



Alight Rwanda

— 2024-2025 —

Annual Report

APRIL 1, 2024 TO MARCH 31, 2025

24
25





The background is a solid blue color. On the left side, there are several thick, pink, wavy lines that flow from the top left towards the bottom left, partially overlapping the text box.

We believe in doing
a better thing.

Activity description (Sectors/projects)

Healthcare (Nutrition, HIV/Hepatitis, & ASRH)

Gender Based Violence Prevention (GBV)

Livelihoods (Economic Empowerment)

Donors

ALIGHT,GIZ : Nutrition, GBV, Livelihood

RBC-CDC: HIV/AIDS/Hepatitis

UNFPA: SRH, Livelihood

UNHCR,GIZ: MHPSS

LAST MILE CLIMATE: Clean Cooking

Locations

GBV: Mahama, Nyabiheke, Kiziba, Kigeme and

Mugombwa refugee camps and host community

Nutrition: Nyabiheke, Kiziba & Mugombwa refugee camps

Livelihoods & Entrepreneurship : Mahama and Nyabiheke refugee camps


SRH: Mahama and Nyabiheke refugee camps

HIV/AIDS/Hepatitis: Nyabiheke and Mugombwa refugee camps



CONTENT

Annual Report

- 3 IMPACT
 - 5 WHO WE ARE
 - 8 NUTRITION
 - 11 SEXUAL REPRODUCTIVE HEALTH (SRH)
 - 14 HIV/AIDS/HEPATITIS
 - 16 MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT
 - 18 GENDER BASED VIOLENCE (GBV) PREVENTION
 - 21 LIVELIHOODS & ENTREPRENEURSHIP
 - 24 CLEAN COOKING
- 

LIST OF ACRONYMS AND ABBREVIATIONS

ART	Antiretroviral Therapy
ASRH	Adolescent Sexual and Reproductive Health
BCC	Behavior Change Communication
CDC	Centers for Disease Control and Prevention
CSB+	Corn-Soy Blend Plus
CSB++	Corn-Soy Blend Plus Plus
GBV	Gender-Based Violence
GeCCO	Global Electric Cooking Coalition
GPA	Global Platform for Action
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
IEC	Information, Education, and Communication
LMC	Last Mile Climate
MAM	Moderate Acute Malnutrition
MHPSS	Mental Health and Psychosocial Support
MINEMA	Ministry in Charge of Emergency Management
MoH	Ministry of Health
MUAC	Mid-Upper Arm Circumference
NGOs	Non-Governmental Organizations
PIT	Provider-Initiated Testing
PMTCT	Prevention of Mother-to-Child Transmission
RBC	Rwanda Biomedical Center
RUSF	Ready-to-Use Supplementary Food
SAM	Severe Acute Malnutrition
SASA	Start Awareness Support Action (GBV prevention methodology)
SOLCO	Solar-Electric Cooking Partnership
STEM	Science, Technology, Engineering, and Mathematics Empowerment
STI	Sexually Transmitted Infection
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission For Refugees
UTI	Urinary Tract Infection
WFP	World Food Programme
WHO	World Health Organization
UNEP Copenhagen	United Nations Environment Programme (Copenhagen Climate Centre)

2024 - 2025 IMPACT

Thanks to you

Alight Rwanda served thousands of refugees and host community members across five refugee camps. Together with them, we co-created solutions that protect health, restore dignity, and build long-term resilience.

631,000+



people engaged in GBV awareness in refugee camp and host communities using SASA methodology.

12,000+



people tested for HIV/Hepatitis, 197 on treatment.

11,500+



pregnant women, lactating mothers, and medical cases supported with nutrition services - 14% being new cases.

13,200+



children <2 years supported with enriched food supplements for malnutrition prevention - 8% being new cases.

100+



youth trained in software development, 57 graduated, 20 placed for internship.

200+



youth supported with livelihood improvement interventions - Targeting 10 groups of teen-mothers, and other vulnerable community members.

Who We Are

Rooted in Community, Powered by Purpose

Locations

Mahama, Nyabiheke, Kiziba, Mugombwa, Kigeme refugee camps and Host Communities.

