ANNUAL REPORT 2025

UPHLS Legal Representative Letter

Dear Friends and Partners,

Welcome to the UPHLS 2025 Annual Report.

In 2025, UPHLS continued its commitment to inclusion, equity, and rights-based development, mainstreaming disability across health, social, economic, and advocacy programs.

In disability-inclusive health thematic area, UPHLS strengthened the capacity of healthcare providers, community health workers, district partners, and local authorities to mainstream disability within health services particularly HIV-related care while promoting early disability detection, timely intervention, effective referral pathways, and improved access to assistive technology, medical, and rehabilitation services. These efforts enhanced the accessibility and responsiveness of health services for persons with disabilities, especially children with disabilities.

In social development, we engaged communities through dialogues at Umuganda and Inteko z'Abaturage, raising awareness on disability rights, inclusive practices, prevention, early detection, and health-seeking behavior. Structured engagement with parents and caregivers and psychosocial support for families of children with disabilities contributed to reduced stigma and strengthened inclusive social norms.

Economic empowerment was advanced through soft and technical skills training, business group formation, start-up toolkits, and market linkages to support livelihoods and self-reliance. Access to education was promoted through back-to-school initiatives and integration of out-of-school children with disabilities into formal or alternative learning pathways, fostering long-term inclusion. Together, these interventions strengthened economic participation, skills development, and long-term social inclusion of persons with disabilities.

Cross-cutting actions including advocacy, policy engagement, research, public awareness, and institutional capacity strengthening remained central to sustainability and systemic change. Despite operational challenges such as funding uncertainties and delays, UPHLS maintained momentum through adaptive programming, partner coordination, and community-based approaches.

As we look ahead, UPHLS remains firmly committed to locally rooted, people-centered, and disability-inclusive solutions. Our resilience continues to be grounded in strong partnerships, programmatic diversity, and the collective leadership of persons with disabilities. We extend our sincere appreciation to our partners, donors, OPDs, staff, and community members whose collaboration and trust made our work in 2025 possible.

With warm regards,

About UPHLS

The Umbrella of Organizations of Persons with Disabilities in the Fight Against HIV/AIDS and for Health Promotion (UPHLS) is a network of organizations for persons with disabilities, established on 21st September 2006 and registered with the Rwanda Governance Board (RGB) under No. 048/NGO/2015. Over the years, UPHLS has expanded its focus from HIV/AIDS to broader areas including health, social inclusion, economic empowerment, and disability rights advocacy, reflecting the needs and priorities of the communities we serve.

Vision

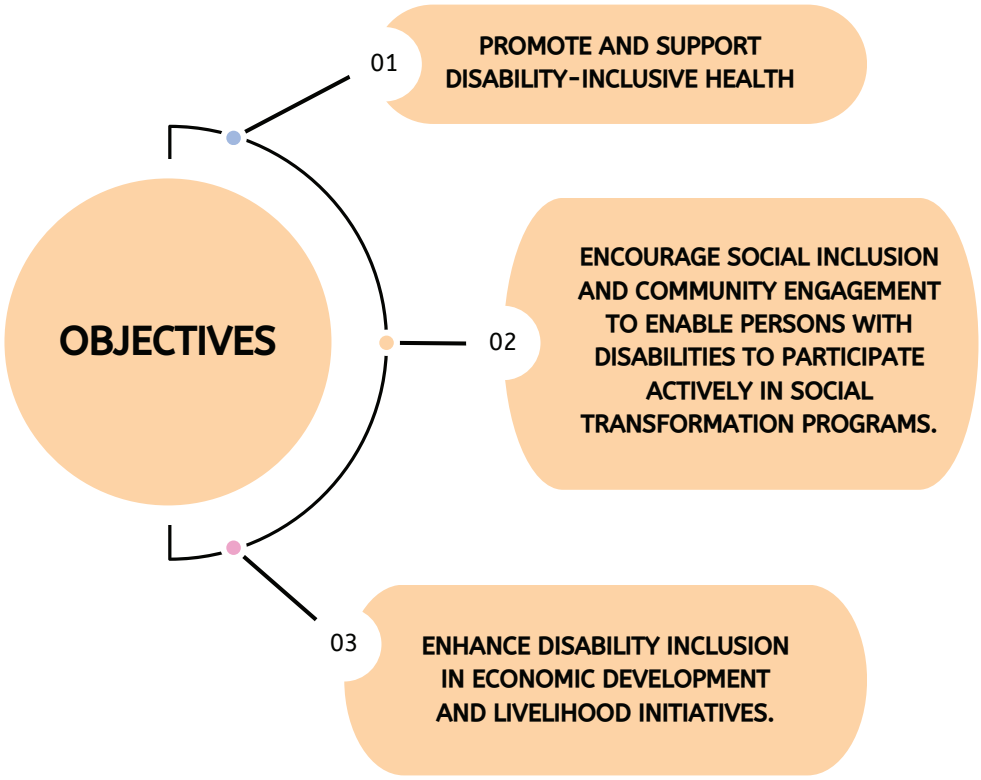
An inclusive society where persons with disabilities are empowered to enjoy well-being and dignity.

