SEMI-ANNUAL PROGRAM

2026 NARRATIVE REPORT

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LIST OF GRAPHS

ACRONYMS

ANC	Antenatal Care
BMI	Body mass index
CBHI	Community-Based Health Insurance
CBMNH	Community-Based Maternal and Neonatal Health
CHEO	Community Health and Environment Officer
CHW	Community Health Workers
CTL	Closing The Loop
EMR	Electronic Medical Record
FGHP	First Generation Health Post
HBM	Home-Based Management
HC	Health Center
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
HP	Health Post
ICC	Integrated Community Case Management
ICT	Information and Communication Technology
IPC	Interpersonal Communication
IRS	Indoor Residual Spraying
IT	Information Technology
IVM	Integrated Vector Management
LLIN	Long-Lasting Insecticidal Net
MFT	Multiple First-Line Therapies
MMI	Military Medical Insurance
MNCH	Maternal newborn and Child Health
MOPDD	Malaria and Other Parasitic Diseases Division
MUAC	Mid-Upper Arm Circumference
NCD	Non-Communicable Disease
NGO	Non-Govermental Organization
NSP	National Strategic Plan
OPD	Outpatient Department
PHC	Primary Health Care
PMIS	Project Monitoring and Information System
RACI	Responsible, Accountable, Consulted, Informed
RAMA	La Rwandaise d'Assurance Maladie

ACRONYMS

RBC	Rwanda Biomedical Center
RBF	Results-Based Financing
RSSB	Rwanda Social Security Board
SBC	Social Behavior Change
SBCC	Social Behavior Change Communication
SFH	Society for Family Health
SGHP	Second Generation Health Post
SIF	Strategic Investment Facility
SOP	Standard Operating Procedure
SRHR	Sexual and Reproductive Health and Rights
TB	Tuberculosis
TCP	The Commons Project
TMA	Total Market Approach
TV	Television
TVET	Technical and Vocational Education and Training
UNFPA	United Nations Population Fund
WHO	World Health Organization

1.0 Introduction

This report provides an overview of the work implemented by Society for Family Health Rwanda during the period January 2026 to June 2026. Working closely with the Ministry of Health, development partners, donors, private sector actors, and communities, SFH Rwanda continued to advance its mission of improving health outcomes for underserved populations across Rwanda.

During the reporting period, implementation focused on strengthening quality and equitable primary health care services, expanding social marketing of health products, and deepening social and behaviour change communication (SBCC) and community engagement. These approaches were applied across SFH Rwanda's priority areas of family planning and reproductive health, malaria, non-communicable diseases, nutrition, and health systems strengthening.

The period recorded meaningful progress across the portfolio, including strengthened health post service delivery, continued investment in digital health innovation, and community-based interventions aimed at improving access, demand, and continuity of care. Through these efforts, SFH Rwanda continued to reach rural communities, women, young people, refugees, and host communities, while maintaining a strong focus on equity, sustainability, and locally led solutions.

The sections that follow present a summary of the key projects implemented, major achievements, challenges encountered, lessons learned, and priority actions for the next period, reflecting SFH Rwanda's continued commitment to measurable impact and stronger health systems in Rwanda.

Table 1: Summary of FY2026 projects Implemented

Project Name	Funder	Intervention Area
Increasing Access to Primary Health in Rwanda Communities through construction of 20 Health Posts.	TAKEDA	All 20 SGHPs fully operational and social behavioral change communication in the catchment area of health posts on mental, nutrition and health education in general.
Optimizing Rwanda Digital CHW program for Scale & evidence Generation	Bill & Melinda Gates Foundation	The project will strengthen the workforce capacity by training health center staff through Training of Trainers sessions and cascading CHW trainings across four districts, including a hybrid ToT in Kamonyi. It also supports effective deployment and use of eCHIS through detailed implementation plans, digital self-learning materials, and decentralized technical support. Ongoing mentorship, system troubleshooting, and monthly PMU meetings ensure smooth implementation and consistent progress monitoring. In addition, periodic performance reviews and usability assessments are conducted to evaluate improvements and guide continuous refinement. and compare results against baseline data.

Digital Jobs for youth in health- KoraLink	TCP/ Mastercard Foundation	Access to Market for Koralink Agents (Enabled by a Marketplace Technology Solution), Access to Sustainable Dignified Work , Ecosystem engagement and Monitoring and Evaluation.
Piloting the WHO HEARTS Technical Package in Rwanda	Resolve to save lives	Successfully launched and initiated the WHO HEARTS pilot in Ngoma and Nyagatare districts, integrating NCD services into eFiche. Achievements include provider training, facility readiness, deployment of digital tools, and screening of over **31,000 adults,** with **1,923 people diagnosed and enrolled into care and 41.7% of enrolled patients achieving blood pressure control,** strengthening hypertension detection and management.
Umuko Project and eBuzima	SAND Technologies	Focused on Maintaining 136 HPs for 12 months on Umuko and deployment of eBuzima system and training for all health centers in Gakenke District (20) and Huye District (15).
Capacity Building of Healthcare Providers (UHC) at Health posts	Abbott	MUAC z-score tape validation and deployment across HPs including training of providers on its use
Strategic Investment Facility funded project on "Innovative Health Sector Investment Model for Health Posts to Achieve Universal Health Coverage in Rwanda"	UNFPA/SIF	Provide catalytic start-up grants to health posts in refugee camps and surrounding communities during the critical early operational phase. Support the operationalization of light-touch TVET centers
Malaria Prevention & Control/HIV prevention	Global Fund- RBC SPIU	Malaria Prevention in the Eastern Province as well as HIV prevention in GP
Enhancing private sector investment – IFE through construction and equipping as well as management of Health posts	KfW	Equipping 40 SGHPs Procure of 7 ambulances
Capacity Building project(ENE	Eni- Foundation	Capacity building of healthcare providers- Hospitals to CHWs

Empower	France- Expertise	Empowering and training 200 Community Health Workers, and supervisors with digital platform, while piloting and optimizing an AI model in selected sites and integrating it into e-CHIS. A digital training model will be deployed to support CHWs and supervisors with ongoing content improvements. A stepped-wedge trial across
Digitization of Health Posts	Fionet	The program will digitize 20 health posts by deploying the Fionet EMR along with essential equipment such as printers, tables, and Starlink internet, while training health post staff through a blended approach supported by SFH Master Trainers. Continuous technical support, troubleshooting, and system maintenance will ensure reliable functionality, complemented by strong data governance, compliance, and alignment with MoH priorities. Ongoing supportive supervision and quality monitoring will enhance digital service delivery, and close collaboration with MoH and Fionet will facilitate a smooth rollout and sustained system access
Guardian Deployment in South Sudan, Central Africa and Burkina Faso	SCJ	Malaria prevention through Guardian Deployment in South Sudan, Central Africa and Burkina Faso
STOP-AMDR	JPHIEGO	Scaling the Optimal Use of Multiple ACTs to Prevent Antimalarial Drug Resistance (STOP-AMDR)
Science of Defeating Malaria	HAVARD	Supporting countries on “Subnational Tailoring of Malaria Interventions” as countries update their national strategic plans.
PI/ Social Marketing	SFH	· Implement product sales through Koralink agents. · Implementation of e-sales & distribution Management System · Promote and sales of SFH Health products ie Supernet , Guardian, sur’aeu , family planning products and condoms. · Strengthening partnership with UNFPA, MoH and RBC to continue provision of condoms and family planning products.

IMPACT AT GLANCE /SUMMARY OF ACHIEVMENTS

Strengthening Access to Primary Health Care

- 1,078,368 clients served through SFH-supported Health Posts across Rwanda.
- 350 health posts constructed/upgraded to date, expanding access to quality healthcare in underserved communities.
- 195 health posts digitized, strengthening real-time data use and service delivery.
- 50 new Second Generation Health Posts completed, with continued expansion underway.
- 486 healthcare workers trained across priority health areas to improve quality of care.

