



Reporting Period: 16 April to 18 May 2020

Rwanda

COVID-19 Situation Report No. 2



Highlights

- The Government of Rwanda has eased the lockdown on May 1st 2020 and movements are now allowed from 5:00 am to 9:00 pm while maintaining some prevention measures.
- UNICEF essential staff is also gradually back to work and implementing both the COVID-19 response plan and critical activities identified in the Programme Criticality which was finalized by the UNCT in April 2020
- Around 3 million people were reached by UNICEF and partners with messaging on COVID-19 prevention and access to related services;
- 1,983,095 students were reached with radio lessons to support learning at home during school closures;
- 8,000 caregivers of children aged 0-23 months received counselling on infant and young child feeding.

UNICEF's Response and Funding Status

Pillar 1

No. of people reached on COVID-19 prevention messages	17 %	83%
No. of people engaged on COVID-19 through RCCE actions	2 %	98%
Funding status	6 %	94%

Pillar 2

No. of health workers provided with PPE	0%	100%
No. of health workers trained on IPC	0%	100%
Funding status	1%	99%

Pillar 3

No. of healthcare providers trained in COVID-19	0%	100%
No. of primary caregivers received IYCF counselling	10 %	90%
Funding status	12%	88%

Pillar 4

No. of children supported with home-based learning.	67%	33%
No. of schools implementing safe school protocols	0%	100%
No. of children without parental or family care provided with appropriate alternative care arrangements.	2%	98%
Funding status	18%	82%

Situation in Numbers

297 CONFIRMED CASES

203 RECOVERED

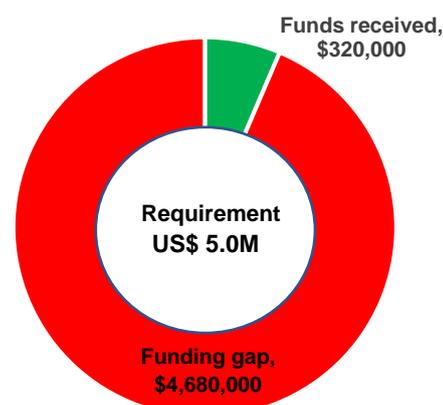
94 ACTIVE CASES

0 DEATHS

Source: Rwanda Ministry of Health
Daily update on 18 May 2020

UNICEF Appeal 2020

US\$ 5 million



Funding Overview and Partnerships

In 2020, UNICEF Rwanda has appealed for US\$ 5 million to support the Government of Rwanda's National COVID-19 Response Plan. The current funding gap is US\$ 4,680,000 (94 per cent). Without additional funding, UNICEF will not be able to address the most urgent needs of children and families in Rwanda who are affected by the COVID-19 crisis.

Situation Overview & Humanitarian Needs

Rwanda's first case of COVID-19 was confirmed on 14 March 2020. As of 18 May, there were 297 confirmed cases of whom 203 have recovered. Most confirmed cases have recent travel history or are contacts of COVID-19 cases. No deaths have been reported and all confirmed cases entered isolation in designated locations and are being closely monitored.

In April, the Government identified a new cluster of COVID-19 linked with truck drivers transporting goods from different countries across Rwanda's Rusumo border. This increases the risk of infection in Rwanda and reflects the need to increase testing among high risk clusters for early identification and isolation of COVID-19 cases.

The Government of Rwanda responded rapidly to the first confirmed case by enhancing existing prevention measures. On 15 March, all schools and places of worship were closed, and the Government continues to promote social distancing and handwashing by providing handwashing facilities at commercial establishments. On 21 March, lockdown measures were established by the Prime Minister's Office for an initial period of two weeks, which were extended until 3 May. These measures include border closures (save for commercial cargo), limiting movements within the country, and closure of all businesses and markets except those selling food, cleaning supplies, medicine and fuel.

The fast-evolving epidemic and the rapidly established prevention measures have an unprecedented effect on social sectors. UNICEF is supporting the Government of Rwanda in first-line emergency response (health and WASH) and the necessary adaptation of service provision in education, nutrition, child protection and social protection. These sectors are crucial in mitigating the medium and longer term negative effects of the epidemic on the most vulnerable communities.

