Highlights
- During the reporting period, over 5,800 children were vaccinated against measles in all six refugee camps;
- 8,500 Burundian refugee children received child protection services in Mahama Camp and in host communities;
- 13,000 refugee children were reached with quality, inclusive education;
- 6,000,000 people were reached with EVD messaging on prevention and access to services;
- 500,000 people were engaged on RCCE for EVD prevention.
- Additional funding is urgently needed to support refugee children in Rwanda to access essential services in and out of camps.

UNICEF’s Response and Funding Status
Funding Overview and Partnerships

In 2020, UNICEF Rwanda has appealed for US$ 8 million to sustain provision of life-saving services for refugee women and children. To date, there is still a 72 per cent funding gap. If this appeal remains unfulfilled, UNICEF will not be able to provide critical support to families and children in and out of camps including 40,000 people who will not have adequate access to water, over 20,000 children who will not receive the psychosocial support they need, and 17,000 children who will not receive a quality education.

Situation Overview & Humanitarian Needs

There are currently 149,279 refugees and asylum seekers in Rwanda (UNHCR 2020). Of these, 72,853 are Burundian refugees, 76,375 are refugees from the Democratic Republic of Congo (DRC), and 51 are refugees from other countries. There are 297 asylum seekers in Rwanda. Refugee children under the age of 18 make up over 50 per cent of the total refugee and asylum-seeker population.

Five refugee camps for Congolese refugees were established in 1996, 1997, 2005, 2012 and 2014. In 2012, UNHCR took full responsibility for the Congolese refugee response. In 2018, UNICEF prepared for an additional influx of up to 10,000 Congolese refugees due to the election in DRC which took place in December 2018. However, only a few additional refugees entered Rwanda and they did not require humanitarian assistance.

Most Burundian refugees reside in Mahama Camp, which currently hosts 61,481 people. In addition, there are more than 11,700 Burundian refugees in the urban areas of Kigali and around 850 in Huye.

Beginning in August 2018, the DRC faced a large-scale epidemic of Ebola Virus Disease (EVD) in the eastern provinces of North Kivu and Ituri, with importation to Goma and South Kivu provinces. Since the start of the outbreak in August 2018, there were 3,470 EVD cases reported and 2,287 people died (WHO, 26 June 2020). Around 28 per cent of cases were children, a larger proportion than reported in previous outbreaks of Ebola.

As one of the most densely populated countries in Africa, and with high-quality transport infrastructure, Rwanda would be at high-risk of rapid spread of EVD. In 2018, the Government of Rwanda (GoR) developed an Ebola preparedness plan and activated mechanisms to minimise the risk of importation. UNICEF was a key partner in the development and implementation of this plan.

Throughout the outbreak in DRC, Rwanda remained free of Ebola. On 25 June 2020, the Minister of Health of the DRC declared the end of the EVD outbreak in North Kivu, Ituri and South Kivu Provinces. Although there is an ongoing outbreak of Ebola in the western part of DRC, there have been no EVD cases in Rwanda, which remains a high risk priority 1 country.

In addition, there was no new influx from Burundi following the Presidential Elections in May in Burundi, partly due to the lock down measures in place at that time in Rwanda which included closed borders and no commercial flight. The borders remain closed to date.

Humanitarian Leadership, Coordination and Strategy

In refugee response, the Ministry of Emergency Management and UNHCR are the overall coordinators of inter-agency efforts. For Burundian refugees residing in Mahama Camp, UNICEF is the UN co-coordinator for the response in WASH (with UNHCR), child protection, education, health (with WHO and UNFPA), and nutrition (with WFP). The main implementing partners are district and community authorities, the Ministry of Health, Rwanda Biomedical Centre, district hospitals and health centres, American Refugee Committee (health, nutrition and shelter), Save the Children (child protection), the Adventist Development and Relief Agency (ADRA) in ECD and education, the Ministry of Infrastructure, Rwanda Water and Sanitation Corporation, Global Humanitarian and Development Foundation (GHDF), and Oxfam (WASH).

In 2016, the Government of Rwanda joined the Comprehensive Refugee Response Framework (CRRF), which aims to strengthen donor and government engagement towards the inclusion of refugees in national systems, while also promoting equity in refugee hosting areas so that development investments benefit both host and refugee communities.

The humanitarian strategy agreed between the Government and development partners is to provide comprehensive services to refugees and seek fulfilment of their basic rights. This includes provision of registration, shelter, household equipment, food and water, maintaining sanitation and hygiene, health and nutrition services, education, and protection. Refugee coordination meetings are held each month and include donors and development partners.

