



NEWSLETTER

Editorial

Good care is not one single action. It means every mother is seen on time, every newborn gets the right care in the first minutes of life, and every health worker has the skills, support and confidence to act.

This second edition follows that idea from the hospital ward to the national level. At Muhima and Nyarugenge District Hospitals, nurses explain how mentoring is helping more babies start breastfeeding in their first hour of life and get better faster. At a national meeting in Kabgayi, we shared what we have learnt about supporting health workers, and partners agreed on the next steps: regular mentoring for health workers at every level, training for leaders, and services and data that include persons with disabilities. From Changsha, China, our colleague brings home practical ideas to improve breastfeeding and child nutrition in Rwanda. We are also proud to have received a Certificate of Good Completion from Nexleaf Analytics for our work on the Rapid Response and Repair (R3) Implementation in Rwanda, from April 2025 to June 2026.

Our message is simple: change lasts when good practice becomes everyday practice. That means working together, treating everyone fairly, and making sure no one is left behind, including persons with disabilities.

Thank you to the health workers, families, partners and government institutions who make this work possible. We hope these stories inform and inspire you.

The Editorial Team
We for Health (W4H)





FROM THE FIELD

BREASTFEEDING WEEK 2026 · MUHIMA & NYARUGENGE



Hands-on newborn care mentorship with
We For Health

The First Hour Changes Everything

Nurses from Muhima and Nyarugenge District Hospitals share how mentorship from We For Health experts is helping more babies breastfeed sooner and recover faster.

When Hyacinthe Uwambajimana talks about the babies in her care, she talks about minutes: the minute a newborn is placed on its mother's chest, the minute it first latches, and the minute, if it cannot yet suckle, that someone helps express milk instead of letting the hours slip by.

As head of neonatology at Muhima Hospital, Hyacinthe says this year's campaign, "Breastfeeding for a Sustainable Start in Life", shows how much practice has changed through mentorship with We For Health.

The biggest change has been speed. In the past, when a sick or premature baby was too weak to nurse, staff sometimes waited hours, even a full day, before acting.

"Now we act immediately," Hyacinthe says. "We support the mother to express breast milk and begin feeding the baby using a cup or a tube. Babies recover faster, because breast milk contains all types of nutrients. In other words, breast milk is beyond a complete food."

Mentorship also reached critical care: the team can now support babies struggling to breathe with CPAP, monitor them properly and treat newborns who are weak at birth.

At Nyarugenge District Hospital, the neonatal team describes the same turning point for babies born by caesarean section. "Previously, mothers who delivered by caesarean section did not immediately have their babies placed on their chest," the team explains. "Now we ensure that the newborn is placed on the mother's chest right away, which allows the baby to begin breastfeeding within the first 60 minutes of birth." Mothers are also encouraged and supported to keep breastfeeding every two to three hours, even once the first hour has passed.

Both teams are also passing on what they have learnt. At Muhima, staff ran education sessions for mothers and fellow staff throughout the month of August. "A child's life depends on breast milk from the very first hour after birth, and for the first six months exclusively," Hyacinthe says. "As health professionals, when we share this knowledge, people listen and trust us."

[Watch the testimonies here.](#)

First hour

Babies put to the breast
within an hour of birth

No more waiting

Milk expressed and tube-fed
straight away

After caesarean

Skin-to-skin on the mother's
chest right away

Critical care

CPAP support for babies
struggling to breathe

NATIONAL STAKEHOLDERS' CONSULTATION · KABGAYI HOSPITAL · 16-18 SEPTEMBER

Mentoring That Works

How coached health workers cut newborn infections

How can every mother and child in Rwanda receive good care, including those living with a disability? This was the central question at a national meeting in September, and We For Health brought one clear answer: good care can start with health workers themselves.



Dr Assumpta presenting in the meeting

The meeting, held from 16 to 18 September at Kabgayi Level Two Teaching Hospital, brought together the Rwanda Biomedical Centre, health facilities, professional bodies, universities, partners and organisations of persons with disabilities.

Their goal was to build a single national approach to good care for mothers, newborns and children, one that also serves persons with disabilities. We for Health was represented by its Executive Director, Dr Assumpta Kayinamura Mwali. She presented the key interventions that contributed to the quality of maternal and newborn care.

The meeting's final decisions point in the same direction. They call for organised mentoring of health workers at every level of care, training for leaders, and services and data that include people with disabilities.

Building on this experience, We For Health stands ready to support teams across the country in making care for mothers, newborns and children safe, fair and continuously improving, including for people with disabilities.

