



Republic of Rwanda
Ministry of Health

rbc Rwanda
Biomedical
Centre
Healthy People, Wealthy Nation

Coronavirus Disease 2019, National Preparedness and Response Plan

March - August 2020

PREFACE

On 31 December 2019, the Government of China reported a cluster of cases of pneumonia of unknown cause in Wuhan, Hubei Province. A new coronavirus was eventually identified. On 30 January 2020, the Director-General of WHO declared the coronavirus disease 2019 (COVID-19) outbreak a Public Health Emergency of International Concern (PHEIC) under the International Health Regulations (IHR) 2005 and the World Health Organization (WHO) on March 11th declared COVID-19 a pandemic. The current outbreak continues to expand with reported cases across China. Cases have now been reported in 195 countries as of 24th March 2020. The primary objective of the international response to the COVID-19 outbreak remains stopping the human-to-human transmission of the virus and caring for those affected.

The continued increase in the number of cases and the number of affected countries is of concern and WHO has increased the assessment of the risk of spread and the risk of impact of COVID-19 to very high at the global level and regional levels. Unaffected countries have been advised by the WHO to strengthen their COVID-19 preparedness planning, and to build capacities for operational readiness to ensure an effective, efficient and coordinated response in the event of any imported case.

Against this background, the Government of Rwanda through the Ministry of Health developed this six months National Covid-19 Preparedness and Response Plan. The proposed interventions are expected to prepare the country to prevent, detect and respond effectively and efficiently to any potential Covid-19 outbreak. The cost of implementing these interventions is also stipulated in the plan and will guide resource mobilization efforts.

I am delighted to present this COVID-19 Preparedness and Response Plan which will be our reference document for preparedness and response to mitigate the impacts of a potential COVID-19 outbreak. Multi-sectoral collaboration, active participation of all players within the health sector, involvement of development partners and synergy of the preparedness and response efforts by the different players will enable Rwanda realize the goal to keep the country free of the novel coronavirus and respond promptly in the event that a case is imported.

Dr. NGAMIJE M. Daniel
Minister of Health



ACKNOWLEDGEMENTS

The development of this Preparedness and Response Plan is a critical step towards ensuring effective National capabilities for the prevention, timely detection, response and immediate containment of a potential COVID-19 case in Rwanda.

The Ministry of Health and the Rwanda Biomedical Centre (RBC) wish to acknowledge various individuals and organizations who participated in the development of the COVID-19 preparedness and Response plan. The completion of this plan was made possible through consensus and participation of staff from Rwanda Biomedical Centre, Epidemic Surveillance and Response Division (ESR) and partners.

Special thanks to Honorable Minister of Health and the Director General of RBC for their support throughout the process.

Special recognition to the ESR staff for their technical contributions, support, hard work, dedication and sacrifices they made in this process. The Rwanda Biomedical Centre is grateful to our partners and other health stakeholders who contributed in the development process of this document.

We specifically acknowledge all the individuals who represented the different departments/institutions and organizations.


Dr Sabin NSANZIMANA
Director General of RBC



EXECUTIVE SUMMARY

On 31 December 2019, the Government of China reported a cluster of cases of pneumonia of unknown cause in Wuhan, Hubei Province. A new coronavirus was eventually identified. On 30 January 2020, the Director-General of WHO declared the coronavirus disease 2019 (COVID-19) outbreak a Public Health Emergency of International Concern (PHEIC) under the International Health Regulations (IHR) 2005 and the World Health Organization (WHO) on March 11th declared COVID-19 a pandemic. The current outbreak continues to expand with reported cases across China. Cases have now been reported in 195 countries as of 24th March 2020. The risk of spread of the outbreak to other countries has been graded by WHO to be very high both at the regional and global level. The primary objective of the international response to the COVID-19 outbreak remains stopping the human-to-human transmission of the virus and caring for those affected.

Following the WHO recommendations to stop the human-to-human transmission of COVID-19, the Republic of Rwanda, developed this COVID-19 Preparedness and Response Plan for implementation over a six-month time period. The goal of the plan is to enhance the capacity to prevent, timely detect and effectively respond to a potential COVID-19 outbreak in Rwanda.

The plan outlines the preparedness and response strategies and activities based on the four possible scenarios defined by WHO. The scenarios include:

WHO has defined four transmission scenarios for COVID-19:

1. No reported COVID-19 case
2. Sporadic cases: One or more cases, imported or locally detected
3. Clusters of cases: Clusters of cases reported in terms of time, geographic location and/or common exposure
4. Community transmission: Larger outbreak of local transmission

For each of the scenarios, detailed costed activities are proposed based on the preparedness and response areas/pillars listed below

1. Leadership and Coordination;
2. Epidemiological Surveillance
3. Points of Entry
4. Laboratory
5. Infection Prevention and Control
6. Case management

7. Risk communication and Community Engagement
8. Logistics

The comprehensive plan also incorporates a simulation exercise (SIMEX) to test the capacity and operational readiness of the country to prevent, detect and effectively respond to a potential COVID-19 case in the country.

The estimated budget costs for the immediate scale up operations for COVID-19 preparedness, and future response activities in the event of a confirmed COVID-19 case in Rwanda is at a total cost of **USD 73 471 760**.

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ABBREVIATIONS AND ACRONYMS

CHWs	Community Health Workers
COVID-19	Coronavirus Disease 2019
ESR	Epidemic Surveillance and Response
IDSR	Integrated Disease Surveillance and Response
IEC	Information Education and Communication
IHR	International Health Regulations
ILI	Influenza-Like Illness
IPC	Infection Prevention and Control
KIA	Kigali International Airport
MERS-CoV	Middle East Respiratory Syndrome Coronavirus
MoH	Ministry of Health
NRL	National Reference Laboratory
PHEIC	Public Health Emergency of International Concern
PoE	Points of Entry
PPE	Personal Protective Equipment
PSAs	Public Service Announcements
RBC	Rwanda Biomedical Centre
RRTs	Rapid Response Teams
RT-PCR	Reverse-Transcriptase Polymerase Chain reaction
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SIMEX	Simulation Exercise
SMS	Short Message Service
SOPs	Standard Operating Procedures
TV	Television
TWG	Technical Working Group
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

I. INTRODUCTION

On 31st December 2019, the National Health Commission of China declared a new outbreak of Coronavirus disease-19 (COVID-19) in Wuhan, Hubei Province in China with a possible link to a large wholesale fish and live animal market. On 30th January 2020, the WHO Director General declared the outbreak of COVID-19 a Public Health Emergency of International Concern (PHEIC) based on the advice of the Emergency Committee under the International Health Regulations (IHR, 2005), making it the 6th event for which WHO has declared a PHEIC since the IHR came into force in 2005. The World Health Organization (WHO) on March 11th declared COVID-19 a pandemic. As of 24th March 2020, 195 countries had reported 375,498 confirmed cases of Coronavirus and 16,362 deaths had been reported.