In Mahama Camp, UNICEF’s continuing response includes technical assistance, screening and management of severe acute malnutrition (SAM), promotion of appropriate infant and young child feeding practices, and the provision of routine

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1 WHO Disease Outbreak News, 26 June 2020
immunisation. Polio and measles vaccines for children are provided on arrival at reception centres. In addition, unaccompanied and separated children are registered, their families are traced, and child friendly spaces are established. Support for the prevention of, and response to, violence against children is being provided. UNICEF is also supporting access to early learning and basic education for refugee children.

In EVD preparedness, the Government constructed an Ebola Treatment Centre in Rubavu, and 23 isolation units were prepared in hospitals in 15 priority districts. Ebola response simulation exercises were conducted regularly to test Rwanda's preparedness in response to a case. A toll-free hotline was established to report suspected cases of Ebola. Other efforts to enhance EVD preparedness included Emergency Operations Centre activation, enhanced surveillance, capacity building for case management, and laboratory testing. About 3,000 health workers in high-risk areas were vaccinated as a preventative measure, including more than 1,100 in Rubavu District.

UNICEF Rwanda’s plan was based on three scenarios (1/ preparedness, 2/ EVD cases in a limited geographic area, and 3/ diffused outbreak). UNICEF implemented scenario 1 in Rwanda, costed at US$ 8 million, to strengthen preparedness until December 2020. This plan is aligned with the National Ebola Preparedness and Response Plan (IV).

UNICEF supported the Ministry of Health to develop and revise the national Risk Communication Strategy for EVD Prevention, as well as the risk communication components of the revised National EVD Contingency Plan. UNICEF also supported the Ministry of Health to develop plans, protocols and training for WASH and nutrition for EVD infection prevention and control. UNICEF also supported the Ministry of Education and National Commission for Children to strengthen their preparedness efforts.

More specifically, UNICEF is a member of the national task force led by the Minister of Health. UNICEF also provides technical support to the Government to enhance preparedness levels through participation in simulation exercises, pre-positioning of supplies, risk communication and community engagement, streamlining infection prevention and control (including through WASH) into preparedness, development of the guide on child protection and in building capacity at all levels, including among community health workers.

Finally, UNICEF contributed to development of the Interagency Ebola Contingency Preparedness Plan alongside WHO, WFP, UNHCR and IOM and is an active member of the bi-weekly UN Ebola Coordination meeting. In 2019, DRC was activated as an L3 Emergency country and Rwanda, along with South Sudan, Uganda and Burundi, were raised to L2 Emergency.

Summary Analysis of Programme Response

Health and Nutrition

In the refugee response, UNICEF supported vaccine procurement and monitoring of routine immunization in Mahama Camp. A total of 5,842 children received essential vaccinations between January and June 2020. UNICEF also continued to provide technical support and nutrition supplies through the Government of Rwanda for malnourished children under five. These services are integrated into ongoing national programmes. In January 2020, Mahama Camp saw an additional 25 children under five (11 boys and 14 girls) admitted to treatment programmes for severe acute malnutrition. Of these children, 14 were treated and cured (8 boys and 6 girls), and one discontinued treatment. Data on severe acute malnutrition from Congolese refugee camps were integrated into government data.

In EVD preparedness, UNICEF supported the Ministry of Health to plan the roll out of the electronic Community Event-Based Surveillance (eCEBS) system and to supervise community health workers previously trained on EVD surveillance in 15 high-risk districts. UNICEF will support implementation of eCEBS and further supervision of community health workers. From March, UNICEF supported the Ministry of Health and Rwanda Biomedical Center to strengthen coordination of EVD preparedness at the emergency operation centre in planning, logistics, operations and information and technology.

In January, UNICEF supported RBC to plan training for 19 social workers from district hospitals to equip them with hands-on skills and knowledge on nutritional care for infected/affected children, lactating mothers, and other patients during an Ebola outbreak. This training was completed from 10 – 14 February with technical and financial support from UNICEF.

Education

UNICEF and partners distributed education materials for 13,000 students in three Congolese refugee camps. Primary kits have also been ordered – given their lack of availability in Rwanda – to prepare for a potential influx of refugees in 2020. UNICEF is helping deliver the new Guidance for Ebola Prevention and Preparedness in Schools in Kinyarwanda to schools in 15 priority districts. Moving forward, UNICEF will help build capacities of sector education officers, head teachers and district officials in Ebola preparedness and prevention in schools.
UNICEF continued to support ECD in Mahama Camp for Burundian refugees, focusing on early childcare, stimulation and learning for children aged 0-6 years through centre- and home-based services. There are 5,643 children (2,786 boys and 2,857 girls) enrolled in Mahama’s three ECD centres, while 1,162 children (574 boys and 588 girls) are enrolled in 72 home-based ECD settings which are managed by trained parents. Overall, 6,805 children aged 0-6 years (3,360 boys and 3,445 girls) are benefitting from integrated ECD services in Mahama. UNICEF also provided 18 ECD kits with play and learning materials for the 18 new semi-permanent ECD classrooms in Mahama.

