**HIGHLIGHTS**

- In 2019, UNICEF supported the Ministry of Health to train 37,458 community health workers in 19 Districts on community surveillance of Ebola Virus Disease and delivered protection materials (gloves, boots) for 20,000 community health workers.
- UNICEF directly increased knowledge and awareness among 200,000 people in Rwanda’s 15 high risk districts through door-to-door sensitisation and community engagement on EVD.
- UNICEF procured and delivered scholastic material and supplies for 25,597 refugee and national students (11,962 female; 13,635 male).
- UNICEF continued to support the immunisation services in Mahama Refugee Camp for 13,316 children (130 per cent) under five years on the following essential vaccines: BCG, Polio, DTC, Hepatitis B, Hemophilus Influenza B, Rotavirus, Pneumococcal Conjugate and Measles/Rubella.

**UNICEF’S RESPONSE WITH PARTNERS**

<table>
<thead>
<tr>
<th>SECTORS</th>
<th>UNICEF Target</th>
<th>UNICEF Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C4D:</strong> Number of community health workers trained in risk communication and community engagement for EVD preparedness</td>
<td>11,540</td>
<td>10,000</td>
</tr>
<tr>
<td><strong>C4D:</strong> Number of people reached with EVD messaging through community engagement and interpersonal communication approaches</td>
<td>500,000</td>
<td>200,000</td>
</tr>
<tr>
<td><strong>Health:</strong> Number of community health workers receiving a complete set of supplies for EVD preparedness</td>
<td>20,000</td>
<td>20,000</td>
</tr>
<tr>
<td><strong>Health:</strong> Number of children vaccinated against measles in refugee camps</td>
<td>10,000</td>
<td>13,316</td>
</tr>
<tr>
<td><strong>WASH:</strong> Health facilities and points of entry trained and equipped to conduct infection prevention and control activities for EVD</td>
<td>535</td>
<td>304</td>
</tr>
<tr>
<td><strong>Child protection:</strong> Social workers trained on Ebola preparedness and psychosocial support</td>
<td>150</td>
<td>0</td>
</tr>
<tr>
<td><strong>Child protection:</strong> Number of children receiving critical protection services in refugee camps</td>
<td>30,000</td>
<td>2,152</td>
</tr>
<tr>
<td><strong>Education:</strong> Teachers trained on Ebola preparedness and psychosocial support</td>
<td>1,260</td>
<td>840</td>
</tr>
<tr>
<td><strong>Education:</strong> Number of children accessing quality education in refugee camps</td>
<td>30,000</td>
<td>25,597</td>
</tr>
<tr>
<td><strong>Nutrition:</strong> Number of health workers trained on nutrition in the EVD context</td>
<td>500</td>
<td>48</td>
</tr>
</tbody>
</table>

**Situation in Numbers**

- 150,000: Number of refugees in need of assistance
- 75,000: Number of children refugees in need of assistance
- 2,000,000: Number of people in need for EVD preparedness in the 15 high risk cross borders areas

**UNICEF Appeal 2019**

- US$ 4 million
- 96% funded
Situation Overview

According to statistics from the UN Refugee Agency (UNHCR), there are 149,546 refugees and asylum seekers in Rwanda. Of these, 72,932 are Burundian refugees (UNHCR, 31 December 2019), 76,366 are refugees from the Democratic Republic of Congo (DRC), and 248 are refugees from other countries. Refugee children under the age of 18 make up over 50 per cent of the total refugee and asylum-seeker population.

Mahama Camp currently hosts 61,446 Burundian refugees, while the three reception centres (Bugesera [13], Nyanza [3] and Gatore [44]) host 60 Burundian refugees. In addition, there are more than 11,000 Burundian refugees in the urban areas of Kigali and more than 800 in Huye. In 2019, over 3,500 new Burundian refugees were registered.

Since August 2018, the DRC has been facing 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 have been 3,303 EVD cases reported and 2,199 people have died (WHO, 26 November 2019). Around 28 per cent of cases are children, a larger proportion than reported in previous outbreaks of Ebola. On 17 July 2019, WHO declared the Ebola outbreak in North Eastern DRC a Public Health Emergency of International Concern.

As one of the most densely populated countries in Africa, and with well-developed 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. Although Rwanda remains free of Ebola, there are 15 districts at risk of cross-border spread, six bordering DRC and Uganda and one with air links to DRC.
In July 2019, two cases of Ebola were confirmed in Goma, a major transit hub of more than one million people, which lies on the border with Gisenyi town in Rwanda.