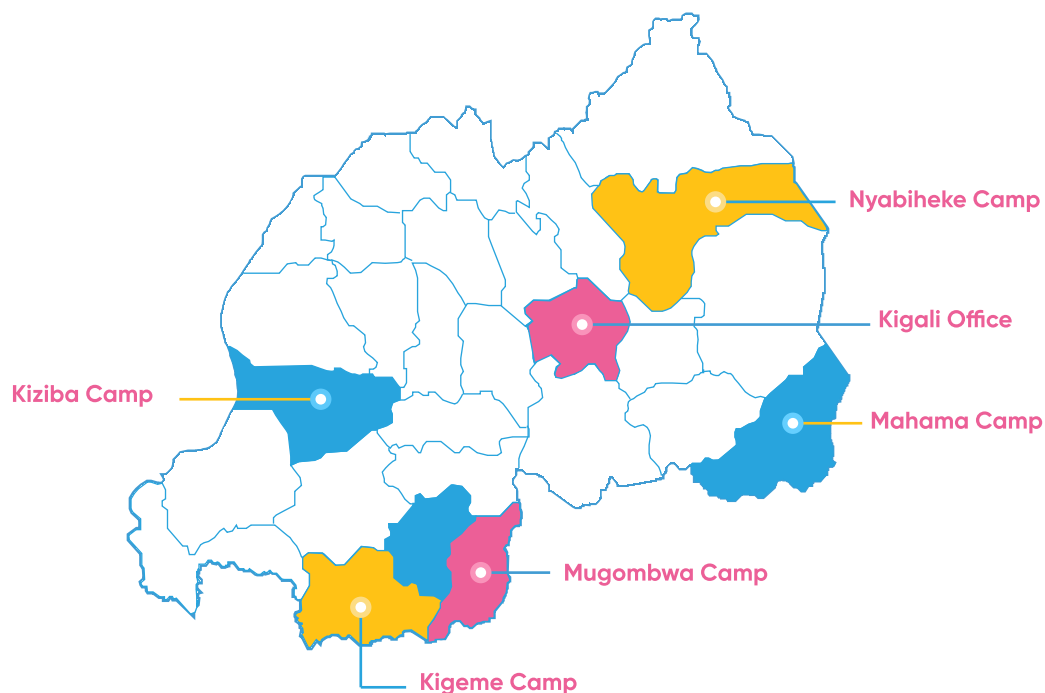
6 core sectors

Nutrition, HIV/AIDS/Hepatitis, SRH, GBV Prevention, Livelihoods, Clean Cooking, MHPSS (Mental Health and Psychosocial Support).

Our mission

Building a meaningful life with and for displaced people in Rwanda.

OUR FOOTPRINT



What We're Building Together

To best fulfill our mission, we focus our efforts across six priority areas in refugee camps and host communities in Rwanda.

NUTRITION

Alight supports children, women, and people with medical conditions with nutrition services – awareness, screening and supplementation; as well as anemia screening and treatment.

SRH/HIV/HEPATITIS

Alight supports youth with friendly and accessible services, including HIV and Hepatitis screening, STI testing, pregnancy prevention, mental health support, and family planning –empowering them with information and resources to make informed, healthy choices.

MENTAL HEALTH

Alight's MHPSS program in Mahama offers counseling, group therapy, and safe spaces to support trauma recovery. It also empowers community facilitators to lead peer-based healing and reintegration efforts.

GBV

Through training, outreach, and peer-led engagement, Alight interventions strengthen community knowledge and capacity to prevent GBV and support survivors with referral pathways and dignity kits.

LIVELIHOODS & ENTREPRENEURSHIP

Alight empowers women and youth through cooperative businesses, savings groups, and skill training – from mushroom farming to tailoring, beekeeping, and market access through transport facilitation.

Through coding school and STEM labs in Mahama and Nyabiheke, Alight equips refugee youth with the technical and soft skills to build careers and shape their futures in Rwanda's tech ecosystem.

CLEAN COOKING

SOLCO, a joint platform promoting solar and electric cooking through eco-friendly solutions was launched in 2024, bringing together government, private and community stakeholders in clean cooking.



