



Dorona House

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Feb 19th, 2024

Dr Sabin NSANZIMANA

Minister of Health

RWANDA

RE: Submission of Clinical annual report 2023

Honorable Minister,

Happy New Year 2024!

WE-ACTx for Hope has been working in Rwanda since 2004 in the fight against AIDS. It is a local Non-Governmental Organization, legally registered with Rwanda Governance Board, it has a Memo of Understanding with the Ministry of Health to run a medical Clinic for HIV patients. We are managing 2490 patients, all on antiretroviral treatment with 99% of viral load suppression. It is with great pleasure that I hereby submit to you its clinical annual report 2023.

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

Respectfully,

Chantal BENEKIGERI

Director of Clinical Systems

WE-ACTx for Hope

Cc:



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



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CLINICAL ANNUAL REPORT 2023



WE-ACTx for Hope Staff with the Advisory Board Members

Acronyms and abbreviations

WE-ACTx	:	Women Equity in Access to Care and Treatment
PMTCT	:	Prevention mother to child transmission of HIV
DOT	:	Direct Observation Treatment
EMR	:	National Electronic Medical Records
HMIS	:	Health Management Information System
DSDM	:	Differentiated Service Delivery Model
ARTs	:	Anti-retroviral treatment
VL	:	Viral load
MwB	:	Musician without Borders
KIP	:	Kigali Imbereheza Project
KCA	:	Keep a Child Alive
TI-CBTe	:	Trauma Informed Cognitive Behavioral Therapy
NICHD	:	National Institute for Child Health and Human Development
DCS	:	Director of Clinical Systems
DAF	:	Director of Administration and Finances
MHU	:	Mental Health Unit
IGA	:	Income Generating Activities
SRHR	:	Sexual reproductive health and rights
ASRHS	:	Adolescent sexual reproductive health services

Acknowledgement

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

- The Ministry of Health
- UNAIDS Country Office
- MoH/CDC/COAG
- Global Fund
- Comic Relief
- Gesundes Afrika/BMZ
- Aids Health Care Foundation
- WE-ACTx/USA
- Keep a Child Alive
- Musician Without Borders
- Elma Philanthropy
- Amahoro Human Respect
- Hands of Mothers
- Individual donors

A. INTRODUCTION

WE-ACTx For Hope is a local nongovernmental organization legally registered with Rwanda Governance Board. It is located in Nyarugenge District, one of the 3 districts of Kigali city. It is providing medical care services, hospital referrals, and HIV counseling and testing for tens of thousands of Rwandans and their families. Currently, our clinical in Rwanda (clinic located in centre ville Nyarugenge) offers comprehensive care. WE-ACTx For Hope's medical services include confidential HIV testing, clinical evaluation, HIV prophylaxis, antiretroviral treatment (ART), as well as care for opportunistic infections and other medical problems. As part of our efforts to support our patients' overall health and adherence to ART, our nutritional support program distributes sosoma (a highly-nutritional, locally-sourced porridge) each month to the families of 500 youth and 500 adults who are in extreme poverty & who are currently on ART.

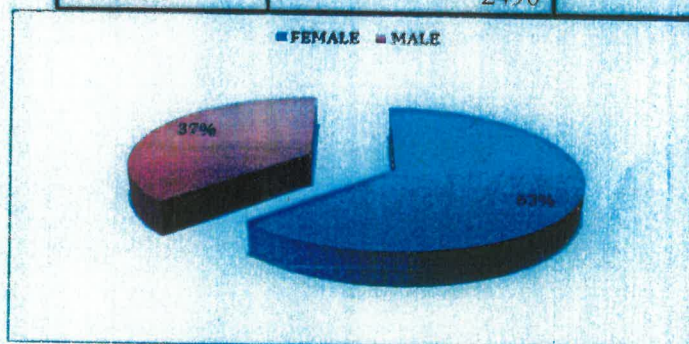
WE-ACTx's medical care programs are highly integrated with our extensive psychosocial support services, income-generation initiatives and index testing services. We believe that working with our patients to overcome the many obstacles that can interfere with continued self-care is essential to help the communities we serve to live well with HIV. WE ACTx for hope clinic children, adolescents and young adults have their specific day for comprehensive care, as well as Sunday support where peer educators are playing a big role by becoming role model regarding adherence. We still put an emphasis on Key populations: sex workers, serodiscordant couples, People who inject drugs (PWID), mobile people like lorry drivers and LGBT. We keep doing active case tracing which has 3 components: Family testing, partner's notification and social network.

We continue sensitization on sexual reproductive health, HIV prevention, unwanted pregnancies in schools.

B. CLINICAL CARE

1. REPARTITION ACCORDING TO SEX

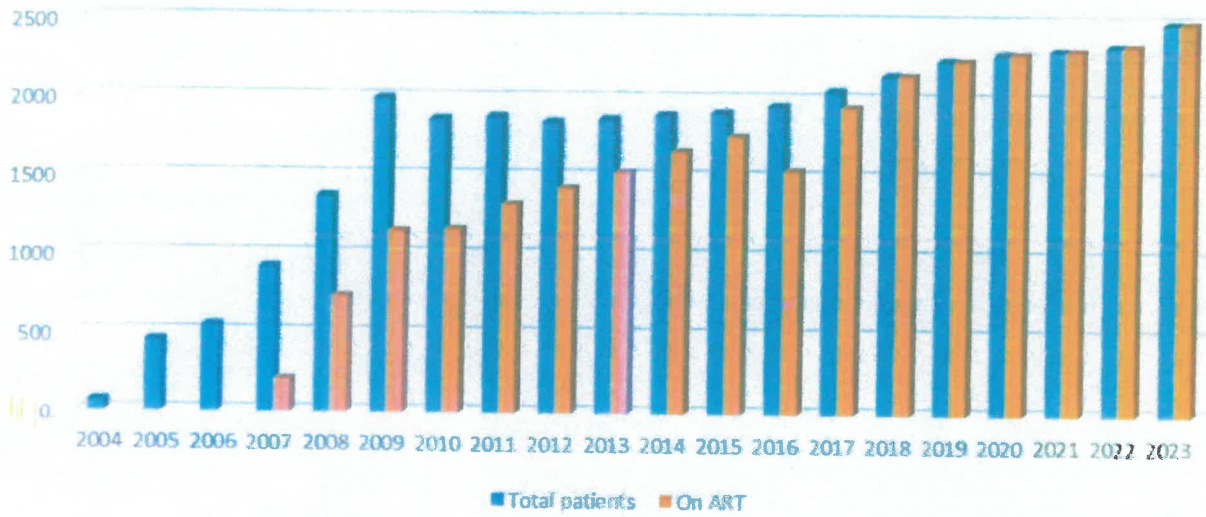
SEX	NUMBER	%
FEMALE	1568	63%
MALE	922	37%
TOTAL	2490	100%



YEARS NUMBER OF CLIENTS

2004	70
2005	455
2006	548
2007	918
2008	1372
2009	1996
2010	1863
2011	1879
2012	1846
2013	1866
2014	1895
2015	1910
2016	1951
2017	2034
2018	2223
2019	2276
2020	2286
2021	2312
2022	2364
2023	2490

Chart Title



This table shows that since 2004, the number of clients continue to increase from 70 to 1951 in 2016. Then from 2017, WE-ACTx For Hope introduced the new program called HIV ACTIVE CASE TRACING or index testing. It has 3 components: family testing, partners' notification and social network with focus on sex workers group, youth and family members testing of all our clients. As results, clients increased from 2031 in 2017 to 2490 in 2023.