Coordination and partnerships

The COVID -19 Response is led by the Rwandan Ministry of Health and Rwanda Biomedical Center which have developed an eight-pillar National COVID-19 Response Plan in March 2020 as follows: i) Leadership and coordination; ii) Epidemiological surveillance; iii) Points of entry; iv) Laboratory; v) Infection Prevention and Control (IPC); vi) Case management; vii) Risk communication and community engagement; and viii) Logistics.

UNICEF, along with other UN agencies and development partners, is working closely with the Ministry of Health and other government entities to implement this plan which has been costed at US\$ 74 million.

In addition, the development partners have established COVID-19 technical coordination mechanisms with groups in health, social protection, food security and economics. UNICEF is actively involved in the first three of these groups, co-leading the group on social protection along with DFID. Under the development partner health group, which meets once a week, three sub-working groups have been established in risk communication, case management/IPC, and reproductive and sexual health. UNICEF leads the sub-group on risk communication and co-leads the case management/IPC group along with WHO. These mechanisms keep development partners informed on COVID-19 response, collect and share feedback for the Government, and coordinate the development partner response to COVID-19.

In social protection, the European Union is re-purposing € 52 million towards the social protection response plan. The World Bank has announced it will advance disbursement of US\$ 10 million in May 2020 to support the COVID-19 response under its Strengthening Social Protection Project (SSPP). In addition, preparations for the World Bank Human Capital Development Policy Operation (budget support) are under way; the size

of the transfer planned in September 2020 has been increased from US\$ 125 million to US\$ 150 million and will include an indicator on the number of new direct support beneficiaries who have received COVID-19 emergency cash transfers.

Summary Analysis of Programme Response

Risk Communication and Community Engagement (RCCE)

UNICEF has established the Development Partners sub-group on Risk Communication and Community Engagement to enhance coordination and avoid duplication of efforts. Situated under the Health Development Partners Group, the sub-group meets bi-weekly and keeps all partners informed of latest developments, challenges and agreed way forward.

During this reporting period, UNICEF has reached 3,000,000 people with COVID-19 messages on prevention and access to services.

More specifically, UNICEF developed two animation spots on COVID-19 prevention, one for the lockdown period and one for post-lockdown, with sign language interpretation included for both. One spot is currently aired regularly on the Rwanda Broadcasting Agency (RBA) network (RTV and Isango). One audio and one video animation spot have also been prepared for children aged 3-6 years. These have been integrated into the *Itetero* children's radio and TV programme and on social media.

UNICEF has provided 1,000 COVID-19 posters for 280 residential care institutions for children and 1,000 posters featuring key nutrition messages for hospitals and health centres.

In collaboration with Rwanda Interfaith Council on Health (RICH), four videos with influential religious leaders were produced and are being widely distributed through the RBA TV network. UNICEF is also facilitating COVID-19 content and expert interviews on 29 market-based radio stations.

UNICEF has also engaged RBA to air the song "[Pata Pata](#)" on multiple radio stations and social media and is engaging a group of digital influencers to participate in the regional dance challenge. The song, re-released by UNICEF Goodwill Ambassador Angelique Kidjo, contains COVID-19 prevention messages on hygiene, social distancing and more.

Provision of critical medical and water, sanitation and hygiene (WASH) supplies and improving infection prevention and control (IPC)

UNICEF continues to provide technical support to the Ministry of Health to adapt existing guidance and protocols on cleaning, disinfection, safe burial and dead body management for the COVID-19 context. UNICEF co-chairs the Case Management/IPC-WASH development partner group with WHO and provided an information session to WASH partners on protecting workers and communities while continuing to provide essential WASH services.

UNICEF and the Ministry of Health prepared wide-scale IPC training for health care workers, to be conducted once movement restrictions are lifted. The training will target district hospital and health center staff, focusing on IPC/WASH activities such as cleaning, disinfection and waste management on EVD and COVID-19 contexts. Critical IPC supplies, including materials to prepare chlorine solution, Personal Protective Equipment (PPE), soap and handwashing stations are currently under procurement. More PPE and IPC/WASH materials are needed to fully support health workers to undertake adequate IPC.

