and the challenges that remain in SRHR, this January we convened members of the Rwanda SRHR Coalition and partners from the broader movement for a strategic reflection and planning meeting to review progress, identify gaps, and set collective priorities for 2026.

The meeting brought together more than 38 participants engaged in SRHR advocacy, service delivery, research, and community mobilization. With guidance from our SRHR Advisor, Hallelujah Mahoro, participants reflected on the movement's significant contributions to legal and policy reform.



This included the recent passing of the law regulating health services, which lowered the age of consent for adolescents accessing healthcare services including those related to SRHR to 15 years, marking a critical step in strengthening adolescents' autonomy and improving their access to essential care.

The participants engaged in structured group work to define the movement's most pressing sexual and reproductive health and rights concerns in Rwanda requiring collective advocacy, assessed which advocacy strategies have been most effective and how they can be strengthened, mapped out the critical stakeholders and duty-bearers the coalition must engage to advance these priorities, and agreed on the key collective actions to be implemented in 2026 to drive meaningful impact.

They include high adolescent pregnancy and HIV rates, stigma and unfriendly services, limited inclusive access (especially for marginalized groups and rural communities), inconsistent CSE delivery, persistent GBV and harmful practices, rising mental health and substance use challenges, as well as ongoing service and funding gaps.

To address these, the participants proposed coordinated approaches including community- and youth-led initiatives, capacity strengthening, harmonized SRHR messaging, use of digital tools, evidence-based advocacy, strengthened partnerships, resource mobilization, as well as ensuring disability and gender inclusion across all interventions.

They agreed to focus on institutional strengthening, policy and advocacy engagement, awareness-raising mechanisms, coordination and movement building, and sustainability this year.

## **FEEDBACK FROM PARTICIPANTS**

---

The participants also reflected on the value of Rwanda SRHR coalition membership, noting that it has deepened trust, and fostered meaningful partnerships among organizations.



Crescence Mukantabana, Founder of Réseau de Développement des Femmes Pauvres, highlighted the value of coalition membership in expanding opportunities for funding and resource mobilization:

“The coalition has strengthened collaboration and partnerships among our organizations, enabling joint advocacy and better resource mobilization. Recently, these connections also helped my organisation secure a new donor, expanding the

impact of our programs.” Similarly, Samuel Niyomwungeri, Programs Director at Community Health Boosters, noted that the coalition has amplified civil society voices in policy dialogue while strengthening institutional capacity:

“The SRHR Coalition has supported us to build our team’s capacity and improved how we design and deliver our programs, both in reach and quality.”



## WAY FORWARD

---

A follow-up session was convened at the end of January in which the coalition's 2026 advocacy agenda was validated. In the same meeting, the coalition's operational framework, including the collaboration coordination mechanisms, member roles and responsibilities, and guidelines for member engagement were also drafted.



## STRENGTHENING SCHOOL LEADERSHIP TO SUPPORT EFFECTIVE CSE DELIVERY

**B**uilding on our ongoing efforts to advance Comprehensive Sexuality Education (CSE), this January we conducted training for school leaders from Rubavu, Bugesera, Nyarugenge, Kicukiro, and Gasabo districts to strengthen their capacity to understand and support its effective delivery.

Over 100 participants, including head teachers, Deans of Studies, and school nurses, attended the trainings. Schools were selected based on location in high-traffic areas and higher risk factors such as teenage pregnancy and sexual abuse.

The training opened with welcoming remarks from our Deputy Executive Director, Ariane Dusenge, who emphasized the importance of CSE in preventing teenage pregnancy and empowering young people with accurate information.

She noted that misconceptions about CSE persist, often due to cultural norms, but silence is risky, leaving young people reliant on unreliable sources.



“CSE is not about encouraging children to have sex. It acknowledges that, at some point, they will face decisions about relationships and sexuality. The goal is to equip them with accurate information to make safe, responsible, and informed choices,” Dusenge said.

Participants explored Rwanda’s position on CSE, barriers to implementation, and proposed solutions. Challenges identified included limited time, insufficient teacher knowledge, cultural and religious barriers, overcrowded classrooms, and lack of teaching materials.

Proposed solutions included making CSE a stand-alone subject, motivating teachers, engaging parents, and providing accessible

CSE resources. A session on Sexual Exploitation, Abuse, and Harassment (SEAH) sparked debate around gender norms and victim-blaming.

