

HSMD

Hope for Single Mothers with Disabilities

ANNUAL REPORT 2025



*Empowering Single Mothers and Girls with Disabilities
to Make Informed Decisions about Their Sexual and Reproductive Health and
Rights*

In Partnership with: CREA | Disability Rights Fund DRF | Kvinna till Kvinna KTK

Rwanda | January – December 2025

Executive Summary

Hope for Single Mothers with Disabilities (HSMD) is a Rwandan civil society organization dedicated to empowering single mothers and girls with disabilities to access their full Sexual and Reproductive Health and Rights (SRHR). This annual report documents HSMD's activities, achievements, challenges, and outcomes for the period January to December 2025, carried out across the districts of Musanze, Karongi.

Through partnerships with *kvinna till kvinna*, CREA and the Disability Rights Fund (DRF), HSMD implemented a comprehensive programme integrating community training, healthcare provider capacity-building, survivor-led advocacy, adaptive sports, baseline research, and coalition-building. The result has been measurable transformation in the lives of single mothers and girls with disabilities across Rwanda.



1. Introduction & Background

HSMD's mission is rooted in the recognition that women and girls with disabilities (WGWDs) in Rwanda face compounded layers of exclusion — disability, gender, and socio-economic marginalization — that severely restrict their ability to access sexual and reproductive health services. Despite Rwanda's progressive legal frameworks and international commitments such as the Convention on the Rights of Persons with Disabilities (CRPD) and the Maputo Protocol, the lived realities of WGWDs remain far removed from the rights these frameworks guarantee.

HSMD was established to bridge this gap. In 2025, the organization deepened its programming in partnership with CREA (an international feminist organization) and through funding from the Disability Rights Fund. The project spanned three districts — Musanze, Karongi — and targeted single mothers and adolescent girls with disabilities aged 12–35.

1.1 Organisational Context

HSMD operates at the intersection of disability rights and reproductive justice in Rwanda. The organization is led by and for women with disabilities, ensuring that programming remains grounded in lived experience. In 2025, HSMD also pioneered Rwanda's first-ever baseline survey on SRHR accessibility for WGWDs — a landmark achievement that will shape evidence-based advocacy for years to come.

1.2 Project Focus Areas

- Sexual and Reproductive Health and Rights (SRHR) awareness and education
- Gender-Based Violence (GBV) prevention and survivor support
- Healthcare provider capacity-building
- Coalition and stakeholder advocacy
- Safe spaces and psychosocial support
- Legal justice and institutional partnerships
- Adaptive sports as a vehicle for empowerment

2. Programme Activities

2.1 Training Workshops for Healthcare Providers

HSMD organised targeted training workshops for healthcare providers across the three districts. Sessions equipped nurses, midwives, community health workers, and health post staff with the skills and sensitivity needed to deliver SRHR services in a disability-inclusive manner. Key content areas included disability-inclusive communication, Rwandan Sign Language (RSL) basics, rights-based care approaches, and confidentiality protocols.



Healthcare providers participating in a training workshop session

FGDs conducted with providers from Muhoza Health Centre, Mpenge Post de Santé (Musanze), and Karwasa Health Centre (Karongi) revealed persistent structural challenges including inaccessible buildings, limited staffing, and absence of assistive communication tools. The training was designed to directly address these gaps.

2.2 SRHR Training for Adolescent Girls and Single Mothers

HSMD conducted two-day residential training sessions for 70 adolescent girls and young single mothers with disabilities across two districts. The training covered a broad range of SRHR topics including bodily autonomy and consent, family planning options, STI and HIV awareness and prevention, maternal and newborn health, and participants' rights under Rwandan law and international frameworks.

Adolescent girls and single mothers engaged in sexual and reproductive health education session



Participants were drawn from HSMD's network of community groups and engaged facilitation methods adapted for diverse disability needs, including sign language interpretation, visual materials, and peer-led sessions.

2.3 Adaptive Sports for SRHR and GBV Awareness

In partnership with CREA, HSMD integrated adaptive sports — particularly goalball and sitting volleyball — into its training approach. This innovative methodology used physical activity as an entry point for building confidence, resilience, and trust among participants, before transitioning to training on SRHR and GBV. The sports sessions created joyful, non-threatening environments in which women and girls felt safe to learn, share, and heal.