UNICEF continues to provide technical assistance to UNHCR on COVID-19 to enable strengthened preparedness in refugee camps. UNICEF is advocating for continuity of WASH services, especially water supply, including managing supply chains, ensuring affordability for the vulnerable, and monitoring to ensure households have access.

UNICEF support to the COVID-19 response is mainly on provision of supplies and essential medical equipment. In this reporting period, UNICEF procured 20 oxygen concentrators for distribution to the Ministry of Health to strengthen national capacity for care of patients with COVID-19.

Supporting the provision of continued access to essential health care services for women, children and vulnerable communities, including case management

Given the current movement restrictions, there is perceived risk of reduced uptake of routine and emergency health services, despite these services being offered without any interruption during COVID-19. Continuity of primary health care is being monitored through virtual meetings with technical working groups led by focal points from the Ministry of Health. The review of January-March data did not show a major drop in access to health services; it appears that communities continue to access services, especially immunisation. Surveillance of vaccine-preventable diseases also continues. UNICEF continues to support vaccine stock management and procurement. UNICEF also continues to support newborn care, HIV services, community health platforms, and efforts to strengthen health systems.

UNICEF procured 40 oxygen concentrators, 10 Continuous Positive Airway Pressure equipments (CPAPs), 10 ventilators and associated consumables, but additional funds are required to procure personnel protective equipment (PPE) for community health workers and train them to provide care during COVID-19. One of the biggest challenges is this lack of PPE for health workers, especially community health workers, as they continue to provide health services through home visits. Availability of oxygen delivery systems and equipment to manage critical COVID-19 cases (if they occur post-lockdown) is also a concern.

UNICEF developed posters to support health care staff working with children and caregivers infected by or affected by COVID-19 and distributed soft copies to 48 district hospitals and 500 affiliated health centres. UNICEF is also working with Parliament to expand the scope of messages on infant and young child nutrition (IYCN) in the context of COVID-19 using local radio stations, especially targeting parents and caregivers with children between 0 and 23 months.

Access to continuous education, social protection, child protection and gender-based violence services

As co-chair of the education sector, UNICEF is leading with the Government of Rwanda in coordinating the education response to the COVID-19 pandemic. UNICEF has supported drafting of a sector-specific action plan, guiding development partner support to the Government for both short-term and medium-term response activities.

With GPE funding, coupled with internal resources, UNICEF supported development of radio and television lessons, as well as production and airing, in partnership with Rwanda Education Board, Rwanda Broadcasting Agency, and a local NGO, Inspire, Educate, and Empower (IEE). These materials are aligned with the Rwandan Competency-Based Curriculum. Currently, most materials are being developed for radio, which has the greatest potential to reach the most students, but UNICEF is also supporting the Government's approach to develop television materials, particularly in science subjects, to model various experiments. These will focus on mathematics and science experiments to complement other remote learning content.

It is estimated that approximately 158,700 nursery/pre-primary students, 1,752,595 primary students, and 71,800 secondary students have been reached by remote learning opportunities.

For children with disabilities, UNICEF is working with partner Humanity and Inclusion to ensure remote learning opportunities are available for all students. This includes sign language interpretation of any video content developed and aired on television. Materials will also be developed and hosted on an e-learning platform hosted by Rwanda Education Board.

The most pressing challenge is that the most marginalised families do not have appropriate devices (radio, television) to access remote learning opportunities. Funding remains a challenge but coordinated development partner support in the education sector's COVID-19 response has leveraged technical and financial support. For example, UNICEF provided the initial 48 hours of radio programming for all content developed, even those by other partners. Subsequently, another partner will be providing additional radio time, which will also allow UNICEF-supported radio and television content to be broadcast.

Children in need of protection face a multitude of risks during COVID-19. This includes risk of infection, especially for children in institutional settings, risk of abuse during lockdown, risk of neglect and abandonment if the family does not have the economic means to care for them, and risk of stigma and discrimination if children are directly affected by COVID-19. Several challenges remain resulting from movement restrictions that place children at risk of protection violations. In addition, a growing number of children in poor families are leaving home to beg on the streets, presenting additional protection risks.

