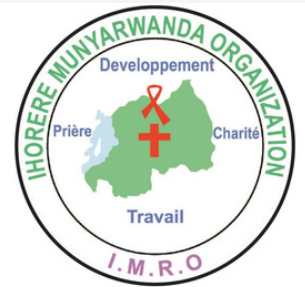
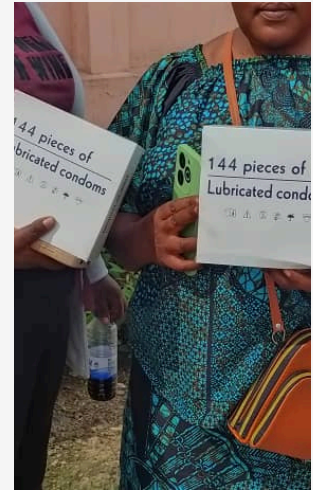


IMRO Rwanda



"Together as One for a Healthy Society"



2024-2025 ANNUAL REPORT

Showcasing impact, innovation, and resilience in our journey toward inclusive development — this annual report captures IMRO Rwanda's unwavering dedication to empowerment, accountability, and transformative change.

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1.1 National & District-Level Advocacy Dialogues

Under the Global Fund GC7 HIV/TB Prevention Project, IMRO Rwanda led advocacy dialogues in Kigali, Bugesera, Kayanza, Burera, Rubavu, and Nyanza districts to promote health rights and inclusive service delivery for Key Populations (KPs), including Female Sex Workers (FSWs), Men who have Sex with Men (MSMs), and People Who Use Drugs (PWUDs). These meetings brought together local leaders, healthcare providers, and civil society actors to discuss stigma, service access barriers, and the need for more community-led, rights-based healthcare solutions.

Participants jointly identified key priorities such as the need for continuous provider training, stronger community-health system collaboration, and regular follow-up with authorities to ensure stigma-free care. These dialogues enhanced stakeholder awareness and commitment to equity in service delivery.

Internationally, IMRO's Executive Director participated in CSW69 at the UN in New York, advocating for gender justice and highlighting Rwanda's grassroots efforts in inclusive SRHR and health policy reform.

A key focus was also placed on advocating for adolescent girls' SRHR access. Through national and district-level dialogues, IMRO pushed for comprehensive sexuality education, youth-friendly services, and the removal of systemic barriers like stigma and poverty. These efforts aim to empower adolescent girls to make informed health decisions and shape policies that support their well-being.

1.2 Menstrual Health Policy Advocacy

In partnership with AmplifyChange, IMRO Rwanda spearheaded a critical dissemination workshop focused on strengthening national menstrual hygiene policy. The workshop convened diverse stakeholders—including government officials, civil society representatives, health professionals, and private sector actors—to address the systemic challenges that continue to affect women and girls' access to menstrual health products and services in Rwanda. Central to the discussions was the issue of affordability. Many participants highlighted that the high cost of sanitary products remains a major barrier for low-income families, especially in rural areas. It was noted that over 20% of schoolgirls in Rwanda miss school due to menstrual-related issues, which directly impacts their education, confidence, and long-term economic potential.

To address this, stakeholders called for actionable policy reforms, including a zero-tax policy on menstrual products, government subsidies to support local manufacturers, and the integration of menstrual hygiene into national health and education strategies. Public-private partnerships were strongly encouraged to enhance production, affordability, and equitable distribution of menstrual products, particularly in hard-to-reach communities.

The workshop also emphasized the need to combat stigma and misinformation through targeted awareness campaigns, especially in schools and community settings. By framing menstrual health as a human rights and gender equality issue—not just a health or hygiene matter—participants aligned on a shared vision: to make Rwanda a period-friendly country where no girl is left behind because of her period.

This advocacy initiative has laid a strong foundation for the development of comprehensive national guidelines that will guide multi-sectoral action on menstrual equity and empower women and girls to manage menstruation with dignity, safety, and confidence.