2. REPARTITION ACCORDING TO AGE

CENTRE VILLE	
Enrolles	
New and Old Patients On ART	
0-5ans	3
6-12ans	8
13-17ans	56
18-24ans	213
>=25ans	2210
TOTAL	2490

According to this table we have few children under 5 years meaning that PMTCT/EMTCT services are successful. Adolescents between 6-12 years old and young adults 18-24 years old are representing 3 % and 8% respectively. And 88,7% are clients over 25 years.

3. CLIENTS ON ART

Clients on ART	2490
Clients on prophylaxis only	0
Total	2490

At the end of December 2023, all 2490 clients were on ART

4. REPARTITION ACCORDING TO REGIMEN

CHARACTERISTICS	NUMBER	%
1 ST LINE REGIMEN	2369	95,1%
2ND LINE REGIMEN	119	4,8%
3 THIRD LINE REGIMEN	2	0,08%
TOTAL	2490	99,98%

This table is showing that among 2490 clients followed in our Clinic, 2369 (95.1%) are on first line regimen, 119 (4.8%) are on 2nd line regimen and 2 clients are on 3rd line regimen. The 2 clients on 3rd line are very well followed: regular consultations and counselling, home visits to assess how they keeping their medicine and we provide nutrition support to facilitate them taking their antiretroviral medicine.

5. UPDATES ON NCDs INTEGRATION IN OUR CLINIC

We initiated a systematic community screening of diabetes and hypertension in patients with over 60 years old. We enroll in this program 185 patients. We worked with 7 nurses and 15 trained peer educators as the screening was done in the community. The following are activities done during this approach :

No	Activities	Frequency	Outcomes
1	Conducting home visits, delivery of ARVs	Home visits and ARVs delivery were conducted by the nurse & peer educator for 185 people in intervention	# of home visits conducted and # of ageing HIV infected people who received ARVs at home
2	Providing tool kit for preventing COVID 19 infection	185 ageing people received a tool kit containing PPE, 500ml of hand sanitizer, 500ml of fluid soap, 1 box of facial masks. The same materials were given to 15 peer educators and nurses in charge of home visits	# of people who received toolkit (Ageing HIV infected people, peer educators and Nurses)

4	Training community peer educators on Covid 19 prevention measures, screening of diabetes , hypertension and the way of providing ARVs in community	We trained 15 peer educators 5 days. The training was conducted by the medical doctor: The training was about how to do blood sugar and its interpretation , how to take blood pressure and its interpretation	# of community peer educators trained
5	Conducting screening of diabetes and hypertension during home visits	Each person among 185 ageing HIV infected people was screened at home by the nurse and the trained community peer educators for blood pressure measurement and rapid blood sugar test.	# of people ageing HIV infected people who were screened at home for blood pressure measurement and rapid blood sugar test.,received results
6	Assuring referral system of all ageing HIV infected people who were screened positive for diabetes and hypertension for treatment	Every patient who was screened positive, was referred to the district hospital for proper management. The community based health insurance was used in this case	# of people who were referred for treatment of diabetes and/or hypertension

Below the results from this screening:

1	DIABETES	6	10%
2	DIABETES COMBINED WITH HYPERTENSION	10	17%
3	HYPERTENSION	44	73%
Total		60	

Among 185 patients screened for diabetes and hypertension , 60 had diabetes and/or hypertension which is representing 32.43%. 73% of them were having mild to severe hypertension . As conclusion we need to emphasize on NCDs and its integration in HIV program will save patients' life.

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

Indicators	Janvier- Mars	April- June	July- September	October- December	Total
Clients offered Index testing service	339	253	249	257	1098
Clients that accepted index testing services	339	253	249	249	1090
Number of contacts elicited	503	506	395	384	1788
Total tested	316	311	407	299	1333
Newly tested HIV positive	16	13	14	13	56

In the year of 2023, 1098 clients representing 38% of all clients were offered index testing services. Among them 1090 clients (99%) accepted this service by giving sexual partners and/or biological children which means that the acceptance rate of index testing services in our clinic is at 99%. 1,788 people (sexual partners and biological children) came at the clinic for HIV testing and counseling. Of 1,788 contacts elicited, 1333 people accepted to be tested for HIV and 56 people of them tested HIV positive at the first time (HIV new cases). All these 56 clients were enrolled in our Clinic. Means Index testing remains the only strategy which can help HIV program to reach the first 95 of the 2030 UNAIDS targets.

6. CLIENTS WHO DIED IN 2023

NO	TRACNET	DOB	CAUSE OF DEATH	DATE OF DEATH	LAST VL/COPIES/ML	Date
1	1576-234915	1960	Crise cardiaque	26-01-23	<20	09-08-22
2	1576-696344	1993	Cancer du colon	23-01-23	54.6	24-03-22
3	1576-224597	1964	TBC resistant	24-01-23	31	05-09-22
4	1576-696549	1977	Neuropathie	31-03-23	4.955	13-10-22
5	1576-222661	1970	Cancer du foie	06-04-23	<20	20-09-22
6	1576-696064	1963	Cancer du colon	11-05-23	<20	27-04-22
7	1576-223753	1978	ATR	29-06-23	84.6	21-10-22
8	1576-	1950	None	21-09-23	28.1	30-08-22

	222624					
9	0004-774179	1955	Stroke	04-10-23	4350	17-05-23
10	1576-693195	1954	Cancer du foie	27-11-23	<20	19-10-22
11	0004-773569	1981	Cancer du foie	14-12-23	<20	12-12-22
12	1576-223773	1990	Cancer du colon	20-12-23	34.3	24-04-23

This table is showing that in 2023, we lost 12 clients. The death of the 12 clients was not related to HIV infection

7. UPDATES ON DSDM

CLIENT CATEGORY	NUMBER	PERCENTAGE
UNSTABLE CLIENTS	198	8%
CLIENTS ON 3MMP	536	21.5%
CLIENTS ON 6MMP	1756	70.5%
TOTAL	2490	100%

At the end 2023: 1756 clients (70.5%) were on 6 MMP (Provision of 6 months), 536 on 3MMP (21.5%) and 198 clients were classified as unstable (8%). Some strategies are in place to help those unstable patients.

8. UPDATES ON DIRECT OBSERVATION TREATMENT

In 2023, DOT was used for the 2 patients on third line and young adult orphans who had problems of taking ARVs. After 6 months of DOT interventions, they had viral load suppression and they are stable. We remain with the 2 patients on 3rd line regimen and since November DOT can be facilitated by peer educators in their respective villages to support our patients who have problems of taking antiretroviral medicine.