UNICEF has faced challenges identifying a site for toilet construction with partners in Mahama. In addition, UNICEF’s construction partner in Mahama has experienced staff changes, losing progress during these transition times. The number of paid ECD caregivers has also reduced from 86 to 40, making it difficult to manage overcrowded classrooms. Discussions with UNHCR and MINEMA are ongoing to find solutions.

Child Protection
In 2020, UNICEF and Save the Children planned to support additional child protection initiatives child- and youth-friendly spaces in Mahama Camp. These activities were to include psychosocial support through learning and play tablet sessions and development of inclusive activities for children with disabilities. Unfortunately, due to COVID-19 and the subsequent lockdown in Rwanda, all activities in Mahama Camp were suspended. UNICEF has therefore adjusted plans to child protection activities in Mahama Camp to consider COVID-19 risks and its related restrictions. UNICEF support will now focus on operational continuity for the child protection workforce by providing airtime and means of communication, risk communication, and awareness of child protection risks during COVID-19. Support will still include inclusive activities for children with disabilities in anticipation of the child- and youth-friendly spaces re-opening.

In EVD preparedness, UNICEF provided financial and technical support for capacity development of child protection and frontline health workers, training 15 Child Protection and Welfare Officers, 20 Gender and Family Promotion Officers based at the district level, and 90 health frontline workers from district hospitals. This was done with the support of UNICEF DRC, as well as Rwanda Biomedical Center (RBC). Due to COVID-19, the training for the remaining 15 Child Protection and Welfare Officers was not conducted but will be conducted later this year as possible. UNICEF will also support the development of protocols on child protection and EVD interventions to be integrated into national standard operating procedures.

WASH
UNICEF continued providing technical support to the Ministry of Health on EVD preparedness integrated with the COVID-19 response. As the government-led EVD Case Management/IPC-WASH technical working group is no longer meeting, UNICEF now co-chairs the Case Management/IPC sub-group of the Health Development Partners group with WHO to coordinate partner efforts. Following the roll-out of IPC-WASH training to 304 health facilities in 15 districts in 2019, UNICEF is working with the Ministry to prepare for a similar training in the remaining 15 districts in 2020. Additionally, a small supply package to enable chlorine preparation, testing and application has been procured and will be provided to 22 district hospitals in the 15 Priority 2 EVD districts.

For refugee response, UNHCR has significantly increased its WASH capacity and in the last year has addressed the water deficit in Gihembe Camp for Congolese refugees. However, the 35,000 refugees in Kigeme and Nyabiheke Camps continue to receive inadequate water supply to meet their basic needs. UNICEF continues to monitor the situation in camps, seek funds to address the basic water needs deficit, and remain engaged with UNHCR to respond in the event of a new influx of refugees.

Communications for Development (C4D), Community Engagement & Accountability
In January, UNICEF trained 60 leading journalists on Ebola prevention and preparedness, resulting in over 20 new stories on UNICEF and government prevention efforts in Rwanda.

Since January, over 13,000 community health workers received “refresher” trainings to conduct home visits and provide feedback in eight high-risk districts. UNICEF also trained 1,887 new community health workers in high-risk districts. The key focus of training was on EVD signs and symptoms, prevention measures, interpersonal communication skills and accountability to affected populations. A series of feedback sessions with trained community health workers were conducted to discuss achievements and challenges with regards to community engagement. In February and March, 14,540 community health workers conducted community engagement through ‘door-to-door’ home visits.

UNICEF produced 15,000 flyers, 30 banners and 1,000 posters which are now being disseminated. Four live radio talk shows have been broadcast on national and community radio stations.

UNICEF continued to include messages on Ebola prevention in the popular Itetero children’s radio programme and procured 108 solar-powered radio sets for ECD centres to allow children and parents to listen to Itetero more reliably. UNICEF is also helping train nearly 200 religious ECD volunteers on EVD prevention, risk management and high-risk

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religious doctrines. These volunteers will then train an additional 420 community members. Over 150 ECD caregivers and families were also trained. Communication materials were also distributed in 53 ECD centres.

