Highlights

- **85,480 children in schools and communities were reached with hygiene promotion.**
- **2 million people were regularly reached with key messaging on COVID-19 prevention and access to services.**
- **7,109 children aged 0-6 years (52 per cent girls) are enrolled in ECD services in Mahama refugee camp through centre-based and home-based settings.**
- **Through COVAX facility, UNICEF supported the delivery and distribution of the second wave of COVID-19 vaccine doses, and the vaccination rollout countrywide.**
- **Of US$6 million appealed in 2021, UNICEF has mobilized US$ 1.8 million, representing 30 per cent of the funding needed to address the urgent needs of women and children.**

UNICEF’s Response and Funding Status

<table>
<thead>
<tr>
<th>Sector</th>
<th>Details</th>
<th>Funding status</th>
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<tbody>
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<td>Health &amp; Nutrition</td>
<td>Health care facility staff and CHWs trained on IPC</td>
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<tr>
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<td>Number of Children reached with HP</td>
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<tr>
<td>WASH</td>
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<td></td>
<td>Health facilities with adequate hygiene facilities</td>
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<td>Women and Children accessing gender-based... Unaccompanied and separated children...</td>
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<td>Education</td>
<td>Refugee children reached with quality, inclusive education</td>
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<tr>
<td>C4D</td>
<td>People reached through messaging on prevention... People engaged on EVD through RCCE actions</td>
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<td>90%</td>
</tr>
<tr>
<td></td>
<td>Funding status</td>
<td>15%</td>
</tr>
</tbody>
</table>

Situation in Numbers

- **2,000,000** children in need of humanitarian assistance (UNICEF 2021 HAC)
- **4,000,000** people in need (UNICEF 2021 HAC)
- **146,831** Refugees (UNHCR December 2020)

UNICEF Appeal 2021

**US$ 6 million**

- **Funds received, $1,387,109**
- **Carry-forward, $396,709**
- **Funding gap, $4,216,182**
Funding Overview and Partnerships

As of 30 June, UNICEF has raised US$ 1.4 million, representing 24 per cent of the appealed $6 million amount needed to continue delivering life-saving services to refugees, children and families affected by the COVID-19 pandemic and its socio-economic impacts, and to maintain its Ebola preparedness and contingency planning.

Without additional funding, UNICEF will not be able to maintain and scale up its humanitarian action to address the essential and critical needs of refugees – more than half of whom are women and children – in the current context of heightened vulnerability in and outside of camps.

Situation Overview & Humanitarian Needs

The humanitarian context in Rwanda from January to June 2021 was marked by a sharp increase of COVID-19 cases, a short-lived influx into Rwanda of few thousands of people fleeing Nyiragongo volcanic eruption in the Eastern Democratic Republic of Congo (DRC), and the continuing assistance to tens of thousands of refugees living in Rwanda.

As of 30 June 2021, Rwanda has reported a total 39,047 cases of COVID-19, an increase of 30,797 cases compared to the situation at the end of 2020, of which 438 deaths (1.1 per cent)\(^1\). In total, the country has conducted over 1.6 million tests, and all confirmed cases of COVID-19 are monitored and contacts are traced. Through the COVID-19 Vaccines Global Access (COVAX) facility, 391,805 people have been vaccinated. The Government of Rwanda (GoR) reinforced preventive measures in June to limit the spread of COVID-19, and announced the closing of school from 1\(^{st}\) July 2021. Pre-primary, primary, secondary grades in public and private schools have been organizing in-person classes since 23 February 2021. The 2020-2021 school year was expected to be completed in July 2021 for upper primary and secondary students and in September 2021 for pre-primary and lower primary grades.

Following the eruption of the Volcano Nyiragongo on 22 June 2021 in the North Kivu province of the neighbouring Democratic Republic of Congo (DRC), over 400,000 people were forced to displace internally and around 8,000 crossed the border into Rwanda. UNICEF participated in the emergency response to volcano affected people in Rwanda under the coordination of the GoR and UNHCR. So far, the vast majority of people displaced into Rwanda have returned to Goma and all the sites have been closed. The GoR, World Bank and other partners are currently conducting a post disaster needs assessment to inform potential needs of Rwandans affected by the volcanic eruption\(^2\).