In September 2019, the MOH decided to increase the coverage of the EVD Preparedness activities from 15 to 30 Districts to ensure a minimum but critical level of preparedness nationwide.

**Humanitarian Leadership and Coordination**

**Government response**

*Amini Francoise, a health worker in Rubavu District, screens pedestrians for fever at the Petite Barrière border crossing between Goma, DRC and Rubavu, Rwanda. © UNICEF/UN0334057/Kanobana*

*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, early childhood development (ECD), 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.

*In EVD preparedness*, the Ministry of Health has advised against unnecessary travel to Goma and Eastern Congo, and requested that individuals who have recently travelled to an Ebola affected area report to the nearest screening station. Citizens are encouraged to report any suspected cases of Ebola via the toll-free
hotline. Screening for Ebola at points of entry has been ongoing since the beginning of the outbreak and has been reinforced since the confirmed cases in Goma.

The Government constructed an Ebola Treatment Centre in Rubavu, and 23 isolation units have been prepared in hospitals in 15 priority districts. Ebola response simulation exercises are conducted regularly to test Rwanda’s preparedness in response to a case. Other efforts to enhance EVD preparedness include: Emergency Operations Centre activation, enhanced surveillance, capacity building for case management and laboratory testing. About 3,000 health workers in high-risk areas benefited from preventive ebola vaccination (with Merck), including more than 1,100 in Rubavu District.

**UNICEF Response**

In **refugee response**, 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 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**, UNICEF Rwanda’s plan is based on three scenarios: 1) preparedness, 2) EVD cases in a limited geographic area, and 3) diffused outbreak. Currently, UNICEF is implementing scenario 1 in Rwanda, costed at US$ 3.25 million to strengthen preparedness until December 2019. This plan is aligned with the National Ebola Preparedness and Response Plan, which has a total budget of US$ 14 million.

UNICEF supported the Ministry of Health to develop and revise the national Risk Communication Strategy for EVD, as well as the risk communication components of the different versions of the 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 supports the Ministry of Education and National Commission for Children to strengthen their preparedness efforts.

A technical working group meeting chaired by the Ministry of Health on 24 October 2018 decided to have bi-weekly meetings on six thematic areas, of which UNICEF is involved in four and the co-lead for risk communication and community engagement. WHO provides the overall support to the Government of Rwanda.

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.

UNICEF also contributed to development of the Interagency Ebola 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, was raised to L2 Emergency.

To strengthen cross-border collaboration, in August and October 2019 UNICEF attended a meeting in Goma, DRC with Ministers of Health from neighbouring countries, along with other UN agencies and the CDC. During
the last meeting, a cross-border collaboration framework was developed as well as a communiqué on the highlights of this framework.

**Summary Analysis of Programme Response**

_A baby boy in Mahama Refugee Camp receives a routine immunisation. © UNICEF/UN0302610/Mugabe_

### Health

**In refugee response,** in 2019 UNICEF continued to support immunisation services for Burundian refugees in Mahama Refugee Camp. Over 13,316 children (130 per cent of the target) under five years were reached with the following essential vaccines: BCG, Polio, DTC, Hepatitis B, Hemophilus Influenza B, Rotavirus, Pneumococcal Conjugate and Measles/Rubella. This resulted in the prevention of outbreaks of vaccine-preventable diseases and contributed to the reduction of childhood illnesses in Mahama Camp. In addition, 1,183 pregnant women were provided with the Tetanus Toxoid vaccine to prevent maternal and neonatal tetanus. For Congolese refugees, health services, including immunisation services, are provided by UNHCR and the Government of Rwanda in all five camps.

**In EVD preparedness,** in 2019 UNICEF supported the Ministry of Health to train 37,458 community health workers in 19 Districts on community surveillance of Ebola Virus Disease. By end of December, UNICEF will have delivered protection materials (gloves, boots) for 20,000 community health workers. UNICEF works in collaboration with partners like the World Health Organization (WHO), Centres for Disease Control (CDC), International Organization for Migration (IOM), UNHCR, and RRC to ensure that all avenues for community surveillance are appropriately utilised.