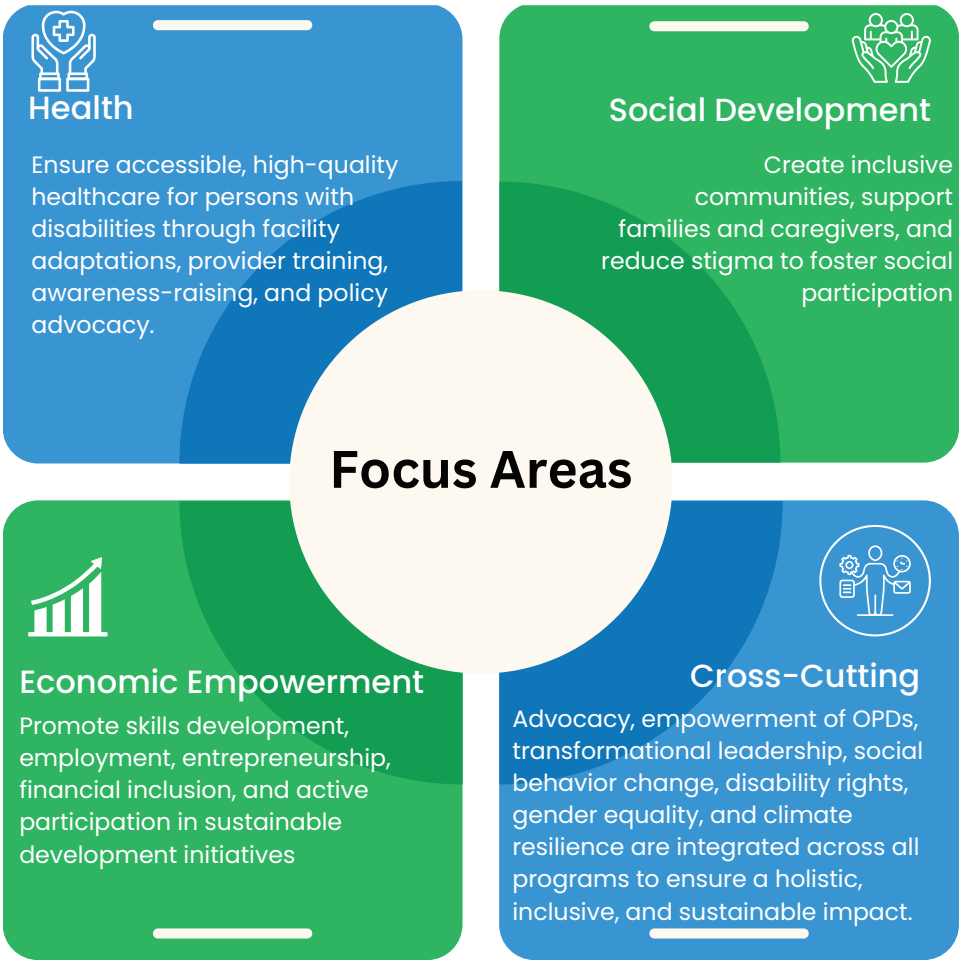
Mission

Strengthen the capacity of organizations for persons with disabilities and stakeholders, and promote the rights of persons with disabilities for inclusive services and participation.

Goals

Promote disability-inclusive health and empower persons with disabilities to fully participate in and contribute to development processes.


OBJECTIVES
01
PROMOTE AND SUPPORT DISABILITY-INCLUSIVE HEALTH
02
ENCOURAGE SOCIAL INCLUSION AND COMMUNITY ENGAGEMENT TO ENABLE PERSONS WITH DISABILITIES TO PARTICIPATE ACTIVELY IN SOCIAL TRANSFORMATION PROGRAMS.
03
ENHANCE DISABILITY INCLUSION IN ECONOMIC DEVELOPMENT AND LIVELIHOOD INITIATIVES.


Focus Areas
Health
Ensure accessible, high-quality healthcare for persons with disabilities through facility adaptations, provider training, awareness-raising, and policy advocacy.
Social Development
Create inclusive communities, support families and caregivers, and reduce stigma to foster social participation
Economic Empowerment
Promote skills development, employment, entrepreneurship, financial inclusion, and active participation in sustainable development initiatives
Cross-Cutting
Advocacy, empowerment of OPDs, transformational leadership, social behavior change, disability rights, gender equality, and climate resilience are integrated across all programs to ensure a holistic, inclusive, and sustainable impact.

UPHLS Administration

UPHLS Board of Directors Activities During the Year 2025

During the year 2025, the UPHLS Board of Directors (BoD) fulfilled its governance mandate by providing strategic direction and ensuring organizational accountability. The Board convened four ordinary meetings, which focused on policy guidance, review of organizational performance, and key decision-making in line with UPHLS' mission and statutory obligations.

Through these meetings, the Board reviewed and approved major organizational matters, monitored compliance with internal policies and applicable national regulations, and ensured that governance structures and systems were functioning effectively. The BoD also provided strategic guidance aimed at strengthening institutional governance and sustainability.

Throughout the year, the Board remained committed to upholding good governance principles, transparency, and accountability, contributing to the overall stability and effective leadership of the organization.

Management of staff and materials

From January to December 2025, UPHLS oversaw the management of its staff and office equipment in accordance with the UPHLS Administrative and Financial Manual and Rwandan laws. Throughout the year, regular staff meetings were organized to review progress, evaluate ongoing activities, address challenges, and ensure alignment with organizational objectives. In addition, a staff retreat was held to reflect on achievements, share lessons learned, strengthen teamwork, and plan strategically for improved performance across all programs.

Organizational Development & Resource Mobilization

In 2025, UPHLS focused on implementing its Strategic Plan 2024-2028, aligning all interventions with the organization's long-term goals and priorities. Efforts were made to strengthen the capacity of staff and member organizations, including training staff on localization to enhance the sustainability and institutional resilience of UPHLS.

