

HDI NEWSLETTER

NOVEMBER 2022



MOBILE MENTORSHIP INITIATIVE SET TO IMPROVE MATERNAL, CHILDCARE

HDI in partnership with Rwanda Biomedical Center (RBC) and the United Nations Population Fund (UNFPA), on November 03, launched an ambitious mobile mentorship initiative dubbed “MobiMenta” as part of other existing interventions to reduce preventable maternal and neonatal morbidity and mortality.

Supported by Laerdal Global Health, the initiative will facilitate a capacity-building model which allows the tailoring of training packages to specific individual needs of the targeted health facilities. The continuous support of on-the-job mentorship will lead to long-term improvements in the health sector and will bridge gaps in emergency obstetric neonatal care, family planning (FP) and comprehensive abortion care (CAC).





This cost-effective initiative will not only save the lives of women and children but will also improve their health and well-being. The on-site training offered to healthcare providers in health facilities will incorporate active learning and structured simulations, using mobile classrooms to reach healthcare providers in the most rural areas in Rwanda.

“This new approach will improve service delivery at healthcare facilities. We have been incorporating different types of mentorship in order to give quality care at the lowest level healthcare facilities, such as the supportive supervision

checklist method, where trainers and trainees gather periodically to review maternal health service delivery,” Elphaz Karamage, Officer of Adolescent Sexual and Reproductive Health in Rwanda Biomedical Center explained.

“But this new initiative will strengthen the existing approaches. Midwives will be trained and supervised on-site until they start working independently. The healthcare providers will be working with skilled professionals who have experience in emergency intensive neonatal care,” Karamage said



HDI is proud to be leading the implementation of this program in partnership with UNFPA and RBC. We've already started the first phase with the training of mentors. After the trainings, monthly mentorships will be conducted in health facilities located in Karongi and Nyamasheke targeting 48 health facilities and considering each facility's needs.

*- Louange Gutabarwa,
Director of Research at HDI*

According to the 2021 State of the World's Midwifery report, midwives, when competent and supported by a functional health system, can help prevent over two thirds of maternal and newborn deaths and morbidities.

In addition, midwives can deliver 90% of all essential sexual, reproductive, maternal and newborn health services. Therefore, investing in universal coverage of midwives could avert 67% of maternal deaths, 64% of neonatal deaths, and 65% of stillbirths.

"Rwanda has made tremendous efforts in reducing maternal and neonatal mortality. To date, the maternal

mortality rate is 203 out of 100,000 live births, down from 487 over the past 10 years. However, even though these efforts have been made, we haven't reached our goal. By 2030, we want to reduce maternal mortality by 66%. This will require strong interventions." Karamage said.

Evidence revealed that investment in capacity building of health care workers, specifically midwives, nurses and doctors working within sexual and reproductive health could substantially reduce maternal and perinatal deaths and morbidities.

According to the Rwanda Assessment of Maternal and Perinatal Death Surveillance (MPDSR) report 2021, most preventable maternal deaths were due to skill gaps, especially among fresh graduates. Thus there is a need to establish innovative capacity building models that would facilitate the continuous professional development in a cost effective manner.

Mobile mentorship is a capacity building model well-adapted to the context of Rwanda. Karongi and Nyamasheke in particular are known for their hills, which contribute to the delay of service delivery since patients travel a distance to get to health facilities.

While giving her closing remarks, the Vice Mayor of Karongi in charge of social affairs, Valentine Mukase, commanded the initiative which will speed up service delivery and help women in remote areas access high quality healthcare.

Lydia Muhoza, a midwife at Rubengera Health Center in Karongi district, was part of the launching ceremony of the Mobimenta Initiative this Thursday. She shares her hopes in regards to the upcoming mentorship, which she describes as very innovative.



It is good that we continue to train ourselves to be able to provide services in a timely manner. I am very happy that this innovative initiative has been launched today. I believe it will help us make service delivery run smoothly, and will increase our knowledge in emergency obstetric and neonatal care, and comprehensive abortion care.