1 The target was based on 2018 statistics
As the Government now considers all 30 districts of Rwanda as high-risk, UNICEF will support training for 21,000 additional community health workers in the remaining 11 districts. This will build capacity for the entire country on community surveillance and will strengthen reporting.

In spite of the high coverage for capacity building, reporting of alerts from the community has been low. This can be addressed by establishing an electronic community event-based surveillance system, which will also be supported by UNICEF jointly with other partners in 2020.

**Nutrition**

**In refugee response,** in 2019, UNICEF provided technical support and nutrition supplies through the Government of Rwanda for acutely malnourished refugee children under five years of age from Burundi and the DRC. These services are integrated into ongoing national programmes. From January to December 2019, Mahama Refugee Camp received 155 cartons of ready-to-use therapeutic food (RUTF) procured by UNICEF from Kirehe District Pharmacy for the treatment of severe acute malnutrition (SAM), as well as 24 cartons of micronutrient powders (MNPs) for the prevention of deficiencies like anaemia for children under two years old. The DRC camps received 41 cartons of ready-to-use therapeutic food (RUTF). In 2019, 77 (30 males and 47 females) children under five years, were admitted for treatment of SAM. Among them, 69 (27 males and 42 females) were treated and cured, two discontinued treatment and one boy did not survive. SAM data from the DRC refugee camps was integrated within government data.

Due to lack of funding, UNICEF was only able to support one camp – Mahama – with nutrition commodities. Consequences of this limited coverage include higher prevalence of anaemia among children under five in other refugee camps. UNHCR’s Standardised Expanded Nutrition Survey indicated that anaemia among children under five in Nyabiheke Camp is above the critical level, and above the serious level in the other four Congolese camps.

Moving forward, UNICEF will engage in robust advocacy, awareness raising and resource mobilisation on these issues. In 2020, UNICEF aims to work with new and existing private sector partners, donors and supporters to mobilise funds and increase visibility on the pressing need to increase nutrition commodity coverage for all refugee camps in Rwanda.

**In EVD preparedness,** in 2019 UNICEF supported the Ministry of Health through Rwanda Biomedical Centre to finalise guidelines, Job Aids and IEC materials on nutritional care for children and patients in the context of Ebola. Following advocacy with the Epidemic Surveillance and Response (ESR) and Case Management teams, the Government endorsed integration of nutrition into the national Standard Operating Procedures for Ebola. It is in this context that the MoH with UNICEF’s financial and technical support trained 48 national trainers (19 females; 29 males) comprised of nutritionists from 48 district hospitals and referral hospitals as well as some doctors from hospitals at risk. The trainings equipped them with hands-on skills and knowledge to care and feed infected/affected children, lactating mothers and other patients during an EVD emergency. The 48 trained individuals will in turn provide the same training to 500 health service providers nationwide to ensure optimal nutrition care contributes to nutrition, survival, malnutrition prevention and quick recovery of patients and other vulnerable people in EVD context.

The main challenge in EVD preparedness was the lack of funding to procure the materials for trainees. These materials include personal protection equipment (masks, gloves, boots, gowns and eye protection) worn by health providers during an Ebola outbreak. These materials are necessary for skills-oriented training and practice activities to prepare for a potential Ebola outbreak.

Another challenge was insufficient funding to allow trainees to visit the Ebola Treatment Centre and observe how treatments are carried out in the event of an outbreak. This visit would have allowed gains in knowledge and hands-on practice to prepare for an EVD emergency.
To continue supporting the Government in EVD preparedness, additional funds are required to train the remaining 452 health providers who will provide nutritional guidance in case of an Ebola outbreak.

**Early Childhood Development**

**In refugee response:** In 2019, UNICEF supported provision of integrated centre- and home-based ECD services for 6,660 children (2,997 boys; 3,663 girls) in Mahama. Following the collapse of temporary ECD structures in 2018, in May 2019 UNICEF supported construction of 18 additional semi-permanent ECD stimulation rooms. This provided opportunities for an additional 1,440 children to access centre-based ECD services. To enhance children early learning and stimulation, UNICEF supplied 10 ECD kits to support play and learning activities in the ECD centres. The play park constructed with UNICEF support in 2018 continued to serve as a play and socialization space for around 20,000 children aged 3-12 years (roughly 9,500 boys; 10,500 girls) attending ECD centres and primary school centres in the camp.

