

TERMS OF REFERENCE

HIRING AN INDIVIDUAL CONSULTANT TO CONDUCT AN IMPACT EVALUATION / ASSESSMENT OF INTEGRATED VECTOR MANAGEMENT (IVM) IMPLEMENTATION IN THE WESTERN PROVINCE

1. About Caritas Rwanda

Caritas Rwanda was established in 1960 and was officially authorised as a non-profit organisation in 1962. Over the years, as the Catholic Church of Rwanda expanded with the foundation of new dioceses and parishes, the organisation of Caritas also extended to different levels of the ecclesial structure. Since 8 September 1965, Caritas Rwanda has been affiliated with Caritas Internationalis. In accordance with Law 06/2012 of 17 February 2012 regarding faith-based organisations, it became a non-governmental organisation. Today, Caritas Rwanda operates at the national level, while each of the country's nine Catholic dioceses has its own autonomous diocesan Caritas, and the 180 parishes their own parochial Caritas. The structure branches out into 980 centres and 30,000 basic ecclesial communities, which each have their own Caritas structure. Caritas Rwanda wants to give people back the human dignity denied to them by social marginalisation, poverty, and injustice. It would like to see the poorest social categories manage to take charge of themselves, individually or through social solidarity, in order to fulfil their dignity as children of God created in his image.

2. Background

Malaria remains a public health priority in Rwanda, with the whole population at risk of malaria infection. To respond to this challenge, the Government of Rwanda, through the Ministry of Health (MoH) and Rwanda Biomedical Centre (RBC), is implementing an extended Malaria Strategic Plan (MSP) with the main goal of reducing malaria morbidity and mortality by at least 90% from 2019 levels by 2027. The specific objectives are (1) By 2027, at least 90% of population at risk will be effectively protected with preventive interventions; (2) All suspected malaria cases are promptly tested and treated in line with the national guidelines; (3) By 2027, strengthen surveillance and reporting in order to provide complete, timely and accurate information for appropriate decision making at all levels;

(4) Strengthen coordination, collaboration, procurement & supply management and effective program management at all levels; (5) By 2027, at least 85% of the population at risk will have correct and consistent practices and behaviors towards malaria control interventions.

Despite this documented success, recent data show that residual malaria transmissions are found in different districts that may hamper malaria elimination efforts. In addition, malaria outbreaks or hotspots are seen in different sectors or villages that may need special malaria control interventions. Furthermore, factors leading to persisting severe malaria cases and malaria-related deaths still recorded in a few districts despite sustained Community Case Management need to be identified to design an appropriate response if Zero Death remains our national goal.

Integrated Vector Management (IVM) is a key strategy for malaria prevention and control, combining multiple vector control interventions to reduce malaria transmission effectively and sustainably. In Rwanda, IVM interventions, including Indoor Residual Spraying (IRS), Long-Lasting Insecticidal Nets (LLINs), environmental management, and community engagement have been implemented in the Western Province.

To assess the effectiveness, implementation quality, and impact of these interventions, there is a need for a systematic **impact evaluation/assessment of IVM implementation** to generate evidence that will inform program improvement, policy decisions, and future malaria control strategies.

3. Purpose of the Consultancy

The purpose of this consultancy is to **evaluate the impact and performance of Integrated Vector Management interventions** implemented in the Western Province and to provide evidence-based recommendations to strengthen malaria prevention and control efforts.

4. Objectives

3.1 General Objective

To assess the impact and effectiveness of Integrated Vector Management implementation on malaria control outcomes in the Western Province.

3.2 Specific Objectives

- To assess the coverage, quality of IVM interventions, environmental management, and community engagement.
- To evaluate the impact of IVM implementation on malaria incidence, prevalence, and transmission trends.
- To identify implementation gaps, challenges, and best practices in IVM delivery.
- To assess community knowledge, attitudes, and practices related to vector control interventions.

4. Scope of Work

The consultant will conduct the assessment in **selected districts, sectors, and communities of the Western Province**. The scope includes:

- Desk review of relevant policies, guidelines, and program reports.
- Analysis of routine malaria surveillance and entomological data.
- Field assessments at health facilities and community levels.
- Key informant interviews with:
 - Health facility staff
 - Community Health Workers (CHWs)
 - Local authorities
 - Implementing partners
- Household-level assessments (where applicable).
- Assessment of coordination, logistics, and supervision mechanisms for IVM implementation.

5. Expected Results

- Comprehensive assessment report with baseline vs. current data.
- Actionable recommendations for scaling up IVM interventions.
- Monitoring and evaluation framework for continuous improvement.
- Community engagement toolkit highlighting effective mobilization strategies.
- Detailed report on the relevance, effectiveness, efficiency, impact, and sustainability of IVM interventions

6. Deliverables

The consultant will provide the following outputs:

1. **Inception report** describing the proposed methodology, a detailed work plan with timelines, and present all data collection tools.
2. **Preliminary impact assessment report** for inputs and comments from Caritas Rwanda and stakeholders.
3. **Stakeholder validation workshop** and incorporation of feedback.
4. **Final impact evaluation report** that synthesizes the findings, including inputs from Caritas Rwanda and Stakeholders. Provide a separate factsheet and PowerPoint presentation of the assessment.

