Highlights

- The Government of Rwanda is gradually reopening schools. As of 2 November 2020, primary grades 5 and 6 and secondary grades 3, 5 and 6 resumed in-person classes.
- UNICEF supported home-based individualized learning for 7,282 children with disabilities.
- UNICEF procured over 30,000 additional bottles of 500 ml hand sanitizer for community health workers.
- UNICEF provided critical WASH/IPC supplies to 22 hospitals, including three tonnes of chlorine powder for disinfection and 1,500 litres of hand sanitizer.
- UNICEF provided critical hygiene supplies to 484 children aged 0-3 whose mothers are detained, 560 detained minors over the age of 14, and 2,069 children and youth with disabilities in institutional care.
- UNICEF distributed PPE (masks and sanitizer) to all 29,674 child protection community volunteers (Inshuti z’Umuryango) to facilitate them continuing home visits, awareness raising, and case referral.

UNICEF’s Response and Funding Status

| Pillar 1 | No. of people reached on COVID-19 prevention messages | 100% | 0%
| No. of people engaged on COVID-19 through RCCE actions | 15% | 85%
| Funding status | 27% | 73%
| Pillar 2 | No. of health workers provided with PPE | 100% | 0%
| No. of health workers trained on IPC | 16% | 84%
| Funding status | 5% | 95%
| Pillar 3 | No. of healthcare providers trained in COVID-19 | 0% | 100%
| No. of primary caregivers received IYCF counselling | 19% | 81%
| Funding status | 47% | 53%
| Pillar 4 | No. of children supported with home-based learning | 89% | 11%
| No. of schools implementing safe school protocols | 88% | 12%
| No. of children without parental or family care provided with appropriate alternative care arrangements | 100% | 0%
| Funding status | 25% | 75%
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$ 3,732,500 (75 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 and Humanitarian Needs

Rwanda’s first case of COVID-19 was confirmed on 14 March 2020. As of 23 November, there were 5,726 confirmed cases of whom 5,197 have recovered, with 47 deaths reported. All confirmed cases of COVID-19 are being monitored and contacts have been traced.

Since the Cabinet meeting on 11 November 2020, movements are still prohibited between the hours of 10:00 pm and 4:00 am. Most offices are open at 50 per cent capacity, and funerals and weddings cannot exceed 75 people.

The Government of Rwanda is gradually reopening schools. As of 2 November 2020, primary grades 5 and 6, as well secondary levels 3, 5 and 6 have resumed in-person classes. Private schools have resumed in-person learning for all grades. Universities, technical and vocational schools have also resumed in-person learning.

UNICEF is supporting the Government of Rwanda to mitigate the secondary effects of COVID-19 on children and families, including in remote learning for lower primary students and providing Personal Protective Equipment (PPE) for community health workers and child protection volunteers. UNICEF continues to support the Government to construct handwashing facilities in schools.

Coordination and Partnerships

The COVID-19 response is led by the Rwandan Ministry of Health and Rwanda Biomedical Center. An eight-pillar National COVID-19 Response Plan was developed 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. A review and update of the plan is underway, and a revised plan is anticipated shortly.

UNICEF, along with other UN agencies and development partners, is working closely with the Ministry of Health and other government entities to review this plan and update it based on current needs. This is ongoing and will guide the country in its COVID-19 response in the coming months.

COVID-19 technical coordination mechanisms established by partners, with groups focusing on health, social protection, food security, and the socio-economic impact of COVID-19 have now been transitioned to regular health sector coordination mechanisms, with COVID-19 as a standing agenda item. UNICEF was actively involved in the first three of these groups, co-leading the group on social protection along with DFID. These mechanisms keep development partners informed on the COVID-19 response, collect and share feedback for the Government, and coordinate the development partner response to COVID-19.

Summary Analysis of Programme Response

Risk Communication and Community Engagement (RCCE)

During this reporting period, UNICEF reached 6,000,000 people with COVID-19 messages on prevention and access to services.
From October to November, UNICEF and the Rwanda Red Cross Society (RRCS) engaged 45,292 people (22,020 male and 23,272 female) in 416 sectors in feedback collection and rumour tracking sessions. Data analysis shows that key prevailing misconceptions are: 1) COVID-19 does not exist; 2) COVID-19 is for rich and white people; 3) COVID-19 no longer exists in Rwanda because measures have become less restrictive; 4) COVID-19 is a political issue; 5) COVID-19 cannot affect people who consume alcohol; 6) Masks cannot prevent COVID-19. An alarming 39.1 per cent of respondents believe that if everyone around them will be vaccinated when the COVID-19 vaccine is available, they do not need to get vaccinated themselves.