Advancing Maternal, Child Health and Nutrition

- 5,931 children under five screened for malnutrition through community outreach activities.
- National approval secured for the innovative MUAC Z-Score Tape, enabling earlier detection of malnutrition among older children and adolescents.
- 286 healthcare providers trained under the CHW Polyvalent Model and 42 clinicians trained in Comprehensive Emergency Obstetric and Neonatal Care (CEmONC).
- Ongoing cascade training reaching 2,526 Community Health Workers in maternal and child health services.

Improving Non-Communicable Disease Care

- Successfully launched the WHO HEARTS360 Initiative in Ngoma and Nyagatare districts.
- 31,350 adults screened for hypertension.
- 1,923 people diagnosed and enrolled into care.
- 41.7% blood pressure control rate achieved among enrolled patients.
- 77 healthcare providers trained and 74 primary healthcare facilities equipped to strengthen NCD management.

Fighting Malaria and Strengthening Community Prevention

- 445,739 structures sprayed through Indoor Residual Spraying (IRS), achieving 104.3% of target coverage.
- 3,948 community members reached through malaria prevention and behavior change interventions.
- 407 healthcare providers strengthened through mentorship and supportive supervision.
- 236 CHWs and focal persons engaged in surveillance and reactive case detection activities.

Empowering Youth Through KoraLink

- 2,278 youth agents onboarded (94% onboarding completion rate).
- 74.6% female participation, advancing women's economic inclusion.
- 1,284 agents completed training and 43 supervisors trained in leadership.
- Products worth FRW 230.5 million ordered through the platform.
- Agents generated over FRW 88 million in revenue, creating sustainable livelihoods through community-based entrepreneurship.

Expanding Access to Sexual and Reproductive Health

- Over 15,000 young people reached with comprehensive sexual and reproductive health education.
- 97 youth clubs reactivated across TVET institutions.
- 200+ learners received counseling services, contributing to improved wellbeing and reduced dropout risk.
- Youth centers digitized through the YEGO YACU platform to improve service quality and data-driven decision-making.

Scaling Digital Health Systems

- 238 Trainers of Trainers (ToTs) prepared to support Rwanda's digital community health agenda.
- More than 2,600 Community Health Workers trained on digital health systems across targeted districts.
- 38 Health Posts deployed with the IMARA Electronic Medical Record (EMR) system.
- Smart Warehouse and Project Monitoring Information Systems fully digitized, improving accountability, efficiency, and real-time decision-making.

Expanding Health Product Access Through Social Marketing

- 1,000 outlets supervised across all 30 districts to strengthen health product distribution.
- Achieved or exceeded semi-annual targets for:
  - Pills (99%)
  - Injectables (118%)
  - Emergency Contraceptives (111%)
  - Guardian Mosquito Repellent (116%)
- Strengthened last-mile access to essential health products through the KoraLink distribution network.

Growing Regional and Global Influence

- Expanded the Guardian malaria prevention model beyond Rwanda through legal registration in Liberia and the Central African Republic, with expansion underway in Burkina Faso.
- 10,044 Guardian units deployed in South Sudan, extending malaria protection into humanitarian settings.
- Successfully coordinated the Science of Defeating Malaria Leadership Course, bringing together 142 participants, 50 global experts, and representatives from 15 organizations

2.0. January - June 2026 Key Achievements

This report is presented under strategic themes and associated strategic objectives aligned with SFH's revised strategic plan 2024-2029.

2.1. Strategic Theme: Social Behavioral Change and Social Marketing

2.1.1.Strategic Objective – Social Marketing

To ensure access and availability of health products, SFH Rwanda during this reporting period, continued supporting private sector distributors including Kora link agents through outlet supportive supervision visits, product replenishments and awareness through radio spots and talk shows. ,1000 outlets in all the 30 districts were supervised to ensure effective distribution of the health products.

Pills as FP products were at 99% by the end of Q2. Other FP products (Emergency contraceptives and injectables) performed well at 111% and 118% respectively. Guardian, as a mosquito repellant product, also performed well at 116%. We had stock-out of Condoms and supernet hence the poor performance at 11% and 36% respectively.

Details of the distribution is provided in the table below.

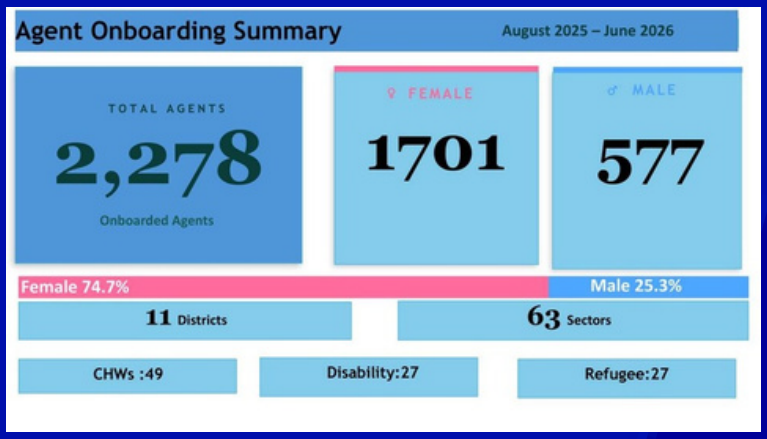
Table 2: Social marketing details

Social marketing products FY 2026(Q1&Q2)							
Products	**Annual Targets**	**Semi-Annual Targets**	**Q1**	**Q2**	**6 Months Achievement**	**% achievement for 6 Months**	**Annual % Achievement**
Plaisir	5,500,000	2,750,000	127,124	457,938	585,062	21	11
Sur'eau	40,500	20,250	7,363	12,479	19,842	98	49
Pills	100,000	50,000	38,560	10,850	49,410	99	49
Injectables	50,000	25,000	17,190	12,390	29,580	118	59
Emergency Pills	26,500	13,250	6,700	7,990	14,690	111	55
Super net	3,000	1,500	81	458	539	36	18
Guardian	15,000	7,500	3751	4972	8,723	116	58

Data Quality: Sales Tracking System

Empowering Youth through Digital Innovation and Community-Based Services

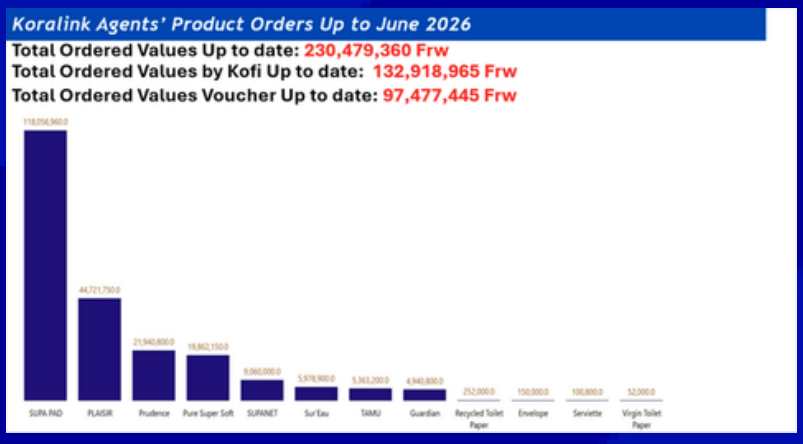
The KoraLink Project is a four-year consortium initiative implemented by TCP Africa, SFH Rwanda, the ICT Chamber, and TCP Global in partnership with the MasterCard Foundation that empowers young people aged 18–35 through digital innovation and entrepreneurship. By equipping participants with skills, digital tools, and ongoing support to become Digital Community Champions, the project prioritizes inclusion with targets of 70% rural youth, 80–90% women, and 60% from vulnerable families including refugee settings, driving gender equity and sustainable livelihood opportunities across Rwanda.