A close-up photograph of a woman with dark skin, smiling slightly and looking off-camera. She is wearing a white headscarf and a patterned shawl with orange, black, and white designs. A young child is visible in the lower-left corner, partially obscured by the woman's shawl. The background is blurred, showing a blue vertical pole and some greenery.

NUTRITION

Enhancing wellbeing through targeted food and clinical interventions.

In Nyabiheke, Mugombwa, and Kiziba refugee camps, Alight, in partnership with the World Food Programme (WFP), co-created with communities to establish nutritional support systems that safeguard the health of vulnerable populations. Through a multi-layered approach—combining therapeutic and supplementary feeding, Alight supported affected children, pregnant and lactating women, and individuals living with HIV or TB. These efforts enabled early detection and treatment of malnutrition while addressing the specific needs of maternal and pediatric nutrition.

NUTRITIONAL SUPPORT AND FEEDING PROGRAMS

In Nyabiheke, Mugombwa and Kiziba camps, the nutrition program targets pregnant and lactating women, as well as individuals with medical conditions. They receive CSB+, a fortified blend of soy, corn, sugar, and oil enriched with essential minerals, while children aged 6 to 23 months are supported with CSB++, a specialized formula tailored to their developmental needs.

Individuals with moderate acute malnutrition (MAM) are provided with Ready-to-Use Supplementary Food (RUSF) from WFP, while those with severe acute malnutrition (SAM) receive Ready-to-Use Therapeutic Food (RUTF) supplied by the Government of Rwanda. These interventions have led to over 90% recovery rates, helping vulnerable communities regain strength and dignity.

1,605 pregnant & lactating women and HIV/TB patients received dry food rations across (CSB+) camps.

76 54 Children identified with Moderate Acute Malnutrition (MAM), 22 had Severe Acute Malnutrition (SAM).

1,064 children aged 6–23 months were supported with CSB++ flour to improve early nutrition.

CHILD MALNUTRITION SCREENING AND STATUS

Under five children were screened using the MUAC method, with the majority found to have normal nutrition status. 317 were identified to have either moderate or severe acute malnutrition. Nyabiheke camp recorded the highest number of severe acute malnutrition, highlighting the need to strengthen existing nutrition interventions.

Similarly, weight-for-age assessments showed that nearly all children were within a healthy range. 142 children were found to have either acute or moderate malnutrition. These findings underscore the importance of continued monitoring and intervention, including observation of stunting through height-for-age measurements, to address long-term nutritional challenges.

26,000 children under 5 were screened using MUAC, with over 25,683 reporting normal nutrition levels.

28,474 children screened for underweight status; 99.5% had normal weight-for-age.

19,221 children screened for stunting where 96.8% were normal weight-for-age range.

MATERNAL NUTRITION AND ANEMIA SCREENING

In Nyabiheke, Mugombwa and Kiziba camps, maternal nutrition and anemia screening have revealed both progress and pressing needs. In Nyabiheke, the majority of pregnant and lactating women screened were found to be in good nutritional health, reflecting the positive impact of ongoing support.

Anemia testing among children and women brought similar insights. While most individuals were within healthy ranges, a significant number especially in Nyabiheke showed signs of moderate to severe anemia. These findings point to a recurring vulnerability that calls for sustained, targeted interventions to protect mothers and children and break the cycle of under-nutrition.

6,803 pregnant and lactating women were screened for anemia 90.7% had normal nutritional status.

632 pregnant and lactating women with anemia.

3,015 children tested for anemia, with 275 moderate and 4 severe cases identified.

HEALTH EDUCATION AND COMMUNITY-BASED NUTRITION

Health and nutrition education have become powerful tools for change across Rwanda's refugee camps. Through regular community sessions, families have gained essential knowledge on healthy practices, balanced diets, and ways to prevent malnutrition. Kiziba camp stood out for its strong outreach and participation, reflecting deep community engagement and a growing commitment to improved health.

To complement nutrition awareness self-reliance 150 kitchen gardens were established. Health facilities as well communities in Nyabiheke and Mugombwa embraced kitchen gardens to enhance access to nutritious food. In Kiziba, the absence of household kitchen gardens pointed to challenges such as land availability or mobilization—highlighting areas for future support.

1,150 health & nutrition education sessions (IEC) were delivered across the camps.