Alongside strategic implementation, UPHLS continued to pursue resource mobilization through project proposal development and submission to both local and international partners. The organization also conducted donor mapping and explored strategic collaborations with government agencies and NGOs to expand its network and strengthen support for ongoing and future programs. These efforts were aimed at ensuring UPHLS has the resources needed to sustain its operations and advance its mission of promoting the rights and participation of persons with disabilities.

Capacity Strengthening of UPHLS Constituencies

In 2025, UPHLS helped its member organizations (OPDs) become stronger and more effective in advocating for the rights of persons with disabilities. Members took part in trainings on Community-Led Monitoring (CLM), localization, safeguarding and protection, and rehabilitation services in Rwanda, giving them practical skills and knowledge to influence policies and engage with communities and decision-makers.

UPHLS also guided members on the new NGO Law No. 058/2024, which changed how organizations are registered and removed temporary registration certificates. To help members meet the new requirements, UPHLS organized different orientation meeting, General Assemblies and hired a consultant to assist them in preparing the necessary documents for complying with the Rwanda Governance Board new regulation. A total of 198 participants attended the workshops, including 107 females and 91 males.

In addition, UPHLS worked with members to organize advocacy events and key disability days observed nationally and internationally, such as White Cane Day, World Stroke Day, and others, helping to raise visibility and promote the rights of persons with disabilities.

UPHLS Focus Areas of Interventions

As an organization of persons with disabilities (OPD), UPHLS is committed to advancing the rights, dignity, and full participation of persons with disabilities in all aspects of life. Our work is grounded in the belief that disability inclusion must be intentionally integrated across health, social, and economic systems to achieve sustainable and meaningful impact.

From our experience, we know that persons with disabilities thrive when barriers to access are removed and when inclusive services, opportunities, and enabling environments are in place. Strong families, responsive institutions, and inclusive communities are essential to protecting rights and promoting independence.

UPHLS structures its programs around four interconnected focus areas of interventions, which are implemented in an integrated and rights-based manner across all programs:

DISABILITY INCLUSION IN HEALTH

Promoting equitable access to quality, disability-inclusive health services, including early detection, rehabilitation, assistive technology, psychosocial support, and inclusive HIV and sexual and reproductive health services.

DISABILITY INCLUSION IN SOCIAL DEVELOPMENT

Strengthening inclusive education, social protection, child protection, and community participation to ensure persons with disabilities are fully included in social services and community life.

DISABILITY INCLUSION IN ECONOMIC DEVELOPMENT

Promoting equitable access to quality, disability-inclusive health services, including early detection, rehabilitation, assistive technology, psychosocial support, and inclusive HIV and sexual and reproductive health services.

CROSS CUTTING INTERVENTIONS

Promoting equitable access to quality, disability-inclusive health services, including early detection, rehabilitation, assistive technology, psychosocial support, and inclusive HIV and sexual and reproductive health services.

Projects Implemented during the year 2025 and intervention coverage

Project	Donor / Partner	Objective	District Coverage
RBF-NSP HIV PROGRAM	RBC / Global Fund	Strengthen inclusive HIV clinical services in Rwanda	9 districts
HIV CLINICAL SERVICES STRENGTHENING	CDC / MoH	Promote inclusive maternal and child healthcare, empowering mothers with disabilities and mothers of children with disabilities	5 districts
EVERY LIFE MATTERS	See You Foundation	Enhance employability and livelihoods of youth with disabilities through skills development	4 districts
MENYA UKORANE UBUZIMA BWIZA	See You Foundation	Enhance employability and livelihoods of youth with disabilities through skills development	4 districs
LIFT PROJECT	Cambridge Education	Improve inclusive education access for out-of-school children and youth, including those with disabilities, while strengthening systems for reintegration and retention.	2 districts
WINSIGA NDUMVA	UNICEF	Strengthen ear and hearing care and promote inclusive education for school-age children with disabilities.	14 districts
MY HEALTH , MY RIGHTS	Disability Rights Fund	Promote inclusive healthcare policies and accountability for the rights of persons with disabilities.	4 districts

Disability Inclusion in Health

Disability Inclusion in Health is a core focus area of UPHLS, reflecting our commitment as an organization of persons with disabilities to ensuring equitable access to quality, responsive, and inclusive health services. UPHLS works to address systemic, attitudinal, and structural barriers that limit access to health care for persons with disabilities, particularly in the areas of prevention, treatment, rehabilitation, and health promotion.

Under this focus area, UPHLS implements four key projects that contribute to strengthening disability-inclusive health systems in Rwanda: Strengthening HIV Clinical Services in the Republic of Rwanda, the Results-Based Financing (RBF) project focusing on HIV prevention among persons with disabilities, Every Life Matters, which primarily addresses maternal, child, and community health (MCCH), as well as WINSIGA NDUMVA, which focuses on ear and hearing care. Together, these initiatives aim to ensure that persons with disabilities are not left behind across the health continuum.

Interventions under this thematic area are structured around the following key components:

- Capacity building of healthcare providers and other partners in health services on disability mainstreaming, inclusive service delivery, and rights-based approaches to care;
- Capacity building of persons with disabilities and their families particularly parents of children with disabilities on HIV, sexual and reproductive health and rights (SRHR), maternal, child, and community health (MCCH), nutrition, and related health areas to promote informed decision-making;
- Disability-inclusive outreach campaigns to increase awareness, demand creation on health services, and early care-seeking among persons with disabilities and their communities;
- Improved access to medical and rehabilitation services, including the provision of assistive technology and referral to specialized care.