Discussions revealed misconceptions about consent, bodily autonomy, and the distinction between discipline and abuse, highlighting the need for sustained norm-change interventions, particularly engaging men and boys.

Leaders also shared cases of sexual abuse by family members and barriers to reporting, emphasizing the need for strengthened school-based counseling services.

## NEW HEALTHCARE LAW

---

Participants were oriented on the new healthcare law, which enhances adolescent access to rights-based services. Discussions centered on provisions allowing adolescents aged 15+ to seek sexual and reproductive health services without parental consent.

While some participants expressed concern that these services could encourage early sexual activity, others stressed the importance of equipping sexually active students with accurate information.

For example, Gaston Nsabimana, the Dean of Studies at Collège Saint André commented, “Many parents are not happy with the new healthcare law, and neither am I. I think it is inappropriate.

Providing condoms encourages adolescents to engage in sexual activity.” Another participant expressed concern: “I find it alarming that adolescents have access to these services. Is there a way we can guide them to prioritize abstinence over contraception?”



However, Emmanuel Dukizwanayo, Headmaster at Cyaruzinge Primary School, expressed a contrasting view. “Whether we like it or not, some of our students are already sexually active.

Denying this reality doesn’t help. As educators, it is our duty to equip them with information to make informed decisions,” he said.



## HARM REDUCTION

---

Finally, the training introduced harm reduction approaches, guiding educators on supporting students who use drugs through counseling and care rather than punitive measures. Participants expressed interest in further capacity-building to effectively support vulnerable students.

## CHANGE IN ATTITUDE

---

The pre-test and post-test, designed to assess participants' knowledge and attitudes before and after the intervention,

showed an average score increase from 47% to 88%, reflecting a remarkable improvement.

However, despite the 41% increase in knowledge, some school leaders remained hesitant about adolescent contraception, citing concerns about potential side effects, while others admitted feeling uncomfortable discussing CSE due to their religious beliefs.

This performance indicated the need for continued engagement and capacity-building sessions to address misconceptions and build confidence in discussing CSE.



## ENHANCING DUTY BEARERS' READINESS TO IMPLEMENT NEW HEALTHCARE LAW

**T**his January, we convened dissemination meetings in Bugesera, Gatsibo, and Nyaruguru Districts to strengthen duty bearers' understanding of the newly enacted law regulating healthcare services.

The sessions, tailored for local leaders, healthcare providers, and law enforcement officers, aimed to address gaps in awareness and interpretation of the law and to promote rights-based,

adolescent- and youth-friendly service delivery across districts.

The Facilitator, our Policy and Advocacy Officer, Denise Teta told the participants that the new law consolidates previous legislation and modernizes access to healthcare services, with particular attention to adolescent health, digital health innovations, and reproductive rights.



She led the participants into an in-depth review of key provisions of the law, including service delivery standards across reproductive, mental, and digital health services, clear referral pathways, and standardized pricing structures.

Discussions emphasized how proper implementation can reduce stigma, prevent rights violations, and build greater trust between communities and health facilities.

Among the key provisions discussed were articles lowering the minimum age for independent access to healthcare from 18 to 15 years, establishing a legal framework for Assisted Reproductive

Technologies (ART), formalizing digital health (e-health) services, and reinforcing patient rights and protections.

## UNPACKING PATIENT RIGHTS

---

A substantial portion of the sessions focused on healthcare service users' rights.

Participants were reminded that every individual has the right to access discrimination and stigma-free quality healthcare.

During the discussions, they explored protections against harmful practices, the importance of privacy and confidentiality, and the principles of informed decision-making.

For minors under 15 or persons unable to provide consent, participants were guided on the role of legal representatives acting strictly in the best interest of the patient, reinforcing safeguards for vulnerable populations.

Charles Ntarindwa, a participant from Kiziguro Health Center shared that before the training, he viewed consent forms mainly as a way to comply with patients' rights. He expressed appreciation for learning that informed consent also protects healthcare providers.

"I used to rush through procedures, thinking the consent form was just paperwork. Now I understand that informed consent is both a patient's right and a safeguard for us if something goes wrong."

The Director General of Nyamata Level 2 Teaching Hospital, Dr. Jean Marie Vianney Sebajuri, urged leaders to remain well informed about existing laws and policies to safeguard service users' rights and promote stigma-free access to quality healthcare.