1.3 Teenage Pregnancy and SRHR Access Advocacy

To address the growing concern of teenage pregnancy and limited access to Sexual and Reproductive Health and Rights (SRHR) services for adolescents, IMRO Rwanda organized a national dialogue and a validation workshop that brought together policymakers, educators, healthcare providers, youth leaders, and civil society organizations.

The discussions focused on identifying root causes that contribute to the high rates of teenage pregnancy in Rwanda. Key challenges identified included poverty, mental health issues, gender inequality, limited access to accurate SRHR information, and deep-rooted stigma surrounding adolescent sexuality. Participants emphasized that these factors not only restrict adolescents—especially girls—from accessing contraception and reproductive health services, but also drive school dropouts, early marriage, and long-term socio-economic vulnerability.

The national dialogue created a space for open conversations between adults and youth, encouraging intergenerational understanding and collective action. It also highlighted the urgent need for policy reforms that go beyond the health sector—calling for multi-sectoral collaboration between health, education, justice, and youth development institutions. Recommendations from these engagements included: integrating comprehensive sexuality education into school curricula, expanding youth-friendly health services nationwide, training providers in adolescent-sensitive care, and enhancing parental and community engagement to reduce stigma and promote informed decision-making.

These advocacy efforts align with IMRO Rwanda's broader mission to build an enabling environment where every adolescent—regardless of background—has the knowledge, confidence, and support to protect their health, exercise their rights, and plan for a better future.

1.4 Faith and Human Rights Dialogues

In our continued commitment to promoting dignity, inclusion, and justice, IMRO Rwanda conducted a series of targeted workshops in Kigali, Karongi, and Rubavu aimed at strengthening the capacity of civil society actors, youth groups, and marginalized communities to engage in effective human rights advocacy.

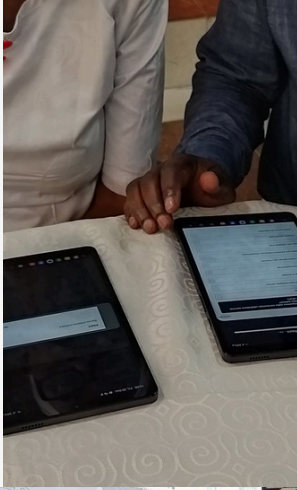
The human rights workshops provided interactive training on Rwanda's legal frameworks, the Universal Periodic Review (UPR) process, and practical strategies for identifying and addressing rights violations. Participants—including representatives from youth- and women-led groups, sex workers, LGBTQI+ individuals, people who use drugs, and media professionals—explored real-life case studies and participated in exercises designed to improve their advocacy, monitoring, and community engagement skills.

A key achievement of these sessions was the dramatic increase in knowledge among participants, with post-training evaluations showing a nearly 50% improvement in understanding of human rights concepts and tools. The sessions also helped build solidarity among diverse groups and reinforced a collective responsibility to advocate for equity and accountability in service delivery and governance.

In parallel, IMRO convened a faith-based workshop that brought together over 30 religious leaders from different denominations to engage in open and respectful dialogue on adolescent Sexual and Reproductive Health and Rights (SRHR). Recognizing the powerful influence of faith institutions in shaping values and attitudes, the workshop aimed to bridge the gap between faith perspectives and the realities facing adolescents—particularly around issues like teenage pregnancy, unsafe abortions, and gender-based violence.

Through guided discussions and evidence-based learning, faith leaders were encouraged to confront stigma, correct misinformation, and support adolescents' right to access accurate SRHR information and services. Many religious leaders expressed renewed commitment to using their platforms to create safe, supportive environments for young people—promoting compassion, protection, and informed choices.