9. UPDATES ON CLIENTS ON THIRD LINE

Since 2015, 2 clients started third line regimen and we still have 2 clients up to now. They are stable

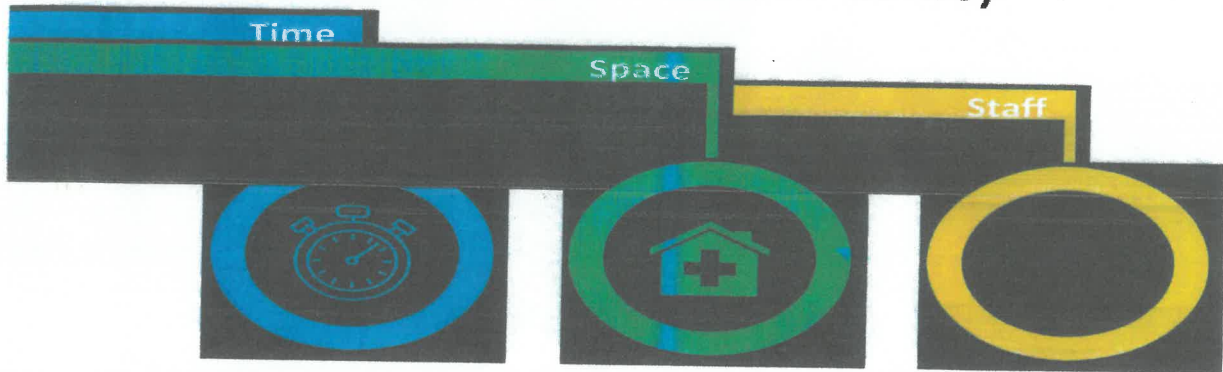
No	TRACNET ID	DOB	CURRENT REGIMEN	LAST VL	3rd line regimen starting date
1	224578	1983	Raltegravir, Darunavir, Etravirin, Ritonavir	39 (29/04/21)	17/2/15
2	222643	1969	AZT/3TC, Darunavir, Raltegravir, Ritonavir	<20(03/08/21)	26/1/15

As shown by this table we have 2 clients on third line since 2015 and they are clinically and biologically stable.

10. KEY INDICATORS IN 2023

#	Activity	Current data (%) in 2020
	Proportion of patients with new files (Files version 2020 or 2018)	2490/2490= 100%
1	Proportion of Children under 15 years old with updated weight and height	26/26= 100%
2	Proportion of files with Adjusted-pediatric dosage	26/26 = 100%
3	Proportion of well completed Pediatric growth charts	26/26 = 100%
4	Proportion of files of clients on ART with updated Viral load	2382/2405=99%
5	Proportion of files with updated psychosocial follow up	2423/2490= 97.3%
6	Proportion of clients in pre-ART but eligible at ART	0%
7	Proportion of files with VL>1000 copies with documented action	12/12 =100%
8	Proportion of clients(Peds/Adults)with updated clinical consultation	2479/2490 =99.5%
9	Proportion of clients with Viral load suppression	99%

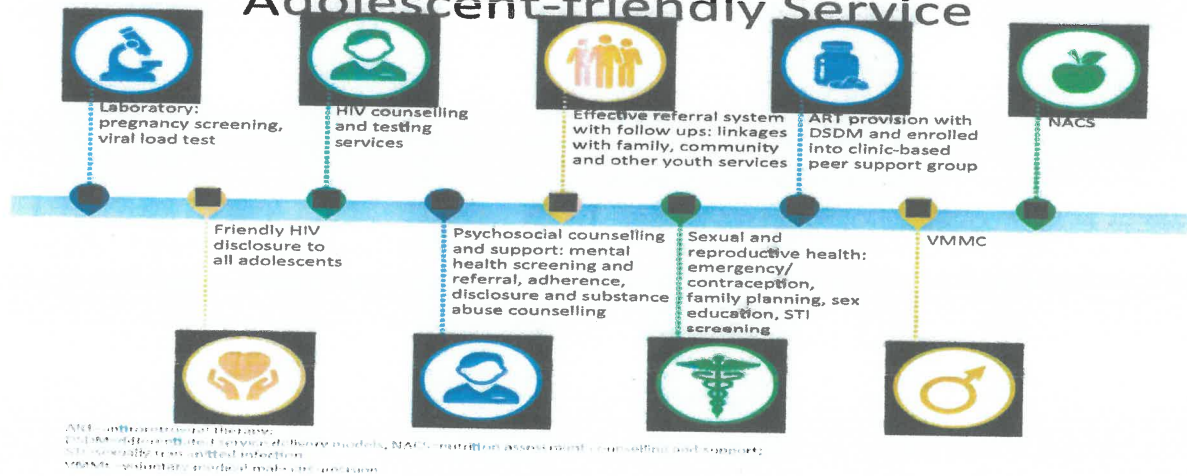
Requirements for Adolescent-friendly Services at Health Facility



World Health Organization Recommendations on Adolescent Health; August 2017, accessed May 2018, available at: <http://apps.who.int/iris/bitstream/handle/10665/259628/WHO-MCA-17.09-eng.pdf;jsessionid=6B94C2C24221C6444CEB120FAED1D6APA?sequence=1>

- ✚ Special TIMES for youth
- ✚ Adequate SPACE and sufficient privacy
- ✚ Trained STAFF

Minimum Package for Adolescent-friendly Service



C. PSYCHOSOCIAL & YOUTH PROGRAM

I. INTRODUCTION

Psychosocial activities play an important role in comprehensive HIV services by addressing the emotional, mental, and social aspects of individuals affected by HIV. These activities include various support services such as counseling, support groups, and educational programs aimed at improving the overall well-being of those living with HIV. They offer a platform for our patients to share experiences, reduce stigma, and enhance social connections, promoting a sense of belonging and acceptance within the community. Psychosocial interventions also provide important information on treatment adherence, mental health support, and coping strategies, helping in the management of HIV-related stressors and improving overall quality of life.

Additionally, these activities empower our patients to make informed decisions about their health, encouraging active participation in their care and treatment. By addressing psychological and social needs together with medical care, psychosocial activities contribute significantly to holistic HIV care, promoting resilience and raising a supportive environment for our patients affected by the virus.

II. Activities planned for 2023

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

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

III. Activities carried out 2023

❖ Therapeutic groups for adolescents

Since January to December 2023, 12 group therapy have been conducted with 128 participants (90 females and 38 males), these therapies were conducted on monthly basis.

Here are discussed topics:

- ✓ **ARTs and adherence:** on this topic we revised the importance of ARTs in people's daily life, how they contribute to improve people's life and that they have to take them as prescribed and they promised to take them well,

- ✓ **HIV and sexuality:** As we work with adolescents, we emphasis so much on sexuality and reproductive health.
- ✓ **Sharing life stories and emotions:** Youth get time to express themselves, speak their mind by sharing what they went through in their life, this is a very good exercise as after the session, they use to say that they feel relaxed.

Lesson leant:

- We have realized that our youth need a safe space to express themselves rather than support group as during these sessions we group them based on their life story or their problems,
- Successful disclosure has a big impact on sustainable adherence,
- We noticed that conducting a group of participants of the same sex is successful than a group of mixed sex.