Graph 8 : Koralink Agents onboarded Vs Targets

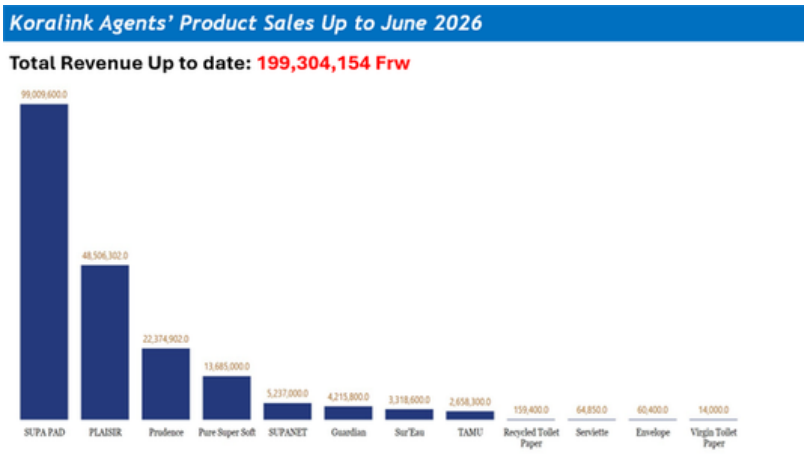
The KoraLink programme achieved a 94% onboarding completion rate, successfully onboarding 2,278 agents out of 2,449 confirmed participants with over 74.6% female reflecting strong candidate commitment and an effective recruitment and engagement process. Of those onboarded, 1,284 have completed Level 1 and 2 training, and 43 supervisors have been trained in leadership. While early-stage attrition was noted, largely due to youth mobility and competing opportunities among fresh S6 graduates, the programme maintained strong retention in advanced stages, confirming the robustness of the onboarding model.

Performance Highlights in Ordering, Distribution & Sales



The program has demonstrated strong progress in enabling Agents to access and distribute health products effectively, resulting in total ordered products valued at 230,479,360 FRW. Of this amount, 132,918,965FRW was transacted through digital wallets, while 97,477,445 FRW was facilitated using vouchers. This reflects successful adoption of blended payment mechanisms, improving Agents' ability to access stock and sustain sales activities.

Graph 9 : Koralink Products ordered



Graph 10 : Koralink Agent Product Sales

The program continues to generate significant economic benefits, with KoraLink Agents collectively earning around 200 hundred million FRW in revenue through strengthened community-based product sales activities.

The program continues to generate significant economic benefits, with KoraLink Agents collectively earning over 88 million FRW in revenue through strengthened community-based product sales activities.

2.1.2.Strategic Objective – Social Behavior Change

For improved and better adoption of health services, SFH Rwanda during this reporting period organized and conducted social behavior change activities both at community and individual levels to increase knowledge on HIV, FP, Maternal child health, Malaria as well as Hygiene and sanitation. At individual level, SFH aimed at addressing knowledge, attitudes, and practices on better RMNCH/ Malaria services, while at community-level the focus was aimed at changing social and cultural norms including myths and misconceptions as well as spousal support regarding RMNCH. Mass media programs were also implemented to scale up the reach of education and awareness The details per health area are provided below.

NSP-RBF- Malaria, Social and Behavior Change Communication project

During the reporting period, SFH Rwanda continued to support malaria prevention and treatment efforts in high-burden districts of the Eastern Province of Rwanda, with interventions concentrated in Nyagatare, Bugesera, Kayonza, Kirehe, Ngoma, Rwamagana, and Gatsibo. Programming focused on strengthening three critical pillars of malaria control: community engagement and behavior change, surveillance and case management, and vector control implementation as per the below performance dashboard.

Table 3: Malaria Strategic Performance Dashboard

Strategic Focus Area	Status	Board-Level Update	Priority Next Steps
Community Prevention & Behavior Change	🟡 **Sustained Progress**	Community engagement, SBC mentorship, and supportive supervision across hotspot areas reached **3,948 community members and strengthened 407 healthcare providers, improving frontline prevention and case management capacity.**	Intensify behavior change efforts in persistent hotspot sectors, with stronger focus on household prevention practices and early care-seeking.
Surveillance & Case Management	🟡 **Strengthening Targeted Response**	Reactive case detection and treatment activities engaged **236 community health workers and focal persons, improving early identification of active transmission pockets in high-risk communit**ies.	Strengthen hotspot surveillance and accelerate response to localized increases in transmission.

Strategic Focus Area	Status	Board-Level Update	Priority Next Steps
Vector Control (IRS)	🟢 **Strong Operational Performance**	IRS implementation exceeded target**, with 445,739 structures sprayed across 43 high-burden sectors, achieving 104.3% of planned coverage.**	Sustain high coverage in high-burden sectors while refining geographic targeting based on evolving transmission patterns.
Campaign Mobilisation & Community Uptake	🟡 **Good Reach, Continued Need**	Outreach linked to IRS, MFT, and LLIN campaigns directly **reached 2,460 community members, supported by mobile sound systems in 61 hotspot villages and radio engagement.**	Expand locally tailored mobilization in districts where prevention uptake remains uneven.
Data Use, Coordination & Local Capacity	🟡 **Building Adaptive Capacity**	Malaria data review meetings and Integrated Vector Management trainings strengthened district-level planning, data quality, and implementation oversight.	Deepen use of surveillance data for adaptive planning and tighter accountability on hotspot performance.
Transmission Trends / Epidemiological Outlook	🔴 **Priority Risk Area**	Despite operational gains, malaria incidence remained consistently above the national average in Eastern Province, with renewed transmission pressure in Bugesera, Ngoma, and Kirehe.	Maintain concentrated investment in hotspot districts and sharpen surveillance-led interventions to prevent resurgence.

These achievements were enabled by NSP-RBF Malaria funding, supporting both SBC interventions and IRS operations. Overall, the period reflects strong progress in malaria control through enhanced community engagement, coordinated partnerships, and improved service delivery, while also providing key lessons to inform future programming.

Nutrition behavior change under Takeda Project

With support from the Takeda project, community outreach activities were conducted to screen children under five during integrated nutrition campaigns, resulting in a total of 5,931 children screened for nutritional status.

Parents and their children during nutrition screening outreach for children under five years

2.2 Strategic Theme: Social Behavioral Change and Social Marketing

2.2.1. Strategic Objective – Maternal Neonatal and Child Health

The SFH Rwanda/Abbott Collaborative

During the reporting period, the SFH Rwanda–Abbott partnership continued to strengthen community-based maternal and child health services through improved nutrition screening, frontline capacity building, and digitization of primary healthcare systems.

Performance Summary

Priority Area	Key Result During the Reporting Period	Strategic Relevance
Nutrition Screening	National approval secured for the 5–18 years MUAC Z-score tape.	Enables wider adoption of early malnutrition detection among older children and adolescents.
Scale-up Preparation	Preparations initiated for expansion to 36 health posts across 9 districts.	Strengthens community-level access to screening, counselling, and referral services.
Capacity Building	Planned training of 36 health post nurses, who will cascade skills to approximately 720 Community Health Workers.	Builds frontline capacity for early identification and timely management of nutrition risks.
Digitization	EMR training completed in 10 pilot health posts.	Improves patient tracking, continuity of care, and quality of maternal and child health data.
Routine Monitoring	Ongoing data collection across 9 second-generation health posts.	Provides evidence to guide service improvement, operational decisions, and future scale-up.
Next Phase Priorities	Full rollout of the MUAC Z-score tool and EMR systems planned across the 36 health posts.	Positions the programme for broader impact on child nutrition outcomes and primary health care performance

2.2.2.Strategic Objective – Family Planning/Sexual and Reproductive Health

KuraNawe Program

Through the SFH Rwanda–UNFPA partnership, the Kura Nawe programme continued to empower young refugees and Rwandan youth through the integration of inclusive Sexual and Reproductive Health (SRH) and mental health services, and life skills education within Technical and Vocational Education and Training (TVET) institutions. This approach is contributing to the prevention of early and unintended and improved youth wellbeing and the development of informed, skilled and engaged youth population capable of driving sustainable development.