On 3 May 2021, the DRC’s Minister of Health (MoH) declared the end of the Ebola Virus Disease (EVD) outbreak that affected four health zones in the North Kivu province, neighbouring to Rwanda. During the three-month outbreak (7 February to 3 May), 12 cases (11 confirmed and 1 probable) were reported of whom six deaths (WHO, 4 May 2021). This was the 12\(^{th}\) EVD outbreak reported in DRC, the second in the North Kivu in the past three years.

UNICEF continues to support the GoR to mitigate the secondary effects of COVID-19 on children and families, including in providing Personal Protective Equipment (PPE) for community health workers (CHWs) and child protection volunteers. UNICEF also continues to support the GoR response to refugees and preparedness efforts to prevent other deadly outbreaks, including EVD.

Summary Analysis of Programme Response

Health

UNICEF continued to provide technical and financial supports to the GoR to respond to the COVID-19 pandemic.

UNICEF provided funds to pay the remuneration of 169 staffs working daily in the covid-19 surveillance team during the first quarter of 2021, and supported the procurement of personal protective equipment (PPE) including hand sanitizers and surgical masks for all Community Health Workers (CHWs) as one of the means


\(^2\) UN Situation Report No5 on Nyiragongo Volcanic Eruption in DRC, 16 June 2021
to protect health workers and to enable them to continue working safely especially as they are supporting Covid-19 surveillance and case management at community level.

Through the COVID-19 Vaccines Global Access (COVAX) facility, UNICEF maintained its support for the delivery and distribution of the second wave of COVID-19 vaccine doses and supported the vaccination rollout countrywide.

Through health promotion and routine immunization supply chain management activities, UNICEF continued its support to maintain the maternal, new-born and child health (MNCH) services despite the secondary impact of COVID-19 pandemic. UNICEF also continued the advocacy to the Government of Rwanda (GoR) to maintain a high-level commitment to essential health services.

UNICEF continued to support children in Mahama refugee camp. Rwanda MoH in partnership with Gavi is providing vaccine doses to maintain immunization services for refugee children. During this reporting period, 3,112 children were reached with vaccination services, and the reporting is integrated into the District Health Information Software 2 (DHIS2) system. In addition, refugee camps are included in the GoR COVID-19 response plan and, as of now, all health workers working in Mahama refugee camp are included in COVID-19 vaccine rollout and received the first and second doses during the reporting period.

**Nutrition**

UNICEF continued to reinforce its interventions in the COVID-19 context to ensure continuity of nutrition specific and sensitive programmes in all 30 districts through the multisectoral collaboration. Integrated supportive supervisions were conducted from the central level to district hospitals, health centres up to the community to ensure the continuity and quality of nutrition services with financial and technical supports from UNICEF. The screening of malnutrition for children under the age of five continues at the community level through the support of CHWs. Parents were encouraged to bring their children at a previously designated site in their respective villages with respect to all COVID-19 prevention measures.

In terms of monitoring, UNICEF supported district hospitals, health centres and CHWs to increase their working capacity by providing 20,000 registers to help them monitor the nutrition status of children.

Despite COVID-19 pandemic, the GoR managed to implement the vitamin A and deworming campaign in February-March 2021 in all 30 districts of the country, including in Mahama refugee camp. The preliminary results of this first round of the campaign showed that 87 per cent of children aged 6-59 months received vitamin A and 90 per cent were reached for deworming. In Mahama refugee camp, the coverage rate was 100 per cent for vitamin A and 88 per cent for deworming.

Since 21st June 2020, UNICEF have been supporting the MoH – Rwanda Biomedical Centre (RBC) and district hospitals, health centres as well as the community to conduct the Mother and Child Health Week (MCHW) campaign for the distribution of the second dose of vitamin A and deworming to children aged 6-59 months in all 30 districts. UNICEF purchased supplies and equipment to support service providers to monitor the nutrition status of children. All the supplies are in pipeline waiting their arrival in the country.

During the reporting period, UNICEF speeded up the activities for the rollout of peer to peer support initiative in five districts to improve Maternal, Infant and Young Child Nutrition (MIYCN) behaviour and practices. The training of peer trainers has been achieved as well as the training for 110 peer members.