UNICEF has been working with the Ministry of Emergency Management to strengthen RCCE in six refugee camps and host communities. A small-scale survey on EVD was conducted amongst refugees to inform the interventions. Over 700 mobilisers were trained on EVD prevention in Congolese refugee camps and in Mahama Camp for Burundian refugees. In addition, 1,620 flyers, four banners and four posters for refugee populations were produced and will be distributed shortly.

UNICEF is supporting Rwanda Health Communication Centre to place national consultants in all five provinces who will focus on health promotion with a focus on EVD. These consultants will help form new risk communication and community engagement working groups at the sector level, therefore improving social and behaviour change communication in communities.

UNICEF supported capacity building of 45 health providers from selected health centres on inclusive health services for persons with disabilities, focusing on public health outbreaks. 128 persons with disabilities were trained as trainers in EVD/RCCE to support capacity development of self-help groups and grassroots level organizations of persons with disabilities. Ten communication materials on EVD were adapted for the use of persons with disabilities.

Human Interest Stories and External Media

UNICEF produced one video on the Republic of Korea-supported tablet project in Mahama Camp, where children learn violence prevention through educational and fun apps. Photographs from Mahama Refugee Camp are also available.

In EVD preparedness, UNICEF produced a video illustrating how religious leaders are using sermons and teachings to spread Ebola prevention messages to their followers. UNICEF also finalised production of the “Twirinde Ebola” music video on Ebola prevention, featuring popular artists from Rwanda and one from DRC. The music video was broadcast widely per the dissemination plan agreed with national and private broadcasters and was shown on LED screens at border locations. A collection of photographs and b-roll for external use continues to be available on the UNICEF Rwanda WeShare site, with relevant shot lists and photography credit.

Next SitRep: 31 October 2020


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## Annex A: Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>Overall needs</th>
<th>2020 target</th>
<th>Total results*</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health &amp; Nutrition</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children vaccinated against measles in refugee camps</td>
<td>10,000</td>
<td>10,000</td>
<td>5,842</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refugees accessing the agreed quantity of water for drinking, cooking and personal hygiene</td>
<td>40,000</td>
<td>40,000</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Health facilities and points of entry staff trained and equipped to conduct infection prevention and control activities for Ebola</td>
<td>535</td>
<td>535</td>
<td>304</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Child Protection</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refugee children receiving child protection services in the camp and in host communities</td>
<td>20,000</td>
<td>20,000</td>
<td>8,500</td>
<td>N/A</td>
</tr>
<tr>
<td>Child protection workers trained on Ebola preparedness and psychosocial support</td>
<td>150</td>
<td>150</td>
<td>121</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refugee children reached with quality, inclusive education</td>
<td>30,000</td>
<td>30,000</td>
<td>13,000</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Communication for Development (C4D)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People reached on EVD through messaging on prevention and access to services</td>
<td>6,000,000</td>
<td>6,000,000</td>
<td>6,000,000</td>
<td>N/A</td>
</tr>
<tr>
<td>People engaged on EVD through RCCE actions</td>
<td>500,000</td>
<td>500,000</td>
<td>10,000</td>
<td>N/A</td>
</tr>
</tbody>
</table>

1. Target in WaSH was planned for possible influx from Burundi. No new influx in 2020 and funding received during that reporting period. Funding was received for EVD/IPC training that will be conducted in August and September 2020.

## Annex B

### Funding Status

<table>
<thead>
<tr>
<th>Sector</th>
<th>Total Requirements</th>
<th>Funds available 2020</th>
<th>Funding gap</th>
<th>$</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health &amp; Nutrition</td>
<td>2,500,000</td>
<td>-</td>
<td>889,258</td>
<td>1,610,742</td>
<td>64%</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>1,500,000</td>
<td>-</td>
<td>313,626</td>
<td>1,186,374</td>
<td>79%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>800,000</td>
<td>-</td>
<td>79,143</td>
<td>720,857</td>
<td>90%</td>
</tr>
<tr>
<td>Education</td>
<td>1,200,000</td>
<td>216,000</td>
<td>50,405</td>
<td>933,595</td>
<td>78%</td>
</tr>
<tr>
<td>Communication for development</td>
<td>1,600,000</td>
<td>108,000</td>
<td>437,013</td>
<td>1,054,987</td>
<td>66%</td>
</tr>
<tr>
<td>Sector Coordination</td>
<td>400,000</td>
<td>39,636</td>
<td>116,849</td>
<td>243,515</td>
<td>61%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>8,000,000</td>
<td>363,636</td>
<td>1,886,294</td>
<td>5,750,070</td>
<td>72%</td>
</tr>
</tbody>
</table>