36,197 total participants engaged in health education activities for improved nutrition awareness.

150 functional kitchen gardens established: 27 at health facilities, 123 at community level.



SEXUAL REPRODUCTIVE HEALTH (SRH)

Empowering Youth Through Access & Awareness

In Rwanda's refugee camps, Alight is helping youth take charge of their health and futures through trusted, youth-friendly ASRH services. In safe, inclusive environments, adolescents access essential care and accurate information on sexual health, HIV prevention, family planning, and gender-based violence prevention.

With a focus on community-based education, peer-led discussions, and youth-engaged events, ASRH programming fosters dignity, protection, and informed decision-making—ensuring adolescents can grow into adulthood with the knowledge, confidence, and care they deserve.

YOUTH-FRIENDLY SERVICES & COUNSELING ACCESS

In Mahama and Nyabiheke refugee camps, Youth-Friendly Centers became safe spaces where over 18,000 adolescents accessed more than just health services—they found a place to be heard. These centers offered one-on-one counseling, equipping youth with vital knowledge about HIV, STIs, puberty, and family planning in a supportive, stigma-free environment.

Mahama recorded a high rate of male participation, especially in HIV/STI counseling, while Nyabiheke provided a broader ASRH package for both boys and girls. These interventions gave youth not only information, but confidence and direction—fostering healthier choices and empowering communities from within.

18,069 youth accessed Youth-Friendly Services

1,137 youth tested through VCT services.

STI SCREENING & FAMILY PLANNING UPTAKE

Across Mahama and Nyabiheke camps, adolescents began recognizing STI symptoms and seeking healthcare, marking a shift in awareness around sexual health. Screenings for infections such as discharges, UTIs, and genital ulcers revealed growing confidence among youth to speak up, get tested, and take preventive action.

Family planning services also recorded an increased engagement. Injectables and male condoms were widely accepted, especially among youth in Mahama. The limited use of female condoms pointed to a gap in reproductive health equity—a reminder that while progress is real, inclusivity must remain a core priority in every intervention.

327 STI screenings conducted.

142 injectable contraceptives given.

32,124 male condoms distributed.

BEHAVIOR CHANGE & MASS ENGAGEMENT

Behavior Change Communication sessions in Mahama tackled topics like HIV, teen pregnancy, drug abuse, and mental health. In Nyabiheke the sessions, focused on HIV/STI prevention and teenage pregnancy awareness across the community.

Mahama and Nyabiheke led creative ASRH mass campaigns through sports and mobilization, attracting thousands of youth.

130+ BCC sessions in conducted.

137,562 youth reached on topics like teen pregnancy, HIV, drugs
Mahama leads with active, creative outreach approaches.

SPECIAL NEEDS, TEEN PREGNANCIES & NEXT STEPS

In 2023, both Mahama and Nyabiheke camps had recorded an average of over 50 teenage pregnancies—an alarming figure that underscored the urgent need for targeted adolescent sexual and reproductive health (ASRH) interventions. Recent efforts have led to a slight but promising reduction in teen pregnancies, signaling progress, though the journey is far from over.

Mahama demonstrated a stronger commitment to inclusive programming, reaching over 370 adolescents with disabilities through ASRH and GBV awareness sessions. In contrast, Nyabiheke reached 29 adolescents in the same category, highlighting a significant gap in inclusive outreach. Strengthening disability-inclusive strategies in Nyabiheke will be critical to ensuring all adolescents—regardless of ability—have access to the information and support they need.

30 teenage pregnancies identified and referred

405 adolescents with special needs reached

158 pregnancy tests conducted across both camps.



HIV/HEPATITIS

Comprehensive care for HIV, Hepatitis B & C in Rwanda's refugee communities

In Nyabiheke and Mugombwa refugee camps, Alight maintained a strong, community-centered response to HIV and viral hepatitis throughout the reporting period. Tailored to both refugee and host populations, the program addressed prevention, treatment, and long-term care needs.

Communities were equipped to prevent infection through counseling, condom distribution, and male circumcision. Those diagnosed received timely care through ART, PMTCT, and hepatitis. Hepatitis B prevention vaccines were provided, and hepatitis B and C positive cases received antiretroviral medication. Communities were engaged through awareness campaigns, discordant couple follow-up, and outreach to key populations, helping to reduce stigma and strengthen care.