CERTIFICATE OF GOOD COMPLETION · R3 IMPLEMENTATION · APRIL 2025 - JUNE 2026

Nexleaf Analytics Certifies Our R3 Work in Rwanda

Nexleaf Analytics has awarded We for Health (W4H) a Certificate of Good Completion, signed by Kevin Arts, Vice President of Nexleaf Analytics. It certifies that between April 2025 and June 2026, W4H was contracted by Nexleaf Analytics to undertake the Rapid Response and Repair (R3) Implementation in Rwanda, and that W4H successfully rendered the following services:

- Developed training materials, and organised and facilitated in-person and digital trainings with health workers at national, regional, district and facility level, for a pilot testing phase and the nationwide scale-up.
- Supported the Ministry of Health to make data review meetings operational at national and sub-national level.
- Managed the Rapid Response Fund and worked with the Rwanda Biomedical Centre and the Ministry of Health to procure cold chain equipment spare parts from UNICEF.

Nexleaf Analytics states that it is "extremely satisfied with both the quality of the work and the tireless dedication and effort" W4H put into the assignment, and that it has no reservations about recommending W4H for future work.

R3 IN NUMBERS: RESULTS OVER THE COURSE OF THE PROJECT

617

HEALTH WORKERS
TRAINED

30

DISTRICTS REACHED

237

HEALTH CENTRES

46

MAINTENANCE
TOOL SETS

The R3 Implementation was carried out by W4H in collaboration with Nexleaf Analytics, the Rwanda Biomedical Centre, the Ministry of Health, UNICEF, Vanguard Economics and district health teams, with funding from Gavi, the Vaccine Alliance.

//LEARNING &
EXCHANGE

INTERNATIONAL SEMINAR · CHANGSHA, CHINA · 5-25 AUGUST 2026

Bringing Lessons Home from China

Our colleague Fauste Uwingabire returns from a breastfeeding and child nutrition seminar with practical ideas for Rwanda.

20

DAYS IN CHANGSHA

120

CONTACT HOURS

8

COUNTRIES
REPRESENTED

2

RWANDAN
CSOs SELECTED

From 5 to 25 August 2026, We for Health was one of two Rwandan civil society organisations, alongside Imbuto Foundation, selected for the international seminar on Promoting Breastfeeding and Improving Infant and Young Child Nutrition in Developing Countries, hosted by Hunan Children's Hospital in Changsha, Hunan Province.

Fauste Uwingabire, our Maternal, Newborn and Child Health Advisor, joined health professionals from eight countries for the 120-hour programme. The Ministry of Commerce of the People's Republic of China provided a full scholarship.

The curriculum covered breastfeeding skills, maternal nutrition, complementary feeding, nutritional risk screening, micronutrient deficiencies, childhood obesity, nutrition for children with chronic conditions, Traditional Chinese Medicine and the Neonatal Resuscitation Programme. Visits to Chinese hospitals linked classroom learning with clinical services and integrated care models.

Exchange between delegates was central. Key lessons for Rwanda include coordinated breastfeeding support that goes beyond individual counselling, the value of benchmarking against international practice and the role of professional visits in turning classroom learning into practical improvements.



Fauste U. in Changsha, China

From learning to local action: our commitments

- Share a learning brief with partners
- Present findings to RMNCAH working groups
- Lead a Neonatal Resuscitation Programme refresher
- Build the lessons into our mentorship programmes
- Adapt 2-3 practices seen in China, such as breastfeeding-friendly workplace policies and multidisciplinary case-management meetings



COMMUNITY

A MESSAGE TO OUR COMMUNITY

We for Health (W4H) is a locally led Rwandan NGO focused on **Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH)** and sustainable health systems strengthening. Our core work includes **capacity building through training and mentorship, improving quality of care, leveraging innovation and digitalisation, and fostering public-private partnerships.**

If you would like to help us reach even more mothers, newborns, and families, consider making a donation today. Every contribution, whatever its size, helps us continue this vital work.

YOUR SUPPORT CAN HELP SAVE LIVES.

Donate today and help us make every second count.

DONATE

ABOUT US

We for Health (W4H) is a locally led Rwandan NGO focused on Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) and sustainable health-systems strengthening. Our core work includes capacity building through training and mentorship, improving quality of care, leveraging innovation and digitalisation, and fostering public-private partnerships.



VISION

Empower Rwandan communities to thrive by fostering improved health and wellbeing for men, women, newborns, children, adolescents, and young people for generations to come.



MISSION

Reinforce universal access to RMNCAH and youth health services through the implementation of innovative, evidence-based interventions, ensuring the inclusion of vulnerable populations.



GOAL

Reduce maternal, newborn, and child morbidity and mortality, improve reproductive health, and strengthen the wellbeing of adolescents and young people.