2. CAPACITY BUILDING AND TRAINING



2.1 Peer Educator Training

2.2 Community-Led Monitoring (CLM)

IMRO Rwanda trained 150 peer educators, including Female Sex Workers (FSWs) and Men who have Sex with Men (MSMs) from Rubavu, Burera, and Nyanza districts, to support community-led HIV and TB interventions. The comprehensive training covered human rights, gender equity, stigma reduction, interpersonal communication, referral systems, PrEP, and PEP, equipping participants to educate and refer peers effectively while promoting inclusive healthcare access. In Rubavu, an additional 20 peer educators representing People Who Use Drugs (PWUDs) were trained. Their sessions included all core content plus overdose prevention, safer sex and injecting practices, and strategies to overcome challenges in linking PWUDs to health services. This strengthened their ability to deliver harm reduction messages and promote rights-based care among a highly marginalized group. To further community outreach, IMRO also trained 90 TB survivors across the three districts on TB prevention, treatment adherence, and peer support. Following the sessions, 5 TB Champions per district were elected to lead local awareness efforts and improve treatment outcomes through community mobilization and mentorship. This peer-led approach enhanced service delivery, reduced stigma, and ensured more equitable access to healthcare among key and vulnerable populations.

IMRO Rwanda continued to scale up its Community-Led Monitoring (CLM) model as a strategic tool for promoting accountability, equity, and people-centered healthcare. In Nyarugenge District, IMRO initiated intensive CLM training sessions for community-based organizations (CBOs) and community champions, equipping them with essential skills in data collection, analysis, and advocacy. These sessions focused on building capacity to monitor the quality of HIV services, particularly for Key Populations (KPs) including FSWs, MSMs, and PWUDs.

As part of this rollout, five CLM pilot sites were established across selected health facilities. Trained community monitors collected firsthand data through client feedback tools, structured observations, and interviews with both service providers and beneficiaries. The data gathered was used to identify gaps in service delivery, such as stigma, long wait times, or stock-outs of essential commodities. This evidence was then presented to facility managers and local health authorities through interface meetings, promoting collaborative problem-solving and real-time improvements. To institutionalize the approach, IMRO facilitated the formation of a District CLM Task Team in Nyarugenge, composed of representatives from CBOs, health facilities, KP-led organizations, and district leadership. The Task Team's role is to ensure regular data review, follow-up on recommendations, and integration of CLM into district-level health planning.

IMRO expanded its CLM initiative to Muhanga, Ruhango, and Rubavu districts, where a series of participatory workshops were conducted to build CLM Task Teams tailored to local contexts. These sessions emphasized inclusive monitoring and the need to address intersectional barriers—such as those faced by young people, women living with HIV, or people with disabilities—when accessing HIV services.

2. CAPACITY BUILDING AND TRAINING



2.3 Law Enforcer Sensitization

2.4 VCAT and Safe Abortion Training

IMRO organized targeted workshops involving key law enforcement agencies, including the police force, the Rwanda Investigation Bureau (RIB), and local enforcement units. These sessions aimed to increase understanding and awareness of harm reduction principles and the human rights of People Who Use Drugs (PWUDs).

The workshops employed a range of interactive and participatory tools, such as case studies, role-playing exercises, and myth-busting discussions, to challenge prevailing stereotypes and misconceptions about drug use. Through these engaging activities, law enforcement officers were encouraged to critically reflect on their attitudes and practices towards PWUDs.

A significant focus was placed on the legal and ethical obligations of officers to uphold the dignity and rights of vulnerable populations while ensuring community safety. Facilitators emphasized the importance of adopting rights-based policing approaches that move away from punitive measures, which often exacerbate stigma and marginalization. Participants discussed alternative strategies to punitive enforcement, including community engagement, referrals to health and social services, and collaboration with harm reduction programs. By fostering open dialogue, the workshops helped build empathy and understanding, leading many officers to commit to transforming their approach towards a more supportive and inclusive model.

This sensitization effort represents a crucial step towards improving the relationship between law enforcement and PWUDs, promoting public health, reducing discrimination, and enhancing overall community safety in Rubavu District.