"Understanding the law is not optional for us leaders; it is our responsibility. When we apply it correctly, we build a health system that adolescents trust and feel safe turning to for care."

## **MINISTERIAL ORDER ON SAFE ABORTION**

---

The sessions also addressed the Ministerial Order on Abortion, clarifying the legal conditions under which abortion is permissible. Participants reviewed procedural safeguards, including authorized facilities, qualified providers, and the requirement for informed written consent.



Special emphasis was placed on cases involving minors or individuals unable to provide consent, underscoring that decisions must prioritize the individual's best interests while ensuring confidentiality and protection from stigma.

## LOOKING AHEAD

---

Referring to the law regulating healthcare services, Teta emphasized that while the law is clear, real change requires

ongoing effort. "The law allows young people aged 15 and above to seek healthcare services independently, but fear, stigma, and gaps in parental support will not disappear overnight.

We are going to need collaboration between duty bearers such as for health facilities to feel safe, welcoming spaces where adolescents can access care without barriers," she stressed.



## BUILDING THE CAPACITY OF INTERN ADVOCATES IN STRATEGIC LITIGATION

In January, we collaborated with the Rwanda Bar Association (RBA) to convene a three-day workshop for intern advocates to enhance the use of strategic litigation in protecting the rights of sex and gender diverse groups and promoting inclusive, rights-based justice.

In her opening remarks, the Project Development Officer at RBA, Joyce Mukakamali told the participants that a person's identity, beliefs, or physical appearance should never be used as a basis for discrimination or denial of legal services, especially in situations where individuals are already vulnerable and lack adequate access to legal representation.



She emphasized the central role of equality, professionalism, and ethical responsibility in advancing access to justice for all.

Facilitating the first session, our Sexual Orientation, Gender Identity and Expression, and Sex Characteristics (SOGIESC) Program Officer, Muhire Gustave, commenced his presentation introducing participants to the concept of SOGIESC within the Rwandan context.

Building on this, Muhire explained that stigma labels certain people as shameful or less worthy, adding that in practice, these perceptions often translate into unfair treatment, discrimination, social exclusion, and barriers to essential services, especially for sexual and gender diverse communities.

The discussion set the stage for understanding why these concepts matter for legal professionals, whose work shapes access to justice, protection from discrimination, and the safeguarding of fundamental rights.

“Understanding stigma is central to recognizing how legal and social systems can unintentionally perpetuate harm,” he said.

On the second day, the presentation by Senior advocate Christian Garuka supported the intern advocates to analyze how Rwanda’s legal framework protects sexual and gender diversities, highlighting constitutional guarantees of equality and non-discrimination.

The session noted protections in labor law and the role of human rights institutions, but also identified gaps, including the lack of specific sanctions for SOGI-based discrimination and limitations in family and GBV laws.

Discussions emphasized respecting individuals' privacy, avoiding assumptions, and prioritizing confidentiality and dignity in all engagements.

## STRATEGIC LITIGATION

---

Garuka supported participants to better understand strategic (impact) litigation as a rights-based legal approach. The session showed how carefully selected cases can drive systemic change and shape legal interpretation. It also highlighted their role in influencing public policy and strengthening human rights protection.

This includes enforcing existing laws, clarifying ambiguities, challenging unconstitutional provisions, and developing new legal norms.

Garuka highlighted how strategic litigation can advance human rights, challenging discriminatory laws, clarifying legal concepts, and issuing rights-based judicial declarations.



“Strategic litigation has an even wider impact, because it is crucial in raising public awareness and placing human rights issues on the national agenda, even when cases do not succeed,” he said.

He used comparative case law from Rwanda and other jurisdictions to demonstrate how courts have tackled issues such as freedom of expression, discrimination, association rights, marriage equality, and constitutional morality.

However, they also discussed the risks of strategic litigation, including costs, procedural uncertainty, reputational concerns, and the potential to reinforce restrictive interpretations.

The session concluded that strategic litigation is most effective when applied selectively and complemented by advocacy, policy engagement, and community-based efforts.

## SLIGHT CHANGE IN ATTITUDE

---

Some participants demonstrated limited understanding of strategic litigation mechanisms and the specific legal protections available for gender and sexual diverse persons. The average pre-test score was 67.1%.

The mean score of the post-test was enhanced to 70.9 %, a 3.8 percentage improvement, indicating a need for sustained training.

