

TERMS OF REFERENCE

HIRING AN INDIVIDUAL CONSULTANT TO ASSESS AND DOCUMENT SEVERE RISK FACTORS TO GUIDE MALARIA CONTROL INTERVENTIONS

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 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 fulfill 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 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.

Today, Rwanda continues to make progress in malaria control through multifaceted evidence-based approaches such as Information, Education and Communication (IEC); distribution of long-lasting insecticidal nets (LLINs); Indoor Residual Spraying (IRS) and early diagnosis and effective management of malaria cases as guided by the National Malaria Strategy, this made remarkable strides in reducing malaria transmission, achieving an 86% decrease in incidence from 409 cases per 1,000 persons in 2016/2017 to 45 cases per 1,000 persons in 2023/2024. Despite this success, malaria remains a significant public health challenge and one of the leading causes of morbidity and mortality in Rwanda.

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

Malaria Social and Behavior Change Communication and Behavior Change Communication (SBC) represents the science of changing and sustaining Malaria health behaviors in theoretically, culturally and contextually relevant ways. Malaria SBC is defined as the process of “improving health outcomes through more healthful individual and group behaviors as well as strengthening the social context, systems and processes that underpin health with the aim of providing an atmosphere that facilitates the acceptance and uptake of all malaria prevention and control interventions. Malaria SBC control activities need to respond to geographical hotspots of transmission vis a vis malaria incidence, malaria death and severe malaria related. In order to implement Malaria SBC Strategic Interventions Rwanda Interfaith Council on Health - Carita Rwanda funded by Ministry of Health through Rwanda Biomedical Centre (RBC). In this regard, Caritas Rwanda is **hiring Individual consultant for the coordination of severe malaria notification; assess and document severe risk factors to guide Malaria Control Interventions.** The assignment will be carried out in all 7 districts in Western Province namely Nyabihu, Rubavu, Ngororero, Rutsiro, Karongi, Nyamasheke and Rusizi District.

3. Objectives of the assignment

3.1 Main Objective

The overall aim for the coordination of severe malaria notification; assess and document severe risk factors is to guide Malaria Control Interventions and inform Caritas and Malaria Division for strategic planning process. This will provide evidence-based insights to guide targeted interventions, reduce severe malaria incidence, and ultimately contribute to lowering malaria-related morbidity and mortality.

3.2 Specific Objectives

The planned assessment aims to:

- a. Identify and map severe malaria infection hotspots at the administrative sector and cell levels across all 7 districts of the Western Province of Rwanda
- b. Identify and document all individual possible risk factors related to the severe Malaria burden.
- c. Propose a Model for severe malaria notification to improve malaria service delivery

4. Scope of assignment

The consultancy will be implemented in cells, sectors, and districts of the Western Province where severe malaria is identified. After assessing possible risk factors, the individual consultant will submit a preliminary draft, incorporate feedback from stakeholders, and submit the final assessment report.

5. Expected results:

The specific results include:

1. Improved severe malaria notification and identification model
2. Mapping of severe malaria hotspots per administrative sector and at the cell levels
3. Identification and documentation of individual risk factors related to the severe malaria burden

6. Deliverables

The Consultant will be responsible for the quality and timely submission of specific deliverables, as specified below. All documents should be well written (reader-friendly and communicative), inclusive, and have a clear analysis process. He or she will present a draft document and a final document to be discussed by stakeholders involved in the implementation of Malaria strategic interventions. Summary document and reference materials will also be prepared for ease of use. The specific deliverables will include:

1. Inception report describing the proposed methodology, a detailed work plan with timelines, and present all data collection tools.
2. Draft of assessment report and printed maps for all identified hotspots.
3. List and description of potential severe malaria risk factors.
4. Final assessment Report with feedback incorporated and printed maps of all identified hot spots.

7. Competence of Desired Consultant

Lead Consultant

- The Lead Consultant must hold a PhD or Master's degree in Public Health, Epidemiology, Data Science, or a health-related field;
- Have a very good understanding of the Rwanda Health System and proven exposure to Malaria Program in Rwanda;
- 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;
- Ability to collect and analyze malaria program data, produce graphs, maps, and other data visualizations with clear interpretation, evidenced by certification in STATA, Power BI, and ArcGIS;
- Ability to work and engage with a range of stakeholders, including high level policy makers, and 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 added advantage;
- Experience in carrying out health-related consultancies with Caritas Rwanda will be considered an added value;
- Being a registered individual enterprise with the Rwanda Development Board 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 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.

8. Working Language

The working language for this assignment will be English.

9. Selection criteria

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

10. Timeframe (Duration of the Assignment)

This assignment is expected to be implemented within the timeframe of the SBC Project implementation and to support twenty-five working days per quarter (25) working days starting from the date of signing the consultancy contract. The consultant will be required to work closely with Caritas Rwanda /Supervising staff, with the guidance of RBC/Malaria Division.

11. Application requirements

The application file will be comprised of;

- 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 Lead 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 STATA, Power Bi and ArcGIS

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

- Title page
- Table of contents
- List of tables
- List of figures
- Acronym list
- Short description of reviewers
- Executive Summary
- Introduction/context
- Objectives
- Methods
- Findings
- Constraints
- Summary
- Conclusions and recommendations)

The consultant will also submit fact sheet or designed document to be presented to stakeholders

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 3:30pm). The public opening will be the same day at 4:00pm in the conference room of Caritas Rwanda.

Done at Kigali on 22nd January 2026

Approved by:

Father Oscar KAGIMBURA
Secretary General