7. Duration of the Assignment

This assignment will be carried out within the duration of 60 working days beginning from the date the consultancy contract is signed. The consultant will be required to work closely with Caritas Rwanda, supervising staff with the guidance of the RBC/Malaria Division.

8. Reporting and Coordination

The consultant will work under the supervision of Caritas Rwanda, in close collaboration with the Malaria Division. Regular progress updates will be required.

9. Required Qualifications and Experience

Lead Consultant

- The Lead Consultant must hold a PhD or Master's degree in Public Health, Environmental Sciences, Epidemiology, Data Science, or a health-related field.
- Have a very good understanding of the Rwanda Health System;
- Proven experience in carrying out research or leading health-related consultancies in Rwanda, evidenced by at least three (3) certificates of completion issued by recognized institutions;
- Data management and documentation: Competence in collecting, cleaning, and analyzing quantitative and qualitative data, and producing clear reports for decision-making, evidenced by a minimum of three (3) certificates of completion for leading data collection exercises;
- Provide proof that the consultant is familiar with OECD Criteria for endline evaluation
- Proven experience in quantitative and qualitative research, with extensive skills and knowledge in data management using SPSS or Stata, supported by certificates
- Ability to work and engage with a range of stakeholders, including high-level policy makers, civil society organizations, local leaders, and the community;
- Excellent communication skills and experience in working with communities in both urban and rural settings;
- Excellent command of English, French, and Kinyarwanda, both spoken and written, will be an added advantage.
- Experience in conducting or leading health-related impact assessments, evidenced by at least one (1) certificate of completion;
- Experience in working with Caritas Rwanda will be considered an added value.
- Registration as an individual enterprise with the Rwanda Development Board, providing consultancy services with at least five years of service, will be considered an added value.

Assistant Consultant

- The Assistant Consultant should hold a PhD or Master's degree in Public Health or Epidemiology, evidenced by a notarized degree certificate
- Having extensive experience in epidemiological analysis, evidenced by at least one paper published in an international journal or a certificate of recognition from a reputable institution
- Experience in analyzing health data, spatio-temporal data related to malaria transmission, including the ability to map disease incidence, vector distribution, and environmental risk factors across geographic areas and time periods, to inform targeted malaria control interventions
- Working in the health sector will be considered an added value



10. Selection criteria

Applications will be assessed on cost reasonableness (30%) and technical competence (70%).

11. Application Requirements

Interested candidates should submit:

- Letter expressing interest in carrying out the consultancy service required;
- Detailed CV (maximum 4 pages) of the Lead Consultant and (3 pages) for the Assistant Consultant;
- A brief proposal written in English describing the background, methodology, and timeline (maximum 10 pages);
- Price quotations for the consultancy service required (Submitted separately)
- Certified copies of academic and professional qualifications for both the Lead Consultant and the Assistant Consultant, highlighted under the Competence section;
- Copy of national Identity card/ or Passport of the consultant;
- Valid proof of three (3) documents of completion of similar assignments;
- Valid proof of three (3) certificates of completion for leading data collection exercise;
- Valid proof of one (1) certificate in using SPSS or STATA;
- Valid individual enterprise with the Rwanda Development Board, providing consultancy services with at least five years of service.

12. Terms of Performance

- The effective date of the terms of reference and statement of work will be the date of contract signature by Caritas Rwanda.
- Quality of deliverables must be ensured by the consultant.

13. Report Submission

The final report of the assessment should be a maximum of 40 pages, excluding annexes, and should be written in English. It should contain an executive summary of a maximum of 2 pages. The report should follow the following format:

- Cover page
- Table of contents
- List of tables
- List of figures
- Acronym list
- Short description of reviewers
- Executive Summary
- Introduction/context
- Objectives
- Methods
- Findings

- Constraints
- Conclusions
- Actionable recommendations.
- Monitoring and evaluation framework
- Community engagement toolkit
- Summary
- Annexes

14. How to apply

Interested Consultants are requested to submit their technical and financial proposals in sealed envelopes (1 original and 2 copies) at the reception of Caritas Rwanda located at Nyarugenge, Immeuble Librairie Caritas KN76 St3 on Tuesday, 10th February 2026 (By 2:30pm). The public opening will be the same day at 3:00pm in the conference room of Caritas Rwanda.

Done at Kigali on 22ndJanuary 2026

Approved by:

Father Oscar KAGIMBURA

Secretary General