**Education**

In response to an increase in COVID-19 cases in January 2021, the GoR closed schools in Kigali while reopening all grades in the other 29 districts. As co-chair of the education sector in Rwanda, UNICEF continued supporting the Government’s efforts to fully reopen schools and ensure learning continuity. However, remote learning remained a priority for the education sector, particular for lower grades and for Kigali schools where in-person learning activities were disrupted in January-February 2021. UNICEF’s support to distance learning targeted young children whose parents were more reluctant to send them back to school. In Kigali, during the lockdown, an estimated 309,712 students were accessing remote learning. In parallel, UNICEF continued to support home-based individualized learning for 7,282 children with disabilities with support from 30 sector and local and 984 education activists and 30 itinerant teachers.

UNICEF’s efforts were also directed at supporting the implementation of the UNHCR-UNICEF Blue-Print Plan 2021 that includes three major result areas.
An assessment of the impact of COVID-19 on education of vulnerable children, with a specific focus on refugee children, is underway since May 2021. This assessment which is focusing on refugee children, children with disabilities, pregnant adolescents and adolescents bearing children and teachers is being conducted by UNICEF in partnership with UNHCR and the GoR. The findings from the assessment will provide information on how COVID-19 has impacted the learning of refugee children, children with disabilities, adolescents both girls and boys, detailing how learners form their choice, possible pathway at each level and proposing strategic recommendations to address issues. A desk review has taken place though access to schools for data collection has been delayed mainly because of restrictions related to COVID-19 with travel between districts now restricted. Alternative approaches to completing the study will have to be agreed upon, in particular with the school holiday period imminent.

UNICEF effort was also focusing on working with the Ministry of Education, Rwanda Education Board and National Examination and School Inspection Authority (NESA) in the preparation of the “Go to School and Learn” campaign with an overall theme “My School, My Future”. The purpose of the campaign is to promote school readiness, re-enrolment, retention and participation of parents, communities, and leaders in children’s learning. It has a focus on all children with particular attention to children with disabilities, refugee children, girls, teenage mothers, children from poor communities and teachers. The preparatory arrangements for the campaign started in May 2021, and the campaign will be scheduled from 15th July 2021 to March 2022. In terms of supporting the campaign, UNICEF is developing the Social and Behaviour Change Communication (SBCC) messages that will be aired through media channels especially TV, radio, smart phones and through interpersonal communication channels using the community volunteers to reach out communities at the grassroot levels. There is an initial focus on ensuring that all children return to school for the new academic year beginning in September 2021.

UNICEF also continued to support education for Burundian and Congolese refugee children in order to help them reintegrate into school during COVID-19 and following school re-opening. In this regard, UNICEF delivered scholastic materials that are benefiting approximately 30,000 learners (55 per cent boys) in six refugee camps. The supplies for students were identified in consultation with UNHCR and the headteachers of local schools and UNICEF delivered the supplies through ADRA and World Vision, the UNHCR implementing partners in education around refugee camps. The joint UNICEF and UNHCR end users monitoring is planned to take place in the third quarter of 2021 to assess how delivered scholastic material are contributing to learning for children in schools hosting refugees.

Six hundred refugee children in pre-primary also received supplies that include 663 story books and relevant stationaries that were delivered to them through ADRA and World Vision.

UNICEF in partnership with ADRA and UNHCR continued to support the ECD programme in Mahama refugee camp. During the reporting period, key focus was put on finalizing the construction of the 10 additional semi-permanent stimulation rooms and scale up provision of early learning, childcare and stimulation services for children aged 0-6 years and their families through centre-based and home-based approaches. A focus was also put on enforcing compliance with COVID-19 prevention measures through dissemination of key messages and proper use of provided facilities and supplies. Completion of the additional 10 stimulation rooms gave a cumulative number of 39 ECD stimulation rooms, including 11 permanent and 28 semi-permanent rooms. The additional rooms constructed with the support from the Government of Japan were officially launched in June in the presence of the Ambassador of Japan in Rwanda, the Director General of the National Child Development Agency (NCDA) and Representatives of UN agencies operating in the camp. At that occasion, the need to scale up ECD services to host communities was highlighted and a plea was made to different ECD stakeholders to make this a priority in their plans.
UNICEF and ADRA continued to ensure all ECD centres in Mahama camp comply with the national COVID-19 guidelines through monitoring proper use handwashing facilities and PPE procured in the previous quarter. Key messages on COVID-19 prevention were disseminated at the ECD sites including posters and job aid for ECD caregivers.