Young people participating in adaptive sports activity for health and awareness

This approach proved highly effective in breaking down self-isolation and stigma, particularly among participants who had previously withdrawn from community life due to disability-related shame.

2.4 Coalition Advocacy Strategy Development

HSMD convened a multi-stakeholder coalition on SRHR in the target districts, bringing together local health authorities, civil society organisations, disability rights networks, and community leaders. The coalition developed a shared advocacy strategy framework focused on improving service delivery, influencing policy, and amplifying the voices of WGWDs.



Key coalition partners included the Rwanda National Association of Deaf Women (RNADW/Umucyo), AFRO-Arch, and UPHLS (Umbrella of Organisations of Persons with Disabilities in the Fight against HIV/AIDS). Through this coalition, HSMD contributed to shadow reporting at the UN in Geneva and participated in international advocacy spaces.

2.5 Educational Material Development

HSMD developed and disseminated accessible educational materials on SRHR tailored to the needs of WGWDs. Materials were produced in multiple formats including Braille, simplified Kinyarwanda text with visual illustrations, and video content with sign language interpretation. Topics covered included family planning, bodily autonomy, STI prevention, and GBV reporting pathways.



single mothers and girls following inclusive audiovisual training material

2.6 Safe Spaces Establishment

HSMD established safe spaces in each target district where single mothers and girls with disabilities could gather regularly for peer support, healing circles, and community dialogue. These spaces became essential pillars of the programme — providing psychological safety and fostering solidarity among women who had previously experienced profound isolation.

The safe spaces were also used for community dialogues involving local leaders, family members, and duty-bearers, gradually shifting norms and attitudes toward WGWDs' rights.

2.7 Legal Justice Partnership & Birth Registration

HSMD partnered with legal justice organisations to address a critical gap: many babies born to single mothers with disabilities had never been registered under the Rwanda Civil Registration system. HSMD facilitated a collaborative process to register these children, thereby ensuring their legal identity and access to state services — a tangible form of rights realisation for both mothers and children.

2.8 Baseline SRHR Survey

One of the most significant programmatic achievements of 2025 was the completion of Rwanda's first-ever baseline survey on SRHR accessibility for WGWDs. Commissioned by HSMD and conducted by an independent consultant, the study employed a mixed-methods approach gathering data from 40 WGWDs in Karongi and Musanze, supplemented by Focus Group Discussions, Key Informant Interviews, and in-depth case studies.

This baseline research is a powerful advocacy tool providing empirical evidence on the scale of SRHR exclusion faced by WGWDs and directly informing HSMD's training, advocacy, and policy engagement work.



2.9 Procurement and Board Policy Development

HSMD engaged a consultant to develop institutional governance documents including a Procurement Policy and a Board Policy. These organisational strengthening measures improve HSMD's accountability, transparency, and operational effectiveness as the organisation grows its programmatic footprint.

3. Key Achievements

The 2025 programme cycle generated remarkable outcomes across multiple dimensions of change:

#	Achievement Area	Outcome
1	Healthcare Provider Capacity	Service providers equipped with disability-inclusive SRHR skills and communication strategies
2	Stigma Reduction	Girls and young women overcame self-isolation and disability-related shame through safe space engagement

3	SRHR Awareness	Raised awareness on consent, bodily autonomy, family planning, and reproductive rights among 70+ participants
4	STI/HIV Prevention	Conducted sessions on STI and HIV prevention, reducing infection risk knowledge gaps
5	Self-Advocacy	Participants empowered to voice their rights and engage decision-makers and service providers confidently
6	Coalition Building	Established a multi-district SRHR coalition coordinating advocacy and service delivery improvements
7	Safe Spaces	Healing-centred safe spaces established in each district for peer support and storytelling
8	Knowledge Multipliers	Participants became community educators, helping shift negative societal attitudes
9	GBV Justice	5 girls reported GBV cases to Rwanda Investigation Bureau (RIB), resulting in legal action against perpetrators
10	Baseline Research	Completed Rwanda's first-ever SRHR baseline survey for WGWDs — a historic advocacy milestone
11	International Advocacy	Contributed to shadow reporting in Geneva; reached 107 girls during the 16 Days of Activism campaign
12	Political Breakthrough	A woman with a disability elected to Rwanda's Parliament for the first time in July 2025