Youth in blazon session

❖ **Psychosocial follow ups and mental health screening**

Mental health screening is essential for patients living with HIV due to the increased risk of mental health challenges associated with the disease. Individuals facing HIV often encounter elevated levels of stress, anxiety, depression, and social isolation, reducing from factors like stigma, uncertainty about the future, and the chronic nature of the illness.

In this regards, every patient pass in psychosocial department to meet psychologist or a counsellor in order to assess if the patient has signs of depression and other related mental health problems

using mental health screening tool, this help us to identify those who need a special follow up or reference in specialized psychiatric center for further interventions. We assess also other aspects such as abuse, stigma, social economic problems, adherence issue, sex work, homosexuality, drug injection, disclosure issue, delinquency, status integration, children schooling, etc.

For children under 15 we do special follow up, where every child paws in psychosocial department every month to see if he/she does not have any specific problem related the psychosocial wellbeing or adherence.

During this year this year, 2283 follow up have been conducted among them 341 have been screened positive, 4 of them have been referred in psychiatric centers and 435 Have received psychotherapies in our clinic by psychologists and counsellors.

Early detection enables tailored interventions, such as counseling, psychotherapy, or medication, addressing mental health concerns on time.

❖ **Individual therapies done by psychologists / counselors**

Individual therapy is provided to a patient identified while doing mental health screening. It can be also a demand from a patient. Psychosocial individual therapies play an important role in supporting individuals living with HIV by addressing their psychological and social well-being. Supportive counseling provides a safe space for emotional expression and guidance in navigating the challenges of living with HIV and stressful life in general. These therapies raise resilience, improve mental health, promote adherence to treatment, and enhance the overall quality of life for individuals managing HIV. During this year, we have followed up 435 cases and some of them received antidepressant from the clinic.

❖ **Documentation in files:**

Among the activities we are conducting, there is documentation of every case. Be it in psychosocial follow up or in individual therapy. The documentation of all these reported data was done in the clinical patients' files. Normally the psychosocial team assesses the patients before nurses or the doctor consults them.

❖ **New case assessment and counseling**

When a person learns for the first time that he/she is HIV positive, he falls in great distress, he become choiced and then a deep post-test counseling is done to help the patient to integrate her/his new status. He needs also an efficient education on ARTs before staring ARTs. After starting ARTs, we do a special follow up where he participates in many ARTs education sessions to help him to be a good adherent, because it has shown that there are many cases of VL failure on the first VL test (after six months of starting ARTs) During this year we have conducted 40 ARTs sessions for new cases.

❖ **Morning health education**

Awareness raising sessions on HIV and other health related concepts are conducted on daily basis, whereby every morning HIV staffs including nurses and counselors conduct sessions on different topics. During this reporting period we emphasized on VL suppression, non-communicable

diseases, importance of lab testing (renal function test), depression, how psychosocial problems can affect adherence, safe sex, TPT, PREP, nutrition, index testing and good adherence and barriers that cause bad adherence. We have had 240 sessions that has been carried out by clinical staff where in total 7958 participants showed up in those sessions.

❖ **Support groups conducted by peer educators**

Support group sessions play a fundamental role in the lives of individuals living with HIV by offering a safe space for emotional, informational, and social support. These sessions raise a sense of community, reducing the isolation often experienced by those with HIV. Sharing experiences, concerns, and coping strategies within a supportive environment can relieve feelings of stigma and discrimination. Moreover, these groups provide valuable educational resources, empowering individuals with updated information about treatment options and new protocols, adherence to medication, and lifestyle changes. Peer support within these sessions can enhance mental well-being, boost self-esteem, and encourage adherence to medication regimens, ultimately improving health outcomes. Additionally, they offer an opportunity for participants to develop meaningful connections, friendships, and a support network that can endure the challenges associated with HIV, promoting a sense of belonging and resilience in their journey with the condition.

How are they Conducted? Different groups of support groups have been created based on their age, and other various categories: Sex workers, patients with VL failure, discordant couples, children and youth. Those sessions are conducted by clinical staff, (nurses and counsellors) in collaboration with 50 peer educators identified among our patients. Throughout this year 194 Sessions of support groups have been conducted and **8263** Participants attended those sessions.



Youth support group session

❖ **Conducting meeting with peer educators**

In order to reinforce the work done by peer educators, a monthly basis meeting with peer educators is conducted in order to discuss how the sessions went throughout the month. Every peer leader take time to expose the topic that has been discussed on, questions asked by participants, challenges, obstacles that prevent them to take well medications, ect. We take time also to review some topics in order to update their knowledge. During this reported period 12 meetings have been conducted

❖ **Emergency social assistance**

In order to assist to emergent cases, a financial aid is provided to eligible patients. During this year 11 patients received emergency social assistance in total amount of 210, 000 Rwandan francs

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

In the project that aims to improve the psychosocial well being of vulnerable youth or youth at risk/experiencing mental distress(young people living with HIV, sex workers, and LGBTQ young people using CBT and YOGA sessions, different activities were carried out as follow as

- **CBT and Yoga courses:** Waves 8-17 were completed and 832 participants attended the sessions. We are pleased with the attendance and active participation of the youth taking the course.
- 25 participants attended the workshop and were composed of community leaders, CHWs and nurses. The workshop aimed to increase the knowledge on mental health issues, confidence to talk openly about mental health issues, level of consideration of mental health issues in the daily work and community meetings delivered by community workers and community health nurses,
- 100 vulnerable youth were trained in livelihood activities. 50 in making liquid soap and 50 in making shoes training. The purpose of those trainings was to contribute to beneficiaries' social integration, provide them with a sense of purpose and belonging within their communities, reduces social isolation, and helps build social networks in order to exchange information and experiences, and to motivate to work in associations or cooperatives, as well as improving their psychosocial wellbeing and the social and economic situation
- During this period, stakeholders have been included in dialogues and capacity building sessions with parents, their children in the program and LGBTI community members. The workshop was held to engage them in reducing stigma and discrimination facing key populations in Kigali. During this engagement parents spoke out on their children's change in behaviour, taking their ARVs on time and their increase in self-esteem and self-confidence. All this was attributed to the CBT and YOGA project.
- A Safeguarding training has been organized for staff, some volunteers, beneficiaries' representatives, and some of our stakeholders. The purpose this training was to equip them with knowledge, skills, and ethical framework necessary to protect and advocate for the well-being of vulnerable individuals under their care or representation. After the training participants understood the importance of safeguarding and the procedures in place, they have been reminded of key safeguarding principles & practice. They understood what is and isn't safe media and learn practical tips to reduce risks.



Youth practicing yoga

IV. Recommendations

- ✓ Psychosocial team needs a temporal specialist to assist in complicated cases and for supervision in general (once a month)

D. MUSIC THERAPY

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

It is in this regards in 2023, Rwanda Youth Music program had been able to do music activities with the youth from We-Actx for hope as it's our main purpose to make sure that this youth are well-being through musical activities not only that but also through outreach program and music school program we reached over 3,000 people who have been able to benefit from music making at different places.