Capacity building of health care providers

In 2025, UPHLS prioritized capacity building of health care providers as a key strategy for strengthening disability mainstreaming in health service provision. As an umbrella of organization of persons with disabilities, UPHLS focused on equipping health care providers with the knowledge, skills, and rights-based approaches required to deliver inclusive and accessible health services to persons with different types of disabilities.

During the year, UPHLS organized targeted trainings for different categories of health care providers, tailored to their roles and service delivery responsibilities. Health care providers, primarily from health centers, were trained on disability mainstreaming in health services, with emphasis on rights-based care, disability friendly communication, understanding the specific needs of different types of disabilities, basic sign language, and mobility and orientation, with a particular focus on inclusive HIV prevention, care, and treatment. Separate trainings were conducted for providers working in youth corners, focusing on disability inclusion in sexual

and reproductive health (SRH) services for youth with disabilities.

Other health care providers involved in maternal, child, and community health (MCCH) received training on disability mainstreaming with an emphasis on disability early detection and referral pathways. In addition, selected health care providers from district hospitals and health centers were trained on ear and hearing care, including early identification and management of hearing impairments, use of standardized ear and hearing care guidelines, and appropriate referral to specialized services.

Complementing facility-based interventions, community health workers were strengthened on disability rights and inclusion in community health, as well as on the early detection of developmental delays and disabilities and referral pathways using the Simplified Tool for Early Detection of Developmental Delays and Disabilities (STED). For some trainees, additional emphasis was placed on ear and hearing care.

These differentiated, role-specific capacity-building interventions contributed to improved quality, accessibility, and responsiveness of health services for persons with disabilities at both facility and community levels.

Summary of Capacity Building Results

TARGET GROUP	CAPACITY BUILDING FOCUS	NUMBER REACHED
HEALTHCARE PROVIDERS (HEALTH CENTERS, HOSPITALS	Disability mainstreaming, Disability rights and disability friendly communication including Sign Language, mobility and orientation to improve the access to health services (HIV, SRH, general health, rehabilitation	419
HEALTHCARE PROVIDERS (HEALTH CENTERS, HOSPITALS	Master training and cascade training on disability early detection and Ear & Hearing Care	362
REHABILITATION SERVICE PROVIDERS	Training on guidelines for managing reversible impairments in children	19
COMMUNITY HEALTH WORKERS	Training on disability inclusion, HIV-friendly services, early identification of disabilities and developmental delays, and referral pathways	1,077
TEACHERS	Training on early identification of disabilities and developmental delays, inclusive teaching practices, and proper use and maintenance of assistive devices	1,297

The capacity-building results demonstrate UPHLS's strong focus on strengthening disability inclusion across health, education, and community systems. By equipping healthcare providers, community health workers, rehabilitation professionals, and teachers with practical skills on disability mainstreaming, early identification, and inclusive service delivery, UPHLS contributed to improved accessibility, responsiveness, and quality of services for persons with disabilities. The broad reach across multiple cadres highlights a systems-strengthening approach, ensuring that disability inclusion is addressed from community level to service delivery points and referral facilities.

Renovation of Health Facilities to Improve Accessibility

As part of its commitment to inclusive healthcare, UPHLS supported the renovation of five health facilities across Rwanda to improve accessibility and quality of HIV services for persons with disabilities (PWDs). The initiative aimed to transform these centers into models for disability-friendly HIV service delivery, ensuring that PWDs can access care equitably, independently, and with dignity.

One facility was selected from each province to ensure national coverage: Remera Health Center (Ngoma, Eastern), Tumba Health Center (Rulindo, Northern), Cyahinda Health Center (Nyaruguru, Southern), and Mushubati Health Center (Rutsiro, Western). Renovations followed comprehensive infrastructure assessments that identified accessibility gaps and guided tailored interventions.

Key improvements included:

Ramps and smooth pathways connecting all major service areas for wheelchair users and persons with mobility challenges.

Accessible toilets with lowered sinks, handrails, and other adaptive features.

Clear, high-visibility signage to support patients, including those with hearing impairments or cognitive challenges.

Designated accessible parking spaces linked to entrances via ramped pathways.

These upgrades enhanced physical accessibility and reinforced dignity, independence, and inclusion in healthcare. The renovated facilities now serve as models for scaling up disability-inclusive HIV services nationwide, contributing to Rwanda's goal of leaving no one behind in the HIV response.

Disability-Friendly Outreach Sessions for Persons with Disabilities and their Families

Throughout the year, UPHLS conducted disability-friendly outreach sessions to strengthen the knowledge and engagement of persons with disabilities and their families on HIV, sexual and reproductive health and rights (SRHR), maternal, child and community health (MCCH), nutrition, and related health areas. These sessions also included targeted engagements with parents of children with disabilities, emphasizing the rights of children with disabilities, early health-seeking behaviors, and access to rehabilitation services for children with various conditions.

The outreach sessions enhanced the capacity of Organizations of Persons with Disabilities (OPDs) through targeted engagement on inclusive health service access, rehabilitation services, assistive technology, referral pathways, and safeguarding. At community level, outreach was further extended through trained community health promoters and peer educators, who delivered HIV and SRHR awareness sessions through self-help groups of persons with disabilities and their families, significantly improving access to rights-based and inclusive health information.

In addition, dedicated sessions were organized for parents of children with disabilities to raise awareness on nutrition, rehabilitation services, and the importance of early health-seeking behaviors. Parents of children using assistive devices were also trained on the proper use and maintenance of these devices, ensuring that their children fully benefit from the support provided.