During the reporting period, the five Light-Touch TVET care centers previously renovated, equipped, and staffed with qualified health providers in Ngoma, Kirehe, and Gasabo districts were fully operational, with a strong focus on strengthening functionality and service delivery. Efforts focused on optimizing service utilization, enhancing the quality of care, and strengthening referral linkages to ensure appropriate follow-up and continued management. As a result, the centers provided consistent youth-friendly SRH and mental health, and basic health services within learning environments, enhancing early prevention, counselling, and access to timely referrals for adolescents and young people.

As a result of the operationalization of these TVET care centers:

- over 15,000 young people were reached with comprehensive SRH education;
- 97 youth clubs were reactivated across the five TVET institutions,
- 56 persons with disabilities, enhancing equitable access to SRH information and services;
- over 200 learners benefited from counseling support, contributing to reduced absenteeism and lower school dropout cases

In addition, the TVET care centers have been digitized through the YEGO YACU platform, which is integrated with the SFH Blue Room central dashboard. This integration has enabled a real-time data collection, supporting evidence-based decision-making, early detection of health issues, and more timely responses to emerging health needs.

Overall, the Kura Nawe programme continues to demonstrate strong contribution to advancing equitable access to integrated SRH and mental health services among adolescents and young people, while strengthening institutional capacity within TVET schools to function effectively as entry points for youth-friendly health services.

2.2.3. Strategic Objective – Non-Communicable Diseases

HEARTS360

The HEARTS 360 Initiative in Rwanda transitioned into actively implementation, led by RBC and SFH Rwanda in collaboration with Resolve to Save Lives and aligned with the WHO HEARTS technical package. The program is currently being piloted in Ngoma and Nyagatare districts in Eastern Province strategically selected based on facility readiness, strong district health authority engagement, and alignment with ongoing health system strengthening efforts. Through a structured, phased approach, the initiative focuses on improving hypertension and cardiovascular disease management at the primary health care level. Lessons and evidence generated from these pilot districts will inform decision-making and guide the program's national scale-up.

77 Providers trained	**74** PHC facilities equipped	**3** District hospitals enrolled	**2** Districts covered	**400M** Population served

WHY THIS PROGRAM MATTERS — THE BASELINE GAP

31,350 Total adults screened	**13,141** Ngoma District (41.9%)	**18,209** Nyagatare District (58.1%)	**139** Reporting facilities (70 HC + 69 HP)

Cascade (April–May 2026, 139 facilities): 31,350 screened, 1,923 diagnosed with HTN (5.8%), 100% enrolled; 41.7% achieved BP control (≤140/90), up from ~38% in April. Health Posts outperformed Health Centers on detection 8.2% vs 4.7% despite screening only 32% of adults. Screening +10.5%, diagnoses +13.7% (April→May).

WHY THIS PROGRAM MATTERS — THE BASELINE GAP

Of 16,116 patients newly diagnosed in 2025, only 9.4% were initiated on treatment. Of those in-program, just 41.8% achieved BP control (≤140/90). Closing this gap is the mandate of HEARTS 360.

Program patients → BP controlled (≤140/90) - 41.8%

KEY ACHIEVEMENTS THIS QUARTER

National launch
High-profile launch with Dr. Tom Frieden (Resolve to Save Lives) secured national government commitment and NCD visibility.

Capacity building
77 providers trained across Ngoma & Nyagatare in hypertension and diabetes protocols, 16–27 March 2026.

Opportunistic screening
BP screening for all patients aged 30+ integrated at reception & triage already detecting undiagnosed cases.

EMR patient worklists
Automated tracking deployed to reduce loss-to-follow-up and enable proactive patient recall across all facilities.

2.3. Strategic Objective – Health Systems Strengthening

2.3.1. Health Systems Strengthening

This program strengthens primary health care through the construction and upgrading of Health Posts (HPs), combined with targeted capacity building for healthcare workers and facility leadership to improve service delivery and system performance. It expands equitable access in underserved areas by ensuring functional, well-equipped facilities, while advancing quality improvement, digital health systems, sustainable financing including insurance integration, community engagement, and reliable supply chains for essential medicines. To date, the Society for Family Health Rwanda has constructed/upgraded 350 health posts, significantly reducing the distance communities travel to access care. During this reporting period, alone, 59 HPs have been fully digitized, bringing the number of the already digitized to 195. This supports real-time data use and improved services.

"Looking ahead, the program aims to scale digital transformation by digitizing 1,000 health posts in Rwanda and up to 100,000 across Africa by 2030."

Infrastructure and Equipment Management

During this reporting period, SFH Rwanda supported by Takeda and IFE completed construction of 50 SGHPs, of which 10 are fully equipped, marking a significant milestone in expanding health infrastructure and service delivery capacity across targeted communities.

Advancing Community Health Infrastructure: From Construction to Care
Society for Family Health, in collaboration with the Ministry of Health and other partners, has successfully established, constructed, and operated 112 health posts (105 SGHP and 7FGHP), with 40 SGHP fully constructed. This initiative has greatly enhanced the community's access to timely, high-quality, and locally available healthcare services.

Human Resources & Capacity Building

A total of 486 health workers were trained across 9 key areas, strengthening the capacity of frontline health providers to deliver quality services across priority health programmes in Rwanda.

In addition, through ENI Foundation

The ENI Foundation-funded project, "Improving Access to Primary Health Care Services Focused on Maternal and Child Health Services," is being implemented by the Society for Family Health Rwanda (SFH) in collaboration with the Ministry of Health (MOH) and Rwanda Biomedical Centre (RBC) across the districts of Nyagatare District, Musanze District, Rulindo District, and Gisagara District. The project focused on strengthening maternal, newborn, and child health (MNCH) services through leadership development, health systems strengthening, and capacity-building interventions. Key achievements included four inception meetings involving 139 stakeholders to enhance coordination and project ownership, and a leadership and governance workshop that trained 46 district and health facility leaders in MNCH data use, strategic planning, and decision-making to improve service delivery outcomes.

In addition, the project strengthened technical and clinical capacities through the review and validation of five priority MNCH and health system training modules and the development of updated obstetric care training materials aligned with national guidelines and evidence-based practices. A Training of Trainers (ToT) on the Community Health Workers (CHWs) Polyvalent Model equipped 286 healthcare providers with skills to support community-level service delivery, while 42 doctors, nurses, and midwives received specialized training in Comprehensive Emergency Obstetric and Neonatal Care (CEmONC), including emergency management of maternal and neonatal complications. Furthermore, an ongoing cascade training is reaching 2,526 CHWs in Nyagatare District, enhancing their competencies in disease prevention, community-based maternal and child health services, referral systems, nutrition, tuberculosis, and reporting, thereby strengthening the quality and accessibility of primary healthcare services at the community level.