Numbers of people who participated in the music program

- ✓ 4,582 youth participated in Rwanda Youth Music in 2023.
 - 286 Children were from WAfH.
 - 3,872 Children were from outside WAfH (Outreach program)
 - 424 Students participated in music school program (different organizations and schools)
- ✓ 25 youth from WE-ACTx For Hope who were unemployed, are now employed in different activities.
- ✓ 15 trainees. (New community music leaders)

The activities done

- ✓ **Monday music training:** This Monday program was attended by 33 youth from we-actx who have been able to receive training that trains them to become community music leaders in the past year. Its objectives were to engage musician in increase sense of connection, creative, concentration, to build confidence and develop employable skills.



Music training session

- ✓ **Therapeutic music group:** Therapeutic music group for youth aged 19-26. people's support groups at WAfH. Further objectives are to build confidence and sense of value, a positive experience of success; to grow the skills of youth, encouraging discipline through music

- ✓ **Wednesday music drop-in:** This is a group that every child who comes to a medication appointment attends, this year we had 43 children participating in this program.
- ✓ **Support group (Drum sessions):** This is a music program for teenagers who participate in a support group where they played music with the help of trained peer parents, they play different games, dance and community music activities. The main objectives are to engage youth in creative, group activity, relationships between youth, with peer parents, inspiring activity and with WafH are shifted by community music-making.



Youth during support group

- ✓ **Outreach program:** This year we managed to do musical activities with over 50 schools and organization where we provide for them community music activities contains song writing, traditional dance, modern dance and community music activities.
- ✓ **Music school program:** This program was launched in the beginning of 2022 with the aim of providing opportunities to those who have been coming to study music lessons on Monday. They have been working from since where over 15 people got permanent jobs in Rwanda youth music. In 2 years, he was able to reach 16 schools where some of them were paying where others were free. The money we collected in those two year were 661,000Rwandan francs.



✓ **community music leader's training:** this year we have got a chance to train more new people in the month of August 2023.

This training held from 16th-20th, August of 2023 at Community music center, where this training attended by 15 people from different groups. Including 9 peer parents who work with the children in the Sunday support group, and other people we had been working with 5 in Monday music class and 1 from Therapeutic music group who didn't participate before in this kind of training.



success story

Monday music training outcome(result) & success story

- We have been able to carry 46 musical sessions in 2023.
- Through the knowledge they received and making music that leads them to their goals.
- On the day of the African child, we were able to meet with young people with speech and body disabilities at the Rosa Mystical Center in Kamonyi. We made musical performances and had fun with them.

Therapeutic music group outcome(result) & success story

- We have been able to carry 38 sessions in T.M.G.
- More than 50 young people who participated in this group this year have shown that this group helped them to meet again, to create their own song talking about their experience, having conversation and to create songs that express their feelings.

Wednesday music drop-in outcome(result)

- The objective of this group was to provide a safe and enjoyable space for children to be, while waiting at the children's clinic. spend their time creatively and having fun.
- The overall objective is that children engage well with clinical services, and look forward to attending WAfH.

Training's outcomes

- This training helped leaders to improve their skills on how to work with the people where it's necessary without violence or other kinds of harassment and doing what they know best.
- The trainees who been able to follow different courses now are able to know well the children they work with by following these factors: safety, inclusion, creativity, equality and quality.

Recommendations

- These are videos showing how this was during CML training
<https://youtu.be/jzfPB4uj6ZY?si=bSH4Y5GnJI3AxEuU>
- https://youtu.be/I_INcoZ2SfA?si=xCKITOOjNAGmUp00
- <https://youtu.be/jzfPB4uj6ZY?si=hXcFmjGSVwROPY7M>
- <https://youtu.be/hA2xq-bwWXc?si=jic-gT4lliHiI3Rv>
- We have also created our own song like
https://youtu.be/sLwBTxNTt34?si=HnUJo_KdmTvVbDT.
- <https://youtu.be/8qyfiQ3d6t0?si=OifGLaegEvLr3iLk>
- We have documentary video talk about what we do and what people benefited in this music program. https://youtu.be/cD24xM8N1no?si=XIWMXBSvvTsKRb_p

Activities planned for 2024

- Monday music training.
- Therapeutic music group.
- Wednesday music drop-in.
- Support group (Drum sessions).
- Outreach program.
- Training for helping people to know how to work with disability people because next year we are planning to approach the people who have different conditions.

E. GLOBAL FUND REPORT

HIV PREVALENCE AMONG YOUTH

1. Overall HIV Prevalence among Youth

HIV prevalence among young women and men age 15-24, Overall, one percent of youth in this age group tested positive for HIV, with the prevalence being marginally higher among young women One percent than among young men less than One percent.

HIV prevalence among young people increases very slightly but steadily with age. Young respondents who have never been married are less likely to be living with HIV one percent than those who are married or living together with a partner Two percent and much less likely than those who are separated, divorced, or widowed six percent. Among youth who have never been married, HIV prevalence is higher among those who have had sex 2 Two percent than among those who have never had sex less than one percent. Among young women, HIV prevalence is one percent among both those who are pregnant and those who are not pregnant or not sure. As observed for adults age 15-49, HIV prevalence among youth age 15-24 is higher in urban areas than in rural areas. By province, HIV prevalence is higher in the City of Kigali three percent than in other provinces. HIV prevalence among youth varies by educational attainment. Five percent of young women with no education are living with HIV, as compared with two percent of young women with a primary education and one percent with a secondary education or higher. Among young men, HIV prevalence is higher among those with any education than among those with none.

By wealth, HIV prevalence is highest among both young women and young men in the highest wealth quintile so far around 3,7% young women have new HIV Infections according to 2018 RPHIA Research. However, the relationship between HIV prevalence and household wealth quintile is not linear.

Going forward We ACTx for Hope have sets ambitious to reduce new HIV Infections in Three Districts: KAMONYI, RUHANGO, and GICUMBI.

To achieve the goals, three main levels of intervention are available: prevention of new infections, care and treatment with referral to Health Centers, and impact mitigation through giving minimum packages of SRH Services. It is under these three levels that WE-ACTx for hope will develop and prioritize specific activities that will deliver on the goals with the highest impact for a given investment.

Although AIDS in Rwanda affects youth and young women, they are also some of the groups most likely to respond well to HIV prevention and TB campaigns. Prevention campaigns aimed at adolescents and young women, not only to reduce the number of HIV infections that result from paid sex and prenatal transmission; they can also play a vital role in restricting the overall spread of HIV in the country.

It is in this context, WE act for Hope in his project with RBC/ HIV division funded by Global fund whereby activities that will be implemented in GICUMBI, KAMONYI and RUHANGO Districts. The project is focusing on HIV prevention among adolescent Girls and young Women (AGY&W).

I. OBJECTIVE OF THE PROJECT

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

II. DESCRIPTION OF THE PROJECT ACTIVITIES

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

III. PROJECT ACTIVITIES and RESULT

IMPLEMENTATION PROCESS

✓ HIV MAIN ACTIVITIES PLANNED FROM July2022- June 2023

- Conduct training of Peer educators out of school on SRH, HIV and STI, GBV, life skills with focus on adolescent girls and young women in Gicumbi District.
- Outreach activities in Kamonyi district and distribution of AGACIRO KANJYE, and TUGANIRE MWANA WANGE booklet.
- Produce and air radio series drama done at GICUMBI, KAMONYI, RUHANGO District.
- Conduct outreach to mitigate and raise awareness to teen mothers living with HIV and conduct supervision and mentorship during the COVID-19 to insure both mothers and children are in good ARVs treatment continuity done at RUHANGO District.
- Conducting supervision activity in Kamonyi District.
- Conduct training of Peer educators in school on sexual and reproductive health (SRH), HIV and STI, GBV, life skills, interpersonal communication, referral for HIV testing and VMMC done at Ruhango District.