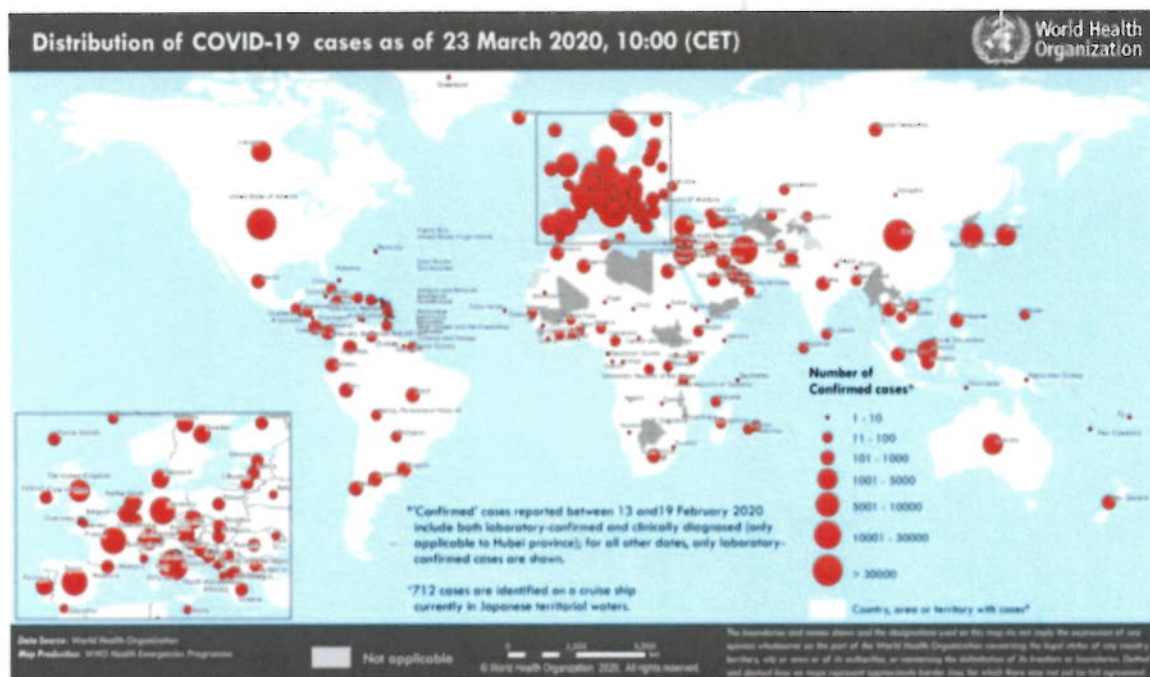


Figure 1: Countries, territories or areas with reported confirmed cases of Covid-19, 23 March 2020¹

This virus which causes COVID-19, SARS-CoV-2, is a new strain of the Coronaviruses that has not been previously identified in humans and thus no vaccines or specific antivirals have not yet been developed. Supportive treatment remains the mainstay of

¹ *Coronavirus disease 2019 (COVID-19) Situation Report – 49 (WHO)*

case management. Several clinical research studies evaluating antiretroviral drugs are underway, and exploratory work into candidate vaccines has begun. The ongoing COVID-19 outbreak poses a very high global risk threat.

Coronaviruses are found worldwide and cause a range of illnesses in humans and animals (birds and mammals). In humans, common coronaviruses include *229E*, *NL63*, *OC43*, *HKU1*. These viruses can cause mild to severe upper-respiratory tract illnesses. However, coronaviruses also cause Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS-CoV). The overall mortality rate for Coronaviruses can be as high as 34.4% in MERS-CoV patients and 9.6% in SARS patients. As of 24th March 2020, the reported case fatality rate of COVID-19 was 4%.

Table 1: Previous Corona Virus Disease Outbreaks

Period	CoV subtype	Region/Country	# Cases	# Deaths
2002-2003	SARS	China	8,098 cases	probable 774 (10%)
2012-2019	MERs COV	Arabian Peninsula	2,400 lab confirmed cases	850 (35%)

Coronaviruses are transmitted mainly via respiratory droplets produced when an infected person coughs or sneezes. Transmission of the virus can also occur by touching surface or objects that have the virus and then touching one's own mouth, nose or eyes. In medical facilities the disease is transmitted to health care workers due to inadequate infection prevention and control (IPC) measures. Common symptoms of COVID-19 include fever of $\geq 38^{\circ}\text{C}$, a dry cough, and shortness of breath. Other symptoms include sneezing, runny nose and sore throat.

In line with IHR (2005), WHO does not advise any restriction on travel and trade but rather advises unaffected countries to urgently strengthen their COVID-19 preparedness by setting contingency measures to ensure effective operational response in the event of a confirmed case. Additionally, WHO advises that every country urgently take all necessary measures to slow further spread of COVID-19 and protect health systems from becoming overwhelmed with seriously ill patients. This effort will require the engagement and participation of multiple stakeholders.

II. RATIONALE OF THE PLAN

Currently, over 100 countries and territories have reported over 100,000 confirmed cases of COVID-19. The outbreak which began in China has spread to nearly every continent. Initial cases reported are often imported cases from travelers after which

person to person transmission occurs due to inadequate infection prevention and control (IPC) measures. Rwanda must therefore be prepared for an imported case of COVID-19 and have a robust structured plan to prevent person-to-person transmission. The Rwanda Ministry of Health developed this COVID-19 Preparedness and Response Plan to ensure that health and other systems are adequately prepared for, and ready to respond to a possible importation of COVID-19.

Key guiding principles for the Covid-19 Preparedness and Response Plan:

- The prevention and control of Covid-19 is an international public good and requires strong political and financial commitments at national, regional and international levels.
- In country actions should build on existing institutions and their mandates wherever possible and draw on scientific evidence to refine this national plan and interventions.
- A multidisciplinary approach is needed to integrate technical, social, political, policy and regulatory issues in addressing Covid-19.
- Prevention and control interventions should be supported to ensure that the health and security of Rwandan citizens and foreigners living in Rwanda are protected.
- Because the risk of Covid-19 will persist, there is a need to strengthen national disease prevention and emergency response capabilities.

III. COVID-19 PREPAREDNESS AND RESPONSE PLAN FOR RWANDA

This COVID-19 Preparedness and Response plan is intended to guide preparedness, early detection and early response for Covid-19 in Rwanda. During an outbreak a rapid risk and needs assessment will be conducted and the plan updated. This plan proposes activities and provides guidance on roles, responsibilities and procedures that would be necessary to facilitate the process of decision-making.

3.1. Goal

To enhance the capacity of Rwanda to prevent, timely detect and effectively respond to a potential COVID-19 outbreak in Rwanda.

3.2. Objectives

The overall objectives are to:

- 1 Facilitate coordination of preparedness and response efforts for a COVID-19 outbreak and strengthen inter-sectoral and intra-sectoral coordination, engagement and partner participation
- 2 Mobilize internal and external resources for an effective implementation of National preparedness for Covid-19 prevention and control based on potential identified risks
- 3 Enhance national capacities for prevention, promptly detection, and timely response to potential COVID-19 cases through:
 - a. Enhanced surveillance at community, ports of entry and at health facilities
 - b. Improved sample collection and referral mechanisms, and laboratory testing / diagnostic capacities;
 - c. Improved infection prevention & control for COVID-19 in all HF
 - d. Improved clinical capacities of hospitals to manage COVID-19 cases
- 4 Create and raise public awareness for engagement on COVID-19 preparedness and response activities
- 5 Improve logistics management to enhance operations support
- 6 Ensure the enforcement of safety and security measures to facilitate the implementation of public health measures

IV. PART 1: PREPAREDNESS PLAN DURING THE PRE-EPIDEMIC PHASE

4.1. Implementation Strategies for COVID-19 Preparedness

4.1.1. Leadership and Coordination

The effort to contain the potential spread of Covid-19 is led by the Office of the Prime Minister under the National Epidemic Preparedness & Response Committee (NEPRCC) along with the Ministry of Health, Ministry of Local Government and Security organs.²

The figure below is a chart showing the coordination structure of the Covid-19 Incident Management System.

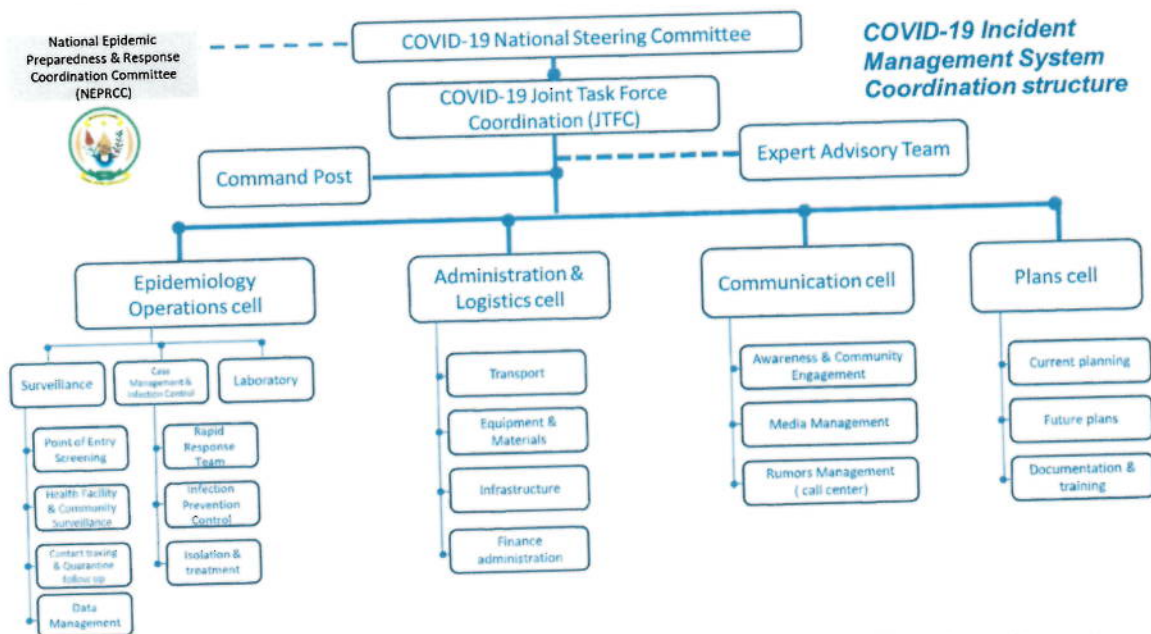


Figure 2: COVID-19 Incident Management System Coordination Structure

Goal: Reinforce leadership and coordination capacities for outbreak preparedness and readiness of Covid-19

² Cabinet communiqué – 06/03/2020.

https://www.primature.gov.rw/index.php?id=43&no_cache=1&tx_drblob_pi1%5BdownloadUId%5D=778

Ensure that multi-stakeholder and multi-partner efforts are coordinated and synchronized to implement and scale up COVID-19 preparedness activities as outlined in the national plan.

Management & Operations

- Lead, facilitate and oversee the development and implementation of the national COVID-19 Preparedness and Response Plan
- Activate the National Public Health Emergency Operations Center and functional pillars
- Activate multi-sectoral and multi-partner coordination mechanisms
- Activate district and national Rapid Response Teams and task forces
- Facilitate key decision making in consultation with stakeholders
- Review regulatory and legal implications of public health measures

Workforce Capacity Development

- Develop and implement a monitoring and evaluation framework with regular updates
- Conduct initial capacity assessment and risk-analysis including mapping of vulnerable populations
- Identify and train spokespersons
- Facilitate integrated regular support supervision and mentorship activities
- Conduct and implement a comprehensive SIMEX to test national preparedness capabilities.

Logistics & Stakeholder Engagement

- Support cross-border coordination activities
- Mobilize all needed resources from government and partners
- Print and disseminate case definition and associated education posters and materials
- Print and disseminate SOPs, data collection and reporting tools

Monitoring and Evaluation

- Develop and implement monitoring and evaluation frameworks and key performance indicators
- Conduct regular operational reviews to assess implementation success and epidemiological situation and adjust operational plans as necessary
- Conduct after action reviews in accordance with IHR (2005) as required, and use lessons learned to improve future response plans.

Command Post Set up

4.1.2. Epidemiological Surveillance

Goals:

Strengthen COVID-19 surveillance in health facilities in all districts to ensure early identification of potential cases, appropriate isolation and timely response to mitigate further spread and effectively contain the disease.

The strategy for achieving timely detection and response will leverage the existing sentinel surveillance system for respiratory diseases as well as the Integrated Disease Surveillance and Response (IDSR) framework with emphasis on strengthening case detection and improving alert mechanisms at the community, health facility, District and National levels and points of entries (PoEs).

Activities:

Health Facility Surveillance

- Conduct supportive supervision on COVID-19 to health facility staff
- Conduct trainings on COVID-19 case identification, triage, reporting, contact tracing, infection prevention and control etc. to health facility staff

General Surveillance

- Recruit additional staff including data analysts and contact tracers
- Deploy recruited staff to POEs including the Kigali International Airport (KIA), and quarantine facilities
- Initiate active case finding and event-based surveillance for influenza-like illness (ILI) and severe acute respiratory infection (SARI)
- Assess gaps in active case finding and event-based surveillance system
- Enhance existing surveillance systems, SOPs, protocols and tools for COVID-19 surveillance
- Implement data collection, management, analysis and dissemination protocols/SOPs
- Produce weekly epidemiological and social science reports and disseminate to all levels and international partners*
- Conduct follow-up of high-risk contacts
- Conduct training of contact tracers
- Purchase Airtime & internet subscription for timely reporting of surveillance data

- Enforce self-quarantine of COVID-19 at-risk persons
- Facilitate collection of samples from suspected COVID-19 cases to the lab

4.1.3. Points of Entry

Goal: Enhance COVID-19 screening at Points of Entry to ensure early detection of potential cases, appropriate isolation and timely response to mitigate spread and effectively contain the disease.

Activities

- Conduct supportive supervision on COVID-19 to PoE staff
- Provide incentives for PoE staff
- Procure screening tablets for use at PoEs
- Provide transportation of suspect cases from PoEs to hospitals
- Develop and implement a public health emergency plan
- Prepare holding areas at Points of entry to manage ill passengers
- Communicate information about COVID-19 to travelers

4.1.4. Laboratory

Goals: Enhance national capabilities for COVID-19 testing using appropriate tools and procedures and new technologies; and strengthen specimen collection, packaging and referral.

Activities:

Operations

- Prepare National Reference Laboratory (NRL) staff for screening and surveillance activities
- Develop and implement SOPs for specimen collection, management and transportation of COVID-19 diagnostic testing
- Identify hazards and perform biosafety assessments at participating laboratories; use biosafety measures to mitigate risks
- Adopt standardized systems for molecular testing, supported by assured access to reagents and kits
- Develop and implement surge plans to conserve lab resources and manage increased demand for COVID-19 testing
- Develop and implement plans to link laboratory data with key epidemiologic data for timely analysis

Workforce Development

- Train NRL staff on COVID-19 assays (conducted by external partners)
- Train and mentor lab personnel on COVID-19 sample collection, triple packing, shipping and waste management
- Train frontline health care workers on sample collection for screening and surveillance activities

Specimen Management, Reagents and Consumables

- Procure testing supplies
- Ensure specimen collection, management and referral network and procedures are functional; and ensure shipment from district level to NRL
- Develop algorithm to forecast usage of laboratory reagents and supplies (consumables)

Quality

- Validate molecular assays
- Develop a quality assurance mechanism for point-of-care testing, including quality indicators
- Monitor and evaluate diagnostics, data quality and staff performance and incorporate findings and lessons into strategic review of national laboratory plan

4.1.5. Infection Prevention and Control (IPC)

Goals: Enhance the capacity of district Rapid Response Teams (RRTs) to detect and manage cases; and to promote good IPC practices to minimize transmissions in health facilities and within affected communities.

Activities:

Operations

- Review and update existing national IPC guidance
- Develop a National plan to manage PPE supply (stockpile, distribution) and to identify IPC surge capacity (numbers and competence)
- Monitor IPC and WASH implementation in selected healthcare facilities and public spaces using the IPC assessment framework, hand hygiene compliance observation tools and WASH facilities improvement tools

Capacity and Risk Assessment

- Conduct IPC capacity assessment in all health facilities and provide tailored support to the health facilities based on the findings
- Assess IPC capacity in public places and community spaces where there is high risk of community transmission

Infrastructure & Logistics

- Establish a fully equipped and adequately staffed COVID-19 treatment center
- Set up functional triage and screening areas in all health facilities
- Set up isolation/holding areas in all health facilities
- Identify and refurbish COVID-19 isolation units
- Ensure access to hand hygiene/WASH services in public places and community spaces most at risk
- Procure and distribute of COVID-19 specific medical and non medical supplies
- Procure personal protective equipment (PPE)

Workforce Development

- Train and mentor RRT teams on COVID-19 surveillance, IPC & Case management

4.1.6. Case Management

Goal: Enhance the capacity to properly manage confirmed COVID-19 cases to reduce mortality; ensure that health facilities are prepared for large increases in the number of COVID-19 suspected cases.

Activities

- Develop and disseminate case management SOPs and guidelines
- Train health care workers on case management
- Identify and construct COVID-19 treatment center
- Assess intensive care unit capacity
- Establish dedicated and equipped teams and ambulances to transport suspected and confirmed cases
- Map out infectious disease specialists and pulmonologists in private sector and other partners
- Procure drugs, IPC materials and medical supplies for emergency stock

4.1.7. Risk Communication and Community Engagement

Goal: Increase awareness about possible importation of COVID-19 cases; prevention and control measures established in Rwanda; COVID-19 symptoms and what to do if sick; and the need to maintain vigilant to identify and notify authorities about suspect COVID-19 cases.

This will be achieved through disseminating Education and Communication (IEC) materials; media relations using print and electronic channels such as radio, television, social media, etc.; and managing rumors within communities.

Activities:

- Develop National risk-communication and community engagement plan for COVID-19
- Conduct rapid behaviour assessment to understand key target audience and preferred communication channels
- Prepare and pretest local messages of various media
- Train health promotion officers at sub-national levels
- Identify trusted community groups or individuals (local influencers) and local networks
- Identify relevant communication channels and disseminate messages
- Conduct radio and TV talk shows and develop public service announcements (PSAs)
- Establish community information and feedback mechanisms
- Document lessons learned to inform future preparedness and response activities
- Print IEC materials to be posted at screening areas; create web banners
- Print factsheets for cabin crew, CHWs, Red Cross Volunteers, Church leaders, local authorities, school teachers and drivers of public transport.
- Develop and display electronic billboard posters
- Produce and air a short video on COVID-19 prevention and basic infection prevention and hygiene messages
- Disseminate daily tips on COVID-19 prevention on TV
- Send SMS messages COVID-19 prevention to the general population

4.1.8. Operational Support and Logistics

Goal: Ensure availability of adequate logistics to support incident management and operations activities

Activities

- Map available resources and supply systems in health and other sectors
- Conduct in-country inventory review of supplies
- Review supply chain control and management system (stockpiling, storage, security, transportation and distribution arrangements)
- Review procurement processes (including importation and customs) for medical and other essential supplies, and encourage local sourcing to ensure sustainability
- Assess the capacity of local market to meet increased demand for medical and other essential supplies
- Coordinate international request of supplies

4.1.9. Business Continuity and Disaster Recovery Plan

The office of PM is actively monitoring the developments related to coronavirus disease 2019.

The threat of the virus has put everyone on alert as governments, regulatory agencies, and health professionals provide guidance and possible restrictions to prevent the spread of the virus.

Government institutions and private sector are encouraged to revisit their business continuity and disaster recovery planning in response to Covid-19 outbreak preparedness and response. In this alert, we have outlined key business operational risks as well as steps these institutions should take to prepare for and minimize business disruptions due to COVID-19.

Ministry of finance, in collaboration with National Bank of Rwanda as regulatory agencies and the National Institute of Statistics of Rwanda (NISR) will continue to monitor and assess the economic impact of COVID-19 as well as provide relevant guidance to assist financial institutions in developing effective business continuity and disaster recovery plans to minimize the potential adverse effects of COVID-19 pandemic.

To address the unique challenges posed by COVID-19, financial institutions and private sector should develop a proactive plan to reduce the likelihood that financial and business operations will be significantly affected by a pandemic event, including monitoring of potential outbreaks, employee training, and ongoing communications and coordination with critical service providers.

4.2. Preparedness Budget by Thematic area

Thematic Area	Cost RWF	Cost USD
Epidemiology & Surveillance	1,259,379,660	1,332,677
Infection Prevention and Control (IPC) and Case Management	19,186,907,295	20,303,606
Laboratory	3,976,675,050	4,208,122
Leadership and Coordination	102,379,640	108,338
Operational Support and Logistics	2,571,028,930	2,720,666
Risk Communication and Community Engagement	494,472,567	523,251
Grand Total	27,590,843,142	29,196,659

A detailed costing of the preparedness activities has been done in order to estimate the required resources, facilitate identification of resource gaps and mobilize resources required prevent, detect and efficiently respond to potential COVID-19 outbreak.

The table below shows the costed preparedness plan:

Table 2: Budget for Covid-19 Preparedness Plan

No	Priority Activities	Total cost (FRW)	Total cost (USD)	Responsible	Timeframe
LEADERSHIP AND COORDINATION					
	Activate district and national Rapid Response Teams	-	-	RBC/ESR	Mar-20
	Activate multi-sectoral and multi-partner coordination mechanisms	-	-	RBC/ESR	Mar-20
	Activate the National Public Health Emergency Operations Center and functional pillars	43,200,000	45,714	RBC/ESR	March-August 2020
	Conduct full scale SIMEX (scenario of case in urban setting)	1,812,000	1,917	RBC/ESR	Mar-20
	Conduct initial capacity assessment and risk-analysis including mapping of vulnerable populations	17,169,000	18,168	RBC/ESR	Mar-20
	Conduct regular operational reviews to assess implementation success and epidemiological situation and adjust operational plans as necessary	-	-	RBC/ESR	Mar-20
	Develop SOPs and national plan to manage PPE supply (stockpile, distribution)	-	-	RBC/ESR	Mar-20
	Develop the National COVID-19 Preparedness and Response Plan	-	-	RBC/ESR	Apr-20
	Facilitate integrated regular support supervision and mentorship activities*	22,238,000	23,532	RBC/ESR	Apr-20
	Mobilize resources from Government and Partners	2,450,000	2,593	RBC/ESR	Aug-20
	Monitor the implementation of the National COVID-19 Preparedness and Response Plan	-	-	RBC/ESR	April-August 2020
	Print and disseminate technical documents case definition and associated education posters and materials, SOPs, data collection and reporting tools	5,100,000	5,397	RBC/ESR	April-August 2020
	Review regulatory and legal implications of public health measures	420,000	444	RBC/ESR	Apr-20
	Support cross-border coordination activities	9,990,640	10,572	RBC/ESR	Apr-20
	SUBTOTAL COORDINATION	102,379,640	108,338		
EPIDEMIOLOGY & SURVEILLANCE					
	Conduct supportive supervision of COVID-19	10,165,000	10,757	RBC/ESR	March-August 2020

surveillance activities in health facilities							
Conduct trainings on covid-19 surveillance in health facility setting (Case identification, reporting, IPC, Triage, and Contact tracing)	44,306,400		46,885	RBC/ESR	March-August 2020		
Training of District Hospital Staff by Surveillance lead and RRT clinician (in each district hospital)	1,500,000		1,587	RBC/ESR	March-August 2020		
Training of Health center staff on COVID-19 by Surveillance lead and RRT clinician	186,676,800		197,542	RBC/ESR	March-August 2020		
Training of Private Health Facilities on COVID-19 surveillance, IPC and Case Management	58,475,000		61,878	RBC/ESR	March-August 2020		
Subtotal	301,123,200		318,649				
Points of Entry (PoEs)							
Training on COVID-19 Surveillance at point of entries	16,236,000		17,181	RBC/ESR	March-August 2020		
Supervision of COVID-19 screening activities at POEs	2,123,660		2,247	RBC/ESR	March-August 2020		
Incentives for POEs staff	796,233,900		842,576	RBC/ESR	March-August 2020		
Procurement of screening tablets for POEs staff	85,200,000		90,159	RBC/ESR	March-August 2020		
Provide transportation of people from Points of entry to hospitals	14,400,000		15,238	RBC/ESR	March-August 2020		
Subtotal	914,193,560		967,401				
Contact tracing							
Conduct follow up of high-risk contacts	35,784,900		37,868	RBC/ESR	March-August 2020		
Conduct training of contact tracers on COVID-19 contact tracing	8,278,000		8,760	RBC/ESR	March-August 2020		
Subtotal	44,062,900		46,627				
SUBTOTAL SURVEILLANCE	1,259,379,660		1,332,677				
LABORATORY							
Training for 5 NRL staff on COVID-19 assays by External Partners (provided in-kind)	225,000		238	RBC/NRL	March-August 2020		
Proficiency testing and validation of COVID-19 test kits	225,000		238	RBC/NRL	March-August 2020		
Procurement of Laboratory testing supplies and equipment	2,415,372,022		2,555,949	RBC/NRL	March-August 2020		
Supportive Supervision to ALL District Hospitals on COVID-19 sample collection,	1,924,200		2,036	RBC/NRL	March-August 2020		

triple packaging, and transport assessment/strengthening									
Newly Provincial Laboratories commodities	114,511,680			121,176	RBC/NRL			March-August 2020	
Training of District Hospitals on Specimen Collection, sample collection, triple packaging, and transport	4,676,500			4,949	RBC/NRL			March-August 2020	
Establishment of 4 new testing sites	1,439,740,648			1,523,535	RBC/NRL			March-april 2020	
SUBTOTAL LABORATORY	3,976,675,050			4,208,122					
INFECTION PREVENTION AND CONTROL (IPC) AND CASE MANAGEMENT									
Infection prevention and control (IPC)									
Conduct training of RRT teams on COVID-19 surveillance, IPC & Case management	168,899,000			178,729	RBC/ESR			April-June 2020	
Set up functional triage and screening areas in all health facilities	-			-	RBC/ESR			Mar-20	
Set up isolation/holding areas in all health facilities	-			-	RBC/ESR			Mar-20	
Review and update existing national IPC guidance	-			-	RBC/ESR			Mar-20	
Conduct IPC capacity assessment in all health facilities and provide tailored support to the health facilities based on the findings	10,674,240			11,295	RBC/ESR			Apr-20	
Monitor IPC and WASH implementation in healthcare facilities and public spaces using the IPC assessment framework, hand hygiene compliance observation tools and WASH facilities improvement tools	21,348,480			22,591	RBC/ESR			April-May 2020	
Subtotal Case management	200,921,720			212,616					
Case Management									
Train Health care workers on case management	-			-	RBC/ESR				
Establish dedicated and equipped teams and ambulances to transport suspected and confirmed cases	23,904,000			25,295	RBC/ESR			Apr-20	
Procure drugs, IPC materials and medical supplies for emergency stock	18,448,193,575			19,521,898	RBC/ESR			April-May 2020	
Salaries for isolation staff	513,888,000			543,797	RBC/CS			April-August 2020	
Subtotal Case Management	18,985,985,575			20,090,990					
SUBTOTAL IPC&CASE MANAGEMENT	19,186,907,295			20,303,606					

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

	Evidence generation to inform strategy development						
1	Develop National risk-communication and community engagement plan for COVID-19	-				RBC/RHCC	March-August 2020
2	Develop Standard Operational Procedures (SOPs) for Risk Communication and Community Engagement.	8,505,000			9,000	RBC/RHCC	March-August 2020
3	Conduct rapid behaviour assessment to understand key target audience and preferred communication channels	8,505,000			9,000	RBC/RHCC	March-August 2020
4	Salary for 16 additional staff for the Call Centre to provide information, guidance and support to access services related to COVID-19.	114,511,680			121,176	RBC/RHCC	March-August 2020
5	Sub-Total	131,521,680			139,176		March-August 2020
	Capacity building						
1	Develop, design and pre-test messages on prevention of COVID-19	-			-	RBC/RHCC	March-August 2020
2	Train Risk Communication and Community Engagement teams at Central level	720,000			762	RBC/RHCC	March-August 2020
3	Train Risk Communication and Community Engagement teams at District level (COVID-19, develop a RCCE local RCCE plan.	10,319,260			10,920	RBC/RHCC	March-August 2020
4	Train journalists on COVID-19 pre and during outbreak reporting	2,580,000			2,730	RBC/RHCC	March-August 2020
	Sub-Total	13,619,260			14,412		
	Development/Adaptation and Production of educational and communication materials (for preparedness, during & post outbreak)						
1	Design and dissemination of Infographics on COVID-19 prevention and promoting hygiene behaviors & practices.	-			-		March-August 2020
2	Design, printing and distribution of factsheets for CHWs, Red Cross Volunteers, Churches, local authorities, airline and other transport companies, boarder posts, travel agencies	6,200,000			6,561	RBC/RHCC	March-August 2020
3	Design web banners with COVID-19 to be posted on GoR, partner, most popular online media (Igihe, The NewTimes, KGLToday) and LED screens located at all points of entry	1,250,000			1,323	RBC/RHCC	March-August 2020

4	Design, printing and distribute posters on IPC for COVID-19 in health facilities for all cells (2148), every sector (416), every districts (30), every province and Kigali City (5), every health facility (public and private) and at every church (8000), NGOs and other public and private sector institutions. (2 copies will be posted at every institution).	16,000,000	16,931	RBC/RHCC	March-August 2020
5	Production of a brief message on COVID-19 prevention for the airline companies (to go with the booklet with comprehensive messages)	200,000	212	RBC/RHCC	March-August 2020
6	Production of an educative radio spot on COVID-19 prevention	600,000	635	RBC/RHCC	March-August 2020
7	Production of a short educative video on COVID-19 prevention	2,655,000	2,810	RBC/RHCC	March-August 2020
	Sub-Total	26,905,000	28,471	RBC/RHCC	March-August 2020
	Mass Media, Public Communication, Community Engagement, Rumor Management				
1	Prepare a list of spokespersons and media contacts at central and district level and provide them with talking points on regular basis.	-	-	RBC/RHCC	March-August 2020
2	Update the list of journalists and influencers, train them and send them regular updates on the country preparedness to foster good relationship.	-	-	RBC/RHCC	March-August 2020
3	Organize weekly press conference and share press releases on regular basis to keep the general public informed on the country preparedness and response.	-	-	RBC/RHCC	March-August 2020
4	Conduct daily local and international media review and monitoring (Radio,TV,Online, Social Media) to take immediate actions for any rumors/request for information and report to the leadership on daily basis.	-	-	RBC/RHCC	March-August 2020
5	Produce and post on the RBC website daily updates on Rwanda's preparedness against COVID-19 and promote it via all social media channels to make it a trusted and effective source of information for media and general public.	-	-	RBC/RHCC	March-August 2020

		43,027,200	45,531	RBC/RHCC	March-August 2020
6	Airing radio spot on COVID-19 prevention on Radio Rwanda, Radio One, Salus, Radio10, flash FM, Isango Star, KTRadio, and community radios (RC Rubavu, RC Rusizi, RC Musanze, RC Nyagatare,) and radio mentions in news.				
7	Airing radio interactive talk shows with Q&A on COVID-19 prevention with Radio Rwanda, Radio One, Salus, Radio10, flash FM, Isango Star, KTRadio, and community radios (RC Rubavu, RC Rusizi, RC Musanze, RC Nyagatare,) and radio mentions in news.	16,963,680	17,951	RBC/RHCC	March-August 2020
8	Airing short educative videos on COVID-19 prevention and hygiene on 3 TVs (Public and private)	14,868,000	15,733	RBC/RHCC	March-August 2020
9	Play videos on COVID prevention and handwashing in all Health posts, Health Centres, Hospitals, Local Gov offices, Banks, public transport buses, TVs	-	-	RBC/RHCC	March-August 2020
10	Play videos on COVID prevention and handwashing on LED Screens located on all entry points (6 main borders)	-	-	RBC/RHCC	March-August 2020
11	Play videos on COVID-19 prevention and handwashing on 5 LED Screens located at strategic places	15,000,000	15,873	RBC/RHCC	March-August 2020
12	Share COVID-19 preventive and handwashing messages during morning education sessions in all health facilities.	-	-	RBC/RHCC	March-August 2020
13	Share COVID-19 preventive and handwashing messages during community meetings (umugoroba w'ababyeyi, inteko y'abatwaga using shared factsheets	-	-	RBC/RHCC	March-August 2020
14	Produce and air Menya wirinde TV talk show with RBA	8,367,747	8,855	RBC/RHCC	March-August 2020
15	Share daily tips on COVID-19 prevention via social media channels and on 3 most popular TVs (scrolling bar)	4,500,000	4,762	RBC/RHCC	March-August 2020
17	Send SMS messages on COVID-19 prevention to the general population (pay 1 and negotiate others for free)	82,800,000	87,619	RBC/RHCC	March-August 2020
18	Organize a video conference with all districts (Local authorities) on the COVID-19 preparedness and community engagement activities coordination.	-	-	RBC/RHCC	March-August 2020

19	Hold national level orientation meetings for transport companies, CSOs, Private sector federation, religious leaders.	6,500,000	6,878	RBC/RHCC	March-August 2020
20	Teachers in schools to share hygiene and COVID-19 prevention messages on regular basis using the factsheets.	-	-	RBC/RHCC	March-August 2020
21	Airtime for Call Centre operators to follow up any cases dropped before sharing all needed information.	3,600,000	3,810	RBC/RHCC	March-August 2020
21	Equipment for the Call Centre to operate 24/7 (1 Server, 1 PRI Voice card, 12 Head Sets, workstations partitions, LAN installation + POE switch with 24 ports, Layout)	126,800,000	134,180	RBC/RHCC	March-August 2020
	Sub-Total	322,426,627	341,192	RBC/RHCC	
	Sub-Total RCCE	494,472,567	523,251	RBC/RHCC	
OPERATIONAL SUPPORT AND LOGISTICS					
	Rehabilitation works	187,021,654	197,907	SPIU&MoH	March-August 2020
	Non-Medical equipment	641,782,140	679,135	RBC/CSD	March-August 2020
	Quarantine cost	1,742,225,136	1,843,624	RBC/ESR	March-August 2020
	SUBTOTAL	2,571,028,930	2,720,666		
GRAND TOTAL		27,590,843,142	29,196,659		

V. PART 2: COVID-19 RESPONSE PLAN

Rwanda, just like other countries remain at a very high risk of importation COVID-19 and should therefore be ready to promptly and efficiently respond to mitigate the impacts of a potential COVID-19 outbreak.

The response strategies/activities will be based on eight-response areas/pillar. A response scenario in consideration of the multi-sectoral interventions was developed to guide the planning and actions. The magnitude/scale of the response will differ with a higher scale of response when community transmission is reported. The required resources will also increase as the magnitude of the outbreak moves towards widespread community transmission. The response pillars include:

1. Leadership and Coordination;
2. Epidemiological Surveillance
3. Points of Entry, point of control
4. Laboratory
5. Infection Prevention and Control
6. Case Management
7. Risk communication and Community Engagement
8. Operational Support and Logistics

Planning Assumptions

Overall planning assumptions

This COVID 19 response plan was developed with the following key assumptions:

- The first case (s) will be detected in a timely manner and national and district level response will significantly reduce the risk of transmission.
- Contingency fund for response is available and that medical supplies are prepositioned for response for the first 72 hours to cover required logistics for management of up to ten (10) cases.
- RRT members on the on-call rotation will be available and easily accessible through their contact information.
- All actions will be timely and that risk assessment will be completed within 24-48 hours, and a response strategy and action plan will be in place within 72 hours.
- Health workers who have been trained in infection prevention and control (IPC) and case management will be available to manage suspect cases in isolation facilities and to manage confirmed cases at the COVID-19 treatment center
- Rapid deployment of health workers will not be hampered by bureaucratic procedures and that the Health Workers will be appropriately remunerated.

The table belows highlight the assumption level of risk and related actions for containment

Table 3: level of risk and related actions for containment

Definition of alert		Action	
	Impact to the public	Advice to the public	
<p>LEVEL 1: Pre- epidemic phase: No COVID-19 case</p>	<ul style="list-style-type: none"> • Set up coordination committees • Activate central and district RRTs • Conduct Screening at all POEs (Temperature monitoring and use of screening form) • Provide Travel advice to affected countries • Manage suspected cases (Avail isolation facilities, materials, equipment, drugs and consumables, HR) • Develop technical documents (plans, guideline /SOPs) • Establish quarantine system 	<ul style="list-style-type: none"> • Intense awareness • Maintain good personal hygiene • Health advice when symptoms 	<ul style="list-style-type: none"> • Intense awareness • Maintain good personal hygiene • Health advice when symptoms • Advice to avoid crowded areas
<p>LEVEL 2: Presence of imported case in the country OR One suspected case identified at point of entry and is confirmed to be positive; The patient is transferred to a treatment unit; Approximately 100 contacts both passengers and staff who will be followed up for 14 days; Approximately 0-5 of the contacts develops disease; Around 600 contacts and contacts of contacts are followed up but none develops disease</p>	<ul style="list-style-type: none"> • Declare the outbreak/cases • Conduct active case finding in HF's and community • Conduct contact tracing and follow up • Activate the treatment site • Conduct Screening at all POEs (Temperature monitoring and use of screening form) • Provide Travel advice to affected countries • Set up control points (screening and preventive measures) in whole countries 	<ul style="list-style-type: none"> • Intense awareness • Maintain good personal hygiene • Health advice when symptoms • Advice to avoid crowded areas 	<ul style="list-style-type: none"> • Intense awareness • Maintain good personal hygiene • Health advice when symptoms • Advice to avoid crowded areas

Definition of alert	Action	Advice to the public
<p>LEVEL 3: Local transmission (Human to human) in one district;</p> <p>Around 1000 cases and contacts;</p> <p>One suspected case identified at point of entry and is confirmed to be positive</p> <p>The patient is transferred to a treatment unit;</p> <p>Approximately 100 contacts both passengers and staff who will be followed up for 14 days;</p> <p>Approximately 5-20 of the contacts develop disease</p> <p>Around 500 to 2000 contacts of contacts identified;</p> <p>Total number of confirmed cases up-to 100;</p> <p>20 (20%) of the confirmed cases develop severe disease</p>	<p>Quarantine the whole district (no entry or exit)</p> <p>Ensure home quarantine in the affected district</p> <p>Closure of public places (Churches, schools, markets, mass gathering, etc.)</p> <p>Strengthen the control points (screening and preventive measures) in whole countries</p> <p>Continue the screening at all POEs</p> <p>Strengthen the contact tracing and contact follow up activities</p>	<p>Intense public awareness</p> <p>Advice for use of masks in affected district</p> <p>Maintain good personal hygiene</p> <p>Health advice when symptoms</p>
<p>LEVEL 4: Larger local community transmission: Larger outbreak of local transmission (Human to human) in more than one district.</p> <p>Approximately 20-50 of the contacts develop disease</p> <p>More contacts identified, around 2000 to 5000 contacts who needs to be followed up.</p> <p>One suspected case identified at point of entry and is confirmed to be positive;</p> <p>The patient is transferred to a treatment unit;</p>	<p>Ensure home quarantine in the affected districts</p> <p>Closure of public places (Churches, schools, markets, mass gathering, etc.) in the affected districts</p> <p>Travel advise for travelers coming in Rwanda</p>	<p>Intense public awareness</p> <p>Advice for use of masks in affected districts</p> <p>Maintain good personal hygiene</p> <p>Health advice when symptoms</p>

Definition of alert	Action	
	Impact to the public	Advice to the public
<p>Approximately 100 contacts both passengers and staff who will be followed up for 14 days;</p> <p>Approximately 20-50 of the contacts develop disease;</p> <p>More contacts identified, around 2000 to 5000 contacts who needs to be followed up.;</p> <p>More contacts of contacts develop disease as well;</p> <p>There are approximately up-to 1000 confirmed cases are reported;</p> <p>200 cases (20%) develop severe disease</p>		

5.1. Response budget per thematic area

Thematic Area	Cost RWF	Cost USD
Epidemiology & Surveillance	1,686,055,574	1,784,186
Infection Prevention and Control (IPC) and Case Management	38,167,160,742	40,388,530
Laboratory	448,911,167	475,038
Leadership and Coordination	324,092,300	342,955
Operational Support and Logistics	624,855,423	661,223
Risk Communication and Community Engagement	588,894,440	623,169
Grand Total	41,839,969,646	44,275,100

Table 4: Budget for Covid-19 Response Plan

No	Priority Activities	Total cost (FRW)	Total cost (USD)	Responsible	Timeframe
1	LEADERSHIP AND COORDINATION				
	Activate National and district RRTs to activate response	3,350,000	3,545	RBC/ESR	TBD
	Coordination of Education Partners in preparedness and response measures	18,000,000	19,048	RBC/ESR	TBD
	Deploy National Coordination RRT	5,198,700	5,501	RBC/ESR	TBD
	Facilitate referral of suspected cases from PoEs to link health facilities	23,904,000	25,295	RBC/ESR	TBD
	Joint inter-agency risk analysis of impact on vulnerable populations	26,914,600	28,481	RBC/ESR	TBD
	Joint inter-agency social and economic impact assessment	25,000,000	26,455	RBC/ESR	TBD
	Partners coordination and resources mobilization	22,620,640	23,937	RBC/ESR	TBD
	Provide timely and up-to-date the information on the evolution of the outbreak through the publications	-	-	RBC/ESR	TBD
	Rapidly deployed the RRTs needed to respond to the outbreak	23,040,000	24,381	RBC/ESR	TBD
	Support cross border coordination	26,064,360	27,581	RBC/ESR	TBD
	Support to NCC for child protection, including development of guidance training of staff in all districts and supplies	150,000,000	158,730	RBC/ESR	TBD
	SUBTOTAL COORDINATION	324,092,300	342,955		
	2	EPIDEMIOLOGY SURVEILLANCE			
Build capacity of district leadership HCW CHW POEs staff to strengthen surveillance of COVID-19		78,741,200	83,324	RBC/ESR	TBD
Build capacity of CHW to strengthen surveillance of COVID-19		495,500,464	524,339	RBC/ESR	TBD
Enhance POE screening and IPC at land cross borders and KIA		8,750,000	9,259	RBC/ESR	TBD

	Installation of thermo-scanners at points of entry	506,000,000	535,450	RBC/ESR	TBD
	Enhance active case search	144,700,000	153,122	RBC/ESR	TBD
	Activate contact tracing of high-risk contacts	196,578,440	208,020	RBC/ESR	TBD
	Intensify data collection and information management of COVID-19 at central and district level	10,735,470	11,360	RBC/ESR	TBD
	Strengthen the control points in villages and health facilities	245,050,000	259,312	RBC/ESR	TBD
	SUBTOTAL SURVEILLANCE	1,686,055,574	1,784,186		
3	LABORATORY				
	Support specimen Collection triple packaging and transportation from suspected COVID-19 cases	2,769,600	2,931	RBC/NRL	TBD
	Procure laboratory commodities (additional to laboratory commodities supplied for preparedness)	446,141,567	472,107	RBC/NRL	TBD
	SUBTOTAL LABORATORY	448,911,167	475,038		
4	INFECTION PREVENTION AND CONTROL (IPC) AND CASE MANAGEMENT				
	Communication for contacts tracing	363,397,500	384,548	RBC/ESR	TBD
	Conduct refresher training and drills to medical and ambulance teams	62,319,600	65,947	RBC/ESR	TBD
	Districts quarantine sites	1,079,124,760	1,141,931	RBC/CSD	TBD
	Nutritional care for infants affected and infected children	378,000,000	400,000	RBC/ESR	TBD
	Orientation of health workers on nutritional care in the context of COVID19	75,000,000	79,365	RBC/ESR	TBD
	Procure and distribute clinical care supplies	2,213,488,956	2,342,316	RBC/ESR	TBD
	Procure essential commodities for Teaching Hospitals (CHUK, CHUB, RMH)	1,631,216,159	1,726,155	RBC/MPPD	TBD
	Procure medical equipments (Ventilators, suction machines, Patients Monitors,...)	2,883,737,069	3,051,574	RBC/MPPD	TBD
	Procure programs and essential commodities for District Pharmacies	21,995,857,312	23,276,039	RBC/MPPD	TBD
	Provide food and beverage to suspect cases and	1,610,280,000	1,704,000	RBC/CSD	TBD

	healthcare workers						
	Provide incentive for frontliners health sector Personnel	5,760,667,386	6,095,944	RBC/CSD	TBD		
	Special RRT (Police and quarantine sites Staff) medical commodities	114,072,000	120,711	RBC/MPPD	TBD		
	SUBTOTAL IPC&CASE MANAGEMENT	38,167,160,742	40,388,530				
5	RISK COMMUNICATION AND COMMUNITY ENGAGEMENT						
	Airing radio spot on COVID-19 prevention and hygiene practices on Radio Rwanda Radio One Salus Radio10 flash FM Isango Star KTradio and community radios (RC Rubavu RC Rusizi RC Musanze RC Nyagatare) and radio mentions in news.	21,513,600	22,766	RBC/RHCC	TBD		
	Airing radio interactive talk shows with Q&A on COVID-19 prevention and hygiene practices with Radio Rwanda Radio One Salus Radio10 flash FM Isango Star KTradio and community radios (RC Rubavu RC Rusizi RC Musanze RC Nyagatare) and radio mentions in news.	8,481,840	8,975	RBC/RHCC	TBD		
	Airing short educative videos on COVID-19 prevention and hygiene practices on 3 TVs (Public and private)	7,434,000	7,867	RBC/RHCC	TBD		
	Play videos on COVID-19 prevention and handwashing in all Health posts Health Centres Hospitals Local Gov offices Banks public transport buses TVs...	-	-	RBC/RHCC	TBD		
	Play videos on COVID-19 prevention and hygiene practices on LED Screens located on all entry points (6 main borders)	-	-	RBC/RHCC	TBD		
	Play videos on COVID-19 prevention and hygiene practices on 5 LED Screens located at strategic places	15,000,000	15,873	RBC/RHCC	TBD		
	Share COVID-19 preventive and hygiene practices related messages during morning education sessions in all health facilities.	-	-	RBC/RHCC	TBD		
	Share COVID-19 preventive and hygiene practices related messages during community meetings (umugoroba w'ababyeyi inteko y'abatwaga... using shared factsheets	-	-	RBC/RHCC	TBD		

	Share daily tips on COVID-19 prevention and hygiene practices related via social media channels and on 3 most popular TVs (scrolling bar)	2,250,000	2,381	RBC/RHCC	TBD
	Translation, printing, and distribution of COVID Guidance to schools and education facilities	205,175,000	217,116	RBC/RHCC	TBD
	Development of guidance for reopening of schools, and printing and distribution	27,000,000	28,571	RBC/RHCC	TBD
	Development of Radio education programming and home-schooling efforts to maintain continuity of education	57,000,000	60,317	RBC/RHCC	TBD
	Send SMS messages on COVID-19 prevention to the general population (pay 1 and negotiate others for free)	-	-	RBC/RHCC	TBD
	Organize video conferences with all districts (Local authorities) to continue to share the COVID-19 awareness messages.	-	-	RBC/RHCC	TBD
	PLHIV networks engagement in the community awareness and continuum of care	241,440,000	255,492	RBC/RHCC	TBD
	Airtime for Call Centre operators to follow up any urgent cases	3,600,000	3,810	RBC/RHCC	TBD
	SUBTOTAL RC&CE	588,894,440	623,169		
6	OPERATIONAL SUPPORT AND LOGISTICS				
	Provide light engineering training for erection of mobile storage units (MSU) for screening/holding areas	15,000,000	15,873	RBC/SPIU	TBD
	Conducting initial logistics assessment of warehouse, local transporters, Local vendors and supply chain service providers	15,000,000	15,873	RBC/MPPD	TBD
	Procure and distribute clinical care supplies and equipment	594,855,423	629,477	RBC/MPPD	TBD
	SUBTOTAL	624,855,423	661,223		
	GRAND TOTAL	41,839,969,646	44,275,100		

Table 5: Summary of the budget for Covid-19 Preparedness and Response Plan for 6 months

Preparedness plan		Cost RWF	Cost USD
Thematic Area			
Epidemiology & Surveillance		1,259,379,660	1,332,677
Infection Prevention and Control (IPC) and Case Management		19,186,907,295	20,303,606
Laboratory		3,976,675,050	4,208,122
Leadership and Coordination		102,379,640	108,338
Operational Support and Logistics		2,571,028,930	2,720,666
Risk Communication and Community Engagement		494,472,567	523,251
Sub-Total		27,590,843,142	29,196,659
Response plan			
Epidemiology & Surveillance		1,686,055,574	1,784,186
Infection Prevention and Control (IPC) and Case Management		38,167,160,742	40,388,530
Laboratory		448,911,167	475,038
Leadership and Coordination		324,092,300	342,955
Operational Support and Logistics		624,855,423	661,223
Risk Communication and Community Engagement		588,894,440	623,169
Sub-Total		41,839,969,646	44,275,100
Grand Total		69,430,812,789	73,471,760

VI. MONITORING AND EVALUATION FRAMEWORK

A framework for the monitoring and evaluation of this plan have been developed, along with performance indicators. Indicator reports will be produced and updated monthly. The information will be used to inform adaptations to this plan, and areas where additional training may be needed to ensure quality implementation of this plan. Additionally, the indicator reports will be used to monitor progress in building national capacity for COVID-19 preparedness and response, and provide traceability on use of funds. Information on the following minimum set of indicators will be collected and reported on routine at least monthly.

Table 5: Indicators for Monitoring and Tracking Progress in COVID-19 Preparedness Operations

Indicator		Target
Preparedness & Response Pillar		
1. Leadership & Coordination		
	Frequency of documented coordination meetings with partners and stakeholders at national level	Weekly for General Meeting Weekly for TWGs
	Timeliness of dissemination of case definition, educational posters, materials, SOPs, data collection and reporting tools	Within 10 days of finalization by MoH
	Frequency of regular operational reviews to assess implementation success	Four times per year (quarterly)
	Percentage of planned budget funded	90%
	Percentage of funded budget implemented	100%
2. Epidemiological Surveillance		
	Timeliness of enhancements to existing surveillance systems, SOPs, protocols and tools for COVID-19 surveillance	Within 20 days of finalization by MoH
	Percentage of national rapid response team members trained	90%
	Percentage of districts with COVID-19 surveillance tools (case definitions & reporting forms etc.)	100%
	Percentage of persons with travel history to a COVID-19 affected country, among those screened, by PoE	N/A
	Percentage of persons with at least one COVID-19 symptoms (fever, cough, shortness of breath, sore throat) AND travel history to a COVID-19 affected country, among those screened, by PoE	N/A
	Percentage of persons tested for COVID-19 among suspected cases, by PoE	100%

Indicator	Target
Preparedness & Response Pillar	
Percentage of persons quarantined, among those with a positive COVID-19 test, by PoE	100%
3. Laboratory	
Percentage of districts with capacity for specimen collection, transportation and referral	100%
Percentage of frontline healthcare workers responsible for specimen collection trained on collection, transport and referral	85%
Number of NRL staff with documented proficiency with all components of COVID-19 assays	4
Timeliness of receipt of specimens at NRL after collection	Within 1 day
Percentage of specimens rejected due to poor quality at NRL	Less than 5%
Percentage of COVID-19 rt-PCR assays with valid results	90%
Percentage of laboratory results available within 72 hours	100%
Timeliness of conducting COVID-19 assay after receipt of specimen at NRL	Within 1 day
Turn-around-time for reporting of results to quarantine facilities	Within 3 hours of validated test result
Timeliness of reporting confirmed cases to WHO	Within 24 hours of validated test result
4. Points of Entry	
Total number of PoEs conducting COVID-19 screening	30
Percentage of PoE staff trained on COVID-19 screening	90%
5. Infection Prevention and Control	
Percentage of RRT teams trained on surveillance, IPC and clinical management of COVID-19 cases	85%
Timelines of procurement and distribution of PPE	Within 3 days of receipt and at least 5 days before projected stock-out
Percentage of health facilities with functional triage and screening areas	100%
Percentage of health facilities with isolation/holding areas	100%
Percentage of high-risk public and community spaces with access to hand hygiene/WASH services	90%
Frequency of IPC capacity assessment in health facilities	Twice per year
Frequency of hand hygiene compliance observation in health facilities	Monthly per facility
Percentage of confirmed COVID-19 cases who are health care workers	0%
6. Case Management	

Indicator		Target
Preparedness & Response Pillar		
	Percentage of health care workers trained on case management	80%
	Timely identification or construction of COVID-19 treatment center	Within 2 months of MoH approval of this plan
	Timely identification of dedicated and equipped teams and ambulances to transport suspected and confirmed cases	Within 1 month of MoH approval of this plan
	Timely procurement of drugs, IPC materials and medical supplies for emergency stock	Within 6 months of MoH approval of this plan and at least 1 month prior to projected stock-out
7. Risk Communication & Community Engagement		
	Availability of contextualized risk communication and community engagement strategies	1
	Percentage of districts with available public awareness message (banners, billboards, flyers, pull up banners)	90%
	Percentage of health promotion officers trained at sub-national levels	90%
	Timely production and airing of video on COVID-19 prevention and basic infection prevention	Within 2 months of MoH approval of this plan
	Number of each of the following disseminated weekly <ul style="list-style-type: none"> · Radio messages · TV messages · Electronic billboards · SMS messages 	N/A
8. Operational Support and Logistics		
	Establish stockpile of consumables at high-risk of stock out, with sufficient stock for at least 2 months of use	Within 6 months of MoH approval of this plan
	Conduct assessment of supply chain for all consumables required by all pillars of the COVID-19 response	Four times per year (quarterly)

VII. Continuation of HIV, TB, Malaria, Mental Health, Non-Communicable Diseases and Maternal and Child Health services provision in the context of covid-19 pandemic

During Covid-19 pandemic especially in the response period, the Ministry of Health/RBC is ensuring continuous and uninterrupted services provision of HIV, TB, Malaria, NCDs, Mental Health and Maternal and Child Health services/interventions, ensuring protection to both Health Care Providers and Patients.

In this section, we highlight some services/interventions and related amendments that will continue during this pandemic:

- **For HIV services:**
 - A multi months policy dispensing of ART will be updated and implemented; unstable patient will receive 2 months stocks and stable patients will continue to received their 3 months stocks
 - Emergency distribution and/or redistribution of ART to ensure the availability of ART
 - Individual follow-up and HIV testing of pregnant women will be ensured through special appointments setting
 - PLHIV will continue to have access to community through peer educators from PLHIV networks
 - PLHIV networks will be engaged in the community awareness

- **For Malaria interventions:**
 - **Routine Distribution of LLINs to Pregnant Women and U1**
Distribution of LLINs to Pregnant Women and U1 will continue in all districts through routine services (ANC and EPI)
 - **Mass Distribution of LLINs to the General Population**
The distribution of LLINs will be done in line with the ongoing efforts to prevent COVID-19 spread using door-to-door approach through Community Health Workers.
 - **Indoor Residual Spraying in 4 Districts**

As COVID19 mitigation plan, RBC/MOPDD is planning to organize a training of sprayer operators in different sectors in Small Groups ensuring distance of at least 1.5m between trainees and with masks during theoretical sessions. During practical sessions and in spraying operations, Sprayer operators will be wearing full PPE (Coverall, Gloves, Gumboots, Nose masks).

- **Malaria Case Management**

Malaria diagnosis and treatment will continue as usual at Health Facilities. Since most of people seeking services at Community Level for malaria have fever, CHWs will be wearing masks and gloves while receiving patients and screen them as well for COVID-19 to ensure that negative patients for malaria are properly referred to Health Facilities for further investigations.

- **For Tuberculosis services:**

- Direct observe TB therapy will continue to ensure better adherence and special provision will be considered case by case.

- **For Maternal and Child Health services provision:**

- Vaccination services will continue ensuring COVID-19 prevention
- Health facilities based intervention will continue
- Community based interventions will continue

- **Non Communicable diseases services provision**

- NCDs patients will receive medical services and medicines from the nearest health centers
- District pharmacies will facilitate the provision of NCDs medicines and laboratory reagents to health centers accordingly
- New diagnosed Diabetes, hypertensive and asthma patients will be initiated on treatment at health center level with remote guidance from the District Hospital
- Special treatment for Cancer Patients will be considered case by case.
- Health Centers and Health Hospitals will facilitate patients suffering from cancer in reaching the specialized cancer treatment centers for medicines provision