A comprehensive four-day workshop on Values Clarification and Attitude Transformation (VCAT) was convened in Kigali, gathering a diverse group of health professionals, community advocates, and stakeholders involved in reproductive health. The primary aim of the training was to create a safe and reflective space where participants could openly examine and challenge their personal values, cultural beliefs, and attitudes related to abortion and reproductive rights.

Throughout the workshop, participants engaged in interactive exercises designed to debunk common myths and misconceptions surrounding abortion, often rooted in stigma and misinformation. These activities encouraged critical self-reflection, helping attendees recognize how unconscious biases and societal pressures can impact the quality of care and support provided to individuals seeking safe abortion services.

Legal experts played a pivotal role in guiding detailed sessions on Rwanda's abortion laws, outlining the legal provisions that govern safe abortion access within the country. These sessions provided clarity on the rights of women and girls to access safe, legal abortion care, emphasizing the importance of adherence to these laws by health providers and advocates alike.

The training emphasized the principles of evidence-based advocacy, focusing on the promotion of compassionate, non-judgmental, and client-centered care. Participants discussed best practices for integrating safe abortion services into the broader sexual and reproductive health system, with particular attention to confidentiality, informed consent, and respectful treatment.

The workshop aimed not only to transform individual attitudes but also to strengthen the capacity of health professionals and advocates to champion reproductive rights within their communities. By fostering a supportive network of informed providers and advocates, the VCAT and Safe Abortion training contributes to expanding access to safe abortion services, reducing unsafe procedures, and ultimately improving reproductive health outcomes across Rwanda.

3. SOCIAL BEHAVIOR CHANGE AND ADOLESCENT EMPOWERMENT



3.1 Adolescent SRHR Leadership

IMRO Rwanda conducted comprehensive training sessions in the districts of Kayonza and Bugesera, where 30 secondary school students were equipped with knowledge on sexual and reproductive health and rights (SRHR), human rights, and leadership. Using interactive approaches such as case studies and peer learning, these adolescents developed the skills to advocate for healthy decision-making and to reduce stigma among their peers. As committed young leaders, they are actively fostering open, informed conversations and creating supportive environments within their schools and communities, contributing to adolescent health and empowerment in both districts.

3.2 Menstrual Hygiene Awareness

To mark Menstrual Hygiene Day, IMRO Rwanda carried out a range of awareness activities emphasizing menstrual health as a human right. School outreach sessions educated students on menstruation, hygiene management, and stigma reduction, fostering open dialogue and building confidence among adolescent girls. In parallel, IMRO organized policy dialogues with local and national stakeholders, advocating for universal access to affordable, quality menstrual products and the integration of menstrual health into education and public health policies.

A key highlight was the National Dialogue on Menstrual Health, which brought together government officials, civil society actors, and health experts to address cultural taboos and promote inclusive, rights-based approaches. These efforts were amplified by public education campaigns aimed at challenging harmful myths and creating supportive environments for menstruators to manage their periods with dignity and confidence.

3.3 Community Dialogues and SRHR Awareness

IMRO Rwanda conducted inclusive community dialogues in Rusizi District that brought together adolescents, teen mothers, parents, and religious leaders to openly discuss Sexual and Reproductive Health and Rights (SRHR). These dialogues emphasized the importance of comprehensive sexuality education and encouraged parents and faith leaders to actively support adolescents' access to SRHR information and services. By fostering respectful, intergenerational conversations, the sessions helped bridge gaps between generations, dispel harmful myths, and create safe, supportive spaces for learning. This collaborative approach strengthened community engagement and laid the groundwork for improved SRHR outcomes in the district. In addition, IMRO Rwanda continues to empower and increase the number of civil society organizations joining the SRHR Rwanda Coalition. This ongoing effort enhances collective advocacy, strengthens coordination among stakeholders, and promotes unified action toward advancing SRHR at both community and national levels.