- Lydia Muhoza,
Midwife at Rubengera Health
Center in Karongi district



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No woman should die while giving birth. As I was reading about this initiative, my dream for our district is the decentralization of this initiative to the health posts. So that in the coming years, women could have access to quality healthcare at their nearest health post without having to travel miles to get the service. I am glad that the program implementers are going to use mobile clinics to move around and reach the furthest behind in rural settings

- Valentine Mukase,

Vice Mayor of Karongi in charge of social affairs



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I would recommend healthcare providers to embrace this program, integrate it into service delivery and work in close collaboration with the mentors in order to have a successful debut. I believe this initiative will greatly contribute to decreasing preventable maternal deaths. By the end of next year, we hope to have delivered high-quality maternal and neonatal health care as well as Comprehensive Abortion Care in 48 health facilities located in Karongi and Nyamasheke. We also hope to have 250 health providers equipped with skills on management of obstetric and neonatal complications and Comprehensive Abortion Care and who are able to apply them to save the lives of mothers and newborns.

- Louange Gutabarwa,

Director of Research at HDI



Speaking at the celebration to mark the International Day of People with Disabilities, HDI Advisor on Sexual Reproductive Health and Rights (SRHR) Annet Mwizerwa, told the participants that HDI continues to work hand-in-hand with partners to ensure that the Sustainable Development Goal (SDG) Principle Two to 'Leave No One Behind' is incorporated in all its work. Although there is still a long way to go, the rights-based approach used by the government to build an inclusive society in which people with disabilities can thrive should be commended, members of different organisations of people with disabilities have said.



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We are honored to be here today and to be able to contribute to making our society more inclusive. The principle to leave no one behind is at the centre of all the work that we do, and it is our goal to contribute to the elimination of discrimination and inequalities that may undermine the potential of a particular section of people.

- Annet Mwizerwa

HDI Advisor on Sexual Reproductive Health and Rights (SRHR)

The activity, supported by a partnership between Health Development Initiative (HDI) and United Nations Population Fund (UNFPA) was one of a series that sought to shed light on the challenges faced by persons with disabilities especially in relation to their SRHR rights. Speaking at the event, the Coordinator of the National Council of People with Disabilities (NCPD) in Nyamasheke District, James Uwineza was joined by other participants to point out the ten priority gaps and challenges that need to be addressed to ensure full inclusion of persons with disabilities in the national development agenda.

1. NEED FOR A CENSUS

Uwineza explained that the last census pertaining to people with disabilities was done in 2012. At the time, the census concluded that there were 446,453 people with disabilities nationwide. Of these, 221,150 were male and 225,303 female. In Nyamasheke district alone, there are 10,912. Uwineza explained that in the last ten years, these numbers have increased, and a fresh count would support planning purposes.

“It has been ten years and obviously, there must be changes. We would like a fresh census that will enable us to know how to plan and budget for people with disabilities better and in a timely manner,” he said.



2. STIGMA

Uwineza reminded participants that disability continues to be a persistently sensitive issue in some communities. He explained that some families still attach disability to shame and as a result, they choose to keep the family members with disabilities hidden or locked up in their home.

“We appeal for countrywide advocacy and sensitisation drives which will ensure that families understand that every child or adult with disability is a human being that can also go to school, visit a doctor and enjoy other basic rights as freely as every other citizen,” he said.

3. ACCESS TO SERVICES

A significant number of people with disabilities continue to face challenges related to accessing services due to barriers posed by venues that are not inclusive, making it difficult for them to access the premises. Some of these premises include buildings that were built before guidelines favoring people with disabilities came into force.

“We request that these buildings are reviewed, and the infrastructure updated while we also call upon One Stop Centers that provide construction permits to include a clause that requires new buildings to facilitate accessibility for everyone,” he said.

Additionally, the Rwanda Union of the Blind Advocacy Officer, Jean Pierre Nshimiyumukiza, pointed out challenges related to accessing braille equipment where those who live upcountry are required to travel long distances to access such equipment.

“If I have a speech to deliver, I am required to travel from Nyamasheke District to the Masaka School of the Blind in Kicukiro District to access equipment to write a simple document. This is not only costly, but also time consuming,” Nshimiyumukiza said. Many school facilities were also said not to be favorable for students as many are required to get out of their wheelchairs and crawl into the toilets, which is unhygienic and inconvenient for many and as a result, many choose to drop out.



4. AVAILABILITY OF PROSTHETICS

Uwineza commended the government for making it easier for people with albinism to access sunscreen body lotions and creams at subsidized prices and conveniently. However, he appealed for similar efforts to be invested in supporting people with disabilities who need prosthetic and orthopedic equipment to aid their movements to pick them from their health centers instead of district hospitals.

5. LACK OF EMPLOYMENT

Although the government has invested resources into ensuring that people with disabilities can go to school, there are still challenges when they complete their education and go seeking employment.

Uwineza reminded that Rwanda is a signatory of the UN Convention on the Rights of Persons with Disabilities which saw the State commit to promoting the employment of persons with disabilities in the private sector through appropriate policies, which may include affirmative action programmes and incentives.

He pointed out that although Rwanda has progressive laws, implementation is still a challenge.

“It was suggested that the government would offer a five percent income tax discount to any employer in the private sector who ensures that five percent of his or her staff are people with disabilities. This deduction would be channeled to the people with disabilities fund. However, this is not being done. We have progressive laws and policies, but we continue to struggle with implementation,” he said.

HDI in partnership with UNFPA donated 50 white canes in support of the visually impaired as well as 100 reusable pad kits.



HDI CAR FREE DAY WALK FOR 16 DAYS OF ACTIVISM AGAINST GBV

As part of the 16 Days of Activism Against Gender-Based Violence (GBV), HDI and coalition members under Generation Gender joined the Ministry of Gender and Family Promotion (MIGEPROF) in a walk against GBV during the City of Kigali's car free day.

The walk started from BK Arena heading to the Kigali Convention Centre and was attended by families, organizations, and youth.

Many were seen in t-shirts and sportswear marked with the hashtag #endGBV, eager to work towards promoting a gender-just and violence-free society for women and young people.



After the walk, coalition members of Generation Gender gathered to reflect and discuss different ways to create a community free from violence.

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Everyone’s contribution is necessary to promote a world free of violence. It starts with our families, friendship groups and other social groups we live in.

**Annonciata Mukayitete,
Gender & Inclusion Officer at HDI.**

The team reflected on a world where women and girls exercise their rights, where household and care work are not only a woman’s responsibility, where men display positive masculinity and where women and girls are emancipated.

The global and annual campaign kicked off on November 25th and ended on December 10th marking a committed time to raise awareness and work towards preventing GBV at all levels.



With its commitment to promote a gender-just and violence-free society, **HDI dedicated this time to retrain its staff on GBV, principles to prevent GBV and evidence-based reporting. In addition, training of Community-Based Organizations and Civil Societies are conducted within this period to reflect on what has been done and address existing challenges that contribute to GBV.**

As the world observes the International Day for the Elimination of Violence against Women and Girls, and Human Rights' Day, HDI concluded 16 days of activism against GBV with a training of CSOs on strategic litigation to respond to GBV justice issues. A training that took place in Musanze district, aiming to educate CSOs on progressive methods to raise awareness, find information and respond to GBV cases with the aim to contribute to promoting gender justice.



BUILDING STRONG ADVOCACY COALITIONS TO COMBAT DISCRIMINATION AGAINST THE LGBTI COMMUNITY IN RWANDA

In the month of November, in partnership with APHRC, HDI strengthened the capacity of 30 media professionals in a training on advocacy and communication skills to assess, document and report on sexual minorities matter in a non-discriminatory way. Both organizations also strengthened the advocacy capacity of 30 CSOs working with sexual minorities in Rwanda to equip them with skills on advocacy

strategy and to strengthen the overall SRHR CSO movement in Rwanda. In March 2022, APHRC in collaboration with HDI disseminated a study they conducted in 2021 that sought to provide a solid evidence-informed foundation on the lived experiences of LGBT+ people, as well as the perception of issues around exclusion from the public in Rwanda.

