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TERMS OF REFERENCE TO HIRE AN INDIVIDUAL CONSULTANT TO ASSESS MALARIA HOTSPOTS AND POSSIBLE RISK FACTORS TO GUIDE MALARIA SBCC STRATEGIC INTERVENTIONS.

1. Introduction

The Rwanda Interfaith Council on Health (RICH) is a non-governmental organization that was established in 2003 with initial mission of contributing to national HIV response through effective coordination of FBOs interventions for HIV prevention and response in Rwanda. Although RICH was initiated for HIV, it is now involved in other health issues such as maternal and infant health, malaria, tuberculosis, nutrition, hygiene, sexual and reproductive health etc. This change was due to the expansion of scope of work from the HIV response that was the initial mission to the Health Promotion in general.

Recently, the Rwanda Interfaith Council on Health (RICH) received funding from RBC/SPIU/RBF Malaria, to implement community engagement and sensitization activities through various social behavior change communication approaches targeting the catchment population in the Southern Province towards prevention and control of Malaria. Despite the recorded progress in the fight against Malaria, gaps related to knowledge, attitudes, behavior and practices related to Malaria interventions have been observed including low utilization of LLINs, low acceptance of IRS, poor environmental management and late diagnosis and treatment for Malaria. Enormous efforts have therefore been made putting malaria a public health priority to protect the whole population from Malaria infection.

2. Background

Malaria is a major public health problem in Rwanda and is considered among the leading causes of morbidity and mortality. In the last few years, Rwanda has made significant strides in controlling the disease through implementation of various control interventions including: mass and routine distribution of Long-Lasting Insecticide Nets (LLINs), Indoor Residual Spraying (IRS), early diagnosis and treatment at community and health facilities levels and Social Behavior Change Communication (SBCC). These combined efforts have contributed to a drop in malaria incidence in most of IRS districts of Eastern and Southern Provinces, a drastic decrease in severe malaria and related deaths due to Home Based Management of malaria cases for all ages in all districts.

Despite this documented success, recent data show that residual malaria transmission are found in most of IRS 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 few districts despite sustained Community Case Management need to be identified to design appropriate response if Zero Death remains our national goal.

With the National Strategic Plan 2020-2024 goal to reduce by 50% malaria mortality and morbidity by at least 50% of the 2019 levels by 2024, there is a need to strengthen and implement appropriate and evidence-based malaria control and elimination interventions addressing the real malaria burden in targeted areas.



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Malaria Social and Behavior Change Communication and Behavior Change Communication (SBCC) represents the science of changing and sustaining Malaria health behaviors in theoretically, culturally and contextually relevant ways. Malaria SBCC 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 SBCC 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 SBCC Strategic Interventions Rwanda Interfaith Council on Health -RICH funded by Ministry of Health through Rwanda Biomedical Centre (RBC). In this regard, Rwanda Interfaith Council on Health -RICH **is hiring Individual consultant to assess Malaria hotspots and the possible risk factors to guide Malaria Control Interventions.** The assignment will be carried out in all eight districts in Southern Province namely Kamonyi, Muhanga, Ruhango, Nyanga, Huye, Gisagara, Nyaruguru and Nyamagabe .

3. Main objective

The overall aim of the assignment is to assess Malaria hotspots and the possible risk factors to guide Malaria Control Interventions and inform RICH and Malaria Division for SBCC strategic planning process.

4. The Specific Objectives:

The planned assessment aims to:

- a. Identification of Malaria Hotspots
 - To identify and mapping Malaria infection hotspots per administrative sector and cell level where indicated in southern province
 - To identify and mapping of Malaria death hotspots per administrative sector in southern province
 - To identify and mapping of severe Malaria hotspots per administrative sector and cell level where indicated in southern province
 - To identify and Map health centers with low performance of Malaria home based management (HBM) in southern province
 - To identify and Map health centers with low coverage of LLINs distribution in ANC and EPI services in assigned southern province
- b. Identify possible risk factors related to the Malaria burden
- c. (incidence, deaths, and severe malaria, LLINs Low coverage (ANC&EPI services), low performance of HMB at the identified malaria hotspots.



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5. Scope of assignment

RICH is looking for a high caliber individual consultant to assess Malaria hotspots and the possible risk factors to guide Malaria Control Interventions and inform SBCC strategic planning process. The consultancy will be implemented in cell (where indicated), sectors, districts of southern province. After assessing possible risk factors, the individual consultant will submit a preliminary draft, incorporate feedback from stakeholders and submit final assessment report.

6. Expected results:

The specific results include:

1. Identification and Mapping of Malaria hotspots per administrative sector and at Cell level where indicated
2. Identification of possible risk factors related to the Malaria burden (incidence, deaths, and severe malaria, LLINs Low coverage (ANC&EPI services)) at the identified malaria hotspots.

7. Deliverables

The Consultant will develop a conceptual framework including a detailed methodology, work instruments, work plan, analytical plan and development plan. He or she will present a draft document and a final document to be discussed by stakeholders involved in implementation of Malaria SBCC strategic interventions. Summary document and reference materials will also be prepared for ease of use. The specific deliverables will include:

1. Inception report, methodology and instruments.
2. Draft of assessment report and printed maps for all identified hotspots
3. List and description of potential risk factors per type of malaria burden (Hot spot)
4. Final Assessment Report with feedback incorporated and printed maps of all identified hot spots

8. Qualification, Knowledge, Skills and Experience

1. Qualification, Knowledge, Skills and Experience

- The consultant should have a PhD or Master's degree in Public Health, Epidemiology or Health Research related studies;
- Demonstrate evidence of career progression in areas of public Health;
- Have very good understanding of Rwanda Health System and proven exposure to Malaria Program in Rwanda;
- Have good understanding of possible factors leading to malaria transmission, morbidity, mortality or how it affects community behavior vis a vis malaria prevention and control interventions in Rwanda;
- Proven experience in carrying out research or health related consultancies in Rwanda, and in the Malaria program domain, will be a plus;
- Ability to work and engage with a range of stakeholders, including high level policy makers, and civil society organizations, local leaders and the community;



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- 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.
- Have the ability to collect and analyze malaria program data, produce graphs, maps and interpret them.

9. Working Language

The working language for this assignment will be English.

10. Selection criteria

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

11. Timeframe (Duration of the Assignment)

This assignment is expected to be implemented within a timeframe of twenty-five (25) working days starting from the date of signing the consultancy contract. The consultant will be required to work closely with RICH /**Supervising** staff with guidance of RBC/Malaria Division.

12. Application requirements

The application file will be comprised of;

- Letter expressing interest to carry out the consultancy service required;
- Detailed CV (maximum 2 pages) of the individual consultant
- A brief proposal written in English describing the background, methodology and timeline (maximum 5 pages)
- Price quotations for the consultancy service required.
- Certified copies of academic and professional qualifications;
- Copy of national Identity card/ or Passport of the consultant
- Valid proof documents of completion of similar assignments

13. Terms of Performance.

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

14. 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:



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- 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)
 - Annexes

The Final report of the assessment will be submitted to the Executive Secretary of RICH prior to the expiry of the contract

15. Deadline for application

Interested applicants are requested to submit their technical and financial proposals in English (in a Zip folder) by email ONLY to info@rwandainterfaith.org not later than 26th January 2021 at 4 pm. The subject of the email must be: **“Consultancy to assess malaria hotspots and possible risk factors to guide malaria SBCC strategic interventions”**. Only shortlisted candidates will be contacted.

Done at Kigali on 18th January 2021



Gatete Jean Marie Vianney
Executive Secretary
Rwanda Interfaith Council on Health (RICH)