4. HARM REDUCTION, HEALTH ACCESS & AWARENESS CAMPAIGNS



4.1 PWUD-Focused Interventions

In Rubavu District, IMRO Rwanda conducted targeted outreach campaigns reaching over 100 People Who Use Drugs (PWUDs) through exhibitions, peer-led education, and on-site HIV testing. These activities promoted early diagnosis, improved access to care, and tackled stigma, aligning with the Tubiteho Project's goal of advancing health equity for PWUDs. Peer educators with lived experience played a key role in delivering accurate information and connecting participants to services. On-site HIV testing enabled immediate linkage to care, while the initiative also helped strengthen local harm reduction efforts and foster collaboration among health providers, community actors, and law enforcement.

4.3 Condom and Lubricant Distribution

IMRO Rwanda distributed over 86,400 condoms and 31,000 lubricants to key populations nationwide, including Female Sex Workers, Men who have Sex with Men, and transgender individuals. The distribution was supported by peer educators who also conducted comprehensive awareness sessions on the correct and consistent use of these prevention tools. These efforts not only enhanced HIV and STI prevention but also addressed misconceptions and stigma around condom and lubricant use. By combining commodity distribution with education, IMRO empowered vulnerable communities to adopt safer sexual behaviors and improve their overall sexual health outcomes.

4.2 Mpox Awareness and Vaccination

In response to the Mpox outbreak, IMRO Rwanda, in partnership with Rwanda Biomedical Centre (RBC) and Gisenyi Hospital, launched a comprehensive awareness and vaccination campaign targeting Female Sex Workers (FSWs) and other vulnerable populations in Rubavu District. The initiative aimed to ensure equitable access to accurate information and life-saving vaccines, while also addressing stigma and barriers to healthcare access. The campaign integrated health education with vaccination services, prioritizing informed consent, cultural sensitivity, and inclusive care. Through peer mobilization and community outreach, participants were sensitized on Mpox symptoms, transmission, prevention, and the importance of vaccination as a protective measure. Vaccination drives were successfully implemented at multiple strategic locations to maximize coverage, including Intare Arena, Nyakiriba Site, Cyanika Site, Kigufi Health Center, and Rwaza Cell in Cyanika Sector. These decentralized efforts allowed IMRO and its partners to reach hard-to-reach populations with minimal disruption to their daily routines. As a result, a total of 334 Female Sex Workers were vaccinated against Mpox, marking a significant step in protecting high-risk groups from emerging infectious diseases. This initiative also reinforced collaboration between community-based organizations, local health facilities, and national institutions in strengthening outbreak response mechanisms and building public trust in vaccination campaigns.

4. HARM REDUCTION, HEALTH ACCESS & AWARENESS CAMPAIGNS



4.4 PMTCT Services for FSWs

4.5 TB Survivor Engagement

IMRO Rwanda implemented a peer-led outreach program specifically targeting pregnant Female Sex Workers (FSWs) to improve access to Prevention of Mother-To-Child Transmission (PMTCT) services. Through community-based peer educators who are trusted members of the FSW community, pregnant women were proactively identified and sensitized about the importance of early antenatal care and HIV testing.

These peer educators facilitated HIV testing onsite or referred pregnant FSWs to health facilities equipped to provide comprehensive PMTCT services. For HIV-positive mothers, immediate linkage to antiretroviral therapy (ART) and ongoing clinical care was ensured, reducing the risk of vertical transmission of HIV from mother to child.

This focused intervention not only contributed to improved maternal and child health outcomes among a highly vulnerable group but also aligned with Rwanda's national targets for eliminating mother-to-child transmission of HIV. Additionally, the program helped reduce stigma and barriers faced by FSWs in accessing maternal health services by providing culturally sensitive, peer-driven support throughout pregnancy and postpartum periods.