In addition, UNICEF supported the national system to promote provision of inclusive ECD services at home and in centres including emergency settings. A national screening tool was developed and used to map all children aged 0-8 years with disabilities in Mahama Refugee camp. The mapping identified 162 children (95 boys and 67 girls) living with different types of disabilities. Among them, 70 children (41 boys; 29 girls) are already enrolled in both centre and home-based ECD centres. Efforts are underway to ensure that all these children are enrolled in the ECD programmes. In total, 10 officers from ADRA, the implementing partner, and 62 ECD caregivers (24 males; 38 females) and community volunteers were trained to equip them with knowledge and skills to effectively provide inclusive ECD services.

**In EVD preparedness:** In the first phase, UNICEF supported seven market-based and cross-border ECD centres in four of the high-risk districts, equipping them with handwashing facilities and soap. This promoted hygienic behaviour and prevention of Ebola transmission among 720 children and 72 caregivers in these ECD centres. UNICEF also trained 11 ECD caregivers, 15 partner staff working in ECD, and conducted community engagement around the seven ECD centres. The trained personnel continued to engage communities surrounding the seven ECD centres on EVD prevention and risk management. In the second phase, EVD prevention training was expanded to the 15 high risk districts. UNICEF provided training for 13 staff members from three NGO partners on EVD prevention and risk management. A total of 511 caregivers and parents’ leaders were trained on EVD signs, symptoms and prevention and the training was cascaded to 1,636 parents and primary caregivers. In total, 53 ECD centres were reached and equipped with IEC materials on EVD including banners and posters. In addition, UNICEF is building the capacity of community members on EVD-related issues through religious networks around faith-based ECD centres. Efforts are underway to ensure that all these children are enrolled in the ECD programmes. In total, 10 officers from ADRA, the implementing partner, and 62 ECD caregivers (24 males; 38 females) and community volunteers were trained to equip them with knowledge and skills to effectively provide inclusive ECD services.

**Education**

**In refugee response,** UNICEF procured and delivered scholastic material and supplies for 25,597 refugee and national students (11,962 female; 13,635 male) to support the 2019 academic year. These supplies supported the integration of refugee children and worked to ensure long-term solutions within the education sector in the Government school hosting Burundian refugee children, Paysannat L, in Mahama Refugee Camp.

**In EVD preparedness,** in 2019 UNICEF worked with Rwanda Education Board, under the auspices of the Ministry of Education and in collaboration with the Ministry of Health, Rwanda Biomedical Centre, and other partners, to strengthen Ebola preparedness in the education sector. The draft Ebola guidance for schools and child care centres was finalised and validated by Rwanda Biomedical Centre and Rwanda Education Board.

In collaboration with the UNICEF Communication for Development team, four educational posters and one booklet were developed for schools and validated by Rwanda Education Board. In the priority districts, 3,498 copies of each material were procured and are in the process of being distributed to each school.
Between August and September 2019, trainings were conducted on Ebola prevention and control in schools in Rusizi, Rubavu, Nyagatare, Gicumbi, Musanze, and Burera Districts for head teachers, Sector Education Officers, and District Directors of Education. With support from UNICEF and the Rwanda Education Board, eight trainers from the Ministry of Health with capacity in Ebola training (four per district) facilitated the sessions. In total, 810 head teachers, Sector Education Officers, and District Directors of Education were trained.

At these trainings, communication materials were provided to head teachers and sectors for distribution and use in schools. Trainings still need to be completed in the remaining seven high-risk districts. In 2020, the Ebola Guidance on Prevention and Control in Schools will be validated, printed, and disseminated to all schools in priority districts. Schools are still lacking appropriate WASH and other materials to ensure proper measures are in place for prevention and control of EVD.

**Child Protection**

In **refugee response**, in 2019 UNICEF developed a tablet-based learning intervention providing children in child and youth-friendly spaces with opportunities to use learning and play applications. These apps were selected from a mapping exercise of existing apps and included interactive consultations with refugee children in Mahama Camp. A child protection app, specifically tailored on the refugee camp situation has also been developed to help children learn about protection risks, in-camp reporting systems and protection. Around 500 children participate in these tablet sessions each week and to date 2,152 children (851 girls and 1,301 boys) have already attended.

As the influx of refugees has decreased in recent years, efforts focus on strengthening the national child protection system for better integration of refugees. This includes ensuring that the social workforce is fully informed and aware of the needs of refugee children and improving coordination on the management of child protection in camps and in host communities. This response hopes to overcome challenges like inconsistencies in child protection processes in camps and in the national system, lack of coordination on cases, and weak capacity of the national social workforce in understanding and responding to the specific needs of refugee children and families.