To immediately address these rumours and misconceptions, UNICEF and partners worked with community radio to air a weekly radio programme with health experts. Community sensitisation sessions using megaphones were also conducted in public places like markets and taxi stations, with a weekly reach of 100,000 people across the country.

UNICEF also trained 55 community influencers, community health workers, religious leaders, local leaders, youth and education sector representatives on COVID-19 and interpersonal communication skills to further strengthen community engagement interventions in Mahama Refugee Camp and the host communities. UNICEF conducted a similar training for 30 participants from organisations like Save the Children and World Vision, who will then train 300 more community influencers in Mahama Camp and neighbouring communities for a sustained community engagement effort.

In November, UNICEF participated in a Government-led workshop to develop the next phase of the COVID-19 response plan for December 2020 – November 2021. This work was informed by findings from the National Intra-Action Review exercise, best practices, challenges and lessons learned from the current response. Special emphasis under the RCCE pillar was made on finalising the comprehensive National COVID-19 RCCE Strategy as well as the plan to generate demand and acceptability of the upcoming vaccine.

RCCE consultants outposted to Rwanda Health Communication Centre continued supporting National Command Posts in Kigali City, Kirehe, Ruzizi and Rubavu Districts. Consultants also engaged with communities through regular meetings and live call-in shows through the network of community and private radio stations.

UNICEF continued engaging children at home through children’s radio and TV programmes. In addition, using community radio stations, UNICEF conducted seven live talk shows to discuss COVID-19 prevention measures, and continuity of health, education, nutrition, and protection services. UNICEF also supported four mini radio dramas, aired over four weeks on seven community radio stations reaching 97 per cent of the country.

Through partnership with the popular KISS FM radio station, UNICEF supported a “fact or fiction” programme, where listeners called in to answer questions on COVID-19 prevention and response measures. Through this programme, UNICEF distributed 60 bottles of hand sanitizer, 120 face masks, and other materials to listeners who answered questions correctly. UNICEF also organised 12 live conversations with COVID-19 experts on KISS FM morning programmes. Radio spots on COVID-19 prevention, recorded by Rwandan music industry influencers, have aired on KISS FM 120 times since September.

Between October and November, UNICEF developed education materials for caregivers with sight, speech and hearing impairments, which improve access to information on infant and young child nutrition in the context of COVID-19.

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

In October 2020, UNICEF provided over three tonnes of chlorine powder for disinfection and 1,500 litres of hand sanitizer for health facilities, for a total of US$ 96,000 of WASH/IPC supplies primarily provided to 22 hospitals. Six Kinyarwanda language training videos on WASH/IPC – chlorine solution preparation, chlorine solution testing, maintenance of sprayers, donning, doffing, and safe burial (with support from ICRC) – were produced for the Ministry of Health and made available to health workers through online platforms.

Between October and November 2020, critical hygiene supplies (soap, laundry soap, hand sanitizer, sanitary pads for girls, cleaning disinfectant, and handwashing stations) were provided to 484 children aged 0-3 whose mothers are detained, 560 detained minors over the age of 14, and 2,069 children and youth with disabilities
in institutional care, including 890 girls over 10, and 361 caregivers. In 2020, over 3,700 of Rwanda’s most vulnerable children and their caregivers – 26 per cent of whom were girls over 10 – received hygiene supplies critical to preventing COVID-19.

Construction is nearly complete in 54 health centres (in Rubavu, Rusizi, Karongi, Gatsibo and Nyagatare Districts) as UNICEF is upgrading handwashing facilities and water storage, including installation of handwashing facilities and water storage at health centre entrances. UNICEF is also rehabilitating or installing new handwashing facilities to ensure hand hygiene at all critical points of care.

UNICEF is currently constructing group handwashing facilities in 16 schools in Nyagatare District, following technical support to the Ministry of Education to adopt a new design for a durable, cost-effective, water-saving group handwashing facility. With funds from the Global Partnership for Education, which UNICEF mobilised, the Ministry will install these group handwashing stations in all primary schools and will use its own funding to install handwashing facilities in all boarding schools. UNICEF is now supporting the Ministry to advocate for partner support to cover secondary schools. These handwashing facilities will also enable adequate handwashing for the nationwide school feeding programme. UNICEF is seeking support for a larger number of installations.