IMRO Rwanda organized bi-annual meetings with 90 tuberculosis (TB) survivors, establishing forums where former patients could come together to share experiences and become empowered community champions. During these gatherings, five TB Champions were elected in each district, tasked with leading local advocacy and support efforts. These TB Champions play a vital role in promoting treatment adherence by sharing their personal recovery stories, which helps build trust and encourages others to complete their treatment. They actively work to dispel myths and misconceptions about TB transmission and treatment, combating stigma that often prevents people from seeking care.

Through peer-to-peer support, the champions provide emotional encouragement and practical guidance to current TB patients, improving treatment retention and success rates. Their leadership has contributed to greater community awareness, reduced discrimination against TB patients, and strengthened local health systems' response to the disease. By empowering TB survivors to take active roles in their communities, IMRO Rwanda enhances treatment outcomes and supports national efforts to control and ultimately eliminate tuberculosis.

5. Researches, policy brief and Position Papers



5.1 Position Paper: Menstrual Hygiene Product Accessibility and Affordability in Rwanda

Through Our commitment to advancing SRHR, IMRO Rwanda developed a policy brief highlighted the critical challenges faced by women and girls due to inadequate access to menstrual hygiene products, emphasizing their impact on health, education, and economic participation. A dissemination workshop was hosted to share the findings through which a major recommendation emerged of developing and position paper around the issue and submit it to relevant stakeholders. The position paper calling for comprehensive national guidelines to address menstrual health challenges was developed and endorsed by 19 of our CSO partners and it was submitted to relevant including the Ministries of Health, Gender, Education, Justice, and Trade, as well as the NCDA.

5.3 Report on the Assessment for the implementation of the recommendation given to Rwanda by the African Committee of Expert on the Rights and Welfare of the Child Related to SRHR

The report, compiled by IMRO Rwanda systematically assesses Rwanda's progress in implementing recommendations from the African Committee of Experts on the Rights and Welfare of the Child (ACERWC), specifically focusing on sexual and reproductive health and rights (SRHR) for adolescents. Utilizing data from studies, national reports, and interviews, it acknowledges the Government of Rwanda's positive legal reforms and policy adoptions, while also highlighting persistent challenges and gaps that require further action. The document details specific ACERWC recommendations related to SRHR, ranging from health access and combating sexual exploitation to teenage pregnancy, presenting Rwanda's responses and IMRO-Rwanda's identified areas for more concerted efforts, particularly concerning adolescents' access to comprehensive SRHR services and information.

5.2 Fact-Finding Analysis on the Correlation Between Teenage Pregnancy and Inadequate Access to SRHR Services.

The report presents a fact-finding analysis conducted in 2024, commissioned by IMRO Rwanda in partnership with AmplifyChange. The study investigated the significant correlation between teenage pregnancies and the accessibility of Sexual Reproductive Health and Rights (SRHR) services in Rwanda. Covering five districts—Ruhango, Gicumbi, Rusizi, Gatsibo, and Nyarugenge—it employed a mixed qualitative methodology, utilising Focus Group Discussions, individual interviews, and structured surveys with adolescents aged 13–19, along with in-depth interviews with key stakeholders. Its primary objective was to provide empirically-grounded insights to inform effective interventions by IMRO Rwanda and its stakeholders, highlighting the strong link between teenage pregnancies and limited access to comprehensive SRHR services, information, and youth-friendly service points

6. World International Days



6.1 WCD in Gakenke District

6.2 WAD in Rubavu District

IMRO Rwanda successfully conducted the World Contraception Day (WCD) 2024 celebration, a global initiative held annually to raise awareness about contraception and promote access to family planning services. This year's theme emphasized the power of informed choice in contraceptive use, highlighting the fundamental right of every individual—particularly women—to make empowered decisions about their reproductive health. The central event took place on September 26, 2024, in Nemba Sector, Gakenke District, drawing together a diverse group of community members including youth, women, healthcare providers, local leaders, and advocates. Through interactive discussions, educational sessions, and outreach activities, participants were provided with accurate information about various contraceptive methods, their benefits, and how to access these services safely and confidentially. Health professionals were on site to offer family planning counseling and provide immediate access to contraceptive methods, ensuring that attendees could translate knowledge into action. The event also featured testimonies from women and couples sharing their positive experiences with family planning, reinforcing the message that informed choice leads to healthier families and communities. Overall, the WCD celebration in Gakenke District successfully reinforced the critical role that informed, voluntary contraceptive choices play in improving reproductive health outcomes, reducing unintended pregnancies, and empowering individuals—especially women—to take control of their sexual and reproductive lives.