4. Baseline Survey: Key Findings

HSMD's 2025 baseline survey generated critical evidence on the SRHR accessibility landscape for WGWDs in Rwanda. The following summarises the most significant findings:

4.1 Participant Profile

- 40 WGWDs surveyed across Karongi and Musanze districts
- 80% aged 19–35 (prime reproductive health years); 6% adolescents (14–18)
- 78% single; 9% married; 9% separated; 3% divorced
- 41% had never attended school; only 3% completed university
- 75% resided in rural areas — facing the greatest access challenges

4.2 SRHR Knowledge & Access

- 66% of WGWDs were aware of where to access SRHR services — but significant gaps remain in rural areas
- 69% first learned about SRHR through NGOs/community outreach — highlighting the critical (but fragile) role of civil society
- 88% reported prior use of SRHR services; HIV testing and family planning were most common
- Abortion care remained entirely inaccessible due to legal, cultural, and stigma barriers

4.3 Key Barriers Identified

Barrier	% Affected	Context
Lack of accessible information (Braille, RSL, visual formats)	75%	Most critical barrier
Fear of stigma / social discrimination	47%	Pervasive in both rural & urban
Physically inaccessible health facilities	47%	No ramps, no adapted beds
Negative/discriminatory attitudes from health staff	43%	Reinforces care avoidance
Financial and transport barriers	38%	Particularly in rural areas

5. Challenges Encountered

While 2025 saw significant progress, HSMD's work continued to navigate a complex landscape of systemic, cultural, and institutional challenges:

- Limited infrastructure and assistive devices for persons with disabilities across all three districts
- Persistent cultural stigma against single mothers with disabilities in both family and community settings
- Low SRHR awareness among communities and service providers, particularly in rural areas
- Lack of sign language competency among health workers, creating communication breakdowns and confidentiality risks
- Underreporting of abuse due to fear, shame, and lack of trusted reporting channels
- Coordination challenges within the multi-stakeholder coalition due to differing institutional priorities
- Coerced sterilisation: several teenage mothers reported being pressured into sterilisation without informed consent — a serious human rights violation
- Limited sexual autonomy: many women reported engaging in sexual activity not by choice, reflecting deep power imbalances and lack of agency
- Financial and transport barriers preventing rural WGWDs from reaching health facilities

6. Innovative Approaches & Best Practices

6.1 Sports for Social Change

HSMD's use of adaptive sports as an entry point for SRHR and GBV education was one of the most innovative and impactful elements of the 2025 programme. By starting with goalball and sitting volleyball — activities that are inherently inclusive and physically empowering — HSMD created conditions where trust, confidence, and openness could be built before sensitive topics were introduced. This methodological innovation is now a documented best practice within the CREA partnership.

6.2 Survivor-Led Advocacy

HSMD's approach consistently centred survivors as the agents — not objects — of change. Participants transitioned from programme beneficiaries to community educators and advocates, building a self-sustaining ecosystem of knowledge-sharing and rights awareness. Five survivors took the courageous step of reporting GBV cases to the Rwanda Investigation Bureau, leading to legal action — demonstrating that empowerment is not abstract but has tangible justice outcomes.



Survivors sharing their stories in an advocacy and awareness session

6.3 Evidence-Based Programming

The completion of Rwanda's first SRHR baseline survey for WGWDs marks a paradigm shift in how HSMD and its partners approach programme design. By grounding all interventions in empirical data — rather than assumptions — HSMD can target resources more effectively, measure change over time, and make compelling advocacy cases to policymakers.

6.4 Inclusive Movement Building

HSMD elevated disability-led voices by integrating them into CREA's DRSOIR Institute, facilitating the transition of programme participants into regional feminist facilitators. This strengthens African feminist solidarity and ensures that Rwandan WGWDs' perspectives shape international disability rights discourse.