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

During this reporting period, UNICEF procured an additional 30,128 bottles of 500 ml hand sanitizer for replenishment.

UNICEF is supporting the Covax facilities for the COVID-19 vaccine, working on readiness documents, development of vaccine request documents, and technical assistance for smooth introduction of the vaccine. UNICEF also supported the Ministry of Health to establish a National Immunisation Logistics Working Group (NILWG) that will oversee the procurement, supply chain, and delivery of the COVID-19 vaccine at the national level and sub-national levels.

In line with the previous rapid assessment of reproductive, maternal, newborn, child and adolescent health (RMNCAH) services in communities and in health facilities during COVID-19, done in the second quarter of 2020 with support from UNICEF and other partners, another is being planned. The results of this assessment will help to understand the persistent secondary impact of COVID-19 on service continuity and will help develop measures to mitigate the long-term impact on maternal and child morbidity and mortality.

UNICEF supported the training of 352 heads of health centres to strengthen skills and knowledge around nutrition in the COVID-19 context. UNICEF also continued supporting district hospitals and health centres to improve supervision and monitoring of regular nutrition activities, such as growth monitoring and malnutrition screenings for referral and treatment.

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

As co-chair of the education sector in Rwanda, UNICEF continued supporting the Government’s efforts to reopen schools and ensure learning continuity. As of 2 November, upper primary (Grade 5 and 6) and upper secondary grades (Senior 3, 5 and 6) resumed in-person learning. So far, 89 per cent of primary school children in the resumed grades (623,594 students) and 91 per cent of secondary school children in the resumed grades (204,300 students) are now attending in-person classes. In addition, an estimated 95.2 per cent of primary school teachers (41,772 teachers) and 94.8 per cent of secondary school teachers (22,359 teachers) have reported back to school.

As schools reopen, remote learning remains a priority for the education sector. In October and November, approximately 82 per cent of students (2,473,625) engaged in distance learning. 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.

In collaboration with Rwanda Education Board, UNICEF raised awareness on safe resumption of in-person learning and implementation of safe school protocols by designing, printing and distributing brochures and posters with key messages on COVID-19 prevention and response to 2,635 schools.
During this reporting period, UNICEF rolled out the “Care for Caregivers” initiative, targeting parents and other primary caregivers to equip them with skills and knowledge on how to maintain good mental health to effectively provide nurturing care to their children. This initiative will be implemented in eight districts. Master Trainers and Training of Trainers sessions have been completed. These will be followed by training of frontline community workers who will reach out to parents and other primary caregivers through parenting groups, households and other community fora.

To provide essential child protection information to families, UNICEF supported the National Commission for Children (NCC) to initiate a toll-free hotline. During this reporting period, 138 child protection cases were reported through this hotline. UNICEF continued providing financial support to NCC to continue services that can respond to child protection violations, such as providing psychosocial, financial and material assistance to foster carers and families taking in children from institutions.

In October, UNICEF procured and distributed PPE (masks and sanitizer) to all 29,674 child protection community volunteers (Inshuti z’Umuryango) to facilitate them continuing home visits, awareness raising, and case referral.

UNICEF and NCC initiated retroactive discussions to determine and address the needs of 369 children with disabilities from six districts who were sent home from six institutional care facilities without proper assessment. So far, 213 assessments have been completed with 52 families identified who need critical immediate support. In depth assessments will also be undertaken to ascertain if children can stay home and how to develop a care plan for those children.

In Kigali, a coordinated effort to remove children from living and begging on the streets has resulted in large numbers of children identified and placed in transit centres, placing a significant burden on the limited professional workforce to undertake rapid assessments and place children back into families. During this reporting period, UNICEF supported NCC to place 163 children (including 148 street children, 146 of whom were boys) into family care.

Human Interest Stories and External Media

During this reporting period, UNICEF published several videos:

- A Kinyarwanda television commercial for Global Handwashing Day, emphasizing the cultural importance of handwashing with soap and how it helps prevent COVID-19.
- Detailing UNICEF support to children and young people with disabilities, including creation of Braille books on COVID-19 prevention information.
- Representative’s remarks on World Teacher’s Day, highlighting the challenges of home learning.
- UNICEF support to home learning via remote and television during COVID-19 school closures.
- Representative’s remarks on World Children’s Day, highlighting UNICEF’s global “Reimagine” campaign for a post-COVID world.

UNICEF also participated in the 14th National Children’s Summit for World Children’s Day and led a Kids Takeover with children on popular Rwandan radio station 102.3 KISS FM. Themes focused on inequalities faced by children and families during COVID-19 and on child protection online.


Next SitRep: End year Report will be issued in January 2021

Who to contact for further information:

<table>
<thead>
<tr>
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<th>Contact Information</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>
### Annex A: Summary of Programme Results

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Target 2020</th>
<th>Total Results 30 November</th>
<th>Change since last report ▲▼</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Risk Communication and Community Engagement RCCE)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Number of people reached on COVID-19 through messaging on prevention and access to services.</td>
<td>6,000,000</td>
<td>6,000,000</td>
<td>N/A</td>
</tr>
<tr>
<td>2 Number of people engaged on COVID-19 through RCCE actions</td>
<td>500,000</td>
<td>110,000</td>
<td>▲ 80,000</td>
</tr>
<tr>
<td><strong>2. Provision of critical medical and water, sanitation and hygiene (WASH) supplies and improving infection prevention and control (IPC)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Number of healthcare facilities staff and community health workers provided with Personal Protective Equipment (PPE).</td>
<td>10,000</td>
<td>55,000</td>
<td>N/A</td>
</tr>
<tr>
<td>2 Number of healthcare facility staff and community health workers trained in Infection Prevention and Control (IPC)</td>
<td>1,000</td>
<td>160</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>3. Supporting the provision of continued access to essential health care services for women, children and vulnerable communities, including case management</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Number of healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases among children, pregnant and breastfeeding women.</td>
<td>10,000</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>2 Number of primary caregivers of children aged 0-23 months who received IYCF counselling through facilities and community platforms.</td>
<td>75,000</td>
<td>64,200</td>
<td>▲ 50,200</td>
</tr>
<tr>
<td><strong>4. Access to continuous education, social protection, child protection and gender-based violence (GBV) services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Number of children supported with distance/home-based learning.</td>
<td>3,000,000</td>
<td>2,661,225</td>
<td>▲ 225,200</td>
</tr>
<tr>
<td>2 Number of schools implementing safe school protocols (COVID-19 prevention and control)</td>
<td>3,000</td>
<td>2,635</td>
<td>▲ 2,635</td>
</tr>
<tr>
<td>3 Number of children without parental or family care provided with appropriate alternative care arrangements</td>
<td>1,500</td>
<td>2,254</td>
<td>▲ 952</td>
</tr>
<tr>
<td>4 Number of children and adults who have a safe and accessible channel to report sexual exploitation and abuse</td>
<td>29,834(^1)</td>
<td>29,675</td>
<td>▲ 29,675</td>
</tr>
</tbody>
</table>

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### Annex B: Funding Status

<table>
<thead>
<tr>
<th>Pillar</th>
<th>Total Requirements</th>
<th>Funds available 2020</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Funds Received 2020</td>
<td>Carry-Over from 2019</td>
</tr>
<tr>
<td>1. Risk Communication and Community Engagement (RCCE)</td>
<td>475,000</td>
<td>130,000</td>
<td>-</td>
</tr>
<tr>
<td>2. Provision of critical medical, water, sanitation and hygiene (WASH) supplies &amp; improving infection prevention and control</td>
<td>2,425,000</td>
<td>130,000</td>
<td>-</td>
</tr>
<tr>
<td>3. Supporting the provision of continued access to essential health care services for women, children and vulnerable communities, including case management</td>
<td>1,000,000</td>
<td>475,000</td>
<td>-</td>
</tr>
<tr>
<td>4. Access to continuous education, social protection, child protection and gender-based violence (GBV) services</td>
<td>542,500</td>
<td>370,000</td>
<td>-</td>
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<tr>
<td>5. Data collection and social science research on the secondary impacts on children and women</td>
<td>50,000</td>
<td>30,000</td>
<td>-</td>
</tr>
<tr>
<td>6. Coordination and Operational costs</td>
<td>507,500</td>
<td>132,500</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5,000,000</td>
<td>1,267,500</td>
<td>-</td>
</tr>
</tbody>
</table>

\(^1\) This number corresponds to community-based volunteers (29,674) and families (160) receiving support.