Currently 5,787 children aged 3-6 years (50.1 per cent girls) are benefitting integrated ECD services in the 39 stimulation rooms available in the camp. This denotes a slight reduction in numbers of children compared to early 2021 as a result of repatriation movements of Burundian refugees back to their country that has been intense during the last 3 months.

UNICEF also supported capacity building for parents and home-based ECD volunteers to provide nurturing care and stimulation to children aged 0-3 in home-based settings, this programme component was scaled up to more villages in the camp from 8 to 11 villages. Currently 1,395 children (56 per cent girls) benefit home-based ECD services, a slight increase compared to the 1,286 children who were enrolled during the first quarter of 2021.

Overall, 7,109 children aged 0-6 years (3,678 girls and 3,504 boys) are enrolled in ECD services in Mahama refugee camp through centre-based and home-based settings.

**Child Protection**

In Child Protection, in collaboration with SCI and UNHCR, messages for prevention of COVID-19 among refugee population in Mahama refugee Camp have continued to be aired to the population using mobile speakers. Members of community-based child protection structures were trained and actively involved in this campaign, reaching approximately 7,000 parents/caregivers and children. Mental Health and Psychosocial support have also been provided through outreach activities as CFYS are still closed: 16 children (6 boys and 10 girls) have benefited special psychosocial support. In addition, recreational and learning materials were distributed to children with disabilities for home-based entertainment: 242 children with disabilities including 106 girls and 136 boys received materials for play and games. Other inclusive sports have also taken place outside the CYFS which still be closed due to COVID-19 containment measures. In total, 492 children including 273 CWD (96 Girls, 177 Boys) participated in games that do not involve physical contact, mainly funny games, painting, arts and athletics competitions. CPC members were trained to facilitate the home-based recreation activities within agreed COVID-19 prevention measures. In addition, 302 unaccompanied and separated children (176 boys and 126 girls) were assisted.
As part of the Blueprint for Joint Action with UNHCR, UNICEF in collaboration with the NCDA, UNHCR and World Vision supported the roll-out of trainings of the child protection workforce. The objective of the trainings is to increase the capacity of child protection workforce to support refugee children through strengthened child protection system. The national team of trainers was composed of 34 professionals from NCDA, UNHCR and INGOs like Save the Children and Plan International. The cascade training has reached 2,148 IZU (friends of the family) coordinators nationwide up to cell level. The training has shown to be effective within the Child Protection response to refugees’ influx from DRC following the Nyiragongo volcanic eruption. The community-based structures composed of IZU and led by the CPWO in Rubavu district, in collaboration with Plan International and Save the Children, have supported the identification and emergency/temporary placement of 788 unaccompanied and separated children (400 boys and 388 girls) in foster families, most of these children were reunited with families and have returned back to the DRC. Psychological first aid support was also provided to displaced families from the host communities in Rubavu district where some of the houses were destroyed as a result of strong earthquakes. UNICEF also provided CYFS recreational materials as part of the immediate child protection response.

Lastly, the ongoing COVID-19 pandemic and previous lessons from both the EVD preparedness in 2019 have shown the great need to integrate child protection response into the health response to pandemics. UNICEF is supporting the Rwanda Biomedical Center (RBC) as the government-led agency for management of pandemics and the NCDA, to collaborate on developing the capacity of the child protection and the health professionals to effectively handle child protection risks affecting children during pandemics. A situation analysis report based on lessons learnt from the COVID-19 is being finalized to inform the development of a guide and SOP’s on Child Protection and MHPSS during pandemics.

**WASH**

UNICEF continues to support the GoR COVID-19 Response Plan and has deployed an Infection Prevention and Control (IPC) Specialist since the beginning of 2021 to support the IPC Command Center of the MoH.

During the reporting period, the main activities implemented included decontamination of households, facilities, cars, and trucks, training and briefing on IPC, safe and dignified burial management, IPC documents review, assessment, and setting of isolation rooms. The training on IPC has reached 1,484 people, including teachers, school administration officials, and faith-based organizations members, hotels, and bank staff.