HIV PREVENTION, TREATMENT & CARE

In Nyabiheke and Mugombwa camps, people living with HIV continued to receive consistent care, with all newly diagnosed individuals quickly enrolled in antiretroviral therapy. Throughout the year, access to treatment remained steady, and many pregnant women benefited from prevention of mother-to-child transmission services. Follow-up care was also provided to infants exposed to HIV, ensuring a continuum of support for both mothers and children.

Prevention remained a key focus. Thousands of condoms were distributed, and male circumcision services were offered to reduce transmission risks. Community engagement played a major role, with wide-reaching HIV and STI education sessions, staff capacity-building, and targeted outreach to vulnerable groups such as sex workers and discordant couples. Nyabiheke led in both service delivery and community mobilization, reinforcing the camps' collective commitment to HIV prevention and care.

202 individuals on antiretroviral therapy (ART).

24 new HIV-positive cases – 100% enrolled in treatment.

4,633 People tested for HIV (VCT + PIT)

111,580 Condoms distributed.

33,889 Community members reached through HIV/STI awareness.

HEPATITIS B & C RESPONSE

Efforts to combat hepatitis B in Nyabiheke and Mugombwa camps have made meaningful strides. Thousands of individuals were screened, with those testing positive enrolled into lifelong care. Nyabiheke led in offering vaccination and a wide range of counseling sessions to raise awareness and support affected individuals and their families. These activities have strengthened early detection and long-term management of hepatitis B.

Screening for hepatitis C identified 92 positive cases. While only a few completed pre-treatment follow-up, some individuals have already been cured, marking a promising start. Long-term follow-up care is now in place for others, ensuring continued support. A comprehensive hepatitis C care in Nyabiheke showed growing capacity and duplicatable lessons.

7,503 individuals screened for HBV & HCV

92 people diagnosed with Hepatitis B or C

814 received HBV vaccination

119 HCV/HBV clients in lifelong follow-up care

5 HCV-positive clients cured after treatment



MENTAL HEALTH

Supporting Refugees and host-communities through Mental Health Solutions

Alight's Mental Health and Psychosocial Support (MHPSS) project in Mahama provided safe spaces, group therapy, digital mental health platform and individualized counseling to help refugees heal from trauma and build emotional resilience. The program also trained community facilitators to support peer-led healing and social reintegration.

BREAKING THE SILENCE: DIGITAL PATHS TO MENTAL WELL-BEING

In Mahama refugee camp, mental health challenges often remain unseen and unspoken. Many refugees face deep emotional wounds, yet stigma and silence prevent them from seeking help. Cultural taboos, fear of discrimination, and a lack of accessible services have long created barriers to healing.

Through the “Bridging Mental Health Gaps Through Digital Innovation” initiative, Alight and partners—UNHCR, Viamo, RBC, WHO, MINEMA, and MoH—are transforming this narrative. By integrating digital tools that speak the language and culture of the people, the project is raising awareness, delivering confidential support, and connecting individuals through innovative ways. This effort is helping build a future where mental health is no longer hidden, but embraced as part of holistic well-being.

WHAT TO LOOK OUT FOR ON MHPSS PROJECT

During the reporting period, this project was at its initial phase. Some of the proposed program activities include:

- ▶ Interactive voice recording (IVR): the program will launch an accessible, youth-friendly digital story telling tool to raise mental health awareness and support coping strategies.
- ▶ Focus Group Discussions: the project will collect community insights to improve services and promote open dialogue on mental health.
- ▶ Group Therapy Sessions: the project will facilitate healing and resilience through guided sessions, especially benefiting youth and women.

A photograph of three young people, two men and one woman, standing in front of a colorful mural. The mural features various drawings and names, including 'RAMOS', 'Rafiki.N', 'OLIVIER.S', 'REBECCA.U', 'OLIVIS.M', and 'ELIA.U'. The woman on the right is smiling, while the two men are looking directly at the camera with neutral expressions. The mural itself is a collage of different styles, with some parts showing flowers, a heart, and a portrait of a person.

GENDER BASED VIOLENCE (GBV) Prevention

Shifting Mindsets, Preventing Harm.