In **EVD preparedness**, in 2019 UNICEF provided technical support for development of the information and training guides on psychosocial support and child protection for district child protection social workers and psychologists and gender and family promotion district staff, as well as front line health service providers in district hospitals. Organisation of training sessions was delayed due to the government’s need for support to coordinate the cascade training through their own structures, and will now be undertaken in January 2020 under the leadership of the Rwanda Biomedical Center and the National Commission for Children. UNICEF also contributed to elaboration and printing of booklets and posters for EVD awareness raising and referral mechanisms for children in institutional care who are mainly children with disabilities and their caregivers; and pre-positioned recreational materials for children in various children centres.

In 2019, the main challenge in EVD preparedness was limited knowledge and expertise around child protection and EVD in Rwanda; which has led to delays in prioritising trainings on protection and psychosocial support in the EVD context. UNICEF has continued to push for child protection content and training which will now take place in January 2020. In addition, trainings will be extended to more frontline workers, such as the child protection volunteers at the village level (Inshuti Z’Umuryango or IZU) to reach more children and families in the event of an Ebola crisis. A contingency PCA has been finalised with partner World Vision to be activated in the event of an outbreak.
Water, Sanitation and Hygiene (WASH)

In refugee response: While UNHCR is responsible for all WASH services in camps. UNICEF works closely with UNHCR and continues to provide technical support as needed. UNICEF also recognises that water provision in two camps must be increased to 20 litres per person per day, and is exploring opportunities, with funding windows unavailable to UNHCR, to address this need for capital investment.

In EVD preparedness: In 2019, UNICEF co-chaired the Case Management/Infection Prevention and Control (IPC) Technical Working Group and provided technical support to the Ministry of Health on EVD IPC/WASH assessments, planning, training and simulation exercises (SIMEX) in the high-risk district hospitals. Highlights include assessments and monitoring at points of entry, particularly on the preparation and use of chlorine solution for handwashing and supporting the review and preparation of the third and fourth National EVD Preparedness and Contingency Plans in conjunction with other partners.

UNICEF trained 994 national and district health staff (48 per cent female) on critical WASH/IPC activities. These activities included cleaning, disinfection and waste management. Trainings included 19 national trainers on WASH/IPC for EVD preparedness and response, 204 Rapid Response Team Members at the district level and 771 health staff at sub-district health centres and points of entry.

UNICEF provided EVD WASH supplies to MOH for cleaning, disinfection and waste management for hospitals, health centers and points of entry in 15 high-risk districts. Further follow-up, supervision and mentoring is required to strengthen IPC capacities in the 15 high-risk districts. To ensure the country is prepared for EVD, 15 additional districts require initial training and supplies.
Risk Communication and Community Engagement

In EVD preparedness, in 2019 UNICEF acted as co-chair of the Risk Communication and Community Engagement Technical Working Group. UNICEF and partners developed a comprehensive communication and community engagement strategy to strengthen EVD prevention.

UNICEF reached 200,000 people with EVD prevention messages in the 15 high risk districts through door-to-door sensitisation and community engagement activities. The messages were focussed on EVD signs and symptoms, modes of transmission and where to refer for services, with a noticeable increase in community knowledge and awareness about Ebola. An additional six million people were reached through mass media channels including radio, television and social media, complementing the social mobilisation activities. This ensured that EVD remained at the centre of public discourse.

In September 2019, to measure prevailing knowledge, attitudes and practices around Ebola, UNICEF trained 20 data collectors (70 per cent female) to conduct a ‘dipstick’ study among 263 randomly-selected people (47.1 per cent female; 52.9 per cent male) in four of the 15 high-risk districts. The results of the dipstick study showed high level of correct knowledge about the EVD signs and symptoms, modes of transmission and ways of prevention (about 90 per cent). The same study also demonstrated there are still gaps in knowledge that need to be addressed: 76.5 per cent of respondents agreed that Ebola can be transmitted through air, 51 per cent believe they can get Ebola through mosquito bites and 49 per cent believe Ebola is a water-borne disease. Relatively low numbers of respondents agreed that Ebola can also be caused by witchcraft (16.6 per cent) or because of a curse placed upon them (10.2 per cent). In 2020, the messages and approaches will be adjusted taking into consideration findings from the survey and needs.