DHMT training in Nyagatare district

ToT on CHWs polyvalent Model

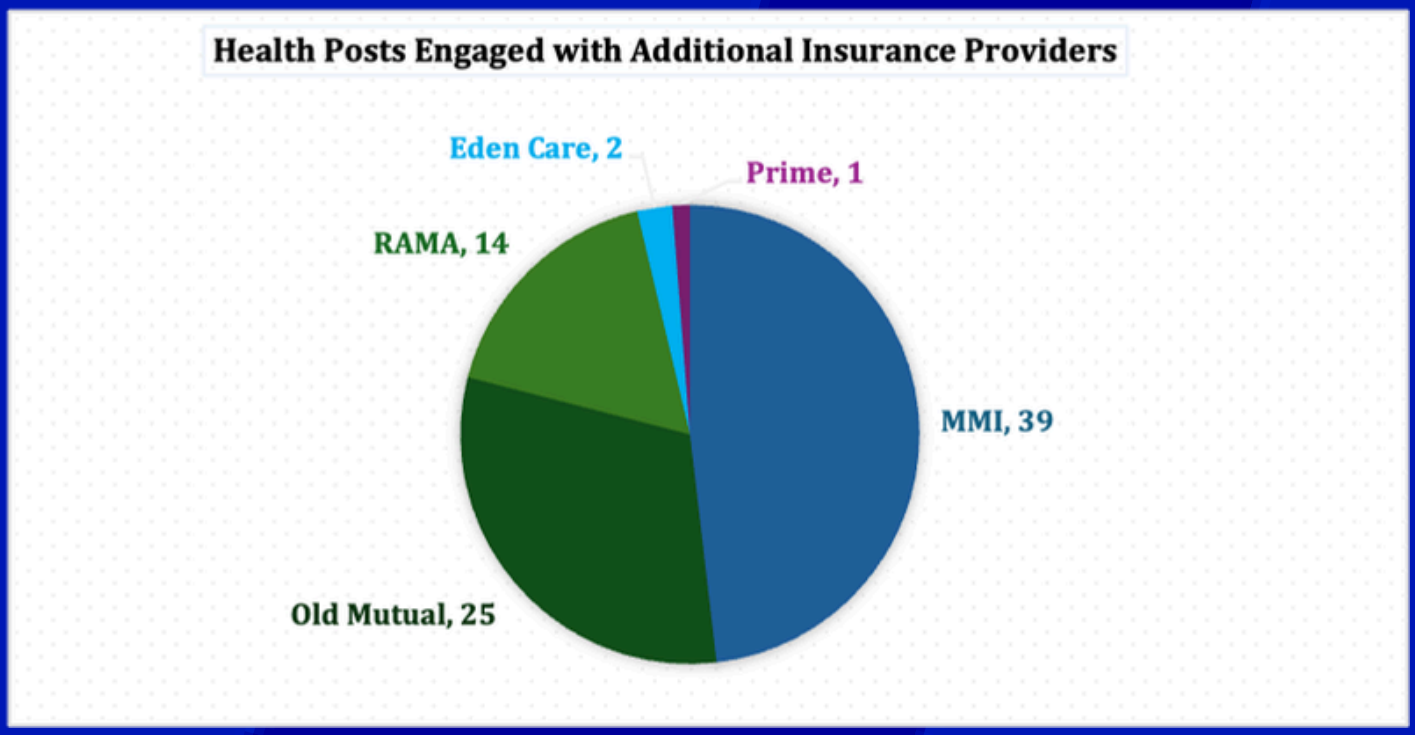
Health Financing & Sustainability

Partnership Expansion & RSSB Collaboration

Partnerships have been strengthened through the recruitment of operators for 10 newly established Takeda-supported SGHPs. Engagement with the Rwanda Social Security Board (RSSB) has also progressed, with 23 health posts successfully renewing their contracts and 12 additional facilities newly contracted, expanding service coverage and reinforcing access to affordable care.

Universal CBHI Coverage. All health posts are now actively operating under the Community-Based Health Insurance (CBHI) scheme, ensuring broad access to essential services.

Private Insurer Expansion: Diversified revenue streams by expanding engagement with major private insurers, including MMI, RAMA, Old Mutual, Eden Care, and Prime.



Graph 2 : Health Worker Training in Health area

These initiatives collectively contribute to improved financial sustainability and reduced dependency on a single funding source.

Service Delivery Expansion in Health Posts (HPs)

Service delivery has expanded with notable progress in the scale-up of dental services, now available in 35 health posts compared to 14 previously. Ophthalmology services have also seen a modest increase, reaching 15 facilities. However, the overall expansion of specialized services remains slow, largely constrained by tariff-related challenges that affect service uptake and provider incentives.

Health Post Service Metrics Overview

CLIENT VOLUME: OPD Cases

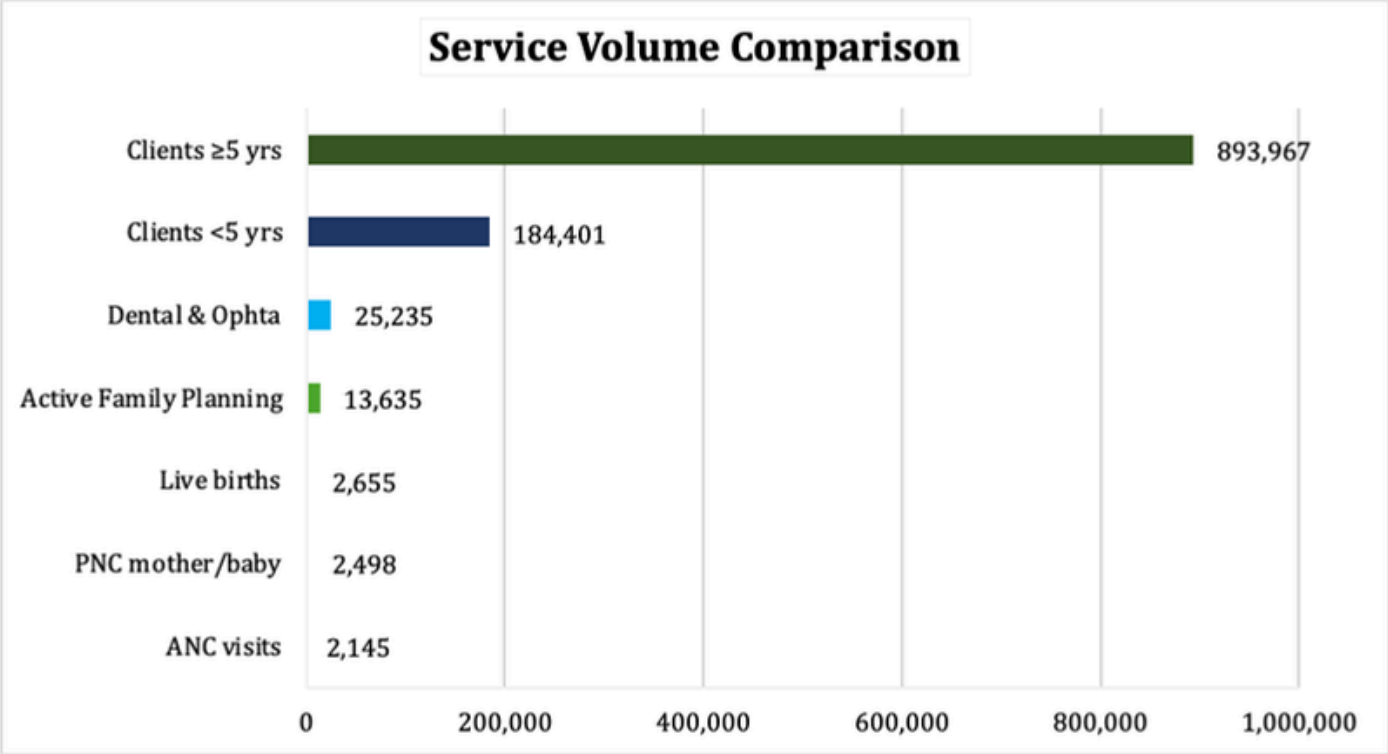
Clients 5 years & above **893,967** 82.9% of total clients	Clients under 5 years **184,401** 17.1% of total clients	Total clients served **1,078,368** All age groups combined