Alight remains committed to preventing and responding to Gender-Based Violence (GBV) in Rwanda's refugee camps by centering survivors and engaging communities in every step of the process. Through the SASA! Together approach, communities are empowered to challenge harmful social norms and take collective action against GBV. These efforts have led to increased awareness, stronger community leadership, and improved access to support services.

The core intervention is a survivor-centered model that prioritizes dignity, confidentiality, and holistic care. Survivors receive tailored services ranging from psychosocial support to referrals, while community activists, peer educators, and local leaders are trained to create safe, informed, and responsive environments. This integrated approach ensures that prevention activities are not isolated efforts, but embedded within the fabric of the refugee communities Alight serves.

COMMUNITY MOBILIZATION & AWARENESS

A broad GBV awareness strategy was implemented across five camps—Kigeme, Kiziba, Mahama, Mugombwa, and Nyabiheke—through community events, drama, youth engagement, and school campaigns. These efforts reached refugees and host communities, strengthening knowledge and community ownership.

Door-to-door sessions and community conversations were a key part of localized outreach, engaging families directly in over 8,000 visits. School programs promoted positive masculinity and protection awareness, reaching thousands of students and teachers with age-appropriate, gender-focused content.

631,833 community members reached through GBV awareness.

14,376 awareness sessions held via campaigns, sports, school events, and drama.

CAPACITY STRENGTHENING & LEADERSHIP ENGAGEMENT

GBV programming emphasized capacity building through training sessions for community activists, peer educators, religious leaders, and service providers. Over 1,200 individuals were equipped with skills in SASA! Together methodology, GBV case management, and referral pathways.

Host community inclusion played a strong role, especially in Mahama, Mugombwa, and Nyabiheke. Joint sessions with both refugees and locals promoted cohesion, built trust, and expanded the impact of GBV messaging beyond camp borders.

1,200+ people trained in GBV prevention and survivor response.

50+ training sessions delivered on SASA! Methodology, referral pathways.

COMMUNITY-BASED STRUCTURES & SUSTAINABILITY

There are 61 functioning SASA! and GBV community-based structures across the five camps, actively championing awareness and prevention. These groups maintained momentum through local engagement, awareness and mobilization of peers.

Their consistent engagement supported the sustainability of the project by embedding GBV prevention within everyday life. These structures bridge service providers and the community, ensuring survivors are supported, and prevention messages are consistently reinforced.

As a result of the above efforts, the communities have stronger knowledge about GBV, improved survivor referrals, and growing trust in community-led prevention. Their participation in activities improved, especially among women, with calls for further inclusion of under-represented male youth groups.

61 active SASA! and GBV community structures operating across camps.

8,196 door-to-door sessions conducted, reaching 272,000+ people with GBV messages.



LIVELIHOODS & ENTREPRENEURSHIP

Empowering Refugees Through Skills and Sustainable Income

In Mahama and Nyabiheke camps, Alight supported income-generating activities like mushroom farming, tailoring, rabbit rearing, soap making, and tuk tuk services. Groups saved over 4.3 million RWF, reflecting strong financial participation.

Alight's Coding School and STEM Power program equipped youth with digital and technical skills. 20 students were placed into professional internship opportunities enabling them to improve teamwork, and explore electronics repairs laying a strong foundation for future employment and innovation.

Livelihood Empowerment through Skills & Income Generation

Alight's interventions in Mahama and Nyabiheke refugee camps aimed to strengthen economic resilience and self-reliance among refugee youth and host communities. These programs emphasized on group-based model while also encouraging beneficiaries to lead their own micro-entreprise. Individuals were given practical skills such as mushroom farming, tailoring, and soap production.

In Mahama Camp, 7 livelihood groups supported 141 individuals, while 4 cooperatives in Nyabiheke targeted 82 participants. Activities ranged from rabbit rearing and salon services to beekeeping and tuk tuk transport services. Each initiative combined technical support with financial literacy training, ensuring participants can manage resources effectively and prepare for business growth.

- 223** individuals supported across Mahama and Nyabiheke.
- 11** livelihood cooperatives actively running in both camps.