Women and girls constituted the majority of participants, reflecting a gender-responsive and equity-focused approach. This pattern was particularly evident in sessions targeting parents and caregivers of children with disabilities, where mothers were more likely to participate due to primary caregiving roles, and in some cases were the sole caregivers.

Women represented a higher proportion of participants across several outreach sessions due to caregiving responsibilities, including situations where men were less involved or absent.

Impact Results – Outreach reach and participation

TARGET GROUP	TYPE OF OUTREACH / SUPPORT	NUMBER REACHED
Mothers with disabilities, parents of children with disabilities, and family members	Community awareness on inclusive healthcare services and disability early detection	910
Persons with Disabilities (PWDs)	Disability-friendly community mobilization, including home-based HIV, STIs, and SRH information	3,077
Parents of children with disabilities	Capacity building on nutrition and rehabilitation services	191
Parents of children with disabilities using assistive devices	Orientation on proper use and maintenance of assistive devices and disability awareness	345
Refugees, including persons with disabilities (Mahama Refugee Camp)	HIV awareness and prevention campaigns	10,000

In 2025, UPHLS reached over 15,000 people through disability-friendly outreach, improving access to inclusive healthcare, early disability detection, HIV/SRH information, nutrition, and rehabilitation services. Engagement with parents of children with disabilities strengthened caregiving practices and use of assistive devices, while outreach in Mahama Refugee Camp included refugees with disabilities in HIV awareness. The high participation of women reflects both UPHLS's gender-responsive approach and the social reality that men often avoid involvement due to stigma, leaving women to carry the primary caregiving responsibilities.

Assistive Technology and Rehabilitation Access Support

Every person with a disability has the right to live with dignity, independence, and full participation in society. Access to assistive technologies and rehabilitation services is essential for mobility, communication, education, and overall quality of life. In Rwanda, many persons with disabilities face barriers such as limited availability of devices, inaccessible medical or rehabilitation services, and financial constraints.

School-age children are particularly at risk of being left behind in education without assistive devices. Youth and adults also face challenges in achieving independence. By improving access to assistive technologies and rehabilitation services, UPHLS enables persons with disabilities to exercise their rights, access education, acquire skills, and participate fully in their communities.

Interventions Implemented

In 2025, UPHLS implemented interventions to improve access to assistive technology and rehabilitation services:

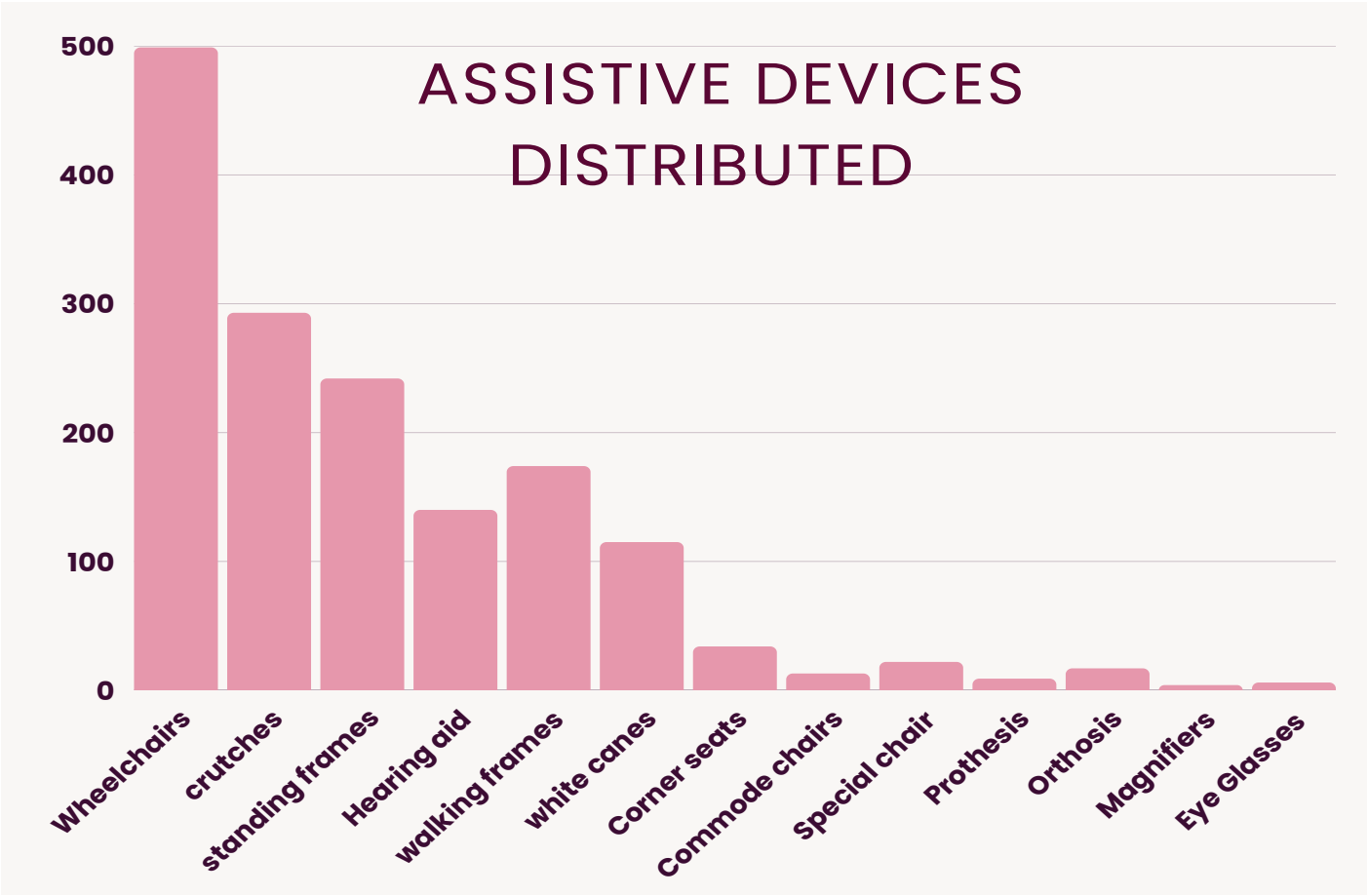
- Ear and hearing care – Hearing screenings, assessments, treatments, and provision of digital hearing aids for children with hearing impairments.
- Provision of assistive devices – Distribution of wheelchairs, crutches, white canes, and standing/working frames to enhance independence and educational participation.
- Facilitating access to medical and rehabilitation services – Support with transportation and hospital costs to ensure timely care.
- Parents and caregiver sessions – Awareness on rehabilitation services and early health-seeking behaviors, and training on proper use and maintenance of assistive devices.