In 2019, UNICEF oriented 320 influential religious leaders (60 per cent male; 40 per cent female) on EVD prevention. These religious leaders incorporated messages on Ebola signs, symptoms, prevention and treatment methods into their sermons, prayers and community gatherings in all 15 high-risk districts. UNICEF also trained 11,540 community health workers on risk communication and community engagement. These health workers reached over 70,000 households with information on Ebola prevention.

Using the edutainment approach, UNICEF and partners conducted 47 road shows from the beginning of the year until September, covering all 15 of Rwanda’s high-risk districts. Some of these road shows were held near informal border crossings and reached the most vulnerable and at-risk populations. Each road show contained messages on signs, symptoms and prevention of Ebola, as well as public calls for spectators to engage their families and communities in Ebola prevention and awareness. The road shows were also broadcast on television and community radios, reaching all districts. UNICEF also facilitated participation of experts to discuss Ebola on live TV and radio. UNICEF leveraged its partnerships with the private sector to strengthen content dissemination at road shows, particularly on handwashing with soap, leading to handwashing demonstrations and soap distribution during road shows by the private sector with their own resources. There is also an agreement with the soap industry that EVD prevention messages will be printed on soap packaging and on some of their other marketing tools.

UNICEF provided audio-visual content on EVD prevention for six electronic billboards fixed at border crossings with DRC and Uganda and five electronic billboards in Kigali City, to diversify messaging seen by more than 65,000 people each day.

UNICEF and partners also began implementation for three new initiatives on EVD prevention: i) EVD affecting persons with disabilities; ii) EVD sensitisation in five refugee camps; and iii) EVD training for influential mass media and bloggers. Additional funds are required to implement activities in the RC&CE pillar of the National Contingency Plan.
External Communication and Media

In refugee response, in 2019 UNICEF began producing a video series on the tablet-based learning intervention for Burundian refugee children. These videos can be found on the UNICEF Rwanda YouTube channel, with production ongoing into 2020.

A collection of photographs for external use can be found on the UNICEF Rwanda WeShare site, with relevant shot lists and photography credit.

In EVD preparedness, in 2019 UNICEF published five relevant articles on the UNICEF website. UNICEF also released four videos highlighting preparedness and community engagement initiatives, all published on UNICEF social media and YouTube channels.

UNICEF also produced a song on Ebola prevention, “Twirinde Ebola”, featuring popular artists from Rwanda and one from DRC. This song was performed in over 20 road shows and aired several times per day on radio stations across the country. A music video for the song has been finalised and will be broadcast widely as per the dissemination plan agreed with the state and private broadcasters.

A collection of photographs and b-roll for external use can be found on the UNICEF Rwanda WeShare site, with relevant shot lists and photography credit.
Funding

In 2019, UNICEF Rwanda required a total of US$ 4 million to support the refugee response and Ebola preparedness urgent needs, as per the inter-agency Regional Refugee Response and National EVD Plans. As of 31 December 2019, 96 percent of the funds were mobilised for the Ebola response, however no humanitarian funding was received for the refugee’s response. UNICEF expresses its gratitude to the CERF Secretariat, USAID and DFID for the continued support and funding received in 2019. Critical funding gaps across all sectors remain a challenge for UNICEF to continue responding to the urgent needs of refugees, especially children from Burundi.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Total Requirements</th>
<th>Funds available</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 2018</td>
</tr>
<tr>
<td>Health &amp; Nutrition</td>
<td>1,000,000</td>
<td>1,561,052</td>
<td>3,802</td>
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<td>WASH</td>
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<td>C4D</td>
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<td>Child Protection</td>
<td>500,000</td>
<td>141,274</td>
<td>19,543</td>
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<tr>
<td>Education</td>
<td>750,000</td>
<td>201,085</td>
<td>3,449</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>4,000,000</strong></td>
<td><strong>3,479,029</strong></td>
<td><strong>364,266</strong></td>
</tr>
</tbody>
</table>

* In light with the new focus on Ebola Preparedness in 2019, all the humanitarian funding received was for the Ebola Preparedness activities.
** No funding was received for the Refugees response in 2019, only US$ 141,464 carried forward from 2018 was used for the Refugees Response activities, mainly in WaSH and CP. The results in Health, CP and Education were achieved using resources from the regular programme.

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