MATERNAL & NEWBORN HEALTH

ANC visits **2145**	Live births at HPs **2655**	Postpartum visits (mother) **2498**	Post natal visits (baby) **2498**

OTHER SERVICES

Active Family Planning **13,635**	Dental & Ophthalmology **25,768**	Children vaccinated **7,215**



Graph 3 : Health Worker Training in Health area

2.3.2. Systems Digitization

Gates Foundation Project: Optimizing Rwanda Digital CHWs program for Scale & evidence Generation under Gates Foundation project

KEY METRICS

Total ToT participants **238** People trained on ToT	SFH staff trained **67** Master trainers trained	Health facility staff **171** CHEOs, data managers, IT trained
CHWs trained in Muhanga **1,303** 16 health centers	CHWs trained in Musanze **1,375** 13 health centres	

CASCADE TRAINING — DISTRICT BREAKDOWN

Muhanga District
CHWs trained: **1,303**
Health centers: **16**
Status: Completed 100% of eligible CHWs *All targeted CHWs successfully trained across all health centers*

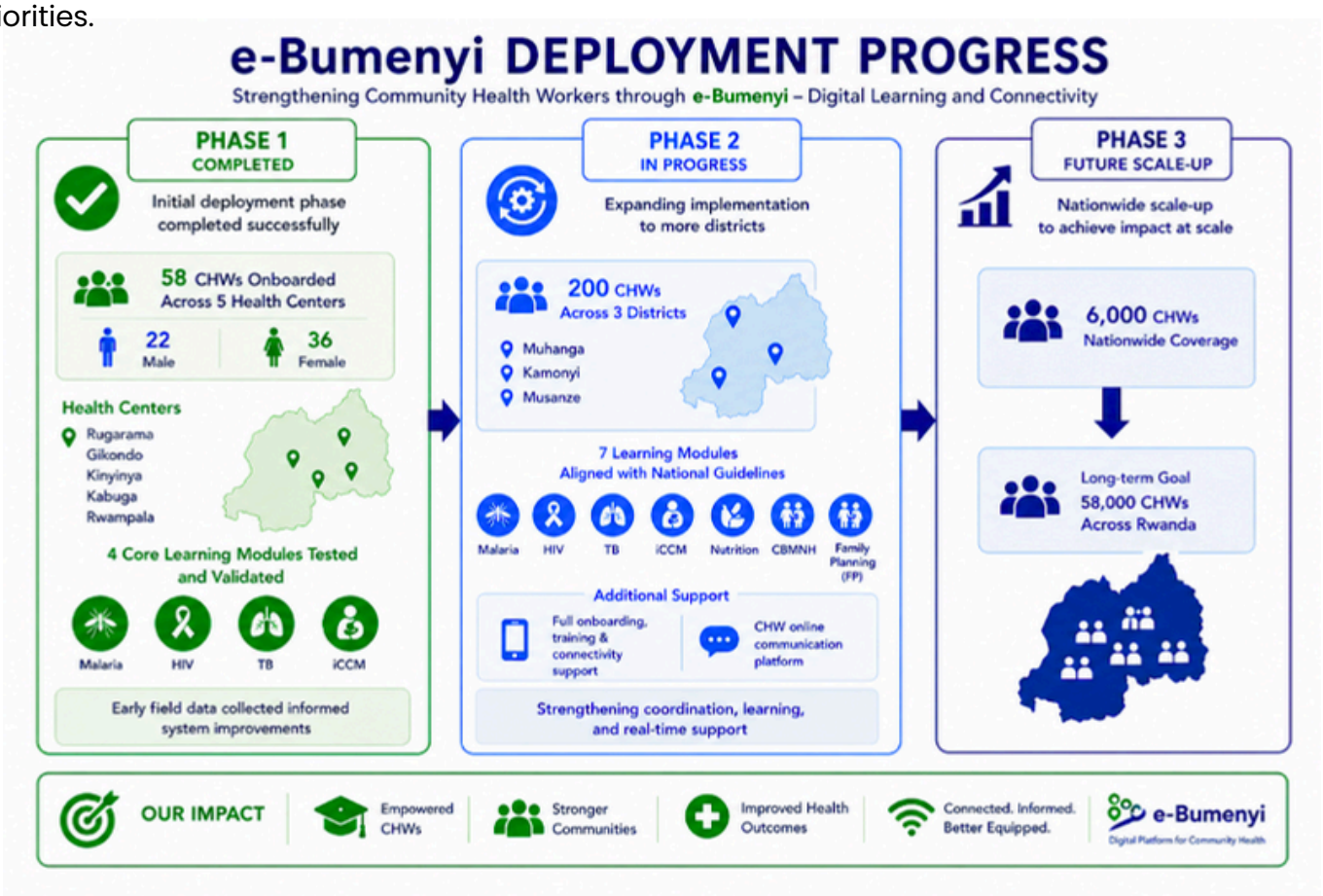
Musanze District
CHWs trained: **1,375**
Health centers: **13**
Status: Completed 100% of eligible CHWs reached *All targeted CHWs successfully trained across all health centers*

TRAINING OF TRAINERS — PARTICIPANT COMPOSITION

Participant type	Count	Notes
SFH staff	**67**	Trained in cEMR system use and digital health delivery
Health facility staff	**171**	Includes CHEOs, store managers, data managers, CHW representatives, and hospital IT staff
Total	**238**	Muhanga District — Training of Trainers (ToT) completed

Expertise France Project : Empowering Community Health Workers

The e-Bumenyi platform through iterative technical reviews, structured stakeholder engagement, and systematic integration of feedback from Community Health Workers to ensure that digital learning modules on malaria, tuberculosis (TB), HIV, and Integrated Community Case Management (ICCM) are accurate and operationally relevant. Key efforts prioritized enhancing system functionality, refining and expanding module content, and ensuring alignment with CHW workflows and national health priorities.



The e-Bumenyi platform has progressed through a structured rollout across three phases. Phase 1 and 2 have been successfully where 258 CHWs on boarded across eight health centres, validating four core modules Malaria, HIV, TB, and ICCM in Nyarugenge (Rugarama, Gikondo, Kinyinya, Kabuga and Rwamagana HCs) and Muhanga (Nyabikenke, Mushishiro and Gasovu HCs). Phase 2 is now underway, scaling to 200 CHWs across Muhanga, Kamonyi, and Musanze Districts, introducing seven modules and adding Nutrition, CBMNH, and Family Planning, alongside a CHW online communication platform. Phase 3 will expand to 6,000 CHWs, with a long-term goal of reaching all 58,000 CHWs nationwide.

France expertise delegation visiting Kinyinya HC where they interacted with CHWs in the program

2.4. Strategic Theme: Strategic Information, Research and Knowledge Management

Under this theme we report on research-related activities as well as activities related to communications functions of the institution. Strategic information/M&E activities are incorporated under each activity theme.

2.4.1.Strategic Objective – Research:

TMA assessment for family planning study.

Supported by UNFPA, SFH Rwanda conducted a formative Total Market Approach (TMA) evaluation to assess the current family planning market landscape in Rwanda and identify gaps affecting equitable access and sustained use of family planning commodities.

Findings from the national quantitative survey and complementary qualitative inquiry indicate that Rwanda's family planning market is functioning relatively well at national level, with demand not satisfied (DNS) estimated at 4.7%. However, this national average mask important inequities across population groups and geographies. **An estimated 161,946 women aged 15–49 years remain underserved nationally,** with the burden disproportionately concentrated among adolescents and young women, single women, agricultural and rural populations, and residents of Southern Province.

The evidence confirms that young women aged 15–19 years constitute the largest underserved segment, highlighting adolescents as the most critical priority for future market expansion. Geographic disparities are also significant, with Southern Province accounting for the largest share of the national underserved population, while other provinces demonstrate comparatively stronger market performance.

Qualitative findings show that demand for family planning is generally strong, and women widely recognize its value for household wellbeing, economic resilience, and responsible parenting. However, actual uptake and continuity of use continue to be constrained by persistent structural barriers, including commodity stockouts, limited method choice, travel distance, transport costs, long waiting times, and provider-related challenges such as poor counselling and weak side-effect management.

The study also underscores the continuing influence of social and gender norms on access and use. Young and unmarried women remain disproportionately affected by stigma, lack of confidentiality, and limited partner support, with many women relying on discreet or secret contraceptive use where social acceptance remains weak.

A critical operational finding is the central role of community health workers (CHWs), who remain the most trusted, accessible, and affordable entry point for family planning information, referral, and continuity of care—particularly for rural and underserved communities.

At system level, Rwanda's family planning architecture remains strong and well coordinated, supported by sound policy direction from the Ministry of Health, established governance structures, routine data systems, and centralized supply chain mechanisms. However, the assessment highlights important sustainability risks, notably continued donor dependence for commodities, last-mile delivery weaknesses, and limited effective participation of the private sector.

Strategic Implications for SFH Rwanda

The findings suggest that Rwanda does not require creation of a new family planning market. Rather, the strategic priority is targeted market shaping. For Society for Family Health Rwanda, this presents a clear opportunity to sharpen programming in the following areas:

- Prioritize high-burden population segments, especially adolescents, young women, single women, and rural agricultural communities.
- Target high-gap geographies, particularly Southern Province and other underserved catchments.
- Strengthen last-mile service delivery performance, with emphasis on commodity availability, method mix, and quality counselling.
- Leverage CHW platforms as a critical community-based channel for sustained uptake and continuity.
- Advance social norm change interventions that address stigma, confidentiality, and gender-related barriers.
- Support strategic public-private market coordination to expand access while safeguarding equity for low-income populations.

Overall, the TMA findings provide a clear evidence base for more precise, equity-focused investment and programming, positioning SFH Rwanda to play a catalytic role in shaping a more resilient, inclusive, and sustainable family planning market

2.4.2. Strategic Objective – Knowledge Management:

Building on the 3.0 million organic impressions achieved in 2025, the Communications team has pivoted in 2026 toward international scaling and technological leadership. By leveraging high-value partnerships and a "trusted and capable Public Health" digital identity, SFH Rwanda is transitioning from a national health advocate to a globally recognized social enterprise.

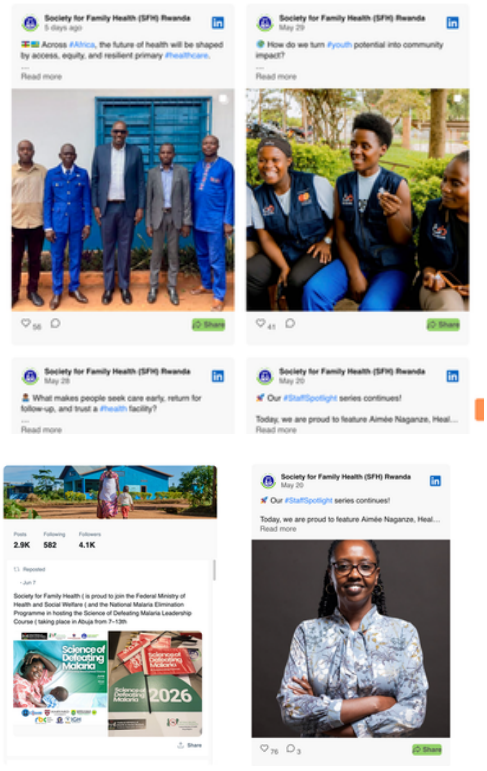
Multimedia Storytelling & Brand Professionalism.

We have shifted from technical reporting to high-production human-interest narratives:

- **Documentary Filmmaking:** Produced specialized film documentaries for high-profile programs and partners:
  - **Malaria IRS (Indoor Residual Spraying) impact.**
  - **KORALINK Mastercard financial inclusion stories.**
  - **Cancer awareness content for WHO Geneva.**
- **Brand Authority:** Rebranded Senior Leadership LinkedIn pages to establish SFH as a "Professional Public Health facing NGO," prioritizing thought leadership and institutional credibility.

Key Performance Metrics (FY2025 Baseline vs. 2026 Targets)

Metric	FY2025 Result	2026 Mid-Year Status	2026 Year-End Target
Total Organic Impressions	≈3.0 million	Trending Up	≥4.5 million
Total Followers	8,485	10,389	≥11,500
Avg. Engagement Rate	≈15%	Stable	≥17%
LinkedIn Growth	42.40%	+44. 2%	+45% (Sustained)
Instagram Engagement	≈19%	High Impact	≥22%



2.5.Strategy Theme: Institutional Governance, Resilience and Sustainability

2.5.1.Strategic Objective – Talent Management

During the reporting period, SFH Rwanda advanced its talent management agenda as part of strengthening institutional resilience and long-term sustainability.

The organization restructured its Digital Health Department to better align internal capability with its growing digital transformation ambitions. Roles and responsibilities were reviewed and realigned to better match staff qualifications, experience, and evolving operational demands. To address critical technical gaps, SFH Rwanda also recruited key specialist capacity in platform engineering and data analysis. These changes have strengthened the department's technical depth and readiness to support the organization's expanding digital agenda.

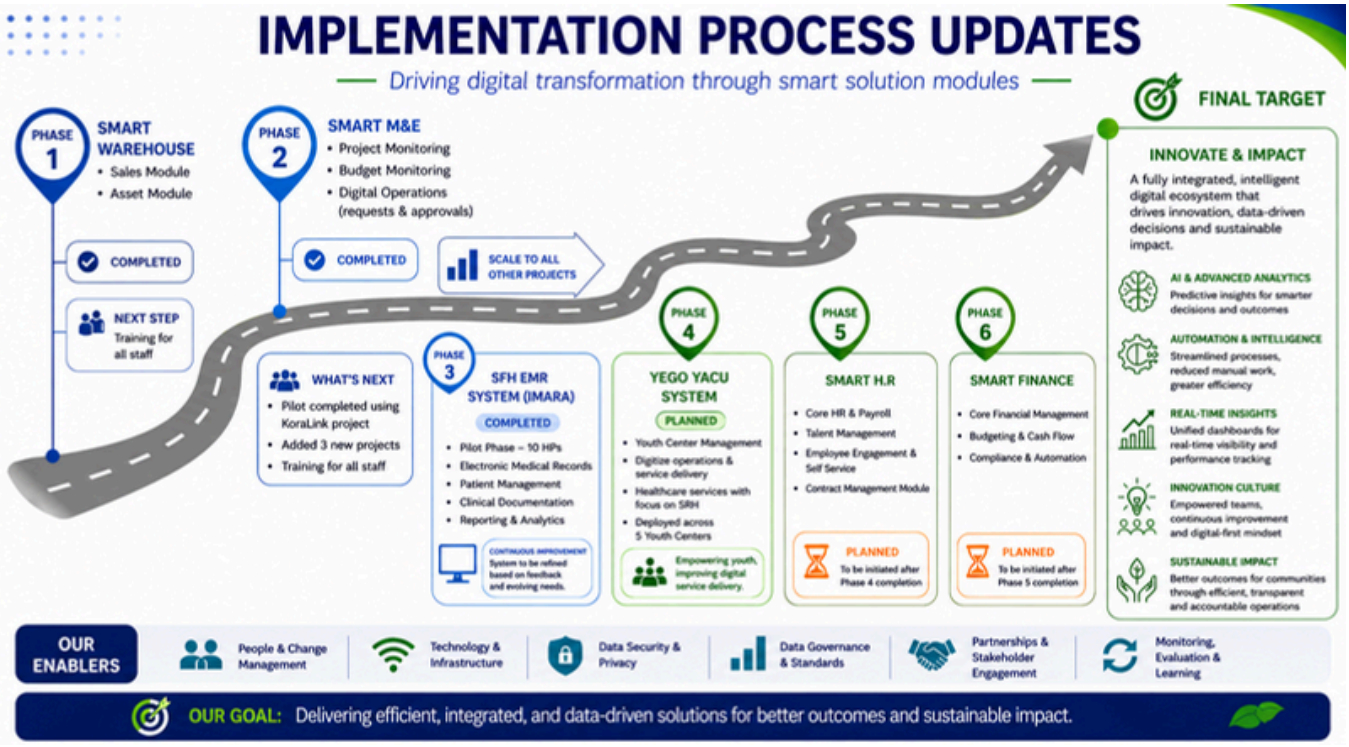
In parallel, the Executive Director led structured leadership development sessions for both the Senior Management Team and core leadership staff. These sessions focused on strengthening managerial effectiveness, leadership capability, and strategic decision-making across the organization.