7. Sustainability & Systemic Impact

7.1 Local Capacity

HSMD staff, board members, and emerging young leaders now possess advanced advocacy and facilitation skills, ensuring that disability-inclusive feminist programming can continue beyond individual project cycles. Survivors are not only seeking justice but actively encouraging peers to speak out — creating a self-sustaining movement at grassroots level.



members participating in local capacity building activities

7.2 System-Level Change

The most significant systemic milestone of 2025 was the election of a woman with a disability to the Rwandan Parliament in July — for the first time in Rwanda's history. This political breakthrough was made possible by years of advocacy and movement-building work in which HSMD played a central role. It signals a lasting shift in representation that will outlast any single project cycle.

7.3 Institutional Development

The development of HSMD's Procurement Policy and Board Policy in 2025 strengthened the organisation's governance architecture, improving accountability and positioning HSMD for expanded donor partnerships and programmatic scale-up.

8. Recommendations

8.1 Policy & Legal Framework

- Review and revise Rwanda's national SRHR policies to explicitly address WGWDs' needs, including the National Disability Policy 2021 and Law N° 21/2016 on Human Reproductive Health
- Institutionalise disability-inclusive SRHR within the Health Sector Strategic Plan
- Develop disaggregated data frameworks to monitor SRHR service accessibility by disability type, age, and gender



Participant review in policy documents and legal framework materials

8.2 Service Delivery & Accessibility

- Retrofit health facilities with universal design features: ramps, adapted delivery beds, accessible restrooms, and clear signage
- Establish youth-friendly SRHR rooms with trained, disability-aware staff

- Expand community-based SRHR outreach to remote rural areas
- Ensure all SRHR information is available in Braille, RSL, and visual/easy-read formats

8.3 Capacity Building

- Mandate disability awareness training for all healthcare providers, including RSL competency
- Integrate disability-inclusive care modules into nursing, midwifery, and medical curricula
- Scale up HSMD's healthcare provider training model to all 30 districts of Rwanda

8.4 Advocacy & Community Engagement

- Launch sustained public education campaigns via schools, radio, and community leaders to challenge harmful stereotypes about WGWDs' sexuality and motherhood
- Engage families as partners in reducing stigma and supporting WGWDs' SRHR
- Continue supporting WGWD-led organisations to lead community dialogues and policy processes



Community members engaged in advocacy and collaborative engagement activities

8.5 Accountability & Justice

- Establish confidential, accessible mechanisms for reporting SRHR-related abuse and discrimination in health facilities
- Enforce existing laws against coerced sterilisation and non-consensual medical procedures
- Expand legal justice partnerships to ensure babies born to mothers with disabilities are universally registered

9. Conclusion

HSMD's 2025 annual report tells a story of determined, disability-led transformation. In the face of deep-seated structural barriers, cultural stigma, and institutional neglect, HSMD and its partners built something powerful: a community of women and girls with disabilities who know their rights, can articulate their needs, and are actively reshaping the systems that have long excluded them.



Womens and girls with disabilities united in commitment to gender equality and women empowerment

From safe spaces where survivors shared their stories for the first time, to a courtroom where perpetrators faced justice, to a parliamentary chamber where a woman with a disability took her seat for the first time in Rwanda's history — 2025 has shown that inclusion, dignity, and hope are not aspirations. They are outcomes, achieved through sustained, principled, and community-driven work.

HSMD remains committed to scaling these achievements — deepening its evidence base, expanding its coalitions, and ensuring that no single mother or girl with a disability is left behind in Rwanda's development journey.

Contact: HSMD Hope for Single Mothers with Disabilities

Location: Kigali, Rwanda

Email: info@hsmdhopes.org

Phone: +250 788 848 044 | **Toll free :** 8101

Website: <https://hsmdhopes.org> | **Instagram :** <https://www.instagram.com/hsmdhopes/>

LinkedIn: <https://rw.linkedin.com/company/hope-for-single-mothers-with-disability>

Twitter (X): <https://twitter.com/hsmdhopes>