Digital Skills, Coding & Innovation for Youth

The coding school, implemented in Mahama and Nyabiheke camps. 24 students –including 5 females, graduated in 2023/2024. 20 students were placed into professional internship. The students were trained on software development, team collaboration using tools like Trello and GitHub, and responsive web design. The students built strong portfolios while learning clean code practices through practical team projects.

In Nyabiheke STEM Power sessions exposed youth to Excel, Word, and electronics repair. Although limited devices restricted full practical engagement, the program's structure nurtured both digital literacy and job readiness in the tech sector.

- 100+** youth trained in coding school in Mahama and Nyabiheke camps.
- 57** youth graduated.
- 20** youth placed in professional internship opportunities.
- 32** STEM students trained in MS Office & electronic repairs Boosts employability.

Financial Growth, Savings & Cooperative Achievements

Several cooperatives recorded substantial financial achievements, showcasing the value of consistent saving and reinvestment. Mahama's cooperatives accumulated over 4.3 million RWF in savings, drawing from business earnings and mobile transfers. The mushroom group maintained strong sales and planned expansion, while the tailoring cooperative practiced post-training and grew their savings.

In Nyabiheke, despite setbacks like termite infestations in mushroom hangars and market limitations, cooperatives remained active. Soap makers displayed their work on International Women's Day, and the beekeeping group continued producing honey. Though some groups faced internal coordination issues, overall progress reflected resilience, adaptive thinking, and gradual business evolution across both camps.

Challenges like increased input costs, limited vet services, and weak local demand impacted several ventures. In Mahama, rabbit health issues reduced profits, while in Nyabiheke, low tuk tuk service demand hampered business. Environmental setbacks also affected mushroom farming, prompting discussions on poultry as an alternative.

To address these gaps, Alight recommended veterinary support, improved agricultural training, and stronger connections with external markets. Plans to source non-functional devices for electronics training are underway. Ultimately, the livelihood initiatives proved impactful but will require targeted mentorship, adaptive strategies, and market access support to achieve deeper, lasting transformation for refugee communities.



CLEAN COOKING

Scaling Solar-Electric Solutions for Healthier, Greener Communities

Alight Rwanda is leading the national rollout of the Solar-Electric Cooking Partnership (SOLCO), uniting key stakeholders to scale clean, solar-powered cooking solutions in refugee-hosting areas. This effort positions Rwanda at the forefront of sustainable, inclusive energy access.

SOLCO RWANDA: CLEAN COOKING INITIATIVES

As part of its commitment to advancing sustainable solutions in displacement settings, Alight is the national lead in the Solar-Electric Cooking Partnership (SOLCO) in Rwanda. SOLCO is a global multi-stakeholder initiative aiming at catalyzing the shift from biomass-based cooking to solar-powered electric cooking. SOLCO a coordinated ecosystem bringing together NGOs, private sector actors, financial institutions, and government agencies, all contributing their expertise toward a shared vision: clean, modern cooking solutions for refugees and host communities. The initiative operates as the refugee-focused arm of the Global Electric Cooking Coalition (GeCCo) and is globally led by Last Mile Climate in partnership with the Global Platform for Action (GPA) and UNEP Copenhagen.

In Rwanda, Alight is actively engaging key stakeholders across the humanitarian, energy, and policy sectors to build momentum for solar-electric cooking in refugee-hosting areas. Throughout the year, Alight facilitated consultations and technical dialogues with energy companies, humanitarian partners, and relevant government institutions to align efforts and promote scalable, inclusive models for clean cooking. By leading SOLCO nationally, Alight is positioning Rwanda as a front-runner in pioneering energy access solutions that not only reduce environmental degradation but also improve health, safety, and economic opportunities for displaced families.

OUR PARTNERS IN IMPACT

Collaborating for Lasting Change in Refugee and Host Communities



What they say about us

Alight is a trusted partner who turns ideas into action. Their commitment to co-creation and community-driven solutions ensures every project is meaningful, sustainable, and leaves no one behind.



Contact Us

www.wearealight.org/rwanda
alightrwanda@wearealight.org
+250 252 580 213

OUR ADDRESS

KIGALI | RWANDA | 46 KN 9 NYARUTARAMA



Scan to follow Alight Rwanda
on social media:

