

IOM MISSION IN RWANDA

RW10-CDC - Risk Communication and Community Engagement (RCCE) for Mpox and Other Global Health Emergencies at Points of Entry and in Border Communities in Rwanda

Terms of Reference.

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| **Introduction** |
| The International Organization for Migration (IOM) in Rwanda is deeply committed to supporting the Rwandan Ministry of Health (MoH) and its partners in strengthening national health security and preparedness for global health emergencies. Recognizing Rwanda's unique geographical and demographic context, characterized by high population density and extensive cross-border movement, IOM Rwanda is launching the **BRIDGE-RWANDA** (Border Response and Integrated Disease Surveillance for Mpox and Other Global Health Emergencies) project. In line with this commitment and guided by national, regional, and global strategic frameworks, IOM Rwanda aims to implement a comprehensive Risk Communication and Community Engagement (RCCE) awareness-raising campaign to address Mpox (formerly Monkeypox) in the context of Rwanda. This comprehensive intervention will significantly enhance Risk Communication and Community Engagement (RCCE) strategies to address Mpox and other potential public health threats, with a critical focus on **Points of Entry (PoE)** and surrounding border communities. Rwanda, as one of Africa's smallest and most densely populated nations, faces inherent public health risks due to its extensive borders and proximity to regions prone to highly pathogenic diseases. Recent outbreaks, including Marburg virus (detected September 2024, declared over mid-December 2024 with 66 confirmed cases and 15 deaths) and the ongoing Mpox situation (with 114 confirmed cases as of March 2025), underscore the urgent need for robust surveillance, prevention, and response mechanisms. While Rwanda possesses robust public health surveillance systems and has demonstrated strong leadership in managing health emergencies, proactive and targeted RCCE interventions are crucial to prevent widespread transmission, reduce stigma, and ensure timely healthcare-seeking behaviors among the population. Effective RCCE strategies are paramount in an interconnected world where infectious diseases can rapidly spread, underscoring the need for strong community engagement, clear communication channels, and a specific focus on areas of high human mobility like Points of Entry. This approach aligns with Rwanda's Health Sector Strategic Plan (HSSP) V (2024/25–2028/29), Rwanda's National Guideline for Surveillance and Management of Mpox, Africa CDC's RCCE framework, and WHO's Global Mpox Strategic Preparedness and Response Plan (April 2025 update).Mpox, a zoonotic disease caused by the Mpox virus, has seen a global resurgence, posing ongoing public health concerns and this campaign seeks to empower communities with accurate, timely, and actionable information, promote preventive behaviors, combat stigma, and facilitate early detection and rapid response to mitigate the spread of the disease, ultimately contributing to a resilient public health response.This Terms of Reference (ToR) outlines the scope of work for prospective Implementing Partner (IP) to design and execute an impactful RCCE awareness-raising campaign for Mpox across identified vulnerable regions in Rwanda, with a particular focus on PoE and surrounding border communities. The campaign will integrate seamlessly with national health priorities, international best practices, and IOM's Health, Border and Mobility Management (HBMM) Framework, ensuring community-centered and mobility-sensitive public health interventions. |

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| These interventions will be meticulously designed to empower communities and mobile populations with accurate, timely, and actionable information, promote preventive behaviors, combat stigma, and facilitate early detection and rapid response along the entire mobility continuum. The campaign will integrate seamlessly with Rwanda's Health Sector Strategic Plan (HSSP) V (2024/25–2028/29), the National Guideline for Surveillance and Management of Mpox, Africa CDC's RCCE framework and Strategic Framework for Strengthening Cross-border Surveillance and Information Sharing, and WHO's Global Mpox Strategic Preparedness and Response Plan (April 2025 update), all within the framework of IOM's Strategic Approach on Migration and Health 2024–2028 and Health, Border and Mobility Management (HBMM) framework. |

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| Background |
| The International Organization for Migration (IOM), established in 1951, is the leading inter-governmental organization in the field of migration and works closely with governmental, intergovernmental, and non-governmental partners. With a longstanding presence in Rwanda since 1996, IOM has been actively involved in supporting the government's efforts in various humanitarian and development initiatives, including public health emergencies and strengthening border health management. IOM's expertise at Points of Entry is well-established, contributing to enhanced disease surveillance, prevention, and response along mobility pathways.In the framework of IOM Rwanda's public health mandate and its commitment to supporting the Rwandan Ministry of Health, IOM invites Expressions of Interest (EOI) from qualified organizations to implement an RCCE awareness-raising campaign for Mpox. This campaign is critical to support Rwanda's preparedness and response capabilities, ensuring that communities, especially those interacting with Points of Entry, are well-informed, empowered, and equipped to take appropriate actions, thereby contributing to national, regional, and global health security. The campaign will build on lessons learned from previous outbreaks (e.g., COVID-19, Ebola) and align with existing national and international guidelines for Mpox management.The **BRIDGE-RWANDA** project, for which these RCCE Terms of Reference are issued, is a direct response to the identified public health risks and the need for sustained efforts to improve border health services and capacities in Rwanda. It is guided by the findings of a recent Population Mobility Mapping (PMM) exercise (completed January 2025), which provides a fact-based analysis of border health preparedness and disease transmission risks at major PoE and mobility routes. The PMM report, currently under publication, tracks human movement patterns to understand mobility dynamics and helps identify areas and communities at risk of public health threats, informing targeted health interventions for improved detection, prevention, and response to health emergencies. Building on these insights, IOM invites Expressions of Interest (EOI) from qualified organizations to implement the critical RCCE component of the BRIDGE-RWANDA project. This campaign is pivotal to Rwanda's preparedness and response capabilities for Mpox and other threats, ensuring that communities, particularly those interacting with PoE, are well-informed, empowered, and equipped to take appropriate actions, thereby contributing to national, regional, and global health security. |
| Objective |
| The overarching objective of these terms of reference is to enhance public awareness, knowledge, and adoption of preventive behaviors related to Mpox and other global health emergencies among targeted communities in Rwanda, with a critical and explicit focus on populations at Points of Entry (PoE) and in surrounding border areas, within the broader scope of the BRIDGE-RWANDA project.1. **Objective 1: Increase Knowledge and Understanding of Mpox and Other Public Health Threats (General and PoE-specific):** To significantly improve knowledge levels among the general population, with particular emphasis on travelers, transport workers, border officials, and border communities, regarding Mpox and other priority disease symptoms, transmission routes (including the role of close and intimate contact), prevention methods, and available healthcare services, in line with Rwanda's National Guideline for Surveillance and Management of Mpox and other relevant national public health protocols.
2. **Objective 2: Promote Timely Healthcare-Seeking and Reporting Behaviors (General and PoE-specific):** To encourage early recognition of symptoms for Mpox and other priority diseases, prompt seeking of medical attention, testing, and reporting of suspected cases at designated health facilities, with specific messages tailored for individuals residing in border areas and those arriving at or departing from Points of Entry. This includes promoting immediate reporting to health personnel at PoE.
3. **Objective 3: Combat Misinformation and Stigma:** To proactively address common myths, misconceptions, and stigmatizing attitudes associated with Mpox and other infectious diseases, fostering a supportive and non-discriminatory environment for affected individuals and reducing barriers to care and reporting, as highlighted in Rwanda's Mpox strategic documents and national RCCE guidelines.
4. **Objective 4: Strengthen Community and PoE Engagement and Participation:** To foster active community and PoE stakeholder participation in the prevention and control efforts for Mpox and other health threats through culturally sensitive, contextually appropriate, and mobility-aware communication channels, in line with Africa CDC's RCCE framework and IOM's HBMM framework.
5. **Objective 5: Enhance Cross-border Information Sharing and Coordination for RCCE:** To facilitate the flow of critical Mpox-related information and coordinate RCCE efforts with relevant authorities and communities across borders at Points of Entry, aligning with Africa CDC's Strategic Framework for Strengthening Cross-border Surveillance and Information Sharing and supporting the BRIDGE-RWANDA project's cross-border coordination activities (Output 1.1.3).

**Proposed Interventions and Beneficiaries**The RCCE awareness-raising campaign will be implemented across selected provinces/districts in Rwanda, with a strong, prioritized focus on areas with significant human mobility, including major official and informal Points of Entry (land, air, and potentially lake crossings) and their surrounding border communities, as identified in the PMM report. Activities will also extend to highly populated urban centers and areas identified as at higher risk based on population density, existing health infrastructure, and epidemiological data.The campaign should primarily target the following groups, with a clear indication of how gender, age, disability, and other intersectional vulnerabilities will be considered throughout the intervention:* **General Public:** All individuals residing in the targeted project areas (provinces/districts).
* **Populations at Points of Entry and Border Communities:**
	+ **Travelers:** Both incoming and outgoing international and cross-border travelers.
	+ **Transport Workers:** Including formal and informal drivers, bus/taxi/moto operators, and truck drivers.
	+ **Border Officials:** Immigration, customs, security personnel, and health screening staff at PoE.
	+ **Porters and Informal Traders:** Operating at border crossings and within border communities.
	+ **Residents of communities immediately adjacent to PoE and along key mobility corridors.**
* **Vulnerable Populations (across all targeted areas):** This includes, but is not limited to:
	+ **Migrants, cross-border traders, and other mobile populations:** Due to their potential for cross-border transmission, varied access to health information, and specific vulnerabilities.
	+ **Youth and Adolescents:** As key agents of change within their families, schools, and communities.
	+ **Healthcare Workers and Community Health Workers (CHWs):** To ensure they have accurate and up-to-date information for dissemination and can effectively address community concerns, including those at PoE.
	+ **People Living with HIV/AIDS:** Who may be more susceptible to severe outcomes from certain infectious diseases.
	+ **Key Population Groups:** As identified by the Ministry of Health, with tailored messaging to address specific needs and reduce stigma.
	+ **Community Leaders and Influencers:** Including religious leaders, local administration, and traditional leaders, to facilitate information dissemination, trust-building, and behavioral change within their communities.
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| Proposed interventions and beneficiaries |
| The proposed target for this RCCE component of the BRIDGE-RWANDA project is to reach **at least 20,000 individuals** through direct and indirect awareness-raising activities over the **2-month** period, with a specific target of **at least 9,000 individuals** reached directly at or near designated Points of Entry and within immediate border communities.The beneficiaries of the affected populations for this intervention will include Displaced and Non-displaced people.1. Displaced Populations- IDPs, Refugees, Asylum Seekers, and vulnerable populations - Pregnant and Lactating women, Girls, Boys and Men, People with Disabilities, chronically ill household members, people below the poverty line, and those living in Remote and hard-to-access populations. Additionally, potentially marginalized groups.
2. Non-Displaced populations: Host and Non-Host communities.
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| Expected results |

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| 1. **Objective 1 (Increase Knowledge and Understanding)**
2. An increase of at least **35%** in general population knowledge regarding Mpox symptoms, transmission (especially close and intimate contact), prevention methods, and early signs of other priority public health threats, as measured by pre and post-campaign surveys in targeted areas.
3. An increase of at least **40%** in knowledge among travelers, transport workers, and border community members at targeted PoE regarding Mpox risks, preventive measures, and reporting protocols, as assessed through rapid assessments or short surveys conducted at PoE.
4. Development and dissemination of a minimum of **4 distinct types of culturally appropriate, mobility-sensitive, and multi-lingual communication materials** (e.g., posters, flyers, brochures, radio jingles/spots broadcast on local and cross-border stations, short videos for digital screens at PoE/bus terminals, social media content, informational cards for travelers) in Kinyarwanda, English, French, and other relevant border languages (e.g., Swahili). These materials will be visibly displayed at key PoE and accessible to at least **85%** of targeted households.
5. **Objective 2 (Promote Timely Healthcare-Seeking and Reporting Behaviors)**
6. A demonstrable increase in the number of individuals seeking information, testing, or reporting suspected Mpox cases (or other priority diseases) at health facilities in targeted areas, with a **20% increase** in referrals from community levels and PoE to health facilities for suspected cases, tracked through health facility data where possible.
7. Establishment and promotion of at least **5 effective, accessible, and confidential feedback mechanisms** (e.g., dedicated hotlines, community suggestion boxes, regular community dialogues, and specific channels for travelers at PoE) to address public concerns, clarify misconceptions, and facilitate reporting of suspected cases related to Mpox and other health threats, ensuring timely responses.
8. **Objective 3 (Combat Misinformation and Stigma)**
9. A **reduction of at least 25%** in reported stigmatizing attitudes towards individuals affected by Mpox and other infectious diseases, as evidenced by qualitative assessments or perception surveys.
10. Conduct of at least **15 community dialogue sessions** focused on dispelling myths, promoting accurate information, and fostering empathy about Mpox and other health concerns in each targeted district and border community.
11. **Objective 4 (Strengthen Community and PoE Engagement and Participation)**

Implementation of **1 innovative community-led initiatives** (e.g., peer education programs, community theatre, mobile information kiosks at PoE, dedicated information desks at bus/truck stations) to raise Mpox and general health awareness, adapted to the specific needs of mobile populations on Mpox and other priority disease RCCE messaging, early detection, referral pathways, and effective community engagement techniques. (Aligned with BRIDGE-RWANDA Output 1.2, Activities 1.2.1 and 1.2.2 related to training and supportive supervision).1. **Objective 5 (Enhance Cross-border Information Sharing and Coordination for RCCE):**

Participation in at least **1 formal cross-border coordination meetings** (virtual or in-person, in coordination with MoH/RBC/DGIE) with relevant counterparts in neighboring countries to harmonize Mpox and other disease RCCE messages and strategies at shared PoE, in line with Africa CDC's framework and directly contributing to BRIDGE-RWANDA's Activity 1.1.3: "Cross-border coordination."Development of a brief **report on best practices and lessons learned** from cross-border RCCE activities at PoE for Mpox and other health threats, contributing to regional knowledge sharing. |
| **Target Locations** |
| The RCCE campaign, as a key component of the BRIDGE-RWANDA project, will strategically focus on the following provinces/districts, with a pronounced emphasis on identified major official and informal Points of Entry (PoE) and their surrounding border communities, informed by the PMM report:* **Eastern Province:** With strong focus on **Kagitumba** (Uganda border), **Rusumo** (Tanzania border), and other key border crossings and mobility corridors.
* **Western Province:** Focusing on **Rusizi I & II** (DRC border), **Rubavu** (DRC border), La Corniche, Poids Lourds and active informal crossing points.
* **Northern Province:** Targeting **Gatuna** (Uganda border) and **Cyanika** (Uganda border).
* **Southern Province:** Addressing potential cross-border movements with Burundi, particularly at targeted informal border points, Bugarama, and Buziba.

IOM reserves the right to amend the list of locations and specific PoE based on evolving epidemiological data, security considerations, donor requirements, and any other factors that may change during project implementation, always in close consultation with the MoH and relevant authorities. |
| **Partnerships and collaboration** |
| For pre-qualification and successful implementation, the prospective Implementing Partner should demonstrate a solid network of reliable partnerships and proven successful collaboration with the following stakeholders, aligning with Rwanda's Health Sector Strategic Plan V which emphasizes strengthened leadership, management, coordination, and planning, and the BRIDGE-RWANDA project's partnership framework.* **Ministry of Health (MoH) and Rwanda Biomedical Centre (RBC):** Essential for alignment with national health policies, access to epidemiological data, technical guidance, official endorsements of messaging, and integration into the national Mpox and other public health emergency surveillance and response plans. This includes relevant departments focusing on public health emergencies, health promotion, disease surveillance, and port health. (Directly aligned with BRIDGE-RWANDA's overall partnership with MoH and RBC).
* **Directorate General of Immigration and Emigration (DGIE) and Rwanda National Police (RNP):** Crucial for facilitating access and coordination of RCCE activities at Points of Entry and along mobility routes. (Directly aligned with BRIDGE-RWANDA's partnership with DGIE).
* **Rwanda Revenue Authority (RRA):** For coordination at One Stop Border Posts (OSBPs) and engagement with cross-border trade communities. (Directly aligned with BRIDGE-RWANDA's partnership with RRA).
* **Local Government Authorities (Provinces, Districts, Sectors, Cells):** To ensure needs assessment, verification of data, coordination of field activities, and support for community mobilization and engagement at all administrative levels, including border areas.
* **Community Leaders and Gatekeepers:** Including religious leaders, traditional leaders, and local administration, to facilitate targeted assistance, identify and address community-specific needs, and involve local leaders in monitoring campaign effectiveness, particularly in remote and border communities. (Directly aligned with BRIDGE-RWANDA's beneficiary group of community leaders and community health focal points).
* **Other Humanitarian Actors and Development Partners:** Including UN Agencies (e.g., WHO, UNICEF, UNHCR), Africa CDC representatives, international and national non-governmental organizations (NGOs), and community-based organizations (CBOs) working in health, migration, and border management, to coordinate efforts, enhance joint impact, and avoid duplication. This includes active participation in relevant national and regional health clusters or working groups, and specific PoE coordination platforms. (Directly aligned with BRIDGE-RWANDA's overall coordination mechanism with Africa CDC and other actors).
* **Media Outlets (National and Local Radio, TV, Print, social media):** For broad dissemination of accurate information and public service announcements, with specific focus on channels popular among mobile populations and border communities, and leveraging established media partnerships for rapid deployment of messages during emergencies.
* **Cross-border counterparts/authorities:** Where feasible and in coordination with MoH, DGIE, and other relevant Rwandan authorities, engagement with health and border authorities in neighboring countries to harmonize RCCE messages at shared PoE, aligning with Africa CDC's framework for cross-border surveillance and the BRIDGE-RWANDA project's cross-border coordination objectives (Output 1.1.3).
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| **Proposed timeline:** |

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| 1 November 2025 – 31 December 2025  |
| **Implementation activities** |
| The IPs should design a clear strategy for RCCE interventions that aims at raising awareness about Mpox and other public health threats, promoting preventive behaviors, strengthening community resilience, and specifically targeting populations at Points of Entry and in border areas, integrating seamlessly into the broader BRIDGE-RWANDA project structure and activities. IP interventions should be coordinated with other actors in the same area to avoid duplication and potential overlap, ensuring synergy with national, regional, and global plans.For effective awareness-raising and community engagement, the IP's approach should involve Community Health Workers (CHWs), local leaders, border officials, and other influential community members. These individuals will be instrumental in conducting health information, education, and communication (IEC) sessions, and behavior change communication (BCC) activities among their respective communities and at PoE. These interventions should empower CHWs/leaders and PoE personnel to fully engage in their duties, foster healthy behavior changes among target beneficiaries, and ultimately contribute to improving population-based health indicators.**Expected RCCE awareness-raising interventions should cover some or all of the following broad activities, with specific considerations for PoE, directly supporting Output 1.3 ("Mpox prevention and response is strengthened through awareness raising among at-risk mobile populations and community event-based surveillance in border locations") of the BRIDGE-RWANDA project.*** **Development and Dissemination of Culturally Appropriate and Mobility-Sensitive Communication Materials:** This includes, but is not limited to, posters, flyers, brochures, radio jingles/spots (to be broadcast on local and cross-border stations), short videos (for digital screens at PoE, bus terminals), social media content, and informational cards for travelers. All materials must be in Kinyarwanda, English, French, and other relevant border languages (e.g., Swahili for border areas), and must be reviewed and approved by the MoH/RBC and IOM, ensuring alignment with national guidelines. (Aligned with BRIDGE-RWANDA Activity 1.3.1).
* **Community Sensitization and Dialogue Sessions:** Organizing regular community meetings, workshops, and focus group discussions to directly engage community members, address their concerns, clarify misconceptions about Mpox and other public health threats, and gather feedback on messaging. Specific sessions should be held with groups active at PoE (e.g., transport associations, informal traders, local business owners). (Aligned with BRIDGE-RWANDA Activity 1.3.1).
* **Innovative Communication Approaches:** Utilizing local media (community radio, local TV, border area loudspeakers), traditional communication channels (storytelling, drama, music), and digital platforms (social media campaigns, WhatsApp groups, SMS blasts to registered travelers) to reach diverse audiences, including transient populations and those with limited literacy. (Aligned with BRIDGE-RWANDA Activity 1.3.1).
* **Establishment of Feedback and Grievance Mechanisms:** Setting up accessible, confidential, and culturally appropriate channels for communities and travelers to provide feedback, ask questions, report concerns, and report suspected cases related to Mpox and other health threats, ensuring timely responses and corrective actions. This includes dedicated hotlines, suggestion boxes at PoE, and digital feedback channels. (Aligned with broader RCCE principles).
* **Targeted Messaging for Specific Vulnerable Groups and PoE Populations:** Developing and delivering specialized messages for mobile populations, youth, key population groups, and individuals at PoE, considering their unique needs, language preferences, and potential vulnerabilities to stigma or discrimination. Messages should highlight the importance of self-reporting symptoms, even when asymptomatic, and reinforce national health protocols. (Aligned with BRIDGE-RWANDA Activity 1.3.1).
* **Monitoring and Evaluation of Campaign Effectiveness:** Regularly assessing the reach and impact of awareness-raising activities through pre/post-campaign knowledge, attitude, and practice (KAP) surveys, focus group discussions, analysis of community feedback, and tracking of health-seeking behaviors (e.g., referrals from PoE), contributing to the BRIDGE-RWANDA monitoring framework. (Aligned with BRIDGE-RWANDA monitoring principles).
* **Support for PoE Health Communication Infrastructure:** Where relevant and in coordination with PoE authorities, advising on the placement and visibility of Mpox and general health awareness materials at PoE, including digital screens, noticeboards, and designated information points, supporting BRIDGE-RWANDA's Output 1.2.3 related to equipment for surveillance and screening.

**1. Role of IOM (within BRIDGE-RWANDA project framework):**IOM, as the executing agency for BRIDGE-RWANDA, will be responsible for:* Providing overall project management and technical oversight for the RCCE component, drawing on IOM's global expertise in Migration Health, Border Management, and RCCE.
* Providing financial and technical assistance to the IPs for the effective implementation of RCCE activities.
* Building the capacity of the IPs for effective project management and strengthening IPs' service delivery systems, including best practices for RCCE at PoE.
* Facilitating coordination with national authorities (MoH, RBC, DGIE, RRA) and regional bodies (e.g., Africa CDC) for harmonized approaches and seamless integration of RCCE into broader surveillance and response efforts, as per BRIDGE-RWANDA's partnership and coordination strategy.
* Conducting regular project monitoring and evaluation to assess progress against set performance targets and make recommendations, with a specific focus on PoE and border community interventions, in line with the BRIDGE-RWANDA results matrix.
* Advising IPs on communication and visibility aspects during project implementation, aligning with IOM and donor guidelines.
* Making payments of agreed installments, including a portion of advance payment to allow the IP to commence activities.

**2. Role of Selected Implementing Partner (for RCCE component):**The Implementing Partner undertakes to implement the RCCE component of the BRIDGE-RWANDA project in accordance with the agreement, technical proposal, work plan, project budget, monitoring indicators, and milestone tracking matrix.The technical proposal should describe the IP’s systematic approaches to achieving effective RCCE awareness-raising for Mpox and other public health threats, strengthening community engagement, and specifically addressing the unique dynamics of Points of Entry and border communities, while contributing to the overall public health response in Rwanda. The technical proposal should clearly detail how they plan collaboration, coordination, and delivery of the above-mentioned activities, demonstrating alignment with the WHO Global Mpox Strategic Preparedness and Response Plan, Africa CDC's RCCE Framework, Rwanda's National Guideline for Surveillance and Management of Mpox, and the overarching BRIDGE-RWANDA project objectives and outputs (specifically Output 1.3 and its associated activities).**Prospective applicants should note that IOM will supply RCCE materials, so partners need not budget for them in the proposal to be submitted.** |

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| **Selection Criteria** |
| Projects should specify approaches for:**1. Proposal Relevance (25%)**Your proposal must demonstrate a deep understanding of the project's objectives and context.* **Understanding the Context:** Show you understand the unique public health risks at **Points of Entry (PoE)** and in border communities in Rwanda.
* **Targeted Interventions:** Clearly explain how you will reach key populations like **travelers, transport workers, and border officials**. Your plan must detail how you'll reach the target of at least 9,000 **individuals** directly at or near PoE.
* **Comprehensive Approach:** Outline a holistic strategy that includes developing multi-lingual materials, conducting community sensitization sessions, and using innovative communication methods.

**2. Technical Expertise and Experience (25%)**This criterion evaluates your organization's capacity and experience in similar projects.* **Sector Expertise:** Provide examples of your specific skills in **public health, risk communication, and community engagement** related to infectious disease outbreaks. Experience working at PoE or in border regions in Rwanda is highly desirable.
* **Proven Capacity:** Demonstrate that you have an established presence in the country, a field presence, and a team with dedicated **RCCE and community mobilization staff**.
* **Past Performance:** Provide concrete examples of similar work, showing successful management of projects with comparable funding levels and robust financial systems.

**3. Project Management and Team Structure (15%)**Your proposal should detail how your team will manage the project and coordinate with key partners.* **Management Structure:** Explain how your team will effectively report to and coordinate with key authorities, including the **Ministry of Health (MoH), Rwanda Biomedical Centre (RBC), and Directorate General of Immigration and Emigration (DGIE)**.
* **Key Personnel:** Your proposal must identify key personnel with the necessary expertise in **RCCE, public health, and border health**.

**4. Cost-Effectiveness (10%)**Your budget must demonstrate a realistic and efficient allocation of resources.* **Value for Money:** The financial proposal should show a realistic budget, especially for activities at PoE, and demonstrate sound financial management systems.

**5. Innovation and Data Use (10%)**This section measures the originality of your approach and your plan for data-driven results.* **Innovative Approaches:** Describe innovative communication methods to reach diverse populations, such as using local media, traditional storytelling, or digital platforms like **SMS blasts**.
* **Monitoring, Evaluation, and Learning:** Outline a strong plan for assessing the campaign's effectiveness using methods like **pre/post-campaign knowledge, attitude, and practice (KAP) surveys** and feedback mechanisms.

**6. Sustainability (10%)**Your proposal should explain how the project's impact will last beyond the 2-month timeframe.* **Sustainability:** Describe how you will empower local actors like **Community Health Workers (CHWs) and leaders** to continue health awareness efforts.
* **Collaboration and Partnerships:** Demonstrate a strong network of partnerships and a proven history of collaborating with key stakeholders to avoid duplication of efforts.

**7. Rights-Based, Inclusive, and Gender-Transformative Approach (5%)**This final criterion is crucial for demonstrating your commitment to equity and safety.* **Mainstreaming Gender and Protection :** Show how you will integrate **gender-sensitive approaches**, the inclusion of **people with disabilities**, and **Accountability to Affected People (AAP)** throughout the campaign, especially at PoE. Demonstrating how gender-sensitive approaches will be integrated throughout the campaign design and implementation, ensuring that the specific needs and vulnerabilities of different genders are addressed, including at PoE (e.g., female travelers, female informal traders, and prevention of GBV in humanitarian settings). To meet these requirements, partners should detail their systematic approaches to achieving effective RCCE awareness-raising while specifically addressing the unique dynamics of PoE and border communities. This includes collaborating with community leaders, healthcare workers, and other influencers to ensure a community-centered approach that accounts for diverse needs. The campaign's learning products, such as case studies and success stories, should also highlight the impact of the interventions on different genders and vulnerable populations.
* **Safeguarding:** Confirm that you have clear policies and training protocols for the **Prevention of Sexual Exploitation and Abuse (PSEA), anti-fraud, and anti-corruption**. You must also provide mandatory documents, including a recent financial audit and relevant legal registration.
* **Inclusion of People with Disabilities:** Outlining how the campaign will ensure accessibility of information and engagement for people with disabilities, including accessible formats for communication materials and inclusive engagement methods.
* **Ensuring Accountability to Affected People (AAP):** Describing robust, accessible, and confidential mechanisms for feedback, complaints, and community participation, tailored for both general communities and transient populations at PoE, in line with humanitarian principles.
* **Prevention of Sexual Exploitation and Abuse (PSEA):** Detailing clear PSEA policies, training plans, and reporting protocols for all staff and volunteers involved in the campaign, with specific attention to interactions at PoE and with vulnerable populations, ensuring compliance with IOM and international standards.

**Additional points to strengthen proposal includes;*** **Participating in regular coordination with the Ministry of Health, relevant health clusters/working groups, and inter-agency coordination mechanisms focused on Points of Entry and border health in Rwanda**, as outlined in BRIDGE-RWANDA's partnership strategy.
* **Revised and Strengthened Data and Gender Components :** The International Organization for Migration (IOM) expects prospective partners to demonstrate a robust approach to data collection and use. The proposed project should have a strong monitoring and evaluation framework that tracks the campaign's reach and impact using both quantitative and qualitative data. This includes, but isn't limited to:

\*Pre and Post-Campaign Surveys: Partners must plan to conduct pre-and post-campaign knowledge, attitude, and practice (KAP) surveys to measure changes in knowledge and behavior related to Mpox and other health threats.\* Rapid Assessments: The project must include rapid assessments and short surveys, especially at Points of Entry (PoE), to gauge knowledge among mobile populations like travelers and transport workers. \* Qualitative and Quantitative Studies: Small-scale qualitative and quantitative studies are expected to assess knowledge, attitudes, and practices, with data specifically disaggregated for populations at PoE and in border communities. \* Tracking Health-Seeking Behaviors: Partners should propose methods to track and report on health-seeking behaviors, such as an increase in individuals seeking information or testing at health facilities, and a 20% increase in referrals from communities and PoE to health facilities for suspected cases.\* Reporting: Partners are required to provide concise weekly updates and comprehensive monthly narrative reports that align with the broader project's reporting requirements.Data-Informed Interventions: The project's design should be informed by data from various sources, including the Gender and Inclusion Expectationsa) Integration of **Rwanda Ministry of Health Guidelines and National Public Health Strategies in proposals :** Specifically, the Health Sector Strategic Plan (HSSP) V (2024/25–2028/29), Rwanda's National Guideline for Surveillance and Management of Mpox, and relevant national RCCE strategies and emergency preparedness plans. b) **WHO Risk Communication and Community Engagement (RCCE) Guidelines:** For effective outbreak response, the WHO Global Mpox Strategic Preparedness and Response Plan (April 2025 update), and International Health Regulations (IHR) 2005. c) **Africa CDC's RCCE Framework and Strategic Framework for Strengthening Cross-border Surveillance and Information Sharing for Africa.** d) **IOM's Health, Border and Mobility Management (HBMM) Framework:** For a mobility-sensitive and comprehensive approach to public health interventions at PoE. e) **Sphere Standards:** Especially regarding communication with affected communities, community engagement, and dignified response in humanitarian settings. f) **Lessons learned from previous public health campaigns in Rwanda (e.g., COVID-19, Ebola) and at Points of Entry.**The proposal should ensure robust learning through:1. Case studies of successful community and PoE engagement strategies, including those that led to demonstrable behavior change.
2. Success stories from beneficiaries and communities, highlighting the impact of improved knowledge and health-seeking behaviors.
3. Small-scale qualitative and quantitative studies/assessments on knowledge, attitudes, and practices (KAP) related to Mpox and other health threats, specifically disaggregated for populations at PoE and border communities.
4. Active participation in and presentation at knowledge-sharing forums and events, including those focused on border health, regional health security, and RCCE best practices.

IPs systematically identify and share information about successes, challenges, and attempted innovative approaches during implementation. IPs should contribute to rapid health needs assessment in the region of intervention, including at PoE. IPs will collaborate closely with IOM technical staff to develop and disseminate learning products for broader impact**Summary for Grant Applicants: IOM BRIDGE-RWANDA Project**This summary outlines the key components and evaluation criteria for organizations applying to be an Implementing Partner (IP) for the **Risk Communication and Community Engagement (RCCE)** component of the International Organization for Migration's (IOM) **BRIDGE-RWANDA** project. The project timeframe is from 1 November 2025 to December 31, 2025.Your proposal must be written in English and will be assessed across seven main criteria. The total budget is estimated at 40,000 USD.  |
| **Management Structure** |
| The IP should provide a strong management structure that will support the full participation of national leadership in the project. The IP should describe how it will report to and coordinate with IOM (specifically the BRIDGE-RWANDA project team), the Ministry of Health (MoH), the Rwanda Biomedical Centre (RBC), the Directorate General of Immigration and Emigration (DGIE), and the Rwanda Revenue Authority (RRA) at all levels/Directorates. This should include outlining the capacity to support actors, participating in relevant national health sector coordination mechanisms (including specific PoE or border health working groups), and arranging joint supportive supervision activities. The project management structure/plan should also show key personnel with the expertise required to deliver the project results, including specialists in RCCE, public health, border health, and community mobilization. Work Plans must be realistic with a timely project kick-off and conclusion within the project timeframe. |
| **Reporting And Monitoring Qualification And Experience** |
| IPs will provide concise weekly updates and comprehensive monthly narrative reports, aligning with the BRIDGE-RWANDA project's reporting requirements. A final narrative and financial report are mandatory at the conclusion of the project. IOM will provide the necessary reporting formats in due time. Joint monitoring visits (involving IOM, MoH/RBC, and IPs) during the project implementation should be regularly programmed, with a specific focus on activities at Points of Entry and within border communities. PSEA and anti-fraud training should be organized for all of the organization's staff involved in the project. |
| **Experience** |
| * **Sector Expertise and Experience**: Partners with specific skills, expertise, and demonstrated knowledge in public health, risk communication, and community engagement, particularly in the context of infectious disease outbreaks. Proven experience in implementing health programs at Points of Entry or in border regions within Rwanda or the East African context is highly desirable.
* **Proven Capacity**: Current in-country capacity to implement comprehensive projects, including established presence in the field and adequate human resources (including dedicated RCCE and community mobilization staff). Ability to deliver activities in a timely, effective, and flexible manner, maximizing positive outcomes for targeted communities and mobile populations in dynamic environments.
* **Project Management**: Demonstrated ability to deliver project objectives cost-effectively, accountably, and with sound financial management. This includes regular and transparent communication with IOM units/departments.
* **Minimum Standards**: Adherence to national legal requirements, ethical guidelines, and strong organizational capacity.
* **Geographical Coverage:** Ability to effectively carry out activities in multiple settings within the specified provinces/districts, with demonstrated access to diverse communities, including hard-to-reach areas and active official and informal PoE.
* **Ability and willingness** to ensure IOM rules and regulations as stipulated in the contract are followed and maintained.
* **Mandatory Documents**: The IP has to submit to IOM ALL the following documents :
	+ A recent financial audit report.
	+ Copy of relevant Rwandan legal registration/operating license.
* **Recommended Documents**: Implementation partners are recommended to submit the below documents where applicable.
	+ A PSEA policy and a PSEA training schedule for its staff.
	+ Copy of its accountability to affected population policies or protocols and complaints and feedback mechanism.
	+ Copy of its safeguarding, fraud, bribery, and corruption policies, SOPs, or protocols.
	+ Acceptance of the IOM standard PIA (Partner Information Assessment).

**Sector-Specific Criteria for Service Assessment:**IOM’s evaluation of the feasibility will assess the following but not limited to:i. **Technical Approach** a) A solid technical design that demonstrates a thorough understanding of public health communication principles in Rwanda, a detailed understanding of the overall ToRs, scope of work, and IOM objectives, with a strong focus on the specific complexities of Mpox transmission and effective RCCE at Points of Entry and along mobility corridors. b) A clear and detailed description of the proposed approaches, activities, and inputs the IP plans to deploy to achieve the expected outputs and results of the project defined in Section "Expected Results" above, clearly articulating how PoE-specific interventions will be integrated and measured.ii. Financial Proposal/Budgets: Should demonstrate Value for Money, realistic allocation of resources across all activities, and appropriate budgeting for RCCE interventions, particularly those at PoE.iii. **Past Performance**a) Concrete examples of experience in implementing work of a similar scope, particularly in public health campaigns, RCCE, or community engagement initiatives in Rwanda, with demonstrable success in engaging mobile and cross-border populations. b) Proven successful management of project funding of amounts like those requested, with evidence of robust financial management systems.c) Evidence of successful collaboration with government systems at all levels (including border management authorities) and with diverse communities, and of effectively resolving emerging project implementation issues in dynamic environments like Points of Entry. The proposal and budget should be written in English. |