During the meeting, CSOs sought to find ways to build a strong advocacy coalition that can present evidence-based findings to policy makers, influence agenda settings of policy makers, and have an advocacy strategy that will contribute to social change.

Both organizations also engaged key media houses because media plays a crucial role in contributing to the social inclusion and civic engagement of LGBT+ people by creating visibility and combating inequalities.

Although Rwanda's constitution guarantees to protect the freedom and privacy of all its citizens, including LGBT individuals, they continue to face stigma, discrimination, and various other human rights violations.

The media has also voiced strong rhetoric against the LGBT lifestyle and individuals, likening them to people lacking moral virtue. The effect of this is the incitement of violence and discriminatory rhetoric against LGBT individuals.

When presenting the source of discrimination, Dr. Emmy Igonya explained that the highest source of discrimination is among individuals with 85.2% while private sector and nonprofit sector are 23.6% and public sector 19.2%.

Jean de Dieu Akayezu, journalist and editor at Igihe.com welcomed the findings of the research and urged for its dissemination in order to raise awareness on such discrimination that the LGBT community is facing.



This was indeed a great training and I am glad to have learned about all the findings of the research, however there is a need for a strong voice from the media in order to advocate for these groups. Some people discriminate by ignorance but the more they learn how it affects the LGBT, the more individual discrimination can be eradicated and family members can be educated.

- Akayezu Jean de Dieu, journalist and editor at Igihe.com



“And as of the findings, I think that we are seeing a lower number of discrimination from the public sector because of how the labor law protects employees while obliging every employer to sign a contract with his/her employee and it is very hard to discriminate against someone based on their race or sex. This could be different from non-profits and the private sector which are likely to set their own rules.” He added

During his presentation, Nicholas Etyan from APHRC urged the CSOs to have a written advocacy strategy as one the

ways of making social change in Rwanda. He also told them that many could be doing the right thing, but when it is not documented or following a plan and a strategy, it is hard to evaluate and track change.

“You need to understand and apply key elements of advocacy strategy design — specifically identifying the advocacy issue, goal, and objectives; decision-maker and influencer identification; message design and execution tailoring messages to target audiences.”

He said

“In developing the strategy, and in the light of a more systematic analysis of the policy environment, it is advisable to return to the advocacy goal and to set specific and realistic objectives that can be achieved within a reasonable, defined time frame.” He said

At both meetings, participants mentioned that there is a need to sensitize family members on laws and policies that safeguard the life of LGBT people in Rwanda in order to reduce individual’s stigma as being the highest on the findings with 81%. Articles such as article 16 on Citizen Equality which states that “All citizens shall be equal in the eyes of the law, without any discrimination, especially in respect to race, color, origin, ethnic background, clan, sex, opinion, religion, or social status.”

The representatives of the transgender reminded participants that they face a lot more stigma and discrimination than the rest of the members of the LGBT community. Khatibu Hakizimana, the President of Building Hope for Future (BHF) said that, “Transgender persons are particularly more vulnerable to discrimination than others. The vast majority of trans

and gender-diverse persons in the world do not have access to gender recognition by the State. That scenario creates a legal vacuum and a climate that tacitly fosters stigma and prejudice against them. There is need for advocacy for this particular group.”

Juliette Karitanyi, Director of Communication at HDI explained, “In order to have a strong coalition, there is a need to come together with a strong voice. When you build strong groups, it is easy to advocate and make change. Though it is important to advocate for your rights in your respective communities, for sustainable results, coming together as a community and tackling issues of discrimination, strong coalitions are important and make a bigger impact.”