UNICEF also supported a mass IPC prevention measures awareness session for 600 students of Riviera High Schools. UNICEF supported the MoH to monitor and evaluate the IPC measures compliance in health care facilities, schools, cross border sites, hospitality institutions, and other public places including markets. Supported institutions on IPC precaution measures received improvement recommendations to control and prevent the pandemic from spreading.

UNICEF has completed the construction of permanent handwashing facilities in 54 health centres in Rubavu, Rusizi, Karongi, Gatsibo, and Nyagatare districts that provide health services to around 1,242,000 people. The handwashing facilities are now operational and used by patients and staff and have ancillary units such as water storage. UNICEF has secured additional funding to support additional 23 health centres in Rusizi, Karongi, and Rubavu districts without handwashing facilities to enable 529,000 patients, staff, and visitors to wash hands with soap during the provision of the health care services.

To reduce wastage of water and the time spent by children to wash their hands in 16 schools in Nyagatare district, UNICEF completed the construction of permanent group handwashing facilities that are low-cost and durable. The support in handwashing facilities enabled 25,480 school children (12,660 boys and 12,820 girls) and 450 teachers and staff (219 males and 231 females) to easily wash their hands with water and soap as part of COVID-19 preventive measures.

As part of the Blueprint for Joint Action with UNHCR, UNICEF, in partnership with WaterAid Rwanda, supported the construction of permanent group handwashing facilities in 60 schools in Gihembe, Nyabiheke, and Mahama refugee camp catchment areas in the districts of Gicumbi, Gatsibo and Kirehe, respectively. These handwashing facilities will benefit around 60,000 school students (29,400 girls and 30,600 boys).

To respond to the needs of people displaced by Nyiragongo volcanic eruption, UNICEF supported the affected people with the provision of WASH essentials supplies. The supplies included chlorine 65 per cent
powder (220 kg), bathing soap (1,008 bars) and washing soap (3,600 bars), water storage tank of 10,000 litres capacity, hand washing stations (10 Units), and water purification tablets amounting to 1120 PAC/50. The targeted people were 3000 who crossed the border and were hosted in Busasamana transit camp in Rubavu district.

Communication for Development (C4D), Community Engagement & Accountability

During the reporting period, UNICEF and partners continued regularly reaching over 2,000,000 people (52 per cent female and 48 per cent male) with messages on COVID-19 prevention and access to services through mass media (radio, TV, print and online), as well as social media and messengers, Internet of Good Things and community engagement mechanisms.

A total of 180,000 people participated in COVID-19 engagement activities directed at feedback collection and rumour tracking, including in and around refugee camps. The partnership with the national NGO helped to engage community members in cross-border districts of Kirehe, Nyamasheke, Rubavu and Rusizi on prevention measures, including interactive handwashing demonstrations, through a network of 114 youth volunteers (60 female and 54 male). Worth noting that in the Community Rapid Assessment round 2 (CRA, April 2021), 59 per cent of the respondents indicated youth volunteer groups as the most trusted community actors for COVID-19 prevention.

UNICEF’s partnership with a popular FM radio station expanded to mobilize young people as ‘agents of change’ for increasing the COVID-19 vaccine uptake by priority population groups as well as increasing public understanding around mental health and positive parenting. With the regular broadcasts of the radio programmes coupled with the station’s large social media following, the partnership continued to regularly reach over two million people.

Through the focus on innovation and technology, particularly Internet of Good Things and ‘WhatsApp tree’ methodology, UNICEF was able to maximize the impact of the ongoing partnerships through sharing the relevant and timely content used by community mobilizers at the grassroots level as well as by media partners to engage with their audiences. A large portion of the materials disseminated through these technology-based solutions focus on keeping children and staff save in ECD Centres, positive parenting and mental health tips.

Change in the national campaign tone/appeal to "I will never give up" (individual accountability/ownership) contributed to building more trust in the Government-led RCCE and COVID-19 vaccine communication effort. In April 2021, 90 per cent of the respondents of the survey (CRA, April 2021) said they will get vaccinated if vaccine is available to them vs. 60 per cent in the UNICEF survey conducted by Rwanda Red Cross Society in September 2020.