## ARTICIPANT REFLECTIONS

---

Cadeau Patrick Iradukunda, an intern advocate from Gasabo district expressed his appreciation of the training, reflecting on her change in attitude at the end of the training.

“When the SOGIEC session began, I was shocked, but as discussions deepened, I realized that everyone deserves protection from discrimination. Sexual and gender diverse people deserve inclusion and legal support too, and I want to join the network of lawyers defending them.” he said.



Rene Dusabe, an access to justice bureau (MAJ) participant from Musanze District reminded fellow intern advocates that going forward, they should be mindful of even seemingly harmless language that might contribute to discrimination.

“We need to stop referring to sexual and gender diverse individuals as ‘those people’, it excludes them yet they are part of our community. Our language should reflect respect and inclusion,” he said.



## KEY TAKEAWAYS

---

The participants concluded the training with key takeaways including the need for the government to implement clear legal protections and update policies to include sexual and gender diversities and to provide targeted training for law enforcement, health workers, and community leaders to reduce stigma and promote inclusive services.

They called for public education, community dialogues, and responsible media sensitisation drives to challenge myths and improve acceptance and to conduct research to guide evidence-based policies and interventions.

## IN OTHER NEWS

This January we hosted the following radio shows:



**3<sup>RD</sup> JANUARY 2026:**

UNDERSTANDING THE COMMON CAUSES OF FAMILY CONFLICTS AND HOW TO ADDRESS THEM

**10<sup>TH</sup> JANUARY 2026:**

HOW TRACKING YOUR MENSTRUAL CYCLE CAN HELP PREVENT UNWANTED PREGNANCIES?

**17<sup>TH</sup> JANUARY 2026:**

FAQS ABOUT SEXUALLY TRANSMITTED INFECTIONS/DISEASES

**24<sup>TH</sup> JANUARY 2026:**

ESSENTIAL HEALTH TIPS DURING PREGNANCY

**31<sup>ST</sup> JANUARY 2026:**

OPPORTUNITIES AND CHALLENGES IN SRHR SERVICE PROVISION IN RURAL AREAS



**4<sup>TH</sup> JANUARY 2026:**

UNDERSTANDING HOW CONTRACEPTIVES WORK

**11<sup>TH</sup> JANUARY 2026:**

KEY HYGIENE TIPS FOR PUBERTY AND ADOLESCENCE

**18<sup>TH</sup> JANUARY 2026:**

WHAT DOES THE RWANDAN LAW SAY ABOUT SAFE ABORTION?

**25<sup>TH</sup> JANUARY 2026:**

HARM REDUCTION FOR PEOPLE WHO USE DRUGS.

## Courtesy Visits with Our Partners



This past January, we received a team from IOM Rwanda to discuss joint efforts in enhancing cross-border community preparedness for Mpox and other epidemic-prone diseases, focusing on collaboration, information sharing, and community-led prevention and response.



This January, we were proud to attend Rwanda's Universal Periodic Review (UPR) in Geneva, a key platform for tracking progress on human rights commitments and learning how policies align with international standards and community needs.

# STAKEHOLDERS SPEAK:

**HDI Rwanda** @HDIRwanda X.com

*The effectiveness of Comprehensive Sexuality Education depends on school leadership that understands both the content and the context.*

To support this, we organised a 2-day capacity-strengthening training for school leaders in @RubavuDistrict including head teachers, Deans of Studies (DOS), and school nurses, to support effective CSE delivery, promote healthy behaviors, and address the cultural and social barriers that affect its implementation in schools.

📸: @inezahamza



**Salah AHISHAKIYE** @salimsaleha2 X.com


**Strong school leadership is essential for effective Comprehensive Sexuality Education. Equipping head teachers, DOS, and school nurses with the right knowledge and cultural understanding supports safe learning environments and healthy choices for students.** 🍌

**HDI Rwanda** @HDIRwanda X.com

*The effectiveness of Comprehensive Sexuality Education depends on school leadership that understands both the content and the context.*

To support this, we organised a 2-day capacity-strengthening training for school leaders in @RubavuDistrict including head teachers, Deans of Studies (DOS), and school nurses, to support effective CSE delivery, promote healthy behaviors, and address the cultural and social barriers that affect its implementation in schools.

📸: @inezahamza



Last edited 11:22 PM · 28/01/2026 · 1.5K Views

**mayuru mazi** @MaziM... · 27/01/2026  
Ubundi urava murugo utagiye kurongorwa uyahe? Guma murugo kugeza igihe uzabona umugabo naho ibyo ntaho byabaye

**Rwanda nziza** @Rwan... · 27/01/2026  
Kwiyubaka kuva mu rugo. Kereka niba hari ibituma wangiza ariko niba ntabyo ayo wari gukodesha yahereho wiyubaka (wiyubakire, ushake busns ikwinjiriza). Nanone kereka niba uguye gushaka ufite Fiancé ukaba uri gutunganya iby'urugo rushya. Nah'ubundi ni ukwiteza ubukene n'ibishuko

**Nsengiyumva Viateur** · 26/01/2026  
Bitewe nibyo bagutezemo biruta kure ibyo wibonamo kdi kubona umwana wumuhungu agenda agashigikirwa byasaga nokureba ko yakwiyungura ubundi bwenge niyompamvu yafashijwe

**Senior** @IBT010 · 27/01/2026  
Umukobwa ava iwabo agiye gushaka umugabo.

**Mpilimbanyi/ARCHIVES** @Inkotanyi\_Imena  
While these rationales come from a place of love (urukundo), modern psychology often points out that over-protection can lead to a lack of confidence later in life. It's a tough balance for parents to strike!  
@alice\_kanyana hano yamfasha ariko nafatiye urugero ku nshuti yanjye.

6:42 pm · 26 Jan 2026 · 264 Views

**MANIZABAYO Jeannette** @Jeannette3M  
Ibi ni umuco n'imyumvire ya kera ishingiyeye ku gitsina; bafite ubwoba bw'umutekano we kuko bakeka ko ari kubiterwa n'ikigare. 🎬 Naganire n'ababyeyi abafashe guhindura imyumvire; ababwire impamvu z'icyo cyemezo yafashe, aho azatura n'uko ateganya kwitwara, biratuma ababyeyi batwaza.

3:20 pm · 27 Jan 2026 · 507 Views

# HDI WISHES TO THANK OUR PARTNERS AND SUPPORTERS

- AMPLIFYCHANGE
- ANGEL FAMILY FUND
- BLACK WOMEN'S HEALTH IMPERATIVE
- CATHOLICS FOR CHOICE
- CRICKET BUILDS HOPE
- DELEGATION OF THE EUROPEAN UNION TO RWANDA
- EAHP
- EQUIMUNDO
- EXPERTISE FRANCE
- FEMNET
- FOSI/OSIEA
- FP2030
- GIZ
- GLIHD
- GLOBAL HEALTH CORPS
- IMBUTO FOUNDATION
- IMRO
- IPPF
- JHPIEGO/MCGL
- MEDECIN DU MONDE
- MEDICAL DOCTORS FOR CHOICE
- MEDICAL STUDENTS FOR CHOICE
- MINISTRY OF GENDER AND FAMILY PROMOTION
- MINISTRY OF HEALTH
- MINISTRY OF JUSTICE
- MINISTRY OF LOCAL GOVERNMENT
- NORWEGIAN PEOPLE'S AID
- PARLIAMENT OF RWANDA
- PLAN INTERNATIONAL RWANDA
- PSA
- RNGOF
- ROBERT ANGEL AND FAMILY FOUNDATION
- RWANDA CIVIL SOCIETY PLATFORM
- RWANDA SOCIETY OF OBSTETRICIANS AND GYNECOLOGISTS
- RWANDA BIOMEDICAL CENTER
- RWANDA EDUCATION BOARD
- RWANDA GOVERNANCE BOARD
- RWAMREC
- SISTERLOVE INC.
- SOCIETY FOR FAMILY HEALTH
- STEPHEN LEWIS FOUNDATION
- STOP TB PARTNERSHIP
- STRIVE FOUNDATION RWANDA
- THE CENTER FOR REPRODUCTIVE RIGHTS
- THE DAVID AND LUCILE PACKARD FOUNDATION
- THE EMBASSY OF SWEDEN
- THE EMBASSY OF THE KINGDOM OF NETHERLANDS
- THE GLOBAL FUND
- THE NEWTIMES
- UHAI-EASHRI
- UNAIDS
- UNFPA
- UNICEF
- VSO
- WELLSPRING PHILANTHROPIC FUND
- WEMOS
- WHO
- WOMEN'S LINK WORLDWIDE