The focus is on school-age children, while also supporting youth and adults to promote independence, social inclusion, and participation.

Implementation Approach

UPHLS works with families, schools, health centers, and partners to identify persons with disabilities in need of assistive devices or rehabilitation services. Through community outreaches, screening, assessments, and referrals, beneficiaries receive appropriate support. The approach emphasizes capacity-building for parents/caregivers, teachers, and healthcare providers, including early detection, proper use of assistive devices, and rehabilitation management.

Achievements and Impact



The chart illustrates the distribution of various assistive devices by UPHLS in 2025. Wheelchairs were the most distributed device, with 499 units provided, followed by crutches (293 pairs) and standing frames (242 units). Hearing aids (140), walking frames (174), and white canes (115) were also significant in number. Less frequently distributed devices included corner

seats, commode chairs, special chairs, prostheses, orthoses, magnifiers, and eye glasses. This distribution highlights a focus on mobility aids and support for hearing impairments, addressing key functional needs to enhance independence and participation for persons with disabilities.

Through these interventions, UPHLS empowered persons with disabilities to participate more fully in education, employment, and community life. Children gained access to assistive devices, and youth and adults received tools and services that enhanced independence. Parents and caregivers improved their ability to support children in using devices correctly and seeking timely rehabilitation services.

By reducing barriers to assistive technologies and rehabilitation services, UPHLS contributed to better educational and health outcomes, reduced social exclusion, and enabled persons with disabilities to exercise their rights and achieve their full potential.

Disability inclusion in social development

UPHLS works to promote the full inclusion of persons with disabilities in social services and community life by advocating for inclusive education, social protection, child protection, and fostering inclusive communities. Throughout the year, the organization conducted community dialogues addressing discriminatory social norms and attitudinal barriers, raising awareness on disability rights, promoting disability prevention, and encouraging the early recognition of disabilities and developmental challenges to support timely intervention.

Interventions focused on three main components. First, community dialogues on the rights of persons with disabilities engaged communities to foster more inclusive attitudes and practices. Second, structured engagement of parents and caregivers strengthened understanding of disability rights and encouraged positive community support, helping reduce barriers that limit children's participation in social services and community life. Third, psychosocial support for parents and caregivers enhanced coping mechanisms, resilience, and advocacy skills, enabling families to participate actively in community life and promote inclusion.

Key Achievements

Throughout the year, UPHLS reached 49,000 community members, including persons with disabilities, through dialogues on reproductive and maternal health, disability rights, early identification of disabilities, rehabilitation, and related health topics. 415 parents of children with disabilities living with HIV received psychosocial support, while 400 community members actively participated in inclusive discussions during and following joint community activities such as parents' evening sessions and community work. These interventions aimed to raise awareness, promote disability prevention, encourage early recognition of support needs, and foster more inclusive attitudes and practices within communities.

Advancing Disability Inclusion in Economic Development

Persons with disabilities continue to face systemic barriers to education, skills development, and participation in economic life. Limited access to inclusive learning environments, inadequate skills development opportunities, and weak institutional capacity often exclude them from employment and livelihoods.

In line with our strategic commitment to disability inclusion, this thematic area focuses on strengthening employability and economic participation. By addressing barriers at individual, institutional, and system levels, we contribute to an enabling environment where persons with disabilities can access education, acquire relevant skills, and engage meaningfully in economic development.

Formal Education and Alternative Learning Pathways

To expand access to inclusive education, the organization prioritized the identification and reintegration of out-of-school children and youth with disabilities. Working closely with schools, local authorities, OPDs, and community structures, we supported verification, prescreening, and reintegration processes, enabling learners to return to formal education or access age-appropriate alternative learning opportunities. Orientation and engagement sessions with learners, parents, and schools strengthened ownership, motivation, and retention.

Significant investments were made in capacity strengthening for teachers, school leaders, community mentors, and service providers. Trainings focused on inclusive teaching, disability mainstreaming, safeguarding, psychosocial support, and the effective use of assistive devices. These efforts improved knowledge, attitudes, and practices, equipping institutions to respond more effectively to the diverse needs of learners.