In May 2021, UNICEF supported the Rwanda Health Communication Centre to partner with a creative agency to design and disseminate participatory communication assets under the auspices of the national SINDOHOKA (I will never give up) campaign. Through this work, MOH and partners will engage with a variety of influencers and stakeholders to create a set of appealing materials to reinforce COVID-19 recommended behaviours and further boost/maintain the COVID-19 vaccine confidence and uptake.

Through participation in the workshop organized by the Health Promotion Technical Working Group, UNICEF supported development of the guidelines on COVID-19 recommended behaviours reinforcement and vaccine communication for the faith-based leaders as well as a set of materials on mental health for children and parents.

On 24 June, UNICEF in partnership with the Rwanda Health Communication Centre, Association of Rwandan Journalists and WaterAid, organized a strategic communication workshop on media’s role in reinforcing COVID-19 recommended behaviours and address vaccine hesitancy. As part of this initiative, 30 key journalists will report stories from all districts of the country on the ongoing COVID-19 prevention and vaccine communication efforts, as well as impacts of COVID-19 on children and parents, including most vulnerable, and the actions required to further mitigate those.

UNICEF and partners developed a series of materials for COVID-19 prevention and control in the ECD settings, including job aides for ECD Caregivers, booklets for parents, a colouring book for children and a series of posters with key messages for awareness raising. In addition to COVID-19 prevention and control
messages, the materials cover the themes of positive parenting, inclusion, mental health, stress management and stigma towards persons who have experienced COVID-19.

**Humanitarian Leadership, Coordination and Strategy**

The Ministry of Emergency Management and UNHCR continue to be the overall coordinators of inter-agency efforts. 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. With the COVID outbreak, the return of the registered Burundian refugees has been delayed. A total of 50,000 are scheduled to return to Burundi in 2021. To date close to 25,000 have returned.

UNICEF and UNHCR also finalised a new agreement “The Blue Print” which aims to strengthen their current collaboration in 2021 and 2022 to address the needs and rights of refugees, and build new synergies including to support advocacy, fundraising and inclusion of refugees in national policies and strategies.

The Ministry of Health continues to lead the COVID-19 response with the support of WHO and all UN and Development partners. UNICEF is supporting the COVAX roll out, risk communications efforts, and children access to essential services including Education, Child Protection, WASH and Health and Nutrition.

UNICEF alongside WHO, WFP, UNHCR and IOM contributed to establishing COVID-19 technical coordination mechanisms, with groups focusing on health, social protection, food security, and the socio-economic impact of COVID-19. UNICEF has been actively involved in the first three of these groups, co-leading the group on social protection. These mechanisms are keeping development partners informed on the COVID-19 response, collect and share feedback for the Government, and coordinate the development partner response to COVID-19.

UNICEF continues to co-chair the RCCE Technical Working Group meetings to keep RCCE efforts coordinated with the key national and development partners in the framework of the ongoing national “Think Twice” public communication campaign.

**Human Interest Stories and External Media**

In this reporting period, UNICEF Rwanda produced a video on the arrival of the COVID-19 vaccine through the COVAX facility. In addition, in partnership with Facebook, the country office was able to boost COVID-19 vaccines related posts on social media to ensure wider reach and build vaccine confidence. Posts related to routine immunization were also promoted in English and Kinyarwanda.

For parenting month campaign, a video was produced with Ange Kagame to promote parenting tips on how to build children’s brains through play. The video is part of an effort through promote positive parenting during COVID-19.

- **Human Interest Stories produced since January 2021:**

1. Fighting the spread of COVID-19, one house at a time
2. Press release: 340,000 doses of COVAX vaccines due in Rwanda today
3. Press release: Government of Rwanda, UNICEF and other partners launch parenting month campaign to promote positive parenting amid COVID-19
4. From the frontlines: the battle against COVID-19 misinformation
5. Press Release: Launch of Internet of Good Things in Rwanda

- **Social Media posts:**

  **Twitter:**

1. [https://twitter.com/unicefrw/status/1405821964829310977](https://twitter.com/unicefrw/status/1405821964829310977)
2. [https://twitter.com/unicefrw/status/1380095251243753474](https://twitter.com/unicefrw/status/1380095251243753474)
3. [https://twitter.com/unicefrw/status/1406598215689027585](https://twitter.com/unicefrw/status/1406598215689027585)
4. [https://twitter.com/unicefrw/status/1404771020087640070](https://twitter.com/unicefrw/status/1404771020087640070)