IMRO Rwanda, in partnership with the Rwanda Biomedical Centre (RBC), led a comprehensive HIV/AIDS awareness and Mpxv vaccination campaign in Rubavu District, commencing on Sunday, December 1, 2024, in observance of World AIDS Day. This campaign aimed to increase public knowledge of HIV prevention strategies, highlight IMRO Rwanda's ongoing interventions, and launch a focused Mpxv vaccination drive specifically targeting Female Sex Workers (FSWs), a population at heightened risk. The event brought together key stakeholders, including the Minister of Health, representatives from donor agencies, healthcare providers, community leaders, and local beneficiaries. During the campaign, Dr. Nsanzimana delivered an impactful address underscoring the importance of health prioritization and holistic well-being. He urged attendees to adopt healthy lifestyle behaviors such as reducing excessive alcohol consumption—promoted through the #Tunyweless initiative—maintaining proper hydration, engaging in regular physical activity, and strictly adhering to proven HIV prevention methods. These included consistent and correct condom use, abstinence where appropriate, and regular HIV testing. Through educational outreach, service provision, and community engagement, the campaign reinforced critical messages about HIV prevention, challenged stigma, and facilitated greater access to both HIV and Mpxv services. The integrated approach exemplified collaborative efforts to protect vulnerable populations, improve health outcomes, and sustain momentum toward national and global HIV/AIDS goals.

5. PARTNERSHIPS AND COLLABORATION



Throughout the year, IMRO Rwanda collaborated closely with government institutions, civil society organizations, and international partners to implement inclusive, rights-based health programs. These strategic partnerships significantly expanded our reach and reinforced multi-sectoral efforts addressing HIV, tuberculosis (TB), sexual and reproductive health and rights (SRHR), harm reduction, and adolescent health.

Our valued partners include AmplifyChange, Expertise France, FXB, the Global Fund, Country Coordinating Mechanism (CCM), Global Legal Institute for Human Rights and Development (GLIHD), Health Development International (HDI), Santé For Rwanda (SFR), Médecins du Monde (MDM), Rwanda Civil Society Platform (RCSP), Ministry of Health, Ministry of Education, Ministry of Justice, UNICEF, UNAIDS, Rwanda Biomedical Centre (RBC), UNFPA, PEPFAR, UNDP, Legal Aid Forum (LAF), Rwanda NGO Forum (RNGOF), AIDS Healthcare Foundation (AHF), Posithiva Gruppen, Centers for Disease Control and Prevention (CDC), FHI 360, International Organization for Migration (IOM), as well as district authorities in Nyarugenge, Gasabo, Kicukiro, Rubavu, Burera, Nyanza, Kayonza, Muhanga, Ruhango, and Bugesera.

CLOSING REMARKS



This report highlights IMRO Rwanda's steadfast commitment to advancing inclusive health, human rights, and social justice throughout the country. We extend our deepest gratitude to our partners, stakeholders, and community champions whose collaboration and dedication have been instrumental in driving our collective impact. As we move forward, IMRO Rwanda reaffirms its unwavering pledge to leave no one behind and to continue fostering healthier, more equitable communities across Rwanda. Together, we look toward a future where dignity, rights, and access to quality health services are a reality for all.

Prepared & Designed by:
Jules MUGISHA
Director of Programs
IMRO Rwanda



Approved by:
Aimable MWANANAWA
Executive Director
IMRO Rwanda