A. DETAILS ON ACTIVITIES DURING A WHOLE YEAR (October2022 to 2023-June)

✓ Supervision Activity and Distribution of AGACIRO KANJYE and TUGANIRE MWANA WANGE Booklets.

From Quarter one to Quarter Four June, We Actx for Hope conducted Four frequencies' supervision in Kamonyi, Ruhango, and Gicumbi District where the main objective was to see how Peer educators are implementing minimum packages of SRHS, Reduction of New HIV Infection in different villages and also to discuss with local Leaders, Health workers seeing together if there are challenges in implementation of AGYW Packages. After meeting with Peer Educators we have been distributed Different didactic materials Tuganire mwana wange, Agaciro kanjye, And Condoms.

KAMONYI District.

#District	#conducted sectors	#Dates	#Number of participants	Number of Books and Condoms Distributed
KAMONYI	Runda	12 th ,13 th August 2022,3 rd December2022 2022,16 th February,2023,8 th June 2023	65	80 Booklets+500 Condoms have been distributed
KAMONYI	Musambira	4,5 th December2022,17 th February2023,9 th June 2023	45	60 Books+400 condoms have been distributed
KAMONYI	Rukoma	15 th ,16 th December18 th February 2023,10 th 2023,June	50	60 Books 400 condoms have been distributed

RUHANGO District.

#District	#conducted sectors	#Dates	#Number of participants	Number of Books and Condoms Distributed
Ruhango	Ruhango	3 rd December 2022,16 th February,2023	25	30 Booklets+500 Condoms have been distributed
Ruhango	Byimana	4,5 th December 2022,17 th February2023,	20	20 Books+300 condoms have been distributed
Ruhango	Kinazi,Ntongwe	15 th ,16 th December18 th February 2023	30	30 Books 400 condoms have been distributed

GICUMBI District

#District	#conducted sectors	#Dates	#Number of participants	Number of Books and Condoms Distributed

Gicumbi	Byumba	3 rd December 2022, 16 th February, 2023	25	30 Booklets+500 Condoms have been distributed
Gicumbi	Kageyo	4,5 th December 2022, 17 th February 2023,	20	20 Books+300 condoms have been distributed
Gicumbi	Rukomo, Kaniga	15 th , 16 th December 18 th February 2023	30	30 Books 400 condoms have been distributed

✓ **Conducting Training of Peer Educators among adolescent Mothers**

This activity of Training was conducted at Gicumbi District on 14th 15th February where Twenty-Five Peer Educators among Adolescent Girls and young Women from Rukomo, Byumba, and Kageyo Sectors Were Trained and sensitized about New HIV Infection, and also received minimum packages on SRHS, contraceptive methods as method of avoiding unwanted pregnancy and Sexual Transmission Infection after that we have been Distributing 660 Condoms, 100 Booklets of Agaciro kange & Tuganire Mwana wange as tools which will help them in implementation of AGYW from Different villages.



Picture taken at Gicumbi District

✓ **Produce and air radio series drama**

We conducted This activity on 16th February 2023, in Gicumbi District, Kamonyi, and Ruhango District, where we met local authorities, Community health workers on sensitization about new New HIV through **Turinde Abangavu Ubwandu Bushya Bwa Virus Itera SIDA** Sketch.

we also conducted this activity as alternative of Reducing New HIV Incidence with targeting a big number of Population in Three Districts above messages passed on Ishingiro Radio (Located in Gicumbi district and also on Huguka located at Muhanga). The slogan on air "TURINDE ABANGAVU UBWANĎU BUSHYA BWA VIRUS ITERA SIDA"

- ✓ **Conducting training of Peer educators in school on sexual and reproductive health (SRH), HIV and STI, GBV, life skills, interpersonal communication, referral for HIV testing and VMMC.**

We implemented this activity in Gicumbi District on 17th 18th August 2022 and also we continue to implement this activity on 3rd, 4th, 5th December 2022, in Kamonyi, and this activity also continues to be implemented in Ruhango on 21st and 22nd been conducted, lastly we conducted this activity 30th 31st May 2023 in Ruhango where we met twenty-five Peer Educators from Three Sectors and we sensitize on how they can continue to help other Adolescents Girls and young women in society with giving them minimum package about Minimization of new HIV Infections from this training we have been distributed Didactic materials like Agaciro Kange, Tuganire Mwana wange and Condom Distribution:

KAMONYI District.

#District	#conducted sectors	#Dates	#Number of participants	Number of Books and Condoms condom Distributed
KAMONYI	Runda	3 rd December 2022	10	35 Booklets+300 Condoms have been distributed
KAMONYI	Musambira	4 th December 2022	10	35 Books+300 condoms have been distributed
KAMONYI	Rukoma	5 th December 2022	10	35 Booklets and 250 condoms have been Distributed

RUHANGO District.

#District	#conducted sectors	#Dates	#Number of participants	Number of Books and Condoms condom Distributed
RUHANGO	Ruhango	21 st February 2023	10	35 Booklets+300 Condoms have been distributed
RUHANGO	Kinazi	22 nd February 2023	10	35 Books+300 condoms have been distributed

RUHANGO	Ntongwe,Byimana	23 rd February2023,30 th 31 st May	25	70 Booklets and 500 condoms have been Distributed
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#District	#conducted sectors	#Dates	#Number of participants	Number of Books and Condoms condom Distributed
GICUMBI	Byumba	17 th August 2022	10	35 Booklets+300Condoms have been distributed
GICUMBI	Kageyo,Rukomo	18 th August 2022	25	60 Books+600 condoms have been distributed

- ✓ **Conducting outreach to mitigate and raising awareness to teen mothers living with HIV and conducting supervision and mentorship during the COVID-19 to insure both mothers and children are in good ARVs treatment continuity.**

From 7th 8th 9th September we conducted this activity in Gicumbi and the we continue to implement this activity in Kamonyi District on 10th 11th and 12th November The implementation of this activity have been also applied in Ruhango two times Quarter Three and Quarter Four, we targeted three sectors with 35 Teen mothers in Ruhango where purpose is to see how HIV Infection should continue be reduced through Teen mothers living with HIV, the role of using contraceptive Methods.

and also sensitization young mothers the positive impact of using ARV Treatment as long term solution for people living with HIV.

Teen mothers also have acquired minimum packages about the role using some Prophylaxes such PreP and also PreP this was to see how they can sensitize their Partners



Teen Mothers in Kamonyi, and Gicumbi

- ✓ **Implementation training of Peer educators out of school on SRH, HIV and STI, GBV, life skills with focus on adolescent girls and young women**

This activity has been in Ruhango on 29th 30th August 2022 for Quarter one and also continue to be implemented in Gicumbi District on 8th, 9th December 2022, and at Kamonyi District on 8th and 9th February 2023.