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Next SitRep: 30 September 2021
## Annex A

### Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>Overall needs</th>
<th>2021 target</th>
<th>Total results</th>
<th>Change since Quarter 1 report</th>
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</thead>
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<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>20,000</td>
<td>10,000</td>
<td>3,112</td>
<td>▲ 1,228</td>
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<td>Children aged 6 to 59 months with severe acute malnutrition (SAM) admitted for treatment</td>
<td>6,000</td>
<td>6,000</td>
<td>1,000</td>
<td>No change</td>
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<tr>
<td>Health care facility staff and community health workers trained on infection prevention and control</td>
<td>55,000</td>
<td>55,000</td>
<td>0</td>
<td>No Change</td>
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<tr>
<td>Facility staff and community health workers trained on maternal, infant and young child feeding, including in the context of COVID-19</td>
<td>31,000</td>
<td>31,000</td>
<td>0</td>
<td>No Change</td>
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<tr>
<td><strong>WASH</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Number of Children reached with hygiene promotion(^3)</td>
<td>1,000,000</td>
<td>500,000</td>
<td>85,480</td>
<td>▲60,000</td>
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<td>Health facilities with adequate hygiene facilities(^4)</td>
<td>200</td>
<td>100</td>
<td>54</td>
<td>No change</td>
</tr>
<tr>
<td><strong>Child Protection</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Women and Children accessing gender-based violence risks mitigations prevention/response</td>
<td>500,000</td>
<td>500,000</td>
<td>7,000</td>
<td>▲2,694</td>
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<tr>
<td>People with access to safe channels to report sexual exploitation and abuse(^5)</td>
<td>30,000</td>
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<td>29,674</td>
<td>No change</td>
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<td>Unaccompanied and separated children reunified with their primary caregiver or provided with family-based care/ alternative care services(^6)</td>
<td>2000</td>
<td>2,000</td>
<td>1,506</td>
<td>▲1,090(^7)</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>75,000</td>
<td>30,000</td>
<td>27,527</td>
<td>No change</td>
</tr>
<tr>
<td>Schools implementing safe school protocols (infection prevention and control)</td>
<td>8,145</td>
<td>3000</td>
<td>2,635</td>
<td>No change</td>
</tr>
<tr>
<td><strong>Communication for Development (C4D)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People reached through messaging on prevention and access to services</td>
<td>2,000,000</td>
<td>2,000,000</td>
<td>2,000,000</td>
<td>No change</td>
</tr>
<tr>
<td>People engaged on EVD through RCCE actions</td>
<td>200,000</td>
<td>200,000</td>
<td>180,000</td>
<td>▲150,000</td>
</tr>
</tbody>
</table>

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\(^3\) Target for hygiene promotion was increased to 500,000 children based on the needs

\(^4\) Target for WASH was increased to 100 health facilities based on the needs

\(^5\) Includes all IZU trained on VAC + professionals

\(^6\) This includes unaccompanied and separated children in camps

\(^7\) This number is elevated due to the recent influx of DRC refugees from the Goma evaluation
Annex B

Funding Status

<table>
<thead>
<tr>
<th>Sector</th>
<th>Total Requirements</th>
<th>Funds available 2021</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Funds Received</td>
<td>Carry-Over</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Current Year</td>
<td>from 2020</td>
</tr>
<tr>
<td>Health and Nutrition</td>
<td>1,750,000</td>
<td>580,662</td>
<td>128,967</td>
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<tr>
<td>Water, Sanitation and Hygiene</td>
<td>750,000</td>
<td>241,054</td>
<td>22,840</td>
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<tr>
<td>Child Protection, GBViE and PSEA</td>
<td>1,000,000</td>
<td>241,054</td>
<td>82</td>
</tr>
<tr>
<td>Education</td>
<td>1,000,000</td>
<td>141,054</td>
<td>195,872</td>
</tr>
<tr>
<td>Communication for Development,</td>
<td>1,500,000</td>
<td>183,284</td>
<td>48,947</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6,000,000</strong></td>
<td><strong>1,387,109</strong></td>
<td><strong>396,709</strong></td>
</tr>
</tbody>
</table>