To respond to these challenges, UNICEF has distributed communication materials to 36 institutions in Rwanda, including 18 rehabilitation centres for street children and six detention centres housing children. UNICEF is also distributing hygiene kits to help prevent COVID-19, reaching 191 children and young adults living in 12 residential care centres. UNICEF has also supported the National Commission for Children (NCC) to develop key messages on child protection risks in the COVID-19 context, which have been broadcast on social media, radio, television, through SMS and through the social workforce.

Between mid-March and mid-April, UNICEF supported NCC to respond to 83 cases of child protection violations, of which 24 were related to child sexual abuse. UNICEF is supporting NCC to ensure that essential child protection services continue. This includes assistance to 127 foster families and families caring for children who were placed from institutions. UNICEF has also supported NCC to place 12 children into family care who were separated from their own families.

UNICEF also provided additional airtime for all 29,674 members of the social workforce to allow continued support to families during lockdown which prevents in-person support. UNICEF also procured 2,000 masks and 10,000 bottles of sanitizer for frontline child protection workers. UNICEF and NCC have also established a toll-free hotline (711) to provide essential information and support to children and their families.

Human Interest Stories and External Media

UNICEF has activated its social media pages to leverage information and engagement on COVID-19 prevention and response, as well as its new [Internet of Good Things](#) platform with COVID-19 content for youth, parents and health care providers. Through a partnership with the Association of Rwandan Journalists, UNICEF supported stories on COVID-19 through 24 radio broadcasts, 56 print and online channels, and five TV stations.

UNICEF Rwanda Humanitarian Action for Children Appeal: <https://www.unicef.org/appeals/>

Next SitRep: 15 June 2020

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Annex A: Summary of Programme Results

	Indicators	UNICEF and Partners Reported Results		
		Target 2020	Total Results 15-May	Change since last report ▲ ▼
1. Risk Communication and Community Engagement RCCE)				
1	Number of people reached on COVID-19 through messaging on prevention and access to services.	6,000,000	3,000,000	0
2	Number of people engaged on COVID-19 through RCCE actions	500,000	10,000	0
2. Provision of critical medical and water, sanitation and hygiene (WASH) supplies and improving infection prevention and control (IPC)				
1	Number of healthcare facilities staff and community health workers provided with Personal Protective Equipment (PPE).	10,000	0	0
2	Number of healthcare facility staff and community health workers trained in Infection Prevention and Control (IPC)	1,000	0	0
3. Supporting the provision of continued access to essential health care services for women, children and vulnerable communities, including case management				
1	Number of healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases among children, pregnant and breastfeeding women.	10,000	0	0
2	Number of primary caregivers of children aged 0-23 months who received IYCF counselling through facilities and community platforms.	75,000	8,000	0
4. Access to continuous education, social protection, child protection and gender-based violence (GBV) services				
1	Number of children supported with distance/home-based learning.	3,000,000	1,983,095	0
2	Number of schools implementing safe school protocols (COVID-19 prevention and control)	3,000	0	0
3	Number of children without parental or family care provided with appropriate alternative care arrangements.	450	12	0

Annex B: Funding Status

Pillar	Total Requirements	Funds available 2020		Funding gap	
		Funds Received 2020	Carry-Over from 2019	\$	%
1. Risk Communication and Community Engagement (RCCE)	475,000	30,000	-	445,000	94%
2. Provision of critical medical, water, sanitation and hygiene (WASH) supplies & improving infection prevention and control	2,425,000	30,000	-	2,395,000	99%
3. Supporting the provision of continued access to essential health care services for women, children and vulnerable communities, including case management	1,000,000	125,000	-	875,000	88%
4. Access to continuous education, social protection, child protection and gender-based violence (GBV) services	542,500	100,000	-	442,500	82%
5. Data collection and social science research on the secondary impacts on children and women	50,000	-	-	50,000	100%
6. Coordination and Operational costs	507,500	35,000	-	472,500	93%
Total	5,000,000	320,000	-	4,680,000	94%