Christopher Sengoga, Director of Center for human rights at HDI mentioned that HDI hopes to hold a consultative meeting with different stakeholders to find appropriate terminologies for Kinyarwanda that should be used to identify people from the LGBT community. This process will reduce derogatory terminologies used against them.



EMPOWERING YOUNG PEOPLE TO MAKE INFORMED SRHR DECISIONS

This November, we partnered with UNFPA to engage, in school and out of school adolescents and teenage mothers in Rusizi, Nyamasheke and Karongi districts to identify opportunities and gaps in relation to the delivery of sexual and reproductive health information and services.

Delivered under the 'Safeguard Young People (SYP)' programme, the engagements seek to improve the availability and accessibility of information related to safe, inclusive, stigma-free, and high-quality family planning services.

The facilitator of the dialogues, Theobald Mporanyi explained that the SYP program would empower adolescents and young people to avoid unintended pregnancies, Gender-Based Violence and sexually transmitted infections including HIV among others.

Mporanyi emphasised that these conversations are an opportunity for them to openly point out the challenges they have that prevent them from fully exercising their right to access to sexual and reproductive health information and services including the right to make informed decisions.

Mporanyi touched on the issue of teenage pregnancy which he attributed to parents hindering adolescents' access to comprehensive sexual and reproductive health and rights

information and services, which he said increases the risk of early and unintended pregnancy. He reminded them that as a result, pregnant adolescents and young mothers suffer from stigma, alienation from family members and the community, which leads to double victimization and worsens their vulnerability. He raised the issue of silence within the community that chooses to protect adults who are getting minors pregnant based on their family ties or for fear of being shunned for reporting the culprits.

Mporanyi also touched on the Ministerial Order on Abortion and reminded participants that the government had put these guidelines in place to ensure that women and girls who need these services are supported by professionals in trusted facilities.



Your active participation will contribute to better decisions and policies and will give policy-makers an opportunity to tap into your unique perspectives and experiences to understand your challenges better.

- Theobald Mporanyi

Lack of trusted information

The participants pointed out that although it is crucial to the prevention of teenage pregnancies, accessing accurate, appropriate, and easy to understand information related to sexuality and reproductive health is still a challenge.

Some of the teenage mothers said that they had heard different versions about sex, body changes, family planning and others, some of which they blamed for their unwanted pregnancy.

17-year-old Beatrice Uwase said that the man who got her pregnant had misled her into thinking that unprotected sex would fix her acne challenges.

18-year-old Assumpta Uwizeye told the participants that a man in her village had told her that she would not get pregnant if she had sex with while standing. 16-year-old Angelique Uwizeye said that the man who impregnated her had misled her into thinking that a girl who had menstruated only once cannot conceive.

Access to services

The participants also touched on the challenges that still remain in accessing Sexual and Reproductive Health Services, particularly those around consent requirements, religious and social barriers and discrimination based on age and marital status among others.

“When I went to the health facility in my area to ask about family planning, the healthcare provider asked me if I was married. When I responded that I wasn’t, he told me to leave because family planning is for those with families,” a participant said.

They recommended intentional training programs for healthcare providers to equip them with the resources that they need to reduce bias and stigma towards adolescents and young people seeking SRHR services. Additionally, the participants suggested that resources be invested into comprehensive SRHR training programs for community health workers who can be trusted sources of accurate information and charged with supporting young people to make voluntary, informed decisions.



Counseling needs

The participants touched on the need for pre and post abortion counselling for women and girls to make informed decisions and embrace their decisions.

However, they appealed for counseling sessions for parents of teenage mothers which they said would be instrumental in helping families to understand how best they can provide their support including encouraging them to go back to school.

"This is the first parents' meeting that I have attended where I interacted with parents who are also raising teenage mothers. I was disappointed when my daughter got pregnant but coming here today and talking to my peers has made me realise that I am not alone. I feel encouraged and I am going back home to talk to my daughter about going back to school and pursuing her dreams," said Jean Hagenimana.

The participants appreciated the idea of involving boys and recommended more similar intentional SRHR transformative interventions that engage men and boys with a special focus on sexuality, family planning, harmful gender norms including masculinities and challenging unequal gender powers that put men above women.