Key Achievements

- Children and youth with disabilities reached: 412 (182 in Karongi, 230 in Rusizi)
- Schools engaged: 86 across Karongi and Rusizi districts
- Teachers and school leaders trained: 172 (86 per district)
- Community mentors trained: 80 (50 in Rusizi, 30 in Karongi)
- Orientation/engagement sessions conducted: 7 sites

These achievements reflect successful reintegration of out-of-school learners, strengthened inclusive education practices, and enhanced community capacity to support children and youth with disabilities.

Soft and Technical Skills Development

To enhance employability, youth with disabilities were supported to acquire technical and soft skills through vocational training, workplace-based learning, and targeted skill-building sessions. Collaboration with TVET institutions, employers, and disability organizations ensured that training aligned with labor market needs. Soft skills training strengthened communication, leadership, teamwork, problem-solving, and resilience, while assistive devices supported participation and inclusion.

At the systems level, Disability Inclusion Score Card (DISC) assessments were conducted with schools, TVET institutions, and employers to identify gaps, support action planning, and advocate for practical accessibility improvements. Several institutions implemented measures to reduce physical and communication barriers, improving service delivery and learning environments.

Key Achievements

- Youth trained in technical skills: 241 (144 females, 97 males)
- Youth completing technical training: 237 (142 females, 95 males)
- Youth trained in soft skills: 163 (102 females, 61 males)
- Trainers recruited and curricula adapted for accessibility: 8

These results enhanced youth readiness for employment and entrepreneurship, equipping participants with practical and interpersonal skills essential for economic participation.

Economic Empowerment Support

To promote sustainable livelihoods and economic independence, the organization supported youth with disabilities (YWD) to form self-help and business groups. These groups received financial support, coaching, and follow-up to start income-generating activities, savings schemes, and group enterprises based on their skills. In addition, families of children with disabilities were also supported through livestock provision, start-up capital, and other livelihood initiatives to enhance household economic stability.

Key Achievements

16 new YWD business groups formed in Year 2

29 business groups supported cumulatively over Years 1 and 2

9,007,416 Rwf disbursed as start-up capital to youth business groups

88 families of children with disabilities economically empowered through livestock, start-up capital, and livelihood support.

Cross Cutting Issues: Advocacy, Policy Engagement and Learning

This thematic area focuses on promoting disability rights, strengthening evidence-based advocacy, and raising public awareness on the inclusion of persons with disabilities in health and social services. Efforts target systemic barriers through research, policy engagement, stakeholder collaboration, and strategic media campaigns.

Grantee Convening

From February 3–5, 2025, UPHLS organized a three-day grantee convening in Rwanda, bringing together 94 participants, including OPDs, development partners, and key stakeholders. The convening provided a platform for knowledge exchange, reflection on lessons learned, and coordination of joint advocacy strategies.

Key Achievements:

Participants engaged: 94 (inclusive of OPDs and development partners)

Resolutions formulated to strengthen disability inclusion: 16

Partnerships enhanced: Improved collaboration among grantees, OPDs, and government institutions

Strengthened alignment of local and regional advocacy priorities

District-Level Advocacy Workshops

Advocacy workshops were conducted in Kayonza, Gicumbi, Rubavu, and Karongi districts to sensitize local authorities, healthcare providers, and community influencers on disability inclusion in health services. Activities included presentations, group discussions, personal testimonies, and commitment-building sessions.

Key Achievements:

Participants trained: 110 (41 women, 69 men)

Steering committees formed per district: 12–15 members

Outcomes: Districts began outlining disability-inclusive frameworks for health strategies; commitments obtained from local authorities to integrate inclusion in planning and service delivery

Women and Parents Advocacy Workshops

Three-day workshops were organized with women with disabilities and parents of children with disabilities to strengthen advocacy skills and co-create key messages for community and media campaigns. Participants gained practical knowledge on disability rights, gender, and inclusive health.

Key Achievements:

Participants engaged: 48 (women with disabilities and parents of children with disabilities)

Action plans developed: District-specific advocacy frameworks for inclusive health

Outcomes: Increased confidence in advocacy, stronger collaboration between stakeholders, and enhanced understanding of disability as a human rights issue

Media Advocacy and Public Awareness

UPHLS engaged journalists and media outlets to raise awareness of disability rights and promote equitable access to healthcare. Activities included workshops for journalists, participation in TV and radio talk shows, and coverage of campaigns such as International Day of Persons with Disabilities (IDPD) and World AIDS Day.

Key Achievements:

22 Journalists from 13 media outlets trained

4 TV and radio talk shows organized and participated in

Outputs produced: Human-interest stories, advocacy messaging, accessible content materials

Commitments gained: Media outlets pledged to integrate disability-inclusive reporting and collaborate with OPDs

Local Disability Advocates Network

UPHLS established a steering committee for local disability advocates across Kayonza, Karongi, Gicumbi, and Rubavu districts to facilitate ongoing collaboration, knowledge sharing, and advocacy for inclusive health services. The network supports quarterly monitoring and progress tracking of disability-inclusive initiatives.

Key Achievements:

Steering Committee members: 56 (including persons with disabilities, healthcare providers, and local authorities)

Outcomes: Improved awareness of disability rights, strengthened local advocacy networks, and enhanced integration of inclusive practices in healthcare

Policy Review, Evidence Generation, and Research

UPHLS conducted desk reviews, national consultations, and a dedicated study titled "Systemic Exclusion: Understanding Healthcare and Rehabilitation Access Barriers for Women and Children with Disabilities" to assess disability inclusion in Maternal, Child, and Community Health (MCCH) and Nutrition policies. These efforts identified gaps in implementation, quality benchmarks, and accountability structures, generating evidence to inform advocacy and policy recommendations.