22nd 23rd June we conducted this activity also in Gicumbi, where Twenty-five Peer Educators out of school have been received minimum packages about SRHS, How New HIV Infection can be reducing more especially in Adolescent Girls and young women and also was time to see how peer educators can reach to a big number of Populations Especially Key Populations, For helping Peer educators to go for equipping Adolescents Girls and young women in community we have been distributed didactic materials such Agaciro kange, Tuganire Mwana Wange, and Condom Distribution to peer Educators

RUHANGO District.

#District	#conducted sectors	#Dates	#Number of participants	Number of Books and Condoms condom Distributed
Ruhango	Ruhango, Kinazi	29 th August 2022	15	70 Booklets+500 Condoms have been distributed
Ruhango	Byimana, Ntongwe	30 th August 2022	10	60 Books+300 condoms have been distributed

KAMONYI District.

#District	#conducted sectors	#Dates	#Number of participants	Number of Books and Condoms condom Distributed
Kamonyi	Runda	8 th February 2023	10	40 Booklets+250 Condoms have been distributed
Kamonyi	Musambira, Rukoma	9 th February 2023	15	50 Books+300 condoms have been distributed

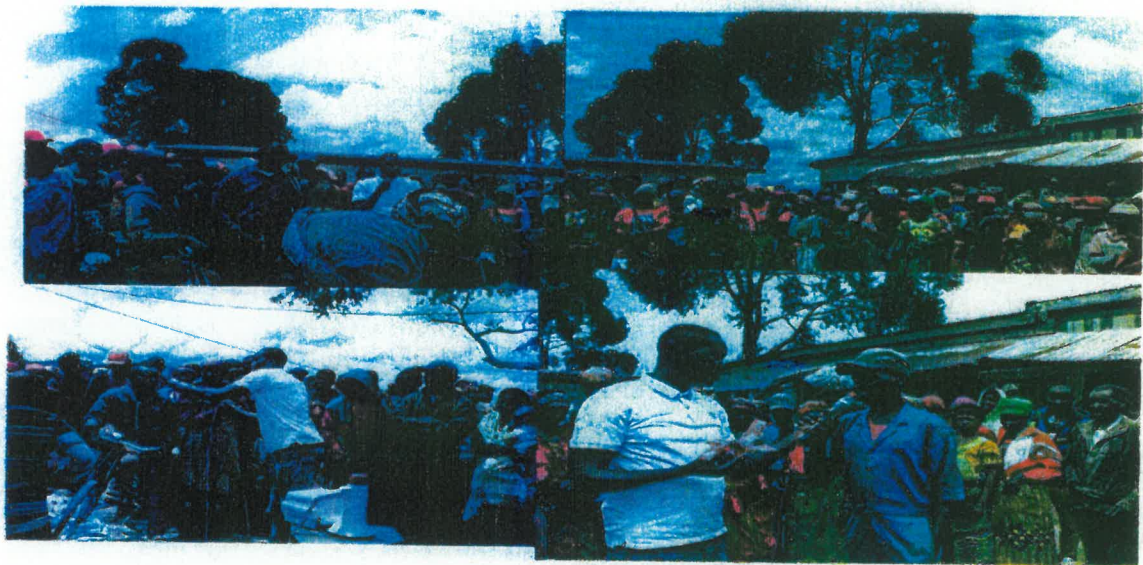
GICUMBI District.

#District	#conducted sectors	#Dates	#Number of participants	Number of Books and Condoms condom Distributed
Kamonyi	Byumba	8 th December 2022 , 22 nd June 2023	25	35 Booklets+250 Condoms have been distributed
Kamonyi	Kageyo, Rukomo	9 th December 2022 , 23 rd June 2023	25	35 Books+300 condoms have been distributed

✓ **Organizing outreach session activity with targeting adolescent's mothers**

The outreach activity has been implemented in all Three District in different Dates where from 25th 26th we conducted outreach activity in Kamonyi District especially at Bishenyi Market on 28th February 1st and 2nd March in Ruhango District at Kinazi Place, and the we conducted the outreach at Rukomo market in Gicumbi District as hotspots.

we targeted Young mothers to sensitize Boys and girls how they can avoid new HIV Infection through sensibilization 550 Booklets, of Agaciro kange, Tuganire mwana wange and 1440 Condoms have been distributed to people attended outreach in all District and this was very incredible things and very appreciated.



Different Photos taken During outreach sessions

F. EDUCATION SUPPORT

With collaboration of different good people and charities Organizations, we have been able to support 43 children and youth aged 7-24 years.

- ✓ 3 in nursery
- ✓ 9 in primary school
- ✓ 24 in secondary school/vocational training received support for school fees and school materials
- ✓ 7 students in University.

Total amount spent for the education support for vulnerable children and youth is Fifteen Millions Rwanda Francs (15,000,000 Rwf).

School performance 2023

- ✓ 4 students graduated from P6 to Secondary school
- ✓ 7 students graduated from S6 to University
- ✓ 1 student graduated from University

HEALTH INSURANCE (MUTUELLE DE SANTE)

We-Actx For Hope in collaboration with good partner, have been able to pay for health insurance for 1,048 families with 4600 beneficiaries for a total amount of **Thirteen Millions Eight Hundred Thousands Rwanda Francs (13,800,000 Rwf).**

DATA MANAGEMENT

Data are managed by the data managers, well trained and experienced.

We are using different software:

- ✓ The HMIS for RBC reports, and Tracker Capture for Case Based Surveillance data management.
- ✓ The OpenMRS is used for data management health monitoring and report Pepfar's indicators.
- ✓ The Datim is used for CDC reports.

G. ARTICLES SUBMITTED TO JOURNAL OF THE INTERNATIONAL AIDS SOCIETY (JIAS)

We submitted a manuscript titled: "Bringing Together the Pieces: The Need to Address all the Issues of Caring for Women with HIV" by Dr Mardge Cohen, Chantal Benekigeri and Kathryn Anastos. The manuscript has been accepted successfully to be published by Journal of the International AIDS Society (JIAS).

H. PRIORITIES ACTIVITIES FOR 2024

- Adherence for children and youth: assessment of children aged between 7-18 years
- Reinforcing child and adolescent follow up, particularly disclose and SRH for youth
- Continue group therapy for youth(Blazon)
- Creating new support groups of LGBTIs and young mothers
- Continue DSDM protocol
- Continue index testing protocol: partner notification, family members testing and social network
- Reinforcing peer education program
- Providing 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
- Organizing and celebrating 20 years' anniversary of WE ACTx FOR HOPE
- 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.
- Preparation of abstracts for AIDS Conference 2024
- Reinforce home visit

- Reinforce outreach activities to encourage prevention and empowerment in youth/ adolescent and key population
- Hold 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
- Reinforce medical continuous education of staff
- 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)
- Finalizing the evaluation and final report of the project of Comic Relief on improving the wellbeing of patients using yoga and Cognitive Behavior Technics (CBTe)

List of staff

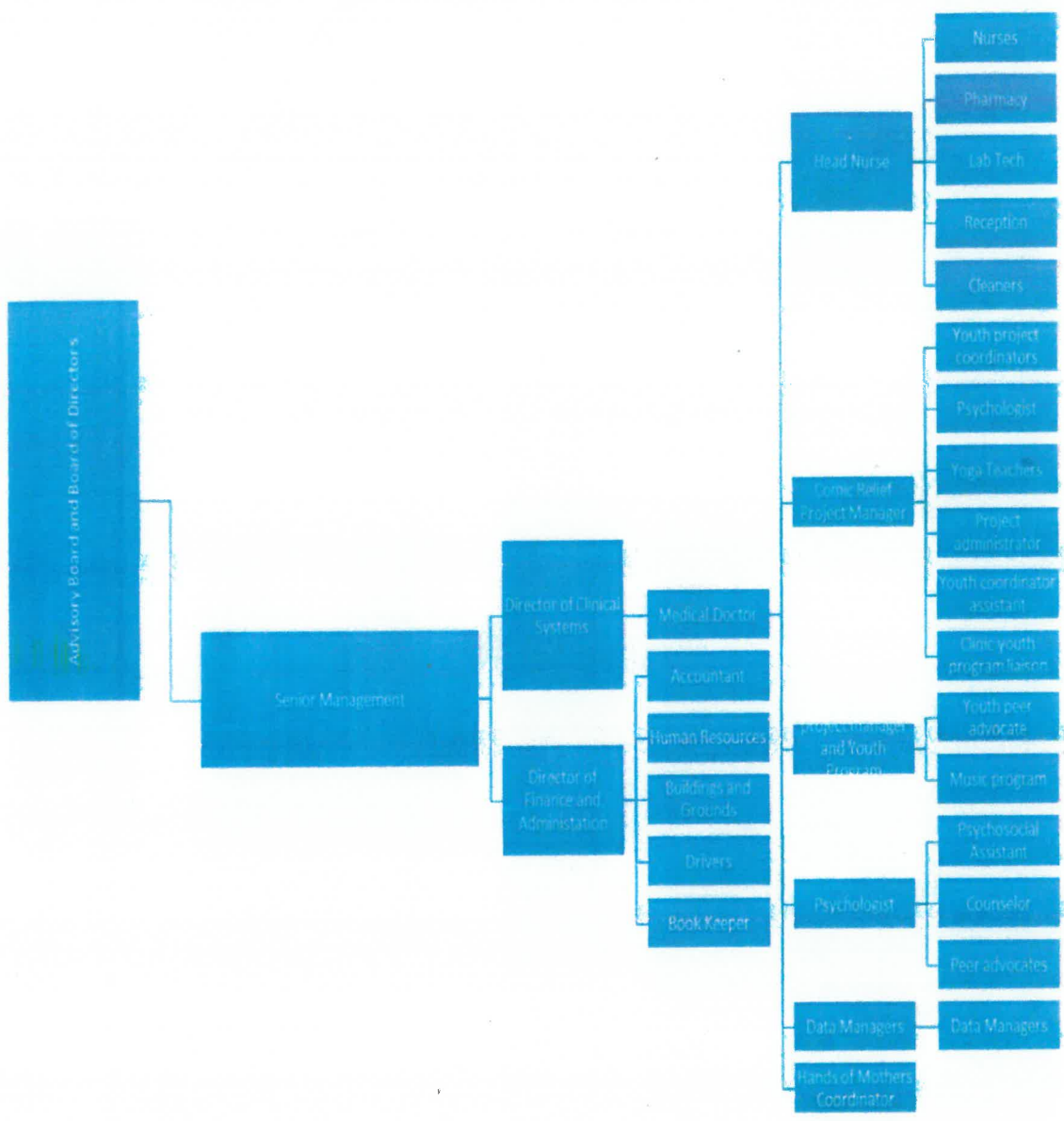
In 2023, WE-ACTx for Hope employed 46 staff. The list is herewith attached:

NO	NAMES	POST NAMES	QUALIFICATIONS
	1. Clinical staff		
1	BAMPORIKI	JOSEPHINE	Pharmacy Nurse A2
2	KAYONGA	FLORENTINE	Pharmacy nurse A1
3	DUSABE	CHANTAL	Nurse A1
4	AYINGENEYE	MARIE CLAIRE	Nurse A1
5	KAGAJU	ROSE	Nurse
6	INGABIRE	CHANTAL	Nurse receptionist
7	MOUBARACK	DOSSA	Receptionist
8	HABIMANA	AUGUSTIN	Receptionist
9	MUSANINYANGE	JACQUELINE	Data manager
10	UMUHOZA	JUSTINE	Data manager
11	HAKIZIMANA	LEON	Data manager
12	NZABONIMANA	ABEL	Lab Tech

13	NDAGIJIMANA	TELESPHORE	Lab Tech
	2. Psychosocial staff		
14	TUYISHIME	JOSETTE	Psychologist
15	MWANGAZA	ODILE	Trauma counselor
16	UMUTESI	ALICE	Peer advocate
17	MUNGANYINKA	BEATRICE	Family peer advocate
18	MUKAMUSONI	JOSEE	Family peer advocate
19	UWIMANA	ODETTE	Psychologist
20	UFITINEMA	DELPHINE	Psychologist Assistant
21	UMUTONIWASE	SANDRA	Youth Peer Advocate
22	NDOLIMANA	AIME	Logistic Officer
	4. Support staff		
23	UMURAZA	NASSIM	Yoga Teacher
24	UWIRAGIYE	NADINE	Book Keeper
25	BAHIZI	MARIE	Health community workers
26	UWIMANA	JULIENNE	Cleaner Remera
27	MUTUYIMANA	SHAKIRA	Cleaner
28	UWAMBAZA	MATHILDE	Cleaner
29	RUKUNDO	CLAUDE	Cleaner
30	NSHIMIYIMANA	CLAUDE	Yoga teacher
31	NSHIMIYIMANA	ERIC	Music trainer
32	UWAYEZU	BEATRICE JOLIE	Music trainer
33	USABAMAHORO	LEONTINE	Music trainer
34	RUKENGEZA	ESPOIR	Music Teacher
35	UWAMAHORO	MADINA	Music program coordinator
36	UWAMARIYA	EMELINE	Music program coordinator
37	UWAMBAZA	MATHILDE-	Cleaner clinic
38	MUVUNANYAMBO	JEAN	Night guard Remera
39	BIKORIMANA	FREDERICK	Cleaner and day guard Remera

40	MUTUYIMANA	SHAKIRA	Cleaner Clinic
41	NIYONKURU	RAUBEN	Night guard
42	NTEZIMANA	MARCEL	Driver
43	USANASE	JEAN DE DIEU	Diver
	5. Administrative Staff		
44	BENEKIGERI	CHANTAL	Director of Clinical Systems
45	NDAYAMBAJE	JEAN BOSCO	Director of Finance and Administration
46	GAJU	WILLY	Accountant/Book Keeper

Organizational chart



Prepared:

Chantal DUSABE, Nurse

Head Nurse

Verified and approved:

Chantal BENEKIGERI, Public Health

Director of Clinical Systems