Together, these investments in technical talent and leadership development have strengthened institutional capacity, improved readiness for delivery of strategic priorities, and contributed to stronger organizational performance, leadership continuity, and retention of skilled personnel

2.5.2. Strategic Objective - Operations Systems and Capabilities

SFH's Digital Transformation Roadmap

SFH is implementing a comprehensive Digital Transformation Roadmap to transform and enhance operations, strengthen accountability, and improve the efficiency and effectiveness of its primary healthcare programs. The roadmap is anchored on an integrated digital platform designed to transition the organization into a paperless, data-driven operating model, supported by centralized, secure, and real-time data across all functional areas.



The SFH Smart Warehouse is fully digitized with operational Asset and Sales (Distribution) modules, enabling online requisition, real-time stock visibility, and automated supply chain processes, which have significantly improved efficiency and reduced CTL reconciliation time from over 15 days to real time. In parallel, the Project Monitoring and Information System (PMIS) is fully functional, with five projects integrated to provide real-time visibility of budgets, activities, and approvals, strengthening governance and evidence-based decision-making, with further project onboarding planned. In addition, the SFH Electronic Medical Record (EMR) system, **IMARA,** has been fully developed and deployed to 38 Second Generation Health Posts, with additional facilities continuously being onboarded. Furthermore, SFH has revamped the Youth Center Management System, **Yego Yacu,** which is being deployed across five(5) Youth Centers to digitize their operations and service delivery, including healthcare services, with a particular focus on Sexual and Reproductive Health (SRH). These initiatives are aimed at improving service quality, operational efficiency, and data-driven decision-making across SFH-supported facilities.

2.5.3.Strategic Partnerships

Havard University *(Harvard T.H. Chan School of Public Health Partnership)*

Through a bid process, SFH was successfully selected to serve as the Africa in-country partner for Havard University to coordinate and execute in-country Science of Defeating Malaria (SDM) Global Leadership course in June 2026 .

The 2026 SDM leadership course in Abuja, Nigeria was a key milestone in advancing African-led capacity building, with emphasis on domestic financing and health system strengthening to support resilient, self-sustaining health systems.

Basic Information

The "Science of Defeating Malaria: A Leadership Development Course" event took place in Abuja, Federal Capital Territory, from June 7 to June 13, 2026. This significant gathering attracted a total of 142 attendees, showcasing a shared commitment to addressing malaria and enhancing leadership skills within the healthcare sector.

Stellar Speaker Lineup

The event featured an outstanding roster of 50 speakers, each bringing unique expertise and insights into the fight against malaria. Notably, Dr. Christian Happi, a Distinguished Professor of Molecular Biology and Genomics and Director at the Institute of Genomics and Global Health, delivered a compelling keynote that resonated with attendees.

Additionally, Dr. Daouda Ndiaye, the Director-General and Chief of the Department of Parasitology and Mycology at the International Center for Research and Training in Applied Genomics and Health Surveillance, captivated the audience with his extensive knowledge in the field. Another key speaker, Dr. Issiaka Soulama, Executive Director at the National Drug Regulatory Agency, shared invaluable perspectives on regulatory frameworks essential for malaria interventions.

Attendee Satisfaction

Attendee satisfaction levels were notably high, underlining the event's success. Numerous participants took the time to express their appreciation for the organizers. Comments highlighted the quality of the sessions, effective networking opportunities, and the functionality of the Whova app, which facilitated navigation and connection throughout the event. Positive remarks included sentiments such as: “I really enjoyed participating in this year’s event,” and “The app was a great way to stay connected and organized.” Attendees consistently reported that the event was extremely well-organized and engaging.

Networking Opportunities

The event provided ample networking opportunities, fostering connections among attendees from diverse backgrounds. A total of 30 attendees represented various regions, including notable individuals from the USA and Switzerland, among others. Participants came from 15 organizations, including prestigious institutions like Harvard T.H. Chan School of Public Health and PATH. They brought a rich diversity of roles, including impressive titles such as Executive Director and Epidemiologist, along with several program managers and consultants.

Conclusion

In summary, the "Science of Defeating Malaria: A Leadership Development Course" event proved to be a successful and enriching experience for all involved. With 142 attendees, a stellar lineup of expert speakers, engaging sessions, and effective networking opportunities, the event demonstrated a robust commitment to combating malaria through leadership development. Positive feedback from attendees affirmed the quality and organization of the event, setting a high standard for future gatherings in the realm of public health and leadership.

***SC Johnson*:**

Building on the success of the Rwanda implementation, Society for Family Health Rwanda continued to strengthen its strategic partnership with SC Johnson through the regional expansion of the Guardian™ mosquito control model. During the reporting period, SFH successfully secured full legal registration in Liberia and the Central African Republic, while registration processes in Burkina Faso remained underway alongside ongoing regulatory approval processes for Guardian products in both markets.

In addition, implementation expanded into South Sudan, where 10,044 units of Guardian were deployed to support malaria prevention efforts in high-burden humanitarian settings. This expansion demonstrates the growing relevance, adaptability, and scalability of the SFH–SC Johnson partnership model beyond Rwanda, while reinforcing SFH Rwanda's emerging role as a regional platform for innovative, market-based public health solutions targeting vulnerable and underserved populations.

***Duke University* :**

SFH has successfully established a one-year partnership with Duke University to conduct a research study entitled "Assessment of the Adoption and Use of Digital and Artificial Intelligence Tools for Primary Health Care in Rural Rwanda." The study aims to assess the current adoption and utilization of digital and AI-enabled solutions and identify opportunities to improve healthcare access, quality, and efficiency at the primary healthcare level. The findings are expected to generate valuable evidence to inform future digital health interventions and strengthen the capacity of both SFH and Duke University to competitively pursue forthcoming US National Institutes of Health (NIH) research funding opportunities.

3.0. Challenges

Despite the efforts we are putting in to ensure quality and interrupted service delivery, there are challenges that hinder effective management and operations. The major ones include:

1.A critical shortage of specialized technical staff like nurses and therapists significantly hampers effective service delivery at HPs.

2.The current service tariff fails to cover operational costs, threatening the long-term financial sustainability of HPs.

3.Unreliable power infrastructure and inconsistent data systems challenge service quality, increase costs, and hinder effective monitoring at HPs.

4.Significant financial constraints and uncertainty now threaten key projects following the global dissolution of a major funding partner, USAID.

5.Persistent stockouts of essential commodities like condoms and water treatment solutions severely disrupt the delivery of critical public health services.