Key Achievements:

Policies and guidelines reviewed: MCCH and Nutrition-related national policies; preliminary report completed and a Policy Brief developed.

Study conducted: Systemic Exclusion research on barriers to healthcare and rehabilitation for women and children with disabilities; preliminary report available.

Impact: Evidence-based recommendations and insights developed to strengthen disability inclusion in policy, program design, and service delivery.

Documentation of Life Stories

Life stories of women with disabilities and parents of children with disabilities were collected to highlight lived experiences, barriers, and systemic challenges. These narratives provide a powerful foundation for advocacy, public awareness, and policy influence. The next step is dissemination through media platforms to amplify their voices.

Key Achievements:

Stories documented: 12, ready for dissemination via TV, radio, and social media campaigns

Impact: Empowered champions of change, enhanced public understanding, and strengthened advocacy for inclusive health services

Success Stories

1. Beyond Silence: Fatuma's New World of Sound

Fatuma Mbabazi is a 16-year-old girl from Muganura Village in Rwamagana District who lived most of her early childhood in silence. Diagnosed with hearing and speech difficulties at the age of four, she struggled to learn, communicate, and interact with her peers. Despite her parents' sacrifices, the family could not afford effective hearing aids, and earlier devices provided little benefit.

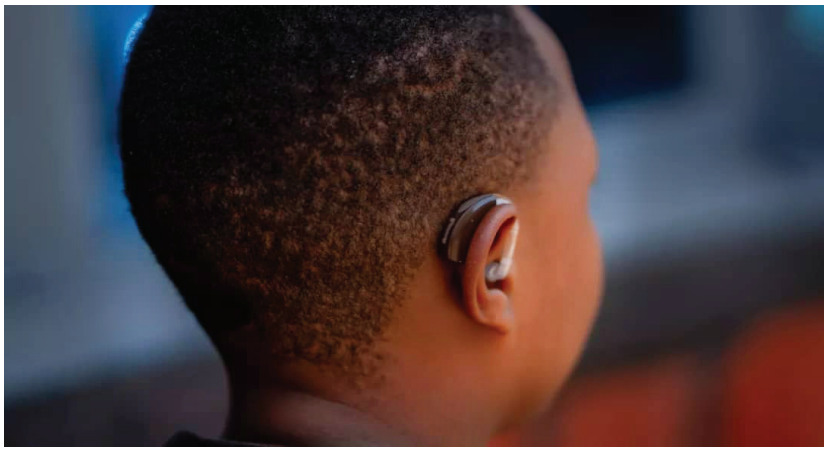
Fatuma's life changed when she was identified through the Winsiga Ndumva programme, led by the Rwanda Biomedical Centre with support from UNICEF, ATscale, and implemented by UPHLS. During an outreach clinic, she was assessed and fitted with digital hearing aids.

"The first time I put them on, I heard my mother's voice clearly. It felt like I had entered a new world," Fatuma recalls.

With restored hearing, Fatuma transferred to a mainstream primary school, where she now follows lessons, participates actively, and interacts confidently with her peers. In 2025, she successfully completed her Primary Six national examinations—an achievement once thought impossible.

At home and in her community, Fatuma has become more independent and socially engaged. She now dreams of becoming a doctor and advocating for other children with disabilities. Her story shows how timely access to assistive technology, combined with strong partnerships and family support, can transform silence into opportunity.

2. Restoring Hearing, Restoring Hope: Amos and Elyse's Family Story



Amos Kwizera (21) and Elyse Nzumukiza (16) are siblings from Rusizi District living with hearing impairments. Amos lost his hearing at the age of two following meningitis, while Elyse was born unable to hear or speak. For many years, communication at home and learning at school were major challenges.

Their turning point came during an ear and hearing care outreach clinic at Gihundwe District

Hospital, organized by RBC, UPHLS, and UNICEF. Both received digital hearing aids, enabling them to hear clearly and engage more confidently in daily life.

Amos enrolled in TVET training in carpentry and graduated top of his class with 99%. Elyse is now in Primary Six and actively participates in class. Their parents describe the change as life-transforming. The story shows how assistive technology can positively impact entire families.

General Challenges

Socio-economic vulnerability of persons with disabilities and their families
Reductions in donor funding, particularly from the Global Fund and CDC, and the phasing out of certain projects in 2026 constrained the organization's capacity, program scale, coverage, and sustainability of disability-inclusive interventions.
Delays in donor fund disbursements disrupted work plans, slowed implementation, and increased staff workload, affecting timely delivery of key programs.
Limited financial resources restricted the organization's ability to address accessibility gaps, including renovation of health facilities and schools and procurement of assistive devices.
Inadequate and inaccessible infrastructure in health facilities and schools hindered independent access and quality service delivery for persons with disabilities.

General recommendations

Proactively engage existing and new donors, private sector partners, and local government structures to secure additional funding, using donor mapping to guide strategic engagement.
Explore innovative funding approaches such as public-private partnerships, income-generating initiatives, and cost-sharing mechanisms to sustain disability-inclusive interventions.
Develop clear exit and sustainability plans for projects phasing out in 2026 to ensure continuity of essential services for persons with disabilities.
Strengthen partnerships with government authorities, health facilities, and schools to take ownership of ongoing activities.
Establish contingency plans to mitigate delays in donor fund disbursements, including prioritized work plans and flexible budgeting.
Use program evidence to support advocacy efforts, inform policy dialogues, and persuade authorities to prioritize inclusive services and infrastructure.