



Home Office

Country Information Note

Rwanda: Annex 1 (Government of Rwanda evidence)

Version 3.0

May 2024

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Annex 1

Section updated: 17 May 2024

About the country information

1.1.1 This annex contains:

- Government of Rwanda (GoR) responses to written questions submitted by the Home Office (UKHO).
- Other documentation provided by GoR, including Standard Operating Procedures (SOPs), agreements and templates.

1.1.2 The inclusion of a source is not necessarily an endorsement of it or any view(s) expressed.

1.1.3 Annex 1 forms part of the evidence base to assist caseworkers when making decisions about whether it is safe to relocate an individual from the UK to the Republic of Rwanda.

1.1.4 This Annex must be read together with other Country Policy and Information Team (CPIT) products:

- [Country Information Note – Rwanda: Asylum system](#)
- [Country Information Note – Rwanda: Human rights](#)
- [Country Information Note – Rwanda: Medical and healthcare](#)
- [Country Information Note – Annex 2 UNHCR evidence](#)
- [Country Information Note – Annex 3 Other material](#)

1.1.5 This Annex must also be read together with other Home Office guidance:

- [Safety of Rwanda](#)
- [Inadmissibility: safe third country cases](#)
- [Considering Human Rights Claims](#)
- [Medical claims under Articles 3 and 8 of the European Convention on Human Rights \(ECHR\)](#)

1.1.6 This Annex must be read together with other related information:

- [Agreement between the Government of the United Kingdom of Great Britain and Northern Ireland and the Government of the Republic of Rwanda for the provision of an asylum partnership to strengthen shared international commitments on the protection of refugees and migrants \(the treaty\)](#)
- [Safety of Rwanda \(Asylum and Immigration\) Act 2024](#)

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A1. GoR response to written questions submitted by UKHO, returned 11 December 2023

- 1. Can you provide statistics to show the number of individual cases which have been considered by the RSDC over the period 2019 to 30 November 2023, including nationality of claimants?**

Table 1: Refugee Status Determination Committee statistics by year and nationality

YEAR	2019		2020		2021		2022		2023/30 th November		TOTAL	
	GRANT	REJECT	GRANT	REJECT	GRANT	REJECT	GRANT	REJECT	GRANT	REJECT	GRANT	REJECT
DRC	1	6	0	25	0	9	10	14	6	73	17	127
BURUNDI	4	0	0	0	21	1	16	81	10	35	51	117
SOUTH SUDAN	4	0	1	5	0	0	1	0	0	0	6	5
CAMEROON	0	1	0	4	0	0	0	1	0	1	0	7
KENYA	0	0	0	0	0	1	0	0	0	2	0	3
CAR	1	0	0	0	1	0	1	0	0	1	3	1
AFGANISTAN	0	0	0	1	0	0	1	1	4	1	5	3
C BRAZZA	0	0	0	1	0	0	2	0	0	0	2	1
ERITREA	0	0	2	4	4	5	0	5	4	1	10	15
SUDAN	0	0	0	3	0	2	0	1	1	11	1	17
ETHIOPIA	0	0	0	1	0	0	6	1	10	1	16	3
SYRIA	0	0	0	1	0	0	0	0	0	0	0	1
LEBANON	0	0	0	1	0	0	0	0	0	0	0	1
PALESTINE	0	0	0	0	1	0	0	0	0	0	1	0
NIGERIA	0	0	0	0	0	0	0	2	0	2	0	4
YEMEN	0	0	0	0	0	0	0	2	0	0	0	2
EGYPT	0	0	0	0	0	0	1	0	0	0	1	0
UGANDA	0	0	0	0	0	0	0	0	0	1	0	1
TOTAL	10	7	3	46	27	18	39	108	35	129	113	308

These statistics have been provided by MINEMA in December 2023 and are the most accurate and up-to-date statistics available.

To note: the data relates to the number of cases, not the number of individual claimants. The RSDC considers an application by one family as one case.

- 2. In relation to Table 1: How many claims based on LGBTI status did the RSDC receive between 2019 and 30 November 2023? Please provide the**

number of LGBTI-based claims per year and their outcome (grant of asylum/ refusal/ other).

Only one case of a refugee application based solely on LGBTQ status has been received by the RSDC. A transgender claimant was granted refugee status in April 2022.

[Since April 2022] There was a case of 4 claimants, that was received. This includes 2 Kenyans and 1 Nigerian who were offered an opportunity to conduct interviews on 17th Feb 2023 but left the country before the conduct of the interview at RSD. One (1) other claimant (Ugandan) was denied asylum because after applying for refugee status, he used to cross many regional countries including his own country.

3. Can you provide information on the availability of lawyers able to advise and represent asylum seekers?

As of now [11 December 2023] the RBA is counting 1318 Senior advocates and 360 Intern Advocates. All of them are able to advise /represent asylum seekers. Only members of Rwanda Bar Association are allowed to represent/ advise asylum seekers. This includes members of local NGOs such as LAF and Prison Fellowship.

4. Can you provide information on the number of persons involved in the RSD process and other bodies who have completed training on refugee law and RSD procedures? Please provide details of who delivered the training, the content covered in the training, and the date(s) the training occurred.

- The Ministry of Justice has an agreement with the ILPD to offer training/courses on international and national Asylum/Refugee law. Previously, UNHCR provided training on international refugee law and asylum processes in 2018 and 2021.
- 104 staff from different institutions including judges, advocates, eligibility officers from DGIE and MINEMA officials and RSDC committee members and the MEDP Coordination Unit have been trained in line with the implementation of the MEDP.
- 104 staff from different institutions were trained in line with the implementation of the MEDP- CU, the later [sic] includes 28 staff for the September [2023] cohort and 76 of the November 2023 cohort.

Table 2: Number of individuals trained in line with the implementation of the MEDP

Institution	Number trained	Content Covered	Trainer
Cohort of 18th to 22nd September,2023			
DGIE	9	Training manual on asylum process	ILPD
MINEMA (inc Eligibility Officers and RSDC members)	5		
MEDP Coordination Unit	5		
Refugee Welfare Committee	0		
NGOs [including Legal Aid Forum, Prison Fellowship, Lawyers of Hope, Haguruka]	0		
Judiciary	0		
Rwandan Bar Association lawyers	9		
Other (please specify)	0		
Cohort of 20th to 24th November,2023			
DGIE	12	Upgraded Training Manual - Applying refugee law in asylum interviewing, asylum decision-making and reasoned and evidenced asylum decision-writing. -Overview of handling trauma and how it can impact an asylum seeker's ability to recount their claim in an interview.	UK Home Office technical experts and ILPD
MINEMA (inc Eligibility Officers and RSDC members)	15		
MEDP Coordination Unit	8		
NGOs	0		
Judiciary	12		
Rwandan Bar Association lawyers	18		
MINIJUST	7		
National Human Right Commission	4		

- The MEDP Coordination Unit are working with ILPD and other relevant institutions to have the relevant training materials and logs of all trained staff available by December 15th, 2023.
- UK Home Office technical experts and trainers have worked in collaboration with the ILPD to deliver a training package for persons involved in the RSD process. This training took place to a class of approximately 76 over the course of 5 days between 20 and 24 November 2023 and focused on applying refugee law in asylum interviewing, asylum decision-making and reasoned and evidenced asylum decision-writing. Training also included an overview of handling trauma and how it can impact an asylum seeker's ability to recount their claim in an interview.

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A2. Standard Operating Procedures on identifying and safeguarding vulnerable persons under the MEDP, April 2024

Republic of Rwanda



MIGRATION AND ECONOMIC DEVELOPMENT PARTNERSHIP COORDINATION UNIT info@medp.gov.rw

April 2024

STANDARD OPERATING PROCEDURES (SOP) ON IDENTIFYING AND SAFEGUARDING VULNERABLE PERSONS UNDER THE MIGRATION AND ECONOMIC DEVELOPMENT PARTNERSHIP

This Standard Operating Procedure sets out how to identify and refer Vulnerable Persons for specialist safeguarding support to prevent abuse or exploitation of those relocated under the Migration and Economic Development Partnership.

At any stage in the refugee status determination process and integration process, officials may encounter and should have due regard to the physical and psychological signs that can indicate a person is vulnerable. This document sits alongside other national plans and policies to support and safeguard Vulnerable Persons in Rwanda including strategic safeguarding plan for adults with a range of vulnerabilities, including mental health, gender-based violence, and addiction.

This SOP sets out the process for identifying and responding to someone who is considered a Vulnerable Person and to safeguard against abuse or exploitation of Relocated Individuals and those seeking asylum. Appropriate protection and assistance should be given to all people according to their needs, and consultation may take place for this with the individuals and communities that the Vulnerable Person is associated with. All persons should receive appropriate protection and assistance according to their needs, in consultation with the individuals and communities in question.

DEFINITION OF KEY TERMS

1. Individuals may be ‘vulnerable’ due to their own past experiences or and/or personal characteristics. Some people may have been subject to abuse in their country of origin or upon leaving their country of origin, including those who are victims of human trafficking. Individuals may also become vulnerable or come forward with vulnerabilities at any stage in the refugee status determination process, either through illness or other external factors.
2. Individuals in the following categories may be considered to be a Vulnerable Person:
 - Persons with serious physical or mental health conditions as diagnosed by a medical professional
 - Persons with special legal or physical protection needs as defined in Rwandan law
 - Single women and pregnant women
 - Women-headed households
 - Victims of Trafficking: Individuals who have been recruited, transported transferred or harbored, or receipt of persons by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability for the purpose of exploitation, or the giving or receiving of payments or benefits to achieve the consent of a person having control of another person, for the purpose of exploitation. Exploitation may include the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery
 - Older persons: Individuals over the age of 60 years
 - Persons with disabilities
 - Individuals whose gender identity and/or sexual orientation places them at higher risk of vulnerability such as lesbian, gay, bisexual, and transgender (LGBT) persons

PURPOSE

We have a responsibility to safeguard Vulnerable Persons by:

- i. Empowering decisions and providing for informed consent by individuals
- ii. Preventing harm before it occurs and taking the appropriate action when a safeguarding or vulnerability concern arises
- iii. Supporting Vulnerable Persons to meaningfully participate with the asylum process and other related services
- iv. Protecting and supporting those in greatest need
- v. Inclusiveness Taking the most appropriate response to the risk presented
- vi. Accountability by being transparent with safeguarding.

OBJECTIVES

- ❖ To identify Vulnerable Persons, including groups, and ensure that their needs are regularly assessed using participatory approaches.
- ❖ To set up mechanisms that can quickly identify and refer individuals as Vulnerable Persons particularly those who are less visible to the authorities, in cooperation with communities and their structures.

- ❖ To design and implement protection responses and assistance programs jointly with Vulnerable Persons, those at risk of becoming vulnerable and their communities.
- ❖ To prioritize supporting and addressing the needs of Vulnerable Persons with the urgency required in all protection and assistance responses (including during reception and registration and throughout the refugee status determination and their integration).
- ❖ To develop partnerships and referral mechanisms with other protection and assistance actors (including national partners) who have relevant expertise and adequate capacity to support groups and individuals who may be vulnerable.
- ❖ To establish and maintain a confidential individual case management system to register and track persons defined as Vulnerable Persons, and record the protection and assistance they require and receive

IDENTIFYING AND REFERRING VULNERABLE PERSONS ON ENCOUNTER

3. An adult who is at risk of actual or potential harm of abuse or exploitation must be referred to services to protect and safeguard their welfare as soon as possible. Vulnerable people can be identified at any stage of the refugee status determination process and must be appropriately referred to ensure adequate safeguard. When encountering a Vulnerable Person, all officials must show due regard to the available information and assess whether an initial referral is appropriate and/or required. In the event that an initial referral is appropriate or required it should be made to the protection team who will review the concerns and take appropriate action.
4. Vulnerable Persons may present concerns or issues at reception accommodation centres outside of the refugee status determination (RSD) process. Staff on-site must respond accordingly to ensure Relocated Individuals receive support promptly.
5. It is important that a person disclosing information regarding any vulnerabilities is treated sympathetically and without judgment. To enable this, an appropriate language interpreter should be used to ensure the person can explain their vulnerabilities and concerns.
6. Officials encountering and/or supporting such individuals will need to outline the steps that they will take with or on behalf of the Vulnerable Person to ensure they are offered appropriate support and should obtain the consent of the person where possible before making an initial referral. Individuals may wish for no action to be taken. However, in some circumstances where this may not be possible, for example where an individual's capacity to give informed consent is impaired because they have a cognitive disability, an initial referral should be made where it is in the best interests of the Vulnerable Person.
7. Where a member of staff assesses that a safeguarding initial referral is appropriate, they should make a referral to the Protection Team as soon as reasonably practical (in an emergency) or within 5 days (non-emergency).
8. The initial referral must outline relevant and appropriate information and record that they have taken this action (see annex A). Staff may consult with supervisors or senior officials if they need to confirm action taken.
9. The Protection Team should confirm receipt of the initial referral within 24 hours.

10. In case of unsatisfaction, the individual may escalate the case to the Protection Team, MEDP Coordination Unit, or the Independent Monitoring Committee as appropriate for the case management by the staff who have appropriate qualifications and specialist training on supporting Vulnerable Persons.

INTERVIEWING, INFORMATION PROVISION AND FOLLOW-UP ASSESSMENT

11. Screening of vulnerabilities will occur by Protection Officers who have received the relevant training and are equipped to competently handle onward safeguarding referrals. Upon receiving an initial referral, the Protection Team will arrange an interview with the individual within a reasonable timeframe taking into account the specific vulnerabilities and prioritizing cases where required. Where necessary, if the person requires emergency protection or care, then the emergency services must be contacted immediately.
12. Upon receiving an initial referral, a Protection Officer will arrange for an interview with the person and must ensure the following:
 - o When contacting the individual, the Protection Team will ask what reasonable adjustments can be made and decide what accommodations can be put in place to support the individual. If required, the person should have access to a competent interpreter free of charge. Factors that may require adjustments, could include, fears, concerns about their disclosure to the protection team about other family or related members and appropriate regard should be given to what adjustments are required to address these factors. For example, in the case of a disabled person regard should be had to travel and access to the interview.
 - o Adequate facilities within which to conduct a safe, professional, and confidential vulnerability interview with reasonable adjustments.
 - o Specific care should be taken to accommodate vulnerabilities within the interview and to make reasonable adjustments. For example, through the provision for same-sex interviews (including interpretation) and gender-related considerations (similarly for health checks and medical examinations).
 - o A person may wish to have support in the form of a guardian, or support person present for the interview. For example, a Vulnerable Person's capacity to effectively participate in an interview may be impaired or not well developed, such as those who may have a cognitive or intellectual disability.
 - o Officers need to have appropriate information available to provide to those being interviewed. This includes basic information about the asylum and migration procedures if relevant, the individual's rights and responsibilities, and all relevant care and support services including contact details.
 - o In screening for vulnerability factors officers need to make contact and build rapport quickly, employ skillful and non-judgmental questioning (including open, reflective questioning) as well as skillful listening, observation, response to disclosure and review of available reports.

PHYSICAL, MENTAL HEALTH AND PSYCHOLOGICAL INDICATORS OF VULNERABILITY

13. The interview must pay regard to the physical, mental and psychological wellbeing of the person throughout.
14. This may include physical indicators for vulnerable persons such as:
 - Physical injuries
 - Physical consequences of captivity, neglect, poor environmental conditions
 - Neurological conditions
15. This may include mental health and psychological indicators for vulnerable persons such as;
 - Trauma which manifests in a number of ways, and this could be as a mental health problem, for example, as anxiety, low mood or suicidal thinking.
 - Psychiatric disorders such as post-traumatic stress disorder (PTSD), complex PTSD, depressive disorders, anxiety disorders and adjustment reactions.

FURTHER ACTION FROM THE PROTECTION TEAM

16. All Protection Officers need to trigger a follow-up assessment of complex cases. Case escalation allows for case management by officials with appropriate qualifications and training so that all relevant, independent, specialist assessments and services are accessed and coordinated.
17. Case management can also facilitate expert legal and other advice to aid status resolution in these cases particularly for those unable to engage in the refugee status determination process independently.
18. Protection Officers need to be able to identify the individual's resilience, strengths, family and community ties (current and potential) that support their capacity to remain engaged in the asylum or migration process and to cooperate with the system's requirements.
19. Protection Officers need access to a database of available support services, appropriate for the national and local context.
20. The Protection Team and other officials need to be able to trigger a follow-up assessment and/or treat of complex cases.
21. The Protection Team may support an individual's capacity to remain engaged in the asylum or migration process and to cooperate with the system's requirements. They may also provide advice to relevant officials in the process. For example, if the individual is seeking asylum, where necessary and with the consent of the person, the protection team may notify DGIE and/or the RSDC to inform them of any support needs and/or adjustments for the purpose of enabling them to cooperate with the process.
22. As mental health services are delivered at four levels – community level, primary-level health facility, secondary-level health facility, and tertiary (specialised care), Individuals who require such services will be supported to access them.

ONWARD REFERRAL FOR EXTERNAL SUPPORT, COMMUNITY-BASED PLACEMENT AND OPEN RECEPTION FACILITIES

23. The protection team may decide that further support is required to support a vulnerable person. For example, this may include medical and/or psychosocial support or support within their accommodation facilities. The officer may wish to discuss what support the person wishes to receive and where possible, this should be with the informed consent of the individual. Where this is not possible but in the best interests of the person, the protection team should still take all necessary steps to safeguard the individual.
24. Any onward referral should be made and recorded in writing. The person may request a copy if they wish.
25. The protection team may wish to discuss a plan of support with the individual for an initial period of up to six months. This should include a reassessment to discuss ongoing support requirements and to ensure any onward referrals made continue to be in the person's best interests. If further support is required, this would be discussed before the person's case is closed.

TRAINING

26. Training on Safeguarding and protection will be available to all staff in the refugee status determination process and staff in reception centres with regular updates for existing staff and reception center staff. Staff and volunteers will be trained to identify the different types of abuse and the procedure to be taken when an allegation of abuse is made or detected.

DATA PROTECTION AND INFORMATION MANAGEMENT

27. Those who are considered to be a Vulnerable Person have a right to independence, choice and self-determination. This includes control where possible over information about themselves, and it is always best practice to obtain consent for sharing information. However, in specific circumstances these rights may be overridden if they are determined to be in best interests of the Vulnerable Person.
28. Information relating to a vulnerable person must be adequately stored with the appropriate safeguards. Data protection principles shall be followed at all times in relation to the processing of personal data, including observing appropriate protocols.
29. Information may be shared, where possible with the consent of the person, to enable the person to be best supported particularly where it supports victims to avoid unnecessary disclosure.

ANNEX A – INITIAL REFERRAL TO THE PROTECTION TEAM TEMPLATE

1. Details of the person completing this form

Referral made by:

[Insert your name and job title]

Contact details:

[Insert your email, phone number, and place of work]

Date and time:

2. Details of the person you are concerned about

Name:

[Include any alternative names where known]

Compliance and Enforcement Person Record:

Date of birth:

Gender:

Nationality:

Ethnicity:

Languages spoken proficiently:

[Specify preferred language for translation]

Place of residence in Rwanda:

Next of kin, nearest relative, or significant other:

[Include name, address, contact details, and relationship to the person or “not known”]

3. Referral summary

[Explain why you are making this referral and any information you believe will be of use to the Protection Team. This includes any safeguarding risks identified]

4. Action taken

[Explain what steps you have taken to mitigate any safeguarding risks]

5. Healthcare details

[If known, provide a summary of any relevant healthcare issues]

[Include if emergency healthcare was needed in relation to this referral]

6. Contact with medical services

[Specify if contact with medical services (including emergency services) were needed in relation to this referral]

7. Details of any risks or safety issues

Do you know of any risks or safety issues the Protection Team need to be aware of at their safeguarding interview or were they to visit the person at their place of residence?

[Yes / No]

If yes, please provide details:

[State the risks or safety issues you are aware of and how you know of them]

8. Details of any reasonable adjustments

Do you know of any reasonable adjustments the Protection Team need to be aware of to conduct the safeguarding interview?

[Yes / No]

If yes, please provide details:

[State what adjustments are needed, for example more time needed to accommodate regular breaks, support attending the interview due to mobility issues, etc...]

9. Consent

Does the person consent to this referral being made?

[Yes / No]

If no, please provide details:

[Where the person does not consent, you will need to state here if you have made this referral because of serious safeguarding concerns. For example, immediate risk of significant harm to themselves or others]

10. Details about the person's mental capacity

Does the person have the mental capacity to consent to this referral being made?

[Yes / No / Not known]

Please provide details:

[Provide as much detail as possible, include your specific concerns and if you have discussed this referral with your superiors]

Contact details for the Protection Unit are as follows:

Email: protectionunit@medp.gov.rw

ANNEX B – INFORMATION THAT SHOULD BE RECORDED AND OBTAINED BY THE PROTECTION TEAM

This annex is not an interview script, but simply sets out the minimum information the Protection Team should gather.

This information must be stored with that provided in the initial referral form. Any incomplete or incorrect information in the initial referral form must be updated by the Protection Team.

1. Vulnerabilities identified

[State vulnerabilities you have identified and the evidence for this. In the supporting evidence provide as much detail as possible]

2. Mitigating actions

[State what steps have been taken and will be taken to address the vulnerabilities identified]

This will include any recommendation as to allocation of accommodation and on-going monitoring within accommodation – for example, if someone is at risk of self-harm, that individual will be checked on at specified regular periods.

3. Onward referrals

Name of organisation:

Contact at the organisation:

[Provide the name and contact details of a member of staff with whom the Protection Team can liaise]

Purpose of referral:

Support which will be provided:

[Detail information such as treatments and the regularity of contact between the victim and the organisation]

Repeat as needed if multiple onward referrals are needed.

4. Healthcare details

[Provide a summary of any relevant healthcare issues or any healthcare issues from the past 12-months. This should include both mental and physical health issues. Include details such as hospital/clinic/doctors' names]

5. Details of other relevant services

[Detail of other agencies / services involved with the person]

6. Details of family and next of kin

Name:

Contact details: *[phone / email / address]*

Does the Relocated Individual consent to them being informed of their vulnerabilities?

[yes / no]

7. Details of the person's interaction with DGIE and the asylum system

Is the Relocated Individual applying for asylum?

[yes / no]

[Provide a summary of the individual's immigration and asylum status. Include date, time, and purpose of recent and upcoming immigration and asylum meetings, interviews, appearances with DGIE, the Appeals Body, and the High Court]

8. Pause of asylum application

Does the Relocated Individual believe their vulnerability impacts their ability to engage with the asylum system?

[yes / no] [Explain why they believe this to be the case]

Do you believe their vulnerability impacts their ability to engage with the asylum system?

[yes / no] [Explain why you believe this to be the case]

If yes to either of the above their asylum application must be paused until both the Relocated Individual and Protection Team believe they are able to engage with the asylum system. The Protection team should inform DGIE of the Relocated Individual's vulnerabilities and the requirement to pause the asylum application until the individual can engage with the asylum system.

A3. Standard Operating Procedures on reception and accommodation facilities, April 2024

THE REPUBLIC OF RWANDA



**MIGRATION AND ECONOMIC DEVELOPMENT PARTNERSHIP- CU
E-mail: info@medp.gov.rw**

April 2024

**STANDARD OPERATION PROCEDURE SOPS ON
RECEPTION AND ACCOMMODATION FACILITIES**

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I. INTRODUCTION AND BACKGROUND

1.1 PURPOSE OF THE SOPS

The purpose of this Standard Operating Procedure (SOP) for accommodating relocated individuals is to establish a comprehensive and standardized set of guidelines and procedures for efficiently managing accommodation and reception facilities while ensuring the well-being of relocated individuals in a lawful and consistent manner. This SOP serves several essential objectives:

- **Consistency and Uniformity:** It ensures that all personnel involved in the accommodation process, including MEDP-Coordination Unit staff, service providers, and other partnership stakeholders, adhere to uniform procedures and protocols. This promotes consistent treatment and service delivery to Relocated Individuals (RIs), regardless of the facility or location.
- **Compliance with Legal and Regulatory Frameworks:** The SOP outlines procedures that align with national and international laws, regulations, and human rights standards governing the rights and accommodations of RIs. Compliance with these standards is essential to prevent legal issues and uphold the rights of RIs.
- **Clarification of Roles and Responsibilities:** The SOP defines the roles and responsibilities of various stakeholders engaged in the accommodation process, such as MEDP-CU, security personnel, service providers, medical personnel, and social workers. Clear delineation of roles ensures effective coordination and accountability.
- **Efficient Operations:** It outlines efficient processes for admission, placement, daily operations, security measures, medical care, and more. These streamlined processes optimize resource utilization and ensure timely delivery of essential services.

- **Protection of Relocated Individuals' Rights:** The SOPs underscores the significance of safeguarding the rights and dignity of RIs throughout their stay in accommodation facilities. This includes provisions for privacy, safety, access to legal representation, healthcare, and psychosocial support.
- **Emergency Preparedness:** Guidance is provided on handling various emergencies, including natural disasters, fires, medical crises, or security incidents, to guarantee the safety and well-being of RIs during unforeseen events.
- **Quality Assurance and Continuous Improvement:** The SoP establishes a framework for monitoring and evaluating the quality of services and accommodations offered. This framework enables continuous improvement and adaptation to evolving circumstances and needs.

1.2 SCOPE

The scope of this SOP encompasses relocated individuals from the UK who will be received and accommodated in both short-term and long-term facilities, including those located within Kigali City and those situated outside of Kigali City. **These provisions only apply to accommodation provided by the MEDP Coordination Unit to a relocated individual. Relocated Individuals can at any time choose to obtain their own accommodation which may not meet these standards.**

1.3 DEFINITIONS

- **Accommodation:** In the context of these Standard Operating Procedures (SOPs), accommodation **including long-term accommodation facilities** shall be defined as a lodging facility for Relocated Individuals (RIs) that includes a sleeping area with a bedroom equipped with bedding accessories, restroom facilities, toilet amenities, washing facilities, access to the internet, and is:
 - fit for purpose, habitable, in a good state of repair and maintained to an adequate standard;
 - is located in a suitable place;
 - meets adequate levels of hygiene and safety, including fire safety;
 - provides the RI with security and privacy;
 - provides adequate washing and toilet facilities;
 - Includes access to electricity and water;
 - Includes adequate furniture, including the RI's own bed, and;
 - Access to a kitchen (unless the RI is being provided with meals);
 - Laundry facilities (unless the RI is being provided with a laundry service);
 - Is not overcrowded and provides each RI with adequate space;
 - Is adequately ventilated and lit; and
 - Is made suitable for relocated individuals with specific needs, such as reasonable adjustments in accordance with relocated individuals' physical and medical needs.
- **Reception Centres:** accommodation allocated to RIs upon arrival in Rwanda, pending Refugee Status Determination, for a period of up to 3 months.

- **Long-term Accommodation facilities:** accommodation provided to RIs following Refugee Status Determination or after 3 months of arrival if appropriate.
- **Litigation mechanism:** Within the scope of these Standard Operating Procedures (SOPs), accommodation litigation shall pertain to the process of resolving any disputes or misunderstandings that may arise between room occupants and their service provider.
- **Service provider:** For purpose of this SOPs, the house manager/service provider refers to the organization that will oversee the accommodation management by ensuring that all room requirements are timely availed, maintained and replaced when necessary.
- **RIs:** Under these SOPs, RIs refer to a person relocated from UK to Rwanda under Migration and Economic Development Partnership signed between two Governments.

II.. RESPONSIBILITIES

2.1 RESPONSIBILITIES OF SERVICE PROVIDER FOR RECEPTION FACILITIES

The service provider shall ensure:

1. *Reception Facilities Management:* Ensure that reception centres are clean, safe, not over-crowded, lit and ventilated, and comfortable for RIs, and for the provision of clean water (*). Ensure that accommodation is adequate for the RI's needs, including where appropriate for the needs of RIs
2. *Check-In and Check-Out Procedures:* Efficiently manage the check-in and check-out process for RIs. RIs will be free to come and go from reception centres.
3. *Catering and Meal Services:* Provide three (3) meals per day which will be varied, balanced and meet adequate nutritional standards and dietary options that meet the dietary, cultural or religious needs of RIs (relevant form provided in Annex C). The food service will be provided in a location easily accessible to RIs and clearly explain the availability of religious or culturally sensitive meals.
4. *Security:* Maintain security within the accommodation premises to ensure the safety of RIs.
5. *Housekeeping:* Regularly clean and maintain accommodations to ensure hygiene and comfort.
6. *Cultural Sensitivity:* Be sensitive to the cultural and religious needs of RIs, including providing access to prayer facilities.
7. *Privacy:* Respect the privacy of RIs and ensure their accommodations provide a level of privacy.
8. *Emergency Response:* Develop and communicate emergency procedures to ensure the safety of RIs in case of emergencies.
9. *Compliance:* Adhere to all relevant laws and regulations related to RIs and accommodations.
10. *Reporting:* Maintain records and reports related to the occupancy, services provided, and incidents that may occur.
11. *Training:* Train staff members on cultural sensitivity, RIs needs, and relevant policies and procedures.
12. *Communication:* Maintain open and respectful communication with RIs to address their concerns and needs.

13. Accessibility: Ensure that accommodations are accessible to individuals with disabilities, if applicable.
14. *Monitoring and Evaluation*: Regularly assess and improve services based on feedback and changing circumstances.

(*)

DETAIL OF RECEPTION FACILITY MANAGEMENT

1. All rooms are numbered
2. All keys are numbered
3. Sheets, towels, bed covers, and pillow covers are regularly washed; washing has to be done twice a week and spare items are issued.
4. Every RI receives a suitable room, bed and accessories
5. A communication channel is established to know daily feedback, demand or complaints from the RIs and respond accordingly;
6. Rooms, corridor, wash rooms, toilets and compound premises are regularly cleaned; cleaning should be done on daily basis not later than 11:00 am;
7. RIs are well aware of a schedule for cleaning, washing services, accessories change.
8. The regular supply of toilet papers in toilets at least twice in a week;
9. The availabilities of dust bins and their regular collection each day of cleaning;
10. Doors are equipped with locks and keys are given to occupants;
11. Keys are timely replaced in case of loss or damages.

2.2 RESPONSIBILITIES OF RIs

Upon arrival, RIs will receive a briefing to outline the rules and guidelines of the reception facility. These include, but may not be limited to:

1. *Compliance with Rules (*)*: Adhere to the rules and guidelines set by the accommodation facility.
2. *Respect for Others*: Show respect and consideration for fellow RIs and service provider staff.
3. *Security*: Cooperate with security measures and help maintain a safe environment.
4. *Privacy*: Respect the privacy of others and maintain confidentiality regarding personal information.
5. *Cleanliness*: Keep your accommodation area clean and tidy.
6. *Use of Facilities*: Properly use and care for facilities and equipment provided. All items given or found in the facility are **NOT FOR SALE**;
7. *Behavior*: Behave in a manner that does not disrupt the peace and safety of the accommodation.
8. *Cultural Sensitivity*: Be sensitive to the cultural and religious practices of others and respect their beliefs.
9. *Cooperation*: Cooperate with staff and authorities when necessary for security or administrative purposes.
10. *Reporting*: Report any concerns, incidents, or maintenance issues to staff promptly.
11. *Attend Appointments*: Attend scheduled meetings or appointments with immigration authorities or service providers.
12. *Legal Compliance*: Abide by the laws and regulations of Rwanda.
13. *Attendance*: Attend required orientation sessions, language classes, or integration programs, if available.

14. *Financial Responsibility*: Manage personal finances responsibly, if RIs receive financial support.
15. *Community Participation*: Participate in community activities or programs that promote integration and well-being.
16. *Safety*: Be aware of safety procedures and evacuation plans in case of emergencies.
17. *Seek Information*: Seek information and assistance regarding legal rights, RIs procedures, and available services.
18. *Cooperation in Legal Process*: Cooperate with legal and RIs processes, attend interviews, and provide accurate information.

1. Occupy the room and take care of the amenities found inside;
2. Sign receipt paper of material found in the room;
3. Do not draw on the walls. You may hang movable decorations or announcements but ensure they do not alter or visibly impact the walls;
4. Report any item that is not fit or serving its purpose
5. Ensure that the houses and rooms are clean and healthy; and to flag any infestation or threat to the hygiene of the house residents for proper management;
6. Facilitate and give access to support services personnel like those in cleaning and maintenance;
7. To be aware that no-one else from inside and outside the compound should be sharing the given room, the sharing of rooms with people who are not RIs is prohibited;
8. It is also encouraged to hand back any item which is not needed instead of throwing them away or misusing them, as they may cause danger if misused;
9. **It is prohibited to bring live animals** such as goats, cows, pigs, etc or others inside the compound for slaughter; whenever there is a need arrangement will be done with the kitchen for proper management;
10. Your place has to be **green**: you are encouraged to take care of the external premises close to your house with environment friendly behaviors and avoiding throwing trash in inappropriate places;
11. **Plastic bags are not in circulation in Rwanda**: please continue to respect the environment by avoiding disposing of any plastic bags or items in inappropriate places;
12. **Water and electricity should be used sparingly**; to remember to switch lights off whenever not needed such as during day time
13. Not smoke in public spaces. Smoking areas are provided for the purpose;
14. To be moderate when playing music or having discussions on phone or with colleagues. Noise pollution is an offense.
15. Be aware of firefighting infrastructure at your disposition to use when in need;
16. Timetable for common activities are to be respected;

2.3 RESPONSIBILITIES OF MEDP-CU

- *Preparation and Planning:* Collaborate with relevant government agencies, NGOs, and service providers to plan and prepare for the arrival of RIs.
- *Accommodation Arrangements:* Coordinate the placement and allocation of RIs to appropriate rooms or facilities within the reception hotel.
- *Orientation:* Provide orientation sessions to RIs, informing them about the reception and accommodation's rules, legal awareness training, complaint system, services, and available resources. Ensure there is information available at the accommodation (including access to interpretation and translation services) in respect of asylum process in Rwanda, and how to bring legal proceedings in the UK.
- Reasonable provision of private space within reception centers to support individuals undertaking UK and ECHR legal proceedings (including to take or make confidential phone calls with their legal representatives). The UK will provide separate facilities for out of country hearings.
- Ensure there is the provision of information regarding the procedure for lodging a complaint about their accommodation and delivery of other support.
- *Documentation and Registration:* Assist RIs in completing necessary documentation, such as asylum registration forms and identification procedures. Working with DGIE, ensure that RIs are provided with appropriate identity documents or temporary residence permits, which allow them to access services and protection.
- *Integration Support:* Offer support and information to help RIs integrate into the community, including language classes, cultural orientation, and access to local services.
- *Safety and Security:* Ensure the safety and security of RIs within the reception and accommodation facility, including implementing security measures and emergency response plans.
- *Language Services:* Provide language support, translation, or interpretation services for RIs if needed.
- *Medical Assistance:* Arrange for medical services and access to healthcare facilities if required. An initial medical assessment of each RI in order to establish any medical needs shall be carried out. This assessment will take place as soon as possible following the relocated individual's arrival in Rwanda.
- *Medical Care:* Coordinate access to medical services and ensure that RIs receive necessary healthcare, including initial health assessments and vaccinations. This includes ensuring that there is 24/7 first aid by appropriately trained staff in reception facilities and medical support on-site as required.
- *Psychosocial Support:* Provide or facilitate access to psychosocial support services for RIs who may have experienced trauma or distress. This includes ensuring that there is 24/7 first aid in reception facilities.
- *Safeguarding:* Making initial referrals to the Protection Team where necessary and taking into account safeguarding issues in the accommodation centers and ensuring access to relevant support (see the Safeguarding SOP).

- *Legal Assistance:* Connect RIs with legal representatives or organizations that can assist with the RIs' claims and legal processes on request and where provided free of charge on appeal.
- *Complaints and Grievances:* Establish a system for receiving and addressing complaints or grievances from RIs, ensuring a fair and transparent process for resolution.
- *Monitoring and Evaluation:* Regularly monitor the well-being and satisfaction of RIs in the reception and accommodation facilities and collect feedback for continuous improvement. The Monitoring Committee will have access to reception facilities in accordance with the MEDP arrangement.
- *Data Management:* Maintain accurate records and data related to the RIs, their status, and services provided and process data in accordance with Rwanda's legal obligations and in accordance with the commitments under the MEDP.
- *Human Rights:* Uphold the human rights and dignity of RIs throughout their stay.
- *Digital services:* regularly maintain IT facilities including the provision of a smartphone for individual use and internet access at the reception facility.
- *Reporting:* Prepare and submit regular reports to relevant authorities on the status and needs of RIs in the accommodation and reception facilities.
- *Emergency Preparedness:* Develop and implement plans for handling emergencies, including natural disasters, medical crises, or security incidents, to ensure the safety and well-being of RIs during unexpected events.
- *Each relocated individual will be provided with transportation free of charge:* to their accommodation, following their arrival in Rwanda between their accommodation in Rwanda and any interview for the purposes of processing their asylum claim; and between their accommodation in Rwanda and any hearing of an appeal of their asylum claim.

III. ACCOMMODATION FACILITIES

3.1 DETAILS ABOUT THE TYPES OF ACCOMMODATION FACILITIES

The places of accommodation will be the hotels and other centers for RIs in a period not exceeding three months (Reception Centers) and the long term accommodation facilities where relocated individuals will have to live after three months in reception centers.

In reception and long term accommodation facilities RIs may have to share some rooms with other persons (where appropriate) In reception and long term accommodation facilities, RIs will receive administrative, legal, health and social support (access to social rights, access to healthcare, etc...)

3.2 ADMISSION PROCEDURES

3.2.1 ELIGIBILITY CRITERIA

Any Relocated person will be provided with a room of the above stated standards basing on following conditions:

1. To be relocated from UK to Rwanda under the MEDP arrangement;

2. To be on the list of received persons at reception area.

3.3 ACCOMMODATION PLACEMENT

3.3.1 ROOM ALLOCATION PROCESS IN RECEPTION CENTERS

Room allocation for RIs in reception and accommodation facilities should be carried out in a fair, transparent, and equitable manner to ensure that the specific needs and vulnerabilities of each individual or family are taken into account. The conditions for room allocation will consider the following factors:

- *Adult family groups:* Accommodate family units together whenever possible to ensure their privacy and emotional well-being.
- *Age and Gender:* Consider the age and gender of RIs when allocating rooms and washroom and sanitary facilities. Separate sleeping quarters and sanitary facilities should be provided for males and females to ensure safety and privacy. Facilities can be allocated with flexibility according to Relocated Individuals' needs.
- *Vulnerabilities:* Vulnerable individuals will be prioritized, such as, persons with disabilities, survivors of trauma, and elderly persons. These individuals will be provided specific accommodations, such as accessible rooms or additional support.
- *Nationality and language bond shall be also considered while allocating rooms.*

(*)

1. Each person should have his/her own bed;
2. Room allocation is solely the responsibility of MEDP-CU;

3.3.2 HOUSE ALLOCATION FOR LONG TERM ACCOMMODATION FACILITIES

House allocation for RIs is the process of assigning suitable housing to individuals or families from UK after three months in reception centers. This allocation is an essential part of the integration process for RIs, ensuring that they have a safe and stable place to live. Here are key aspects of house allocation for RIs:

- *Assessment of Needs:* Before allocating housing, MEDP-CU will consider the specific needs of each RI or relocated adult family. Factors considered include family size, medical conditions, disabilities, personal choice and any vulnerabilities.
- *Location:* The location of the allocated housing is crucial. It will be in a safe area, accessible to essential services like schools, healthcare facilities, and public transportation. Consideration is also given to proximity to other Rwandan communities for social support.
- *Safety and Security:* Housing provided to RIs should meet basic safety and security standards. This includes having functional doors and windows, locks, and structural integrity to withstand environmental factors.
- *Furnishings:* Housing may be furnished with basic items including a bed and kitchen appliances to help RIs settle in comfortably.

- *Duration:* For RIs provided with refugee or other settlement status, they will be provided permanent accommodations for a period of 5 years.
- *Legal Documentation:* RIs with permanent accommodation will receive legal documentation related to their allocated housing, outlining their rights and responsibilities.

LOCATION PLAN/MAP

For each reception and accommodation facility, a location map will be provided with the neighboring essential services (hospital, bus station, school, markets) outlined.

EVACUATION PLAN

A visual representation of evacuation routes and assembly points within the accommodation facility in case of emergencies. (The plans will be provided for each facility and they will be explained to RIs).

3.3.3 CONFIRMED VICTIMS OF TRAFFICKING

For individuals who are confirmed victims of trafficking who claim that they are at risk of re-trafficking, access to details of their allocated accommodation (their address) will be restricted to only those officials who need to have access for the purposes of safeguarding or processing their asylum or protection claim or confirming their status.

IV. PSYCHOSOCIAL SUPPORT

4.1 COUNSELING SERVICES

A designated room within the reception facility will be allocated for the provision of psychosocial support services to relocated individuals. Such support services will include the ability to refer on to medical facilities as necessary. Additionally, dedicated interpretation services will be readily available to facilitate effective communication and assistance.

4.2 RECREATIONAL ACTIVITIES

A diverse range of recreational activities will be thoughtfully curated and made available to RIs within the reception and accommodation facility. These activities are designed to cater to various interests and needs, promoting physical and mental well-being, social interaction, and relaxation among the residents. They may include but are not limited to sports, cultural events, educational workshops, and leisure activities. The aim is to create a supportive and engaging environment that contributes to the overall welfare and integration of RIs during their stay at the facility.

V. COMPLAINTS MECHANISMS

Grievance procedures for RIs in the reception and accommodation facility will be established to ensure that RIs have a mechanism to voice their concerns, complaints, or grievances while staying at the facility.

The following outlines the key components of these procedures:

- *Accessible Channels*: RIs will have access to multiple channels through which they can submit their grievances. These channels will include grievance boxes, complaint forms, email, hotlines, or in-person meetings with designated personnel.
- *Confidentiality*: The process will prioritize the confidentiality of the complainant, ensuring that their identity and the details of their grievance are kept confidential.
- *Designated Grievance team (*)*: MEDP-CU designated staff will be responsible for receiving, documenting, and addressing grievances. These staff will have a clear understanding of the grievance resolution process.
- *Timely Response*: A commitment to timely responses is essential. Upon receiving a grievance, the facility will acknowledge receipt and provide resolution in a period not exceeding 48h. The RI who submitted the grievance will receive feedback regarding the resolution process and its outcome.

(*)

Following mechanisms will be in place to facilitate the process:

1. Hostel management should make all reasonable effort to resolve any misunderstanding that may occur;
2. An accommodation committee will be elected from the RIs to liaise between community and hostel management;
3. The focus group discussions will be held on regular basis to evaluate the process;
4. A staff from MEDP-CU will be deployed at accommodation to facilitate the process and resolve the complaints at the last resort.

VI. APPENDICES

COMMITMENT FOR ROOM ALLOCATED IN THE RECEPTION CENTER

[Name of the Reception Facility]

[Address of the Facility]

ANNEX A: ROOM ASSIGNMENT FORM

[City/Region, Postal Code]

Date: [Date of Commitment]

Relocated Individual's Name: [.....]

Room Number: [.....]

Allocation Period: [Start Date] to [End Date]

Terms and Conditions:

- Room Assignment: hereby allocates Room #[Room Number] tofor the period of..... The room is located within our facility at the address mentioned above.
- Rights of RI:has the right to privacy, security, and a safe living environment during their stay in the allocated room. is committed to ensuring that these rights are upheld.
- Responsibilities of RI: is responsible for maintaining the cleanliness and orderliness of the allocated room. Compliance with facility rules and regulations is mandatory.

On Behalf of RI Signed by: Relocated Individual's names	Witnessed by: MEDP-CU Designated staff	On Behalf of reception facility Signed by: Representative of the reception facility
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ROOM ALLOCATION FORM

Room number	
Room Allocation date	
Consideration given to any necessary adjustment for vulnerabilities or disabilities	
Names of individual or family assigned	
Available items in the room	
Room allocated to: Names and Signature	Facility Administrator Names and Signature

ANNEX B: INCIDENT REPORT FORM

INCIDENT REPORT FORM

Used to document and report any incidents that occur within the accommodation facility, such as conflicts, accidents, or breaches of rules.

INCIDENT REPORT

RI's Name	Time	Date of Incident
-----------	------	------------------

RI's room and Phone Number

Reception facility where incident occurred

Describe what happened: _____

Action taken (including whether a safeguarding referral to the Protection Team took place):

Reception facility/MEDP-CU or other persons who witnessed incident:
Name _____ **Telephone number** _____

Medical Response

Was medical attention needed or provided?

First Aid Given: Yes No Ambulance Yes No

Annex C: Meals request form

- MEALS REQUEST FORM

RI's can use this form to request special dietary requirements or communicate any food allergies.

SPECIAL DIETARY REQUEST FORM

RI's Name _____
Date

RI's room and Phone Number

Describe allergy you have: _____

Describe needed special dietary: _____

Medical proof

Was medical recommendation provided?

Yes No

Kindly provide the proof

ANNEX D: MAINTENANCE REQUEST FORM

MAINTENANCE REQUEST FORM:

This form will help to ensure that any necessary repairs are addressed promptly.

RI's Name

Date

RI's room and Phone Number

Describe the needed maintenance you have: _____

USEFUL CONTACTS

1. Facility Administrator
2. Psychosocial staff:
3. Service Provider:

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A4. Standard Operating Procedures on health services to be provided to Relocated Individuals under the MEDP, April 2024

THE REPUBLIC OF RWANDA



MIGRATION AND ECONOMIC DEVELOPMENT PARTNERSHIP- CU
E-mail: info@medp.gov.rw

STATEMENT OF PRACTICE

HEALTH SERVICES TO BE PROVIDED TO RELOCATED INDIVIDUALS UNDER
THE MEDP

April, 2024

I. Purpose

This Standard Operating Procedure (SOP) outlines the process for Relocated Individuals (RIs) to access healthcare services during their stay within Rwanda under the MEDP.

II. Scope

This SOP applies to RIs under the Migration and Economic Development Partnership, insurance companies and healthcare providers involved in the healthcare process for RIs including the referral process. Where relevant, insurers will seek the assistance of providers who have better expertise and facilities to guide in managing or to taking over a responsibility for a particular clinical condition in a patient.

The system does not include nationals or the national spouse of the RIs.

III. Definitions

- **Relocated Individual:** An individual who is being or has been removed from the United Kingdom to Rwanda.
- **Healthcare Provider:** Medical professionals, facilities, and organizations responsible for delivering healthcare services.

IV. Pre- arrival

If any Relocated Individuals has any known specific medical needs which need to be catered for immediately upon arrival, this information will be provided by the UK to Rwanda either at the time of requesting acceptance of that RIs relocation or alongside the provisional manifest.

The MEDP Coordination Unit (“MEDP CU”) will consider and securely record the information provided by the UK and make any specific arrangements to ensure an individual’s needs are met upon arrival, including considering the suitability of reception facilities and arrangements for storing medication. This information will not be used by Rwanda for any other purpose other than to make a decision whether to accept an individual for relocation or to make suitable arrangements for the transfer, reception, care, accommodation, health, security and wellbeing of that Relocated Individual.

V. Arrival

Initial Health Assessment

The MEDP CU will ensure that during the orientation an initial health assessment will be offered and individuals will be provided with a form to accept or refuse (ANNEX A). If an individual does not consent to the initial health assessment, the MEDP CU will record this. An individual will be able to seek medical care as soon as they wish.

The medical assessment will be conducted by qualified doctors and medical personnel as soon as possible. These assessments will aim to identify the medical needs of each relocated individual. The assessment includes a medical history review, physical examination, and screening for infectious diseases. Results are documented and used to identify health conditions that may require attention.

Upon arrival where it is identified that an individual has a specific safeguarding concern including risk of self-harm, immediate steps would be taken to prevent harm. Medical support and appropriate safeguards would be put in place, including in accommodation facilities. If necessary a referral would be made to the Protection Team as outlined in the Safeguarding Standard Operating Procedures

VI. Access to Health care

Prior to an individual being provided with their health insurance card, the MEDP CU coordinates initial access to healthcare services, including initial health assessments and vaccinations. Provision of psychosocial support services for individuals who have experienced

trauma or distress is ensured. A designated room within reception facilities is allocated for psychosocial support which RIs will be able to access with or without appointment, with the ability to refer individuals to medical facilities. There will be one medical professional on-site at all times. There will be one further medical professional on site, with a specialism in mental health between the hours of 9am-5pm each day and availability of on-call services at all other times. Interpretation services are readily available for effective communication arranged by the MEDP CU as required.

From arrival, each Relocated Individual will have access to quality preventative and curative primary and secondary healthcare services that are at least of the standard available to Rwandan nationals, including:

❖ **HOSPITAL SERVICES COVERED BY INSURANCE**

- Daily room and board and nursing services in a private room or ward
- Daily room and board and nursing services in an Intensive Care Unit
- Use of operating, treatment and recovery rooms
- Dressings, sutures and other supplies routinely provided to inpatients
- Emergency Room treatment (must be an emergency)
- Prescription drugs provided while inpatient
- Radiology, laboratory and ultrasound services
- Physical therapy, Occupational therapy and Speech therapy while inpatient
- Professional services, including doctors

❖ **OUTPATIENT HOSPITAL/OUTPATIENT SURGICAL FACILITY SERVICES**

- Professional services including doctors
- Dressings, sutures and supplies routinely provided while outpatient

❖ **DOCTOR AND CLINIC VISITS**

- Doctors and specialists
- Physical therapy, Occupational therapy and Speech therapy
- Licensed Behavioral/Mental Health professionals
- Radiology, laboratory and ultrasound services
- Chiropractic services

❖ **OTHER COVERED SERVICES**

- Local emergency ambulance transportation
- Mental Health issues and any treatment required as a result of attempted self harm, alcohol and substance abuse
- Prescribed medication including for chronic conditions
- Durable medical equipment
- Home health care
- Hospice care
- Radiation therapy or treatment
- Chemotherapy
- Hemodialysis
- Oxygen and other gasses and their administration

- Anesthetics and their administration
- 1 Routine Vision exam and 1 pair of glasses
- Hearing services including the prescribing, fitting or changing of hearing aids
- Maternity coverage including normal delivery, caesarean section (elective and emergency), maternity-related complications, all inpatient expenses, legal abortion.
- Preventative and routine dental care

❖ **Services that are not covered.**

- Personal convenience items
- Telephone consultations or failure to keep a scheduled appointment
- Exercise programs, whether or not prescribed by a doctor
- Elective Cosmetic or aesthetic procedures
- Services or supplies that are investigational, experimental or for research purposes
- Eye surgery to correct nearsightedness, farsightedness or astigmatism
- Biofeedback, recreational, sleep or music therapy
- Services performed or supplies provided by your relative or any person who resides with you
- Services or supplies provided at no cost
- Treatment to promote hair growth, whether or not prescribed by a doctor
- Treatment to prevent hair loss
- Injuries from participating in insurrections or riots against the law
- Injuries from motor-vehicle racing where betting is allowed
- Any supply or service that is not medically necessary service of supplies for which benefits or payments are available under any other arrangement.

Any health care that is necessary outside the insurance coverage will be covered 100 per cent by the MEDP-CU via any public, private or non- governmental health care facility in Rwanda. For example, in the event a prescription was not fulfilled under the insurance contact, this could be fulfilled through either public or private pharmacies/ medical facilities and paid for by the MEDP- CU.

VII. Eligibility

- Every RI will be eligible for health insurance for a period of 5 years unless they leave Rwanda due to voluntary repatriation, or relocation to the UK).
- Benefits automatically terminate after the period of 5 years after which they will have the same access to healthcare as a Rwandan national. The Data Management System will start to notify the beneficiary before 3 months of conclusion.
- All RIs will be enrolled in the system that will include s/he name, identification number and other important information about the insurance. The ID number or card will usually be issued within a week of arrival. This is different to the temporary residence ID card.
- RIs shall keep his card at all time and present it to the Doctor, hospital, dentist or pharmacy when seeking services. The provider will use the card to verify eligibility for benefits and to obtain important information. When the card is lost the RI shall liaise with MEDP CU for new arrangement to get a new card.

VIII. Parties and their roles

a. MEDP-CU

MEDP CU-shall:

- lead the coordination, monitoring and evaluation of health services for RIs including answering queries
- ensure complaints made to the MEDP-CU by RIs are logged and resolved. Complaints may also be made to the Monitoring Committee through their independent complaints system
- ensure that all RIs have access to effective healthcare services
- ensure that preliminary medical assessment are provided at the reception centers
- capture all referred cases and all RIs who have been given referral.
- Arrange interpretation support for medical appointments where necessary

N.B: Any health care that is necessary outside the insurance coverage will be covered 100 per cent by the MEDP-CU via any public, private or non-governmental health care facility in Rwanda.

For example, if in the event a prescription was not fulfilled under the insurance contract, this could be fulfilled through either public or private pharmacies/medical facilities and paid for by the MEDP-CU.

b. Relocated Individuals

- shall have access to a range of services at least to the same standard as Rwandan nationals.
- Communicable disease shall be managed at the reception centers and may be referred only under proper care or found to be absolutely necessary.
- Taking medication as prescribed by the physician
- Proper use of the insurance card
- Promptly visit the hospital when necessary and to protect others from communicable disease.
- To liaise with MEDP CU in case of unsatisfactory services.

IX. Level of Hospital

This SOPs refer to government and private hospitals that provide health care to public patients, including the RIs under MEDP CU.

1. Primary level health facility (Health centers)
2. Secondary level health facility (district and provincial hospitals)
3. Tertiary and specialized care. (Teaching and referral hospitals and Specialize mental health centers.)

X. Referral pathways

The referral of the RIs from health facilities follows the national healthcare system. Primary Health Care facilities are the first level of care where the need for referral/ transfer is assessed and decided by the designated healthcare professional. From health center facilities, the RIs

will be referred to District hospital and then to Referral Hospital or Teaching Hospital. Except in emergency, cases referred by the primary or District hospitals to a specialist might, if the need be, go through the process of reprioritization. It is important to ensure continuity of care by providing feedback to the referring facility.

Referrals for specific care that cannot be provided for within Rwanda can be made under the insurance contract to a third country, with consent of the RI. No RI will be referred to third country health care if they are a national of that country.

Any referrals made that are not covered by the insurance contract coverage will be covered 100 per cent by the MEDP-CU.

XI. Steps for referring patients after decision for referral

1. Stabilizing the patient, informing the patient family where applicable, of the decision for referral identifying the need for a nursing escort, identifying a care-giver, preparing a transportation means
2. Completing the referral paper: identification, clinical examination, history of the illness/symptoms, diagnosis, details of treatment received to date, further treatment needed, full name and signature of the referring person.
3. Issuing of travel authorization to the patient and care-giver. Ensure the right escort is selected for the patient. Sign written consent for the patient to return to relevant accommodation after completion of the treatment.

Informing referral attendant at respective referral sites with information on patient identification, date and time of departure, date of arrival, means of transportation, diagnosis, general condition, means of communication with referral attendant on arrival (e.g telephone).

XII. Special and Emergency Care

If special care is required, relocated individuals are referred to appropriate specialists or facilities. In emergencies, relocated individuals should seek immediate medical attention at the nearest healthcare facility. Emergency contact numbers are provided in the Orientation Guide and within reception and accommodation facilities for quick access to medical services.

For emergencies designated room within reception facilities is allocated for psychosocial support which RIs will be able to access with or without appointment, with the ability to refer individuals to medical facilities. There will be one medical professional on-site at all times. There will be one further medical professional on site, with a specialism in mental health between the hours of 9am-5pm each day and availability of on-call services at all other times.

XIII. Medication and Treatment

Prescribed medications and treatments are provided as necessary. Medication schedules and treatment plans would be explained to relocated individuals. Regular follow-up appointments may be scheduled to monitor treatment progress.

A list of medication available in Rwanda is available here [Human Medicine Registered Products – Rwanda FDA](#). This is an up-to-date, accurate but non-exhaustive list. If there are

queries in relation to the availability of medication not on this list that can be checked with the Rwanda Social Security Board.

XIV. Mental Health Support

Mental health services are available for relocated individuals who require mental health support services. Qualified mental health professionals offer counselling and therapy.

XV. Preventive Care

- During the orientation, relocated individuals are educated about preventive healthcare measures, including hygiene and disease prevention. Immunization programs are in place to protect against communicable diseases. Health education materials are provided in appropriate languages.
- Anti-malarial medication will be provided free of charge to all Relocated Individuals.
- Preventative and mitigating measures to lower health risks will be in place, including but not limited to:
 - o Equipping accommodation facilities with treated mosquito bed nets.
 - o Installing mosquito nets on bedroom windows.
 - o Conducting residual spraying in gardens.
 - o Providing mosquito repellents for both indoor and outdoor use.

XVI. Cost

- a) All referral services shall be provided free of charge and related authorized costs will be covered by the insurance company .
- b) Referral cost should be minimized to the extent possible by avoiding delays, establishing a convenient system for transportation and effective communication.
- c) Costs of services obtainable only in other countries shall be covered.

XVII. Confidentiality

Privacy and confidentiality shall be respected at all times. The principle of purpose – specification shall be applied for sharing information about the patient. The principle consists of:

- a) The author of the request must be recognizable and authentic
- b) the request must state its purpose; and
- c) the request must be in writing; and
- d) consent of the individual concerned should be obtained when needed.

XVIII. Fraud

RIs should refrain from any form of fraud. Suspected fraudulent access to medications or health services will be investigated, and may result in withdrawal of the medication or treatment.

MEDP CU has the right to counter-check any suspicious documents through any means available like for example telephone, email, formal letters, interviews and physical visits.

XIX. Documentation

- All the referrals should be well documented on the individual patient card and should be easy to retrieve.
- All referrals should be documented in the referral registration in the Data Management System
- All the referrals shall be tracked in database
- The database will be secure and only necessary personnel will be able to access the medical records held.

Administrative structure	Health care delivery system	No.of public facilities / CHWs	Type of service offered
Province (5)	Tertiary hospitals	8	<ul style="list-style-type: none"> - Specialized hospitals serving the entire country - Medical training
District (30)	District Hospital	36	<ul style="list-style-type: none"> - Provide government-defined complementary package of activities (caesarean, treatment of complicated cases, etc.) - Provide care to patients referred by the primary health centres - Carry out planning activities for the health district and supervise district health personnel
Sector (416)	Health Centres	503	<ul style="list-style-type: none"> - Provide government-defined minimum package of activities at the peripheral level - This includes complete and integrated services such as curative, preventive, promotional, and rehabilitation services - Supervise health posts and CHWs operating in their catchment area
Cell (2148)	Health posts	501	<ul style="list-style-type: none"> - Services provided are similar, albeit reduced from that of health centres - Established in areas that are far from health centres - Services include curative outpatient care, certain diagnostic

			tests, child immunization, growth monitoring for children under 5 years, antenatal consultation, family planning, and health education
Village (14 837)	Community Health Workers (CHWs)	45516	<ul style="list-style-type: none"> - Prevention, screening and treatment of malnutrition - Integrated management of child illness - Provision of family planning - Maternal and newborn health - HIV, tuberculosis, and other chronic illnesses - Behaviour change and communication

ANNEX A: FORM FOR INITIAL MEDICAL ASSESSMENT

INITIAL MEDICAL ASSESSMENT CONSENT FORM

Date: [MEDP CU to fill in] .././..... NAME:

You are being offered an initial medical assessment provided by a medical professional.

You will be able to ask any health-related questions about yourself or Rwanda.

This is free of charge and is optional. If you agree, this will be arranged for you as soon as possible and will take place at your reception center. If you have any interpretation requirements, this will also be arranged.

If you have any immediate or emergency health concerns, please immediately contact reception center staff.

Interpreter required: [Details of interpreter incl. reference number and language this from was translated to if applicable, if not required please note this]

Translated on [insert date]

Do you want the medical assessment?

Yes No

Signature of relocated individual:

.....

Signature of MEDP CU:

.....

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A5. Asylum and humanitarian protection decision making Standard Operating Procedures, 20 April 2024

REPUBLIC OF RWANDA



ASYLUM AND HUMANITARIAN PROTECTION DECISION MAKING SOP.

Kigali, 20.04.2024

ASYLUM AND HUMANITARIAN PROTECTION DECISION MAKING SOP.

1. Introduction

This document on Asylum and Humanitarian Protection Processing Standard Operating Procedures outlines the steps to be followed while processing applications for asylum and/or humanitarian protection, and the rights of the applicant.

2. How to apply for asylum and / or Humanitarian Protection

The Applicant must:

- i) Be on Rwandan territory and
- ii) Submit a written application for asylum and/or humanitarian protection with supporting evidence to Directorate General of Immigration and Emigration (DGIE) at the earliest opportunity.

3. Responsibilities of DGIE in Refugee status determination process

- (a) Register, record and process applications for refugee and Humanitarian Protection status and take impartial, high quality, reasoned decisions thereon;
- (b) issue temporary residence permits to asylum seekers;
- (c) implement decisions of the Appeal Tribunal for Refugees/Asylum Seekers in regards to refugee and/or Humanitarian Protection status
- (d) ensure that all DGIE officials involved in the Refugee status determination have received appropriate training
- (e) ensure protection of the information obtained during the asylum and refugees status processing in accordance with data and confidentiality requirements under international legal obligations and relevant national laws
- (f) issue identification cards and travel documents to refugees and those granted Humanitarian Protection
- (g) managing asylum and refugees' database;
- (h) Conduct interviews, including making necessary arrangements for interpreters in order to provide individuals with an opportunity to explain their application in person and answer any questions
- (i) provide copies of interview transcripts upon written request
- (j) Notify the applicant on the progression of their claim upon request, where further information is required and once a decision is taken by the First Instance body.
- (k) Consider when it is necessary to consult independent experts .
- (l) Determination of fresh asylum claims, when an earlier claim has been refused on final determination and the individual claims that:
 - a. They have new evidence that was not previously considered, or
 - b. Their personal circumstances have changed in a material way or the circumstances in their country of origin have changed, such that they have new grounds for seeking protection in respect of their country of origin.

4. Eligibility criteria and Decision Making

- a. An individual is eligible for Refugee status , when he/she;
 - i. has a well-founded fear of persecution due to his or her race; religion; nationality; membership of a particular social group; or political opinion or other reasons relating to the protection of his or her life; AND
 - ii. owing to such fear is unable to obtain protection from that country.

- iii. OR owing to an external aggression, occupation, foreign domination or events seriously disturbing public order in either part or in the whole of his/her country of origin or nationality, he/she leaves his/her place of habitual residence in order to seek refuge in another place outside his/her country of origin or nationality.
- b. An Individual will be eligible for Humanitarian Protection when there are substantial reasons to believe that they are at real risk of harm if returned to their country of original or nationality.
- c. In the case of confirmed victims of trafficking the First instance Body accepts that being a victim of trafficking may amount to a membership of a particular social group for the purposes of the Refugee Convention and this will be considered when a decision on an asylum claim is made. In the case of confirmed victims of trafficking if a person feared persecution at the hands of their trafficker or re-trafficking if returned to their country of origin, that may be accepted as a reason to grant asylum (or humanitarian protection).
- d. the first instance Body can request that the applicant provide further documents/evidence if available. This may include a further interview if considered necessary.
- e. Every individual will be given the opportunity to attend at least one interview, where they will be given the opportunity to address any questions of the decision-maker and to present the grounds for his or her application in a comprehensive manner (see section on Interviews below).
- f. Where the DGIE conducts an interview, it should be fully transcribed or electronically recorded and a copy of the interview transcript must be provided to the applicant for review and, if necessary, correction of the transcript. The applicant has the assistance of an interpreter, free of charge, if needed for understanding at any stage.
- g. A copy of the interview shall be provided upon written request to the Applicant.
- h. If, following an interview, the DGIE is still not satisfied to a reasonable degree of likelihood that:
 - i. the applicant has a well-founded fear of persecution for reasons of race; religion; nationality; membership of a particular social group; or political opinion; AND
 - ii. owing to such fear is unable to obtain protection of that country.
- iii. OR owing to an external aggression, occupation, foreign domination or events seriously disturbing public order in either part or in the whole of his/her country of

origin or nationality, he/she left his/her place of habitual residence in order to seek refuge in another place outside his/her country of origin or nationality

DGIE shall, whether or not a claim is formally made, consider whether the applicant has another humanitarian protection need such that return to their country of origin would result in a real risk of their being subject to inhuman, degrading treatment or torture, or a real risk to their life.

- i. Applicants shall be notified in writing of the decision that has been taken on their claim and (where the decision is a refusal) the reasons in both fact and law for that decision, in one of the official languages of Rwanda and, if needed for understanding, it shall be translated in writing by an interpreter into a language that the Applicant understands. Applicants will be notified within five days from the date the decision is taken.
- j. If it is a decision to refuse the claim, the decision shall notify the Applicant that they have a right to appeal the decision on their claim and provide an explanation of how to do this.
- k. Before making a refusal decision, DGIE shall seek and consider advice from independent experts.

5. Dependents of asylum seeker

An applicant for refugee status who wishes his or her dependents, who accompanied him or her or are still en route, to have refugee status in Rwanda must declare them during the application for refugee status.

A child shall be able to raise a claim in their own right.

6. Stages of Asylum process

i) Application for asylum and or humanitarian protection

An individual may present to any border, police or other Government of Rwanda official to request asylum and/or humanitarian protection. The relevant official must refer the individual to apply for asylum and/or humanitarian protection at the DGIE by providing written reasons for why they are seeking asylum and/or humanitarian protection. DGIE immediately registers the application and informs the applicant, in a language that he/she understands, the subsequent steps and what the individual shall be required to do throughout the process.

A person who is already in Rwanda and is unable to return to his or her country of origin must apply for asylum and or Humanitarian protection at the earliest opportunity. For example, where their personal circumstances or the situation in their country of origin has changed they should apply as soon as possible after the change of circumstances arises.

ii) **Temporary Residence Permit.**

After registration, the applicant is issued with a temporary residence permit valid for 3 months which is renewable (on a rolling 3 month basis) until another form of status is obtained. In the event that an initial temporary residence permit expires, and the applicant is still waiting for a decision on the claim or appealing a decision on their claim, they will be issued with a new temporary residence permit. Thereafter an interview with the applicant is scheduled. The Immigration Officer informs the applicant of their rights to an interpreter, legal assistance and how to access such services.

iii) **Interview**

The Immigration Officer schedules an interview with the applicant and the interview is transcribed or electronically recorded in full. The applicant is given the opportunity to review and, if necessary, correct a transcript.

Interviews are conducted under conditions which allow the individual to present the grounds of their application in a comprehensive manner. In particular:

- a) trained interviewer takes into account the personal and general circumstances surrounding the application, including the applicant's cultural origin, gender and any other circumstance including, sexual orientation, gender identity or vulnerability;
- b) the interview is conducted by a person of the same sex as may be deemed necessary by the interviewer or upon reasonable request by the applicant.
- c) The interview is conducted in the presence of an interpreter if required who is able to ensure appropriate communication between the individual and the person who conducts the interview. The communication takes place in the language preferred by the applicant unless there is another language which he or she understands and in which he or she is able to communicate clearly; and
- d) where the individual is a Child, the Child is accompanied to the interview by a responsible adult. The interview is carried out by an interviewer specifically trained in interviewing children and any other reasonable steps are taken to ensure the safety and welfare of the Child.

6. Decision-making

- a. Based on the information gathered, interviews conducted, and on the legal criteria, DGIE will make a decision on the applicant's asylum and/or humanitarian protection claim which can be granted or denied.
- b. [Any asylum or protection claim is paused when a trafficking referral is made to the National Committee on combatting trafficking. It will be reinstated when an Applicant is able to engage with the application process.].
- c. [An asylum or protection claim will be paused if an initial referral to the Protection Team is made and the nature of the potential safeguarding issue would have an impact on the ability of the relocated individual to engage with the asylum system,

consideration of the claim will pause until the issue is resolved or appropriate measures are in place so that the individual can fully and properly engage with the system].

- d. The DGIE makes decisions, solely on the basis of evidence and solely by reference to the provisions and principles of the Refugee Convention and humanitarian protection law.
- e. The DGIE shall obtain up-to-date information as to the general situation prevailing in the country of origin of the Relocated Individual.
- f. DGIE must make a decision on the application for refugee status within six (6) months from the date of receipt of the application. This period may be extended after explaining the reasons for the extension to the applicant.
- g. The applicant will receive a written notice of the decision on his/her application within five (5) days from the date the decision is made in one of the official languages of Rwanda and, if needed for understanding, may be translated in writing by an interpreter into a language the applicant understands without charge.
- h. The decision on the application for refugee status must:
 - a. be written in one of the official languages of Rwanda and, if necessary, be translated by a translator into a language that the applicant understands;
 - b. includes the detailed reasons for the decision in both fact and law; and
 - c. If the decision is to refuse the applicant's claim, the decision is notifying the applicant that they have a right to appeal the decision and provide an explanation of how to do this.
- i. If the applicant is refused asylum, DGIE shall consider, whether or not a claim is formally made, whether the applicant has another humanitarian protection need such that return to their country of origin would result in a real risk of their being subject to inhuman, degrading treatment or torture, or a real risk to their life. The procedure for considering and determining humanitarian protection claims shall be the same as the above.
- j. If the decision is to grant refugee status or humanitarian protection, the applicant is entitled to various rights and protections under domestic law, such as legal residency, access to healthcare, education and refugee identification documents.
- k. DGIE registers a person granted refugee status in the database of refugees, and provides him or her with:
 - a. A registration certificate; and
 - b. A refugee card
- l. If the applicant does not wish to appeal the decision to refuse refugee status or humanitarian protection the/she is considered for another status.
- m. An applicant has the opportunity to make a fresh asylum or humanitarian protection claim, where an earlier claim has been refused, in the event that they have new evidence that was not previously considered or their personal circumstances have changed in a material way or the circumstances in their country of origin have changed, such that they have new grounds for seeking protection in respect of their country of origin.

7. Interpretation and legal services

The applicant is permitted to seek legal advice or other counsel at all stages of the asylum application process, from a Bar Association lawyer qualified to advise and represent them in matters of asylum or humanitarian protection.

Legal assistant attends with an applicant and may assist and advise them throughout any interview conducted by an immigration officer. The counsel assists the applicant to make written submissions, at any stage of the process, for consideration by the responsible organ.

In order to properly determine a claim (for example by assessing credibility of an individual) it is necessary that the applicant responds themselves to the questions asked. Therefore, legal representatives (unless necessary in particular circumstances of a case) cannot answer interview questions on the individual's behalf. They can however accompany the individual, assist and advise them throughout an interview.

If an applicant requires it at any stage of the decision making process, an interpreter is provided. Interpreters are able to attend and assist the applicant if required. All written correspondence and information that an applicant receives concerning their claim and the asylum process is translated by an appropriate interpreter, if they require it to understand. An applicant has the opportunity to consider a written transcript of their interview with the assistance of an interpreter, free of charge, if needed for understanding.

End.

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**A6. Manual on Refugee Appeal Tribunal Standard Operating Procedures, 20
April 2024**

REPUBLIC OF RWANDA



MANUAL ON REFUGEE APPEAL TRIBUNAL SOPs

Kigali, 20.04.2024

**MANUAL ON APPEAL TRIBUNAL FOR REFUGEE AND OR HUMANITARIAN
PROTECTION STATUS**

An applicant who receives a negative decision from the First Instance Body has the right to appeal. The appeal should be determined by the Appeal Tribunal who hears the claims in the second instance. Appeal procedures should not be restricted for any reason.

While the appeal application is pending, the applicant should continue to enjoy the rights accorded to them as a registered applicant for First Instance Body.

1. Organization and Functions of the Appeal Tribunal.

A. The appeal Tribunal is composed of

- i. One Rwandan and one other Commonwealth national co-president with asylum/humanitarian protection experience.
- ii. judges from a mix of nationalities who shall be selected by the co-presidents and duly appointed; and

B. The Functions of the Appeal Tribunal

The Appeal Body:

- a. shall adjudicate any appeals arising from the First Instance Body;
- b. when hearing appeals, sit by panel of 3 (three) judges which shall include one of the co-presidents;
- c. shall have jurisdiction to hear the claim *de novo* so as to be able to conduct a full re-examination of the individual's claim in fact and law; and the co-presidents shall determine the procedure they consider appropriate for that purpose;
- d. shall have jurisdiction to hear an appeal against any decision that pertains to a material alteration of the status of an individual, as a result of a decision to revoke the refugee status or the grant of humanitarian protection following such grant.
- e. shall, where necessary as a result of an international commitment, receive and take into account an opinion from an independent expert in asylum and humanitarian protection law before determining any appeal of a decision by the First Instance Body;

Any appeals may progress further into the Rwandan judicial system in accordance with the Rwandan constitution, but if the onward appeal court overturns the decision of the Appeal Body, it will remit the matter back to the Appeal Body for a *de novo* hearing.

2. Filing a claim to the Appeal Tribunal

2.1 The applicant will be informed of the process, requirements for appeal and timeframes for making the appeal to the Appeal Tribunal in the letter notifying a refusal decision of the First Instance Body, and in person if required. Information about what support is available to submit an appeal would also be provided with the letter.

2.2 The applicant shall submit an appeal letter in one of Rwanda's official languages (English, Kinyarwanda or French) addressed to the Appeal Tribunal providing the reasons for appeal and/or new elements and evidence if relevant. In addition, the applicant must provide a copy of the First Instance Body's decision.

2.3 The appeal is made in writing or electronically, attaching the Notification Letter, to the Central Secretariat of the Appeal Tribunal (from Monday to Friday at 9:00 Am to 5 PM if appealing by hard copy). If they choose the individual shall be supported by his/her legal representative to file an appeal.

- 2.4 The applicant must file their appeal in writing to the Appeal Tribunal no later than 30 days after the day on which they received the written decision of the First Instance Body refusing their application.
- 3 The co-president appoints appropriate judges to handle the appeal alongside one of the co-presidents. This involves reviewing the decision taken by the First Instance Body.

3. Appeal processing

Upon submission, the appointed judges will review the appellant's case, review the First Instance Body's decision, check the compliance with laws and procedures related to refugees and or Humanitarian protection status determination.

The appellant will be provided with the opportunity to attend a hearing to explain his/her appeal in person and answer any questions. The appellant's legal counsel may attend the hearing and advocate on behalf of the appellant.

The appeal will consider the First Instance Body's decision and all available information to inform their consideration as well as any further new evidence provided by the appellant.

The appellant, or their representative, has the right to produce any evidence or written submissions likely to clarify their appeal prior to the hearing.

4. Invitation of the appellant to the hearing

The appeal tribunal will invite the appellant to the hearing to provide details about their appeal and to provide further clarity and/or new elements not provided. The tribunal will arrange the day (date) and time of the hearing, and any other arrangements if relevant. The tribunal notifies the appellant before the hearing and reminds them. The tribunal should also remind the applicant of his/her right to an interpreter and legal counsel.

The judge shall refer the file for rescheduling under established procedures. As a general rule, applications for appeal should be processed in the order that they were filed.

Where compelling protection grounds exist, appeal applications may be determined on a priority basis pursuant to the procedures.

5. Conducting the appeal hearing

The appeal hearing starts by reviewing the introductory points.

- a. The appeal hearing is being conducted because the applicant has requested a review of the First Instance Body decision.
- b. The purpose of the appeal hearing is to examine the issues or concerns by the applicant in the appeal application and to clarify other issues that are relevant to the determination of the refugee claim.
- c. The appeal hearing will re- examine all of the evidence that is relevant to the claim and hear the claim *de novo* (so that the Tribunal conducts a full re-examination of the Relocated Individual's claim in fact and law)

Before commencing the appeal hearing the panel should ensure that the applicant understands the general reasons why the refugee claim was rejected in first instance.

- d. The appeal hearing shall be transcribed or electronically recorded. The recordings are relevant to the appeal procedures.
- e. hearings shall be conducted in a way which takes account of the personal and general circumstances surrounding the application, including the appellant's cultural origin, gender , sexual orientation, gender identity or vulnerability;
- f. if necessary, an interpreter shall be made available at the hearing so that the appellant can understand proceedings.

6. Responsibility

During the hearing, the appellant has to establish that he/she meets the criteria for refugee status or humanitarian protection . The panel of judges should ask questions and give the appellant the opportunity to present their case and to obtain sufficient information to enable the Tribunal to make a decision.

The standard of proof in asylum claims is a reasonable degree of likelihood. The material facts of an asylum claim must not be considered in isolation. Evidence should be considered in the round.

7. Role of independent experts

Where required by international obligations, the Tribunal shall receive and take into account an opinion from an independent expert in asylum and humanitarian protection law before determining any appeal of a decision by the First Instance Body and will ensure that the expert opinion is published, subject to data protection requirements.

8. Decision by the Appeal Tribunal

After analysing the case, by consensus or majority, the panel takes decisions motivated by facts and laws with a recommendation to be submitted to the First Instance Body. Decisions are

made solely on the basis of the evidence before the tribunal and solely by reference to the provisions and principles of the Refugee Convention and humanitarian protection law. The Appeal Tribunal makes the decision within six (6) months of its referral.

9. Notification of Appeal Decisions

9.1 The applicant should be notified in writing within seven (7) days of the decision that has been taken on their claim. The decision shall:

- a. be in one of the official languages of Rwanda and, if needed for understanding, it may be translated in writing by an interpreter into a language that the individual understands,
- b. include the detailed reasons for the decision in both fact and law
- c. if it is a decision that is to refuse the claim, the decision shall notify the appellant that they have a right to appeal the decision on their claim to the High Court and provide an explanation of how to do this within six months (6 months) from the receipt of the recommendations made by the Appeal Tribunal.
- d. Copies of all documents related to the decision as sent to the applicant must be filed appropriately.

9.2 DGIE would be notified of the decision of the Appeal Tribunal.

11. The right to Legal Representation and Interpretation

- i. The applicant shall be permitted to seek legal advice or other counsel, at the appeal stage of the asylum application process from a legal professional member of the Rwanda Bar Association, qualified to advise and represent them in matters of asylum or humanitarian protection. A person providing an individual with legal representation or legal advice shall have unregulated access to the individual, including in their accommodation.
- ii. Legal representatives shall be allowed to make written submissions on behalf of an applicant.
- iii. If an applicant requires an interpreter at any stage, an interpreter shall be allowed.
- iv. All written correspondence and information that an applicant receives concerning their claim and the asylum process shall be translated by an appropriate interpreter if needed,
- v. An applicant who has the opportunity to consider a written transcript of their hearing shall have the assistance of an interpreter, if needed for understanding the transcript.

10 The right to file a case to the High Court

The Appeal Tribunal informs the First Instance Body of the final administrative decision on an individual's application. The First Instance Body will consider alternative immigration status if the applicant has not been granted refugee and or Humanitarian protection Status. For those granted refugee status, First Instance Body will provide formal refugee documentation.

If a person applying for refugee status is not satisfied with the decision taken by the Appeal Tribunal, he/she is informed of the right to file a case to the High Court and the process for doing so. This includes a right to legal representation and Interpretation.

The Applicant may file the claim to the competent court within 30 days from the date he or she was notified of the decision taken by the Appeal Tribunal.

If the competent court overturns the decision of the Appeal Tribunal, it refers the claim to the Appeal Tribunal for full re-examination.

The applicant has the right to stay in Rwanda after filing the claim before the court until the date the Appeal Tribunal makes its final determination.

11. Monitoring

Each judge shall be able at any time (and shall be periodically invited) to provide their views on how the system for decision making and appeals is working to relevant monitoring bodies and experts.

End

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A7. Memorandum of Understanding between Migration and Economic Development Partnership-Coordination Unit (MEDP-CU) and Ndera Neuropsychiatric Teaching Hospital, April 2024

REPUBLIC OF RWANDA



MEMORANDUM OF UNDERSTANDING

Between

**MIGRATION AND ECONOMIC DEVELOPMENT PARTNERSHIP-COORDINATION
UNIT (MEDP-CU)**

And

NDERA NEUROPSYCHIATRIC TEACHING HOSPITAL

**MEMORANDUM FOR THE PROVISION OF MENTAL HEALTH
SERVICES**

April, 2024

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This Agreement (hereinafter referred to as the "Agreement"), is entered into by and between:

The MIGRATION AND ECONOMIC DEVELOPMENT PARTNERSHIP-COORDINATION UNIT (MEDP-CU) represented by **Dr. Doris UWICYEZA Picard**, "The Coordinator", located at KG 563 ST in Gasabo District, Kigali City, Rwanda;

And

NDERA NEUROPSYCHIATRIC TEACHING HOSPITAL, represented by **Brother NKUBILI Charles**, "the Director General", located at RN3 in Nezerwa Village, Kibenga Cell, Ndera Sector, Gasabo District, Kigali City, P.O. Box 423 Kigali;

Preamble

Whereas, on 05th of December 2023, the Government of the Republic of Rwanda and the Government of the United Kingdom of Great Britain and Northern Ireland signed a Treaty for the Provision of an Asylum Partnership to strengthen shared international commitments on the protection of refugees and migrants, free access to quality preventative and curative healthcare services that are at least of the standard available to Rwandan nationals ("the Partnership Agreement");

[Whereas, on 11 March 2024 the Government of the Republic of Rwanda and the Government of the United Kingdom of Great Britain and Northern Ireland signed an arrangement to facilitate voluntary departures of illegal migrants to Republic of Rwanda, which also provides for free access to quality preventative and curative healthcare services that are at least of the standard available to Rwandan nationals ("the Voluntary Agreement");]

Now therefore, in consideration of mutual promises and subject to the provisions of the Partnership Agreement and the Voluntary Agreement, the Parties agree as follows:

Article 1: Purpose of the MoU

This MoU sets out the framework for providing mental health services to the those relocated from the United Kingdom under the terms of the Partnership Agreement or the Voluntary Agreement ("relocated individuals"), while living in Rwanda under the Partnership Agreement or the Voluntary Agreement as required by MEDP-CU from time to time.

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D.U.P

Article 2: Responsibilities of the Hospital

Under the implementation of the MoU the Hospital shall:

- Upon request from the MEDP-CU, attend at the airport to provide necessary immediate mental health care/support to those relocated individuals arriving from the United Kingdom;
- Upon request from the MEDP-CU, assist with the provision of initial health screening of relocated individuals upon arrival at reception centers and at any point upon request thereafter. The health screening is aimed to identify the medical needs of each relocated individual. The assessment will include (with the consent of the individual) a medical history review, physical examination, and screening for infectious diseases and to identify any immediate safeguarding concerns;
- Reporting any immediate concerns to the MEDP-CU for the purposes of ensuring appropriate further treatment, accommodation needs or safeguarding of the relocated individual;
- These initial services will be available in reception centers 24 hours a day, 7 days a week at the request of the MEDP-CU. Attendance at the reception center following the request will be within a reasonable time depending on the urgency of the situation.
- Provide mental health services to the relocated individuals from United Kingdom while living in the Reception Centers These services include:
 - o **Neurology services:** consultation, laboratory (electroencephalography, electroneuromyography, evoked potentials, radiography), treatment, hospitalization and medication.
 - o **Psychiatric services:** psychiatric consultation and treatment, psychotherapy, occupational therapy, musicotherapy, kinesitherapy, laboratory exams (electroencephalogram), somatic test, depression evaluation test, PHQ9 and Hamilton writing Scale.
- deploy professional team(s) to Reception Centers to continuously provide required services including but not limited to mental health screening, assessment, diagnosis, treatment, organize and facilitate transfer to the relevant medical institutions and make follow-up;
- ensure that mental health specialist will be on site at each reception center during office hours (9am-5pm) when requested by the MEDP CU;
- Prepare and submit to MEDP-CU invoices accompanied by a list of people treated, applicable reports within 30 days from the service rendered.
- Share relevant information and feedback with MEDP-CU to enhance the effectiveness of the referral process and improve mental health outcomes.

d/

D. U. P

Article 3: Responsibilities of MEDP-CU

Under the implementation of the MoU, MEDP-CU shall:

- Organize and mobilize Relocated Individuals to attend mental health assessment;
- Facilitate contact with identified patients in need of specialized care;
- Follow up the progress status of referred individuals under treatment at the Hospital or Clinics;
- Provide interpretation services where necessary,
- Provide space to be used by the Hospital in Reception centers
- Pay for the services rendered by NDERA NEUROPSYCHIATRIC TEACHING HOSPITAL not covered by health Insurance

Article 4: Modification and amendment

4.1. This Memorandum of Understanding may be modified and/or amended as it may be required from time to time by mutual written consent of both parties. Such modifications and/or amendments shall be signed and dated by all parties and shall come into force with effect from the signature date by both parties.

4.2. Any modification and/or amendment shall be done without prejudice to the rights and obligations arising from or based on this Memorandum of Understanding prior to the date of such modification and/or amendment.

Article 5: Correspondence protocols

Any notice, approval, consent or any other communication to be made under or in connection with the matters contemplated in this MoU will be given in writing and are deemed to have been given if delivered through one of the following:

- Physically delivered to the designated representative of each party;
- Electronically delivered by email

At the specific designation of the parties as set forth below:

NDERA NEUROPSYCHIATRIC TEACHING HOSPITAL

P.O. Box 423 Kigali

E-mail: ndera.hospital@moh.gov.rw

Tel: +250 788 307 932 Director General

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D.U.P

**MIGRATION AND ECONOMIC DEVELOPMENT PARTNERSHIP COORDINATION
UNIT (MEDP-CU)**

P.O Box: 4386 Kigali/Rwanda

E-mail: info@medp.gov.rw

Article 6: Payment Modalities

- The services covered by health insurance will be paid by insurance company where relocated are insured, however the services not covered by insurance will be paid by MEDP-CU and the billing will be made based on private patients rates.
- The payment will be made through to the following Hospital's account:

Account name: Caraes ndera

Account number: 20000179002

Open : I&Mbank

- Payment will be accepted in Rwandan Francs only and shall be made within forty-five (45) days after receiving the related invoice. The invoice will be accompanied by the detailed report of the service provided.

If the Patient has to stay within the hospital in period exceeding one month, the billing shall be made on monthly basis.

Article 7: Governing law and language

This Memorandum of Understanding shall be governed by and construed in accordance with the law of the Republic of Rwanda including complying with principles of confidentiality and data protection law and English shall be considered the applicable language.

Article 8: Dispute settlement

Any dispute or potential conflict or disagreement that might arise from the interpretation or implementation of this MoU shall be amicably settled by the two parties.

Article 9: Termination

9.1. This MoU shall be automatically closed after expiration of the collaboration period specified under this MoU, unless renewed; however, it can also be terminated at any time before the expiry date, by either party giving the other party a period of thirty (30) days' notice in writing;

9.2. In the following cases, both parties reserve the absolute right to set conditions for and exercise the resumption or termination of the agreement, in the following events:

Page 5 of 6

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J. U. P

- Evident inability to fulfill the objective of this MoU,
- Material violation of one or more clauses of this MoU.

Article 10: Force majeure

Both parties can agree to suspend and set conditions for resumption or to terminate this MoU due to force majeure. Force majeure can be interpreted as circumstances beyond the control of either party which could not reasonably have been foreseen by either party at the signing of this MoU and which makes its implementation impossible.

In the event this Memorandum of Understanding is terminated, each party shall be solely responsible for the payment of any expenses it has incurred.

Article 11: Coming into effect

This Memorandum of Understanding is made for a duration of three (3) years renewable and takes effect from the date of signature between parties. The parties have signed this Memorandum in Kigali, Rwanda; in two originals; each party acknowledges having received its copy.

Done at Kigali on 13th APRIL /2024.

For and on behalf of **NDERA HOSPITAL**



Brother NKUBILI Charles

The Director General

For and on behalf of **MEDP-CU**



Dr. Doris UWICYEZA Picard

The Coordinator

**A8. Agreement between Migration and Economic Development Partnership-
Coordination Unit (MEDP-CU) and Rwanda Military Hospital, April 2024**

REPUBLIC OF RWANDA



AGREEMENT

BETWEEN

**MIGRATION AND ECONOMIC DEVELOPMENT PARTNERSHIP
COORDINATION UNIT (MEDP-CU)**

AND

RWANDA MILITARY HOSPITAL(RMH)

PROVISION FOR MEDICAL AND PSYCHO SOCIAL SERVICES

April 2024

1

This Agreement (hereinafter referred to as the "Agreement"), is entered into by and between:

The MIGRATION AND ECONOMIC DEVELOPMENT PARTNERSHIP-COORDINATION UNIT (MEDP-CU), hereinafter referred to as "MEDP - CU" with its head office in the City of Kigali, KG 563 ST in Gasabo District, E-mail: info@medp.gov.rw represented by Dr. Doris UWICYEZA Picard, "The Coordinator", Kigali City, Rwanda;

And

KANOMBE MILITARY HOSPITAL, represented by Major General Dr. Ephrem RURANGWA, "the Commandant", located at Kanombe in Kicukiro District, Kigali City, P.O. Box 3377 Kigali;

Preamble

Whereas, on 05, 12, 2023, the Government of the Republic of Rwanda and the Government of the United Kingdom of Great Britain and Northern Ireland signed a Treaty for the Provision of an Asylum Partnership to strengthen shared international commitments on the protection of refugees and migrants, which provides for free access to quality preventative and curative healthcare services that are at least of the standard available to Rwandan nationals ("the Partnership Agreement");

[Whereas, on 11 March 2024 the Government of the Republic of Rwanda and the Government of the United Kingdom of Great Britain and Northern Ireland signed an arrangement to facilitate voluntary departures of illegal migrants to Republic of Rwanda, which also provides for free access to quality preventative and curative healthcare services that are at least of the standard available to Rwandan nationals ("the Voluntary Agreement");]

Now therefore, in consideration of mutual promises and subject to the provisions of the Partnership Agreement and the Voluntary Agreement, the Parties agree as follows:

Article 1: Purpose of the Agreement

This agreement sets out the framework for providing medical and psycho-social services to those relocated from the United Kingdom under the terms of the Partnership Agreement and the terms of the Voluntary Agreement ("relocated individuals"), while living in the reception centers and permanent accommodation facilities as it will be required by MEDP-CU from time to time.

Article 2: Responsibilities of the Hospital

Under the implementation of this Agreement, the hospital shall:

- Upon request from the MEDP-CU, provide an ambulance service and a qualified doctor at the airport to provide any necessary immediate medical support to those relocated individuals arriving from the United Kingdom;
- Upon request from the MEDP-CU, provide initial health screening of relocated individuals upon arrival at reception centers and at any point upon request thereafter. The health screening is aimed at identifying the medical needs of each relocated individual. The assessment will include (with the consent of the individual) a medical history review, physical examination, and screening for infectious diseases and to identify any immediate safeguarding concerns.
- Reporting any immediate concerns to the MEDP-CU for the purposes of ensuring appropriate further treatment, accommodation needs or safeguarding of the relocated individual;
- Provide medical and psycho-social services to relocated individuals while living in reception centers. These services will be available in reception centers 24 hours a day, 7 days a week at the request of the MEDP-CU.
- Deploy professional team(s) to reception centers to continuously provide required services including but not limited to medical screening, emergency medical services, triage and assessment, psycho-social support, organize and facilitate transfer to medical institutions;
- At a minimum, provide at least one qualified nurse or doctor on site at each reception center at all times. In addition, at least one mental health specialist will be on site at each reception center during office hours (9am to 5pm) at the request of the MEDP Co-ordination Unit.
- Prepare and submit to MEDP - CU invoices accompanied by a list of people treated, applicable reports within 30 days from the service rendered.

Article 3: Responsibilities of MEDP-CU

Under the implementation of this agreement, MEDP-CU shall pay for the services rendered by RWANDA MILITARY HOSPITAL through direct payment to the following Hospital's account:

Account name: Rwanda Military Hospital

Account number: 1000003928 BNR

Payment will be accepted in Rwandan Francs only and shall be paid within 45 days from the day of reception of the invoice.

MEDP-CU will continuously conduct close follow up to ensure the efficiency and effectiveness of health services provided.

Article 4: Modification and amendment

4.1. This Agreement may be modified and/or amended as it may be required from time to time by mutual written consent of both parties. Such modifications and/or amendments shall be signed and dated by all parties and shall come into force with effect from the signature date by both parties.

4.2. Any modification and/or amendment shall be done without prejudice to the rights and obligations arising from or based on this Memorandum of Understanding prior to the date of such modification and/or amendment.

Article 5: Correspondence Protocols

Any notice, approval, consent or any other communication to be made under or in connection with the matters contemplated in this MoU will be given in writing and are deemed to have been given if delivered through one of the following:

- Physically delivered to the designated representative of each party;
- Electronically delivered by e-mail

At the specific designation of the parties as set forth below:

RWANDA MILITARY HOSPITAL

P.O. Box 3377 Kigali

E-mail: info@rmh.rw

Tel: +250 788316835 / Commandant

MIGRATION AND ECONOMIC DEVELOPMENT PARTNERSHIP COORDINATION UNIT (MEDP-CU)

P.O Box: 4386 Kigali/Rwanda

E-mail: info@medp.gov.rw

Article 6: Governing law and language

This Agreement shall be governed, construed and interpreted in accordance with the law of the Republic of Rwanda including complying with principles of confidentiality and data protection law.

Article 7: Dispute settlement

Any dispute or potential conflict or disagreement that might arise from the interpretation or implementation of this MoU shall be amicably settled by the two parties.

Article 8: Termination

8.1. This Agreement shall be automatically closed after expiration of the collaboration period-specified under this agreement, unless renewed. However, it can also be terminated at any time before the expiry date, by either the party giving the other party a written notice of 30 days;

8.2. In the following cases, both parties reserve the absolute right to set conditions for and exercise the resumption or termination of the agreement, in the following

- The evident inability to fulfil the objective of this Agreement,
- Material violation of one or more clauses of this Agreement.

Article 9: Force majeure

Both parties can agree to suspend and set conditions for resumption or to terminate this Agreement due to force majeure. Force Majeure can be interpreted as circumstances beyond the control of either party which could not reasonably have been foreseen by either party at the signing of this Agreement and which makes its implementation impossible.

In the event this Agreement is terminated, each party shall be solely responsible for the payment of any expenses it has incurred.

Article 10: Coming into effect

This agreement shall commence from the date it is signed by the parties, and shall continue for a period of three (3) years renewable, unless terminated by one of the contracting parties as provided in this Agreement.

Done at Kigali on/...../2024.

For and on behalf of RMH

For and on behalf of MEDP-CU

**Maj Gen Dr. Ephrem RURANGWA
The Commandant**

**Dr. Doris UWICYEZA Picard
The Coordinator**

A9. GoR, Asylum interview template, no date

REPUBLIC OF RWANDA



**DIRECTORATE GENERAL OF
IMMIGRATION AND EMIGRATION
P.O Box 6229 Kigali**

ASYLUM INTERVIEW TEMPLATE

A. Preparation for interview

- 1 Immigration officer reads the asylum claim file and collects all information relevant to the application.
- 2 The immigration officer talks to the applicant via a phone call and schedules a convenient date for the interview.
- 3 The applicant is asked if he/she will attend the interview together with an interpreter and/or a legal counsel.
- 4 The immigration officer will consider if any reasonable adjustments are required in line with the SoP identifying Vulnerabilities
- 5 The officer should also ascertain if an interpreter is required

B. Interview

1. In the interview room, the immigration officer welcomes the applicant to the interview. The interviewer introduces himself/herself and explains to the interviewee the purpose of the interview. Thereafter, the interview proceeds.
2. Interviewer should record if interpreter required and language of interview (and dialect if relevant)
3. How did you exit your home country? Explain means and routes used.
4. Which countries did you transit before entering Rwanda?
5. Did you apply for asylum in any other country?

6. Did yourself or a family face any persecution before leaving your home country? If yes, explain.
7. Why did you choose Rwanda to be your country of asylum?.....
8. Before departure, did you try to relocate to a different safe part of your home country?
9. Do you have family members/relatives who are refugees in Rwanda or elsewhere? If yes specify ---
10. Have you ever been forced to commit acts of violence? If yes, which acts?.....
11. Have you ever been arrested for any crime? If yes, explain ---
12. Have you ever been sentenced by any court? If yes, for which crime?
13. Have you ever stayed in any other country of East African Community Region (EAC)? If yes, which country/countries and for how long?.....
14. Do you have relatives living in Rwanda? If yes, provide the details.
15. You may provide additional information and supporting documents, if any.....

1.1.7 Additional Questions

1. If applicable, what is your address in Rwanda?
2. Do you feel safe in your accommodation? If the answer is no the officer should have regard to the SOP on Vulnerabilities and should consider if a safeguarding referral is appropriate.
3. What is your contact number and e-mail address?
4. Do you have any medical or mental health condition or have any vulnerabilities that we should be aware of if the applicant makes reference to any conditions the officer should consider the SoP on vulnerabilities and make a referral to the Protection Unit if appropriate
5. Have you ever been exploited or have reason to believe you were going to be exploited. If the answer is yes please can you provide details. The officer should have regard to the SoP on vulnerabilities and consider if a referral to the protection Unit is appropriate.

NB. Given above, are some of the basic questions that may be asked during the interview, some of which might be elaborated by follow up questions depending on the responses/information provided by the interviewee. A second interview may also be scheduled at a later date if deemed necessary.

Names and Signature of the Asylum Applicant:

Names and Signature of the DGIE Officer:

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A10. GoR, Asylum seeker registration form, May 2023

REPUBLIC OF RWANDA



DIRECTORATE GENERAL OF
IMMIGRATION AND EMIGRATION
P.O Box 6229 Kigali

ASYLUM SEEKER REGISTRATION FORM

- 1 Surname:
- 2 Given name:
- 3 Other names used
- 4 Tel:
- 5 Email:
- 6 Sex:
- 7 Nationality:other nationality:
- 8 Religion:
- 9 Date of birth:
- 10 Place of birth: Town..... City.....District.....
- 11 Marital Status: Married ...Widower/Widow...Single...Divorced....
- 12 Name of spouse: Nationality of spouse.....
- 13 Father's names:Current address.....Tel... Email....
- 14 Mother's names:Current address..... Tel... Email....
- 15 Education level: Primary..... Secondary..... Tertiary.... University.....
- 16 Academic qualifications:
- 17 Languages spoken:
- 18 Previous occupation:Employer.....
- 19 Victim of trafficking or modern slavery?
 - a. If so, what further support do you wish to receive?
- 20 Any medical conditions (including physical or mental conditions) or vulnerabilities?

- 21 If so, do you need any reasonable adjustments?
- 22 Period of departure from your home country
.....
- 23 Countries of transit before you arrived in Rwanda.
(i).....duration.....
(ii).....duration.....
- 24 Other countries to which you applied for
asylum.....Year when you made the
application.
- 25 Were you granted status in any of these countries? If so, what status?
.....
- 26 Period of entry into Rwanda.Name the point of entry.
.....
- 27 Reasons why you chose Rwanda for your asylum (if relevant).
.....
- 28 Briefly, why are you seeking asylum? What do you fear in your country
of origin?
- 29 Would you prefer to be interviewed by a male or female officer?
.....
- 30 Names of family members accompanying you. Note this information is
optional. If you do not wish to provide details it will not impact on your
asylum application.

No.	Full names	Relationship
1.		
2.		
3.		
4.		
5.		

31 Names of family members who would join you in future.

No.	Full names	Relationship
1.		
2.		
3.		
4.		
5.		

32 Current address in Rwanda: Village: Cell:
Sector: District:Province:

33 Your information may be shared with Government of Rwanda (GoR) or any other relevant institution/international organisations and bodies. Any information shared is to enable us and other organisations to carryout functions including the prevention and detection of crime. We will not share any information if doing so will put you of your family at risk. However, we may share some of the information you have given us with them.

Date of submission:/...../.....

By signing and dating this application, I am hereby seeking asylum in the Republic of Rwanda.

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A11. GoR, Notification of First Instance Body decision, no date

REPUBLIC OF RWANDA

Kigali,/...../ 2024



DIRECTORATE GENERAL OF IMMIGRATION AND EMIGRATION
P.O.BOX: 4386- KIGALI
KIGALI

Dear Mr. ... (...)

Case reference number:

Re: Notification of the First Instance Body' decision

Reference is made to the report submitted by the Directorate General of Immigration and Emigration regarding your registration as an asylum seeker and granting you a provisional residence permit.

The First Instance Body acknowledge its receipt, and your file was analyzed comprehensively again in the meeting of/...../2024 and based on the Law n° 042/2024 of 19/04/2024 governing refugees and applicants for refugee status in Rwanda.

We are pleased to inform you that you are granted a **Refugee Status** because the First Instance Body accepts that you are in need of international protection in accordance with our obligations under domestic and international law.

You are requested to report to the Directorate General of Immigration and Emigration with your old certificate in order to obtain the appropriate documents at [DATE/TIME].

Received by.....

Translated/interpreted by (if required)

On /..... /

The Director General of Immigration and Emigration

Cc:

The UNHCR Country Representative

KIGALI



DIRECTORATE GENERAL OF IMMIGRATION AND EMIGRATION
P.O.BOX: 4386- KIGALI
KIGALI

Dear Mr. ... (...)

Case reference number:

Re: Notification of the First Instance Body' decision

Reference is made to the report submitted by the Directorate General of Immigration and Emigration regarding your registration as an asylum seeker and granting you a provisional residence permit.

The First Instance Body acknowledge its receipt, and your file was analyzed comprehensively, during the interview conducted, in the meeting of/..../2024 and based on the Law n° 042/2024 of 19/04/2024 governing refugees and applicants for refugee status in Rwanda.

We regret to inform you that the **Refugee Status requested was not granted**. [We do not accept that you are in need of protection because....] OR [While we accept that you have suffered from persecution in [insert Country of Origin] we consider that [Country] is able to provide you with sufficient protection and/or you are able to internally relocate with [country].

Basis of claim

You told us that you are a national of [country of origin]. If returned to [country of origin], you fear [what will happen] by [actor of persecution] [reason why].

N.B: Decisions are to state the convention reasons that apply to asylum (Race, Religion, Nationality, Political Opinion, Member of a Particular Social Group, Non-convention reason). Where the decision is based on non-convention reasons like dispute, it is clarified in the explanations.

[Brief explanation of non-convention reason]

I am/am not satisfied the treatment you fear would amount to persecution because [insert text].

Evidence considered in deciding your protection claim

- We considered the following documents and evidence when deciding the asylum claim:
 - DGIE Interview transcript
 - DGIE case summary and files
 - [Documents provided by applicant]

Summary of country information/situation considered and subsequent conclusion.

Consideration of claim

Identity and Nationality

I am / am not satisfied you are [insert name] and your nationality is [insert nationality]. This is because.....

Material facts (*If no facts have been accepted, delete this section*) :

- Name of accepted material fact/s

Material facts (*If no facts have been rejected, delete this section*):

- Name of rejected material facts. This is because...

Credibility

Summary of Applicant's account

Summary of credibility of the account of the applicant.

If the Applicant's account raises issues of credibility, the established issues are summarized here highlighting each area of credibility with reference to country information, evidence and conclusion.

For example: "inconsistent evidence without reasonable explanation, as well as a lack of detail. Elements of applicant's account that were implausible and inconsistent with external information."

Relevant country information and evidence to be referenced and summarized.

As a result, no acceptance that the applicant is at real risk on return. Reasons to be highlighted.

- **Conclusion** indicates therefore that, the material facts of the claim which would have created a real risk of persecution are not accepted. Or a Brief explanation indicating lack of real risk of harm.

Sufficiency of Protection and Internal Relocation (if applicable)

- Where the claimed actor of persecution is a non-state or rogue-state actor, consideration is on whether effective protection is generally available in the country where the Applicant alleges that he/she would suffer persecution before explaining why the applicant would be able to access this protection. It is considered that there would be sufficient protection from persecution in applicant's country of origin if the key material facts of the claim had been accepted.

- For example:
 - Indicating that, police in the country are generally willing and able to provide protection in similar circumstances to the applicant.
 - Where the person/group claimed to be feared are non-state/rogue state actors but the applicant failed to demonstrate that it is reasonably likely they have sufficient power or influence over the authorities in country.
 - [Other reasons] whereby the applicant could consider or not internal relocation.

Next steps and appeal

Informing the applicant about his/her rights to lodge an appeal against the decision by writing to the Appeal Tribunal no later than 30 days after receipt of this letter (working days).

The appeal letter must provide the reasons for appeal and/or new elements if relevant and providing a copy of the First Instance Body’ decision.

The appeal can be made in writing or by email, attaching the Notification Letter, to the Bureau of the Appeal Tribunal (from Monday to Friday at 9:00 Am to 5 PM if appealing by hard copy).

You may be able to regularize your immigration status in Rwanda by other means. You may also be entitled to voluntary support to return to your country of origin should you wish to do so.

If you require support MEDP-CU officials would be able to support you to file an appeal. You are entitled to legal assistance during this process. phone number and address to be provided.

Received by.....

Translated/interpreted by (if required)

On / /

The Director General of Immigration and Emigration

Cc:

UNHCR Country Representative

KIGALI

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A12. Contract for provision of medical insurance services for individuals under MEDP, May 2024

REF: [REDACTED] 3416124

REPUBLIC OF RWANDA



MEDP-CU
[REDACTED]



**CONTRACT FOR PROVISION OF MEDICAL INSURANCE SERVICES FOR
INDIVIDUALS UNDER MIGRATION AND ECONOMIC DEVELOPMENT
PARTNERSHIP**

Between

**Migration and Economic Development Partnership
Coordination Unit (MEDP-CU)**

And



May, 2024

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**CONTRACT FOR PROVISION OF MEDICAL INSURANCE SERVICES FOR
INDIVIDUALS UNDER MIGRATION AND ECONOMIC DEVELOPMENT PARTNERSHIP**
This contract is a bilateral agreement entered into between:

**MIGRATION AND ECONOMIC DEVELOPMENT PARTNERSHIP COORDINATION UNIT
(MEDP - CU)** located at [REDACTED] represented by its Coordinator,
[REDACTED] "the client", on one hand;

AND

[REDACTED] located at [REDACTED], [REDACTED]
[REDACTED] Rwanda, represented
by its Chief Executive Officer [REDACTED], "the insurer", on other hand.

Preamble

Whereas:

In April 2022, the Government of the United Kingdom of the Great Britain and Northern Ireland (The United Kingdom) and the Government of the Republic of Rwanda entered into an agreement to establish a bilateral asylum partnership. Under the Treaty, Rwanda agreed to receive individuals who will be relocated from the United Kingdom. Rwanda will assess claims and ensure refugees receive the protection and rights guaranteed by international law through Rwanda's domestic asylum system. Additionally, the agreement aims to facilitate the settlement of all Relocated individuals within Rwanda.

To achieve the objectives of this partnership, Migration and Economic Development Partnership Coordination Unit (MEDP-CU) was established by the government of Rwanda to deal with all requirements to receive, accommodate, and integrate relocated individuals. Each Relocated Individual is entitled to receive medical and health coverage.

The Ministry of Finance and Economic Planning has therefore instructed the [REDACTED]
[REDACTED] to offer health insurance coverage to Relocated
Individuals (RIs). The conditions and modalities are detailed in the ministerial Instructions N°
001/24/10/TC of 03 /05 / 2024

Now therefore, the Parties conclude this contract under the terms and conditions that follow:

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Article 1: Definitions

1.1. For this contract, the following terms shall mean:

- **Premiums:** annual contribution of the beneficiary for subscription to medical services to be paid by the client.
- **Relocated Individuals or RIs:** Any individual who is relocated to Rwanda from the United Kingdom and is to receive support in accordance with the agreement.
- **Medical insurance:** The coverage of health expenses for beneficiaries whose premiums have been paid in accordance with Ministerial Instructions N° 001/24/10/TC of 03/05/2024 and this contract.
- **Dental care:** the prevention and treatment of oral disease, including diseases of the teeth and supporting structures and diseases of the soft tissues of the mouth.
- **Disability:** a loss or restriction of functional ability or activity because of impairment of the body or mind
- **Medical Emergency:** a serious and unexpected situation involving illness or injury and requiring immediate action.
- **Hospitalization:** admission to hospital for treatment.
- **A physician:** a person who is legally qualified to practice medicine; Doctor of Medicine. a person engaged in general medical practice.
- **Obstetrical services:** Obstetrical care is a term used to describe the management of both normal and complicated pregnancy as well as the delivery and postpartum periods.
- **Contraceptives:** a drug, device or practice used intentionally as means of prevention of conception.
- **Laboratory test:** A medical procedure that involves testing a sample of blood, urine, or other substance from the body to help determine a diagnosis, plan treatment, check to see if treatment is working, or monitor the disease over time.
- **Medicines:** a drug or other preparation for the treatment or prevention of disease.
- **Immunizations:** the action of making a person (or animal) resistant to a particular infectious disease or pathogen, typically by vaccination.
- **Health screening:** a set of medical tests or procedures performed on asymptomatic members to assess their likelihood of having a particular disease.

• [REDACTED]

Article 2: Objective of the contract

2.1. The objective of this contract is to establish a framework defining the modalities of cooperation between Migration Economic Development Partnership Coordination Unit (MEDP-CU) and [REDACTED] to provide medical insurance coverage for Relocated Individuals from the UK

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Article 3: Roles and Responsibilities

3.1. In execution of the present contract the Parties commit to the following:

3.2. MEDP-CU commits to:

1. Declare and provide an updated list of the RIs through the [REDACTED] system to facilitate the provision of the said medical insurance.
2. Remit the amount required for the annual premium as a pre-requirement to access benefits.
3. Regularly communicate with [REDACTED] on enrolling relocated individuals in the Scheme.
4. Put in place a feedback mechanism and provide [REDACTED] with a summary of the feedback on their access to healthcare through the [REDACTED]

3.3 [REDACTED] commits to:

1. Compute the premiums for beneficiaries.
2. Acknowledge the remittance of premiums that will be done through MEDP-CU and provide evidence thereof on request.
3. Provide MEDP-CU with a template that will be used to fill in names and other relevant particulars of beneficiaries.
4. Provide medical insurance to Individuals as per terms and conditions of this contract. The list of healthcare services in attachment is considered as the integral part of this contract (Annex 1).
5. Provide MEDP-CU with required supporting documents (including confirmation of [REDACTED] account, confirmation from [REDACTED] that money was received and confirmation that lists shared by MEDP-CU have been enrolled in [REDACTED] through an official letter or official e-mail, for verification or audit purposes.
6. Liaise with health facilities to fix the issues that may be raised by MEDP-CU and Relocated Individuals.
7. Cover the medical service costs as per this contract.

Article 4: Applicable premium and charges

4.1. Relocated Individuals will be taken as a special group; the premium applicable is [REDACTED] [REDACTED] per capita for all insured members to cover all associated expenses to the medical services in relation to the contract.

4.2. The parties recognize the uncertainties around this framework, in case there are strong reasons that may necessitate the change of premium, the parties could sign, after mutual understanding, an addendum to the contract highlighting the new amount and effective date for clarity. However, for that

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change of premiums to happen, it shall be approved by the competent authority in respect to the existing procurement law and other laws.

4.3. The premium calculation will include the cost of the complementary package that will be reimbursed for relocated individuals, above the basic benefits package entitled to other [REDACTED] members.

4.4. The Relocated Individuals will be allowed to receive treatment in Rwanda. However, they may be transferred abroad in case of a diagnosis or a medical condition that cannot be treated in Rwanda, as confirmed by a medical referral Board.

4.3. No co-payment (*ticket modérateur*) will be paid by the patient at any health facility and pharmacy and no coverage limit.

Article 5: Eligibility

5.1. The beneficiary of this term is a Relocated Individual under Migration and Economic Development Partnership living in Rwanda for a period of five (5) years from the date mentioned in the list stated in Art.3. After five (5) years the RIs may by his/her own enter into an agreement with the insurer.

5.2. Other Family members that are not qualified for the UK- Rwanda Partnership are therefore not eligible for the terms of this contract.

Article 6: Changes and list updates

6.1. Any changes on the list arising from movements, death, births, resettlement, return, local integration, shall be communicated to [REDACTED] through the same communication channels.

6.2. For new beneficiaries that may arrive after the payment of the premium as indicated in article 7 below, the list shall be updated by MEDP-CU as new RIs arrive in the country, and submitted to [REDACTED] with the corresponding premiums through an additional instalment. The same, the withdrawal of beneficiary will be addressed to the insurer by an official letter from the client. The withdrawal will be effective from the date of receipt of the letter with acknowledgment receipt of the insurer.

Article 7: Cessation of the coverage

7.1. The RIs remain covered through the last day of the month in which the five (5) years ceases. In case of voluntary repatriation, death or absence, coverage will cease immediately.

Article 8: Monitoring and Results – tracking

8.1. MEDP-CU will ensure the follow-up of implementation of this contract, through protection monitoring. Based on the beneficiaries' feedback, they will collaborate with [REDACTED] to ensure that quality health care services are provided to Relocated Individuals in the agreed conditions.

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Article 9: Medical Expenses incurred outside the country.

9.1. Services and medication provided outside the country (Rwanda) will be covered basis on [REDACTED] tariff and ONLY to an accredited given list of hospitals in Rwanda. Expenses outside this scope will not be reimbursed such as private - room care, transportation costs, lodging and meals.

9.2. Medical evacuation travel expenses will be reimbursed in line with the Medical Referral Board framework, including East African Countries, India, Turkey and Belgium.

Article 10: Correspondence protocols

10.1. Any notice, approval, consent or any other communication to be made under or in connection with the matters contemplated in this contract will be given in writing and are deemed to have been given if delivered through one of the following:

- Physically delivered to the designated representative of each Party, duly stamped to acknowledge reception;
- Electronically delivered by electronic mail

10.2. At the specific designation of the Parties as set forth below:

*Migration and Economic Development
Partnership Coordination Unit (MEDP-CU)*

E-mail [REDACTED]

Tel:

[REDACTED]

[REDACTED]

E-mail [REDACTED]

Tel: [REDACTED]

Article 11: Confidentiality and Data Protection

11.1. MEDP-CU and [REDACTED] shall recognize that Relocated Individuals' information, including personal information shall be treated with confidentiality and only used for purposes of access to healthcare.

Article 12: Governing law and language

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12.1 The insurance services provided by [REDACTED] in accordance with the present contract shall be governed by and construed in accordance with the laws of the Republic of Rwanda and English shall be considered the applicable language.

Article 13: Duration and Modification

13.1. This agreement is concluded for a period of one (1) year renewable through mutual consent. However, it may be modified and/or amended as it may be required from time to time by mutual written consent of all Parties. Such modifications and/or amendments shall be signed and updated by all Parties and shall come into force with effect from the signature date of the last signatory.

13.2. Unless otherwise agreed in writing between the Parties, any modification and/or amendment shall be done without prejudice to the rights and obligations arising from or based on this contract prior to the date of such modification and/or amendment.

Article 14: Force Majeure

14.1. The Insurer shall not be liable for liquidated damages or termination for default if and to the extent that the delay in performance or other failure to perform contractual obligations is the result of an event of Force Majeure.

14.2. If either party is rendered unable, wholly or in part, by Force Majeure to perform or comply with any obligation or condition of this Contract, upon giving written notice to the other party within five (5) days of the occurrence of the Force Majeure event, such obligation or condition and liability therefore shall be suspended during the continuance of the inability so caused; however, such period shall not exceed sixty (60) days from the giving of written notice. Upon expiration of the sixty (60) days from the giving of written notice if the event of Force Majeure has not been overcome, this Contract may be terminated at the option of either party. The party claiming Force Majeure shall use its persistent, good faith and commercially reasonable efforts to overcome the event of Force Majeure.

14.3. Any period within which a party shall, pursuant to this Contract, complete any action or task, shall be extended for a period equal to the time during which such party was unable to perform such action as a result of Force Majeure.

Article 15: Termination

15.1. This contract may be terminated at any time by either Party giving the other party a one (1) month notice in writing. This contract may also be automatically terminated if either party breaches their obligations.

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Article 16: Settlement of Disputes

16.1. Any dispute that may arise between the Parties related to this contract shall be settled amicably by negotiation.

16.2. This contract is the complete agreement between MEDP - CU and [REDACTED] and all Parties will abide by it.

Article 17: Effectiveness of this contract

17.1. This contract shall come into force with effect from the signature date of the last signatory.

Signed and delivered by the following Persons:

Done at Kigali, on 14/05/2024

For and on behalf of [REDACTED]



[REDACTED]
[REDACTED]



For and on behalf of MEDP - CU



The Coordinator

ANNEX 1 List of covered services and modalities of access

1. List of healthcare Services

The scope of health services within the Rwandan territory includes outpatient coverage, inpatient coverage, maternity coverage, optical and dental coverage.

a. Outpatient Coverage

The following services are included in [REDACTED] outpatient coverage:

- General practitioner consultation.
- Specialist consultation including urological and gynecological routine examination for screening.
- Laboratory and Pathology investigation.
- Minor surgery including circumcision.
- Radiology – X-ray, Ultrasound, Mammography, ECG and Computerized Tomography, MRI Scans.
- Medical conditions or Injuries resulting from effect of Pandemics/epidemics or outbreaks, natural disasters and declared unknown illnesses covering a wide geographical area.
- Mental Health conditions and nervous disorders including but not limited to Psychiatry cases, Psychosis/Depression, Panic attacks / pseudo seizures, Personality disorders, Depression, sleep disorders.....);
- Any treatment required as a result of attempted self-harm, alcohol and substance abuse including inpatient treatment for detoxification and rehabilitation at a facility certified for such treatment.
- Physiotherapy services.
- Prescribed Drugs /Medicines, Dressings, and Surgical appliances (frames, wheelchairs).
- Oncology, Chemotherapy and radiation treatment

- Hearing aids and related examination are covered subject to maximum of one apparatus per ear in a period of three calendar year.
- Vitamins (children, anemic conditions, and pregnant women).
- Listed MOH Immunizations for children and antenatal mothers.
- Vaccine for Hepatitis B and any vaccine part of Rwanda's EPI (Expanded Program of Immunization).
- Family planning advice, procedures, and commodities, including but not limited to surgical contraception - vasectomy, tubal ligation, Norplant implant.
- General check-up / health screening once a year.

b. Inpatient Coverage

- Hospitalization costs under standard private room rates.
- Inpatient expenses related to acute conditions and /or chronic condition or accidents
- Inpatient and Outpatient coverage for Chronic and Pre-existing conditions.
- General and specialized surgery and reconstructive surgery.
- Cancer treatment including chemotherapy and radiotherapy.
- Congenital defects and genetic disorders.
- HIV/ AIDS and related conditions.
- Illness-related reconstructive/plastic surgery excluding cosmetic (gynecology related).
- Maxillofacial surgery.
- Organ transplantation.
- Internal and external surgical implants and joint replacements (excluding dental fixtures).
- Post-hospitalization treatment.
- Ambulance services.
- ICU and Theatre charges.
- Drugs/Medicines, Dressings, and Internal Surgical appliances.
- Congenital malformation in pre-term babies.

c. Maternity Coverage

The following services are included in [REDACTED]'s maternity coverage:

- Normal delivery.
- Caesarean section (Elective & Emergency).
- Maternity-related complications.
- All Antenatal and postnatal inpatient expenses.
- Expenses incurred by a Newborn before discharge.
- Legal Abortion to be included with limit.

d. Dental Coverage

The following services are included in [REDACTED]'s optical and dental coverage:

- Preventive and routine care
 - Tartar/Plaque Cleaning.

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- X-ray examination before dental treatment.
- Simple and surgical extraction.
- Orthodontic treatment (, crowns, bridges, Prosthetics, braces, crowns, bridges, implants, and dento-facial orthodontics) subject to prior approval from the Insurer's Medical Advisor.
- Oral surgery, including root canals.
- Treatment of gums.
- Compound filling.
- Apicectomy.
- Removal of solid odontomas.
- Removal of impacted, buried, or unerupted tooth.
- Scaling.
- Therapeutic dental surgery.

e. Optical Coverage

2. Optical lenses including contact, disposable, bifocal or trifocal, or lenses of progressive focal length or any other corrective lenses, once a year, except upon Doctor's request in case of disease progression.
3. Eye surgery or laser treatment for correction of refraction.
4. Frames covered up to Frw 100,000.
5. Therapeutic eye surgery.

f. Exclusions

1. Spa cures, rejuvenation cures, cosmetic treatment (cosmetic surgery is covered where is necessary as the result of an accident for which coverage is provided.)
2. the consequences of insurrections or riots, if by taking part, the insured has broken the applicable laws, and the consequences of brawls, except in cases of self-defense.
3. Injuries resulting from motor- vehicle racing or dangerous competitions in respect of which betting is allowed. (Normal sports competitions are covered)
4. Home help, family help or similar traditional assistance and fees of persons who are not qualified nurses.
5. any charges for services or supplies that have not been prescribed or approved by a physician.
6. elective plastic surgery
7. Food and dietary products (other than those normally provided during hospitalization), cosmetics, toilet articles etc.

g. Modalities of access

- **International Medical Care**

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A framework for the abroad referral of patients will be managed through the Medical Referral Board established at King Faisal Hospital and Rwanda Military Hospital; for highly specialized diagnosis and treatment that are not offered in Rwanda. Depending on the nature and severity of the patient's conditions, referral will be made to EAC member states, India, Belgium or Turkey.

h. Coverage Limit Per Year Per Individual

The table below outlines the annual coverage limits under the Medical Insurance scheme [REDACTED]

Table 1: Annual Coverage Limits under [REDACTED] for Relocated Individuals

Benefits	Limit Per Year (Rwf)	Applicability
Inpatient	No limit	Per person
Outpatient	No limit	Per person
Dental	No limit	Per person
Optical	100,000/ frames/ Once per year	Per person
Maternity	No limit	Per family
Pre-existing conditions, chronic diseases & HIV/ AIDS	No limit	Per person

RR *[Signature]*