“Men prefer dealing with boys. I talked to my sons about everything. I used to believe that girls were soft and should be left to their mothers. However, my two girls are now teen mothers. I have regrets. Being here today was an eye opener that parenting shouldn’t be gendered,” Hagenimana said.

SYP addresses young people’s needs by increasing young people’s knowledge towards adoption of protective sexual behaviours, increasing access to and quality of youth friendly SRHR services, and promoting youth empowerment and meaningful participation in decision-making processes.





RAISING AWARENESS OF IZU COORDINATORS ON GBV

This November, we organised a community awareness campaign targeting 30 Inshuti Z'umuryango (Friends of the Family) members drawn from Kicukiro District on the prevention of Gender-Based Violence and the gaps in the implementation of GBV-related policies and laws.

Nominated by their communities, 'Inshuti Z'umuryango' (IZU) are a pair (male and female) of community-based child and family protection volunteers found in each of Rwanda's 14,837 villages. Considered pillars of the community, IZU volunteers are tasked with responding to the everyday needs of Rwandan children and families through household visits, during which they identify and handle many challenges related to Sexual and Gender-Based Violence and child abuse among others.

Delivered under the Generation Gender program, the awareness campaign sought to engage stakeholders to implement youth and women inclusive policies and laws that are gender transformative and hold stakeholders accountable.

The Senior Program Officer in charge of Gender and Inclusion at HDI, Annonciata Mukayitete, said that the campaign was aimed at raising awareness on existing gender and GBV policies and laws and to identify gaps in their implementation.

“This sensitisation program is timely because IZU volunteers deal with gender-related issues on a daily basis. It was important for us to support them to see the link between gender norms, power dynamics and GBV as one of the ways to alleviate barriers for youth and women to meaningfully represent themselves and participate in decision-making and policy spaces,” she said.

Mukayitete explained that gender equality and equity are still concepts that are not understood for it is something that many people don't understand well and that is for both men and women.

It is important that they understand concepts like GBV which they deal with on a day-to-day basis and by nature of their jobs, they are required to make some interventions when discussing with families. We looked at the gaps that hinder the realisation of gender equality. They mentioned ignorance, power dynamics where men feel that they do not want to share the power given to them by culture. The IZU Coordinator of Kagarama Sector, Aloys Mwitende said that although IZU volunteers often deal with gender-related issues, many of them lack knowledge about the laws and policies in place, and as a result, this affects how they resolve these challenges.

“For instance, where we have cases of GBV that require emergency intervention, we are required to go through all levels of administration from cell level to district level to seek help. In the process the evidence, especially evidence related to SGBV, is either lost or contaminated,” he said.

Mwitende said that the law is flexible enough to allow IZU volunteers to involve RIB immediately and then deal with the paperwork later, but many of his peers are not aware of this.



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“We have good laws, but we don’t know them. That’s why we are asking to be trained on laws so that when we are dealing with some of these challenges, we are able to tell them what the laws stipulate,”

- Aloys Mwitende, The IZU Coordinator of Kagarama Sector

Since the ratification of the 2008 Law on the Prevention and Punishment of Gender-Based Violence, additional steps have been taken, including the 2009 and 2018 national action plans for the implementation of the 2010 National Gender Policy that includes measures to prevent and address GBV and the Anti-GBV Policy in 2011.

Despite noteworthy progress toward addressing and eliminating GBV in Rwanda, it persists primarily for women and girls, but also for men and boys, throughout the country. The National Demographic Health Survey (DHS) 2014-2015 reports over 35% of women and 39% of men experiencing physical violence (22% of women and 5% of men experiencing sexual violence) in their lifetime.

STAKEHOLDERS SPEAK

" We receive cases of young girls whose health is at risk due to misinformation or lack of access to CAC services. I wish for more awareness, more capacity building for healthcare providers and understanding that abortion care is health care." Kanakuze Clarisse, Nurse



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