



Terms of Reference _ Individual Consultancy

1. General Information

Title of the mission	Consultancy for the Finalization, Dissemination and Implementation Translation of the National Health Workforce Gender Analysis in Rwanda
Beneficiary	Ministry of Health (MOH), Republic of Rwanda
Contracting Authority	Expertise France (RBF technical support project)
Country/Location	Kigali, Rwanda, with collaboration across other Districts.
Type of Mission	Short term technical consultancy
Duration of Mission	Approximately 12 months
Total estimated number of days	Maximum 60 Working days

2. Context and Justification of the Need

Rwanda has built an internationally recognised framework for gender equality. The National Gender Policy (2021), Vision 2050, the National Strategy for Transformation (NST1 and NST2), and the Health Sector Strategic Plan V (HSSP V, 2024–2029) all identify gender equality as a cross-cutting priority across all development sectors, including health.

In 2024, the Ministry of Health (MOH), with technical support from the World Health Organization (WHO), conducted a comprehensive three-component Gender Analysis of the Health Workforce during the 4x4 Reform. This constitutes the most comprehensive evidence base on health workforce gender equity undertaken in Rwanda to date, and provides the analytical foundation for transformative policy action — including in direct support of the Government's flagship strategy to quadruple the number of healthcare workers by 2028.

The gender analysis has produced concrete, actionable recommendations across three analytical components. The critical next step is to: (i) produce a final comprehensive report consolidating the three analyses; (ii) translate the recommendations into a Gender-transformative Action Plan co-owned by the health and education sectors; and (iii) disseminate findings and secure institutional commitment across the relevant ministries, institutions, and the broader public.

This consultancy is therefore dedicated to driving the institutional response embedding the recommendations into sectoral policy and practice through a structured, participatory, and inter-sectoral process.

3. Objectives and Desired Results

3.1 General Objective

The objective of the assignment is to support the Ministry of Health in finalising the comprehensive gender analysis report and translating its findings and recommendations into institutional commitment, policy action, and changed practice through a structured dissemination and Gender-transformative planning process engaging the health sector and relevant partner institutions, including MIGEPROF, the Gender Monitoring Office (GMO), and MINEDUC.

3.2 Specific Objectives

- **SO1 — Report Finalization:** Review, revise, and produce the final, publication-ready version of the gender analysis comprehensive report, ensuring internal consistency, analytical rigour, and alignment with MOH validation.
- **SO2 — Implementation Translation:** Co-develop, through a participatory process led by MOH, a Gender-transformative Action Plan translating the gender analysis recommendations into concrete, costed, time-bound actions with clear institutional responsibilities and a monitoring and accountability framework.
- **SO3 — Dissemination, Communication and Inter-sectoral Engagement:** Design and implement a multi-audience dissemination and engagement strategy that deepens collaboration with relevant partners, ministries and institutions including but not limited to MIGEPROF and MINEDUC ; facilitates targeted outreach to senior leadership; and produces accessible, high-quality communication materials and an advocacy toolkit reaching boarder audience including health workers, students, communities, civil society, and development partners.

3.3 Anticipated Results

- A final, validated, publication-ready Health Workforce Gender Analysis Report available for institutional and public use.
- A formally endorsed, costed Gender-transformative Action Plan with institutional ownership across MOH, MIGEPROF, MINEDUC, and relevant partner institutions.
- Senior leadership across health and education sectors informed, engaged, and committed to implementation of the Action Plan.
- Broad public awareness of gender equity in Rwanda's health workforce raised through accessible, multilingual communication materials.
- Early implementation of the Action Plan monitored, with evidence-based course corrections documented and shared with decision-makers.

4. Description of the assignment

4.1 Planned Activities

The service provider must support the Ministry of Health and relevant partner institutions in line with a participatory, inter-sectoral, and phase-gated methodology in order to perform the following activities. Progression from one phase to the next is subject to formal review and validation by MOH, MINEDUC, and development partners.

Assignment Preparation

Phase 0 : Inception (Week 1)

- Conduct an inception meeting with MOH to align on priorities, stakeholder mapping, inter-sectoral engagement strategy, work planning, and coordination modalities.
- Review all analytical documents and related national policy frameworks in full.
- Develop and submit an Inception Report including: detailed methodology and workplan; stakeholder mapping (health sector, education sector, MIGEPROF, GMO); proposed inter-sectoral engagement strategy; and dissemination/communication plan.

Phase I : Report Finalization (Weeks 2–5)

- Conduct a comprehensive review of the full gender analysis report across its three components, assessing internal consistency, gaps, methodological coherence, and narrative structure.

- Liaise with the original MOH-UR-WHO research team to resolve outstanding analytical gaps, inconsistencies, or editorial issues.
- Revise and produce the final, validated, publication-ready version of the comprehensive report, incorporating MOH feedback.
- Ensure the final report meets quality standards suitable for institutional publication.

Phase II — Inter-sectoral Engagement and Gender-transformative Action Plan (Weeks 4–9)

- **Design and implement a structured inter-sectoral engagement process**, mobilising partner ministries and institutions (MIGEPROF, MINEDUC, GMO) whose collaboration is essential for implementation.
- **Facilitate a structured series of working sessions** with MOH and partner institution technical focal points to prioritise recommendations and assign institutional ownership.
- **Map existing institutional instruments** including the 4x4 Reform tools and gender policies of partner institutions identifying leverage points, gaps, overlaps, and alignment opportunities.
- **Conduct a scoping review of a sample of curricula** from health professional and health management training programmes, examining their gender dimension, to inform pre-service components of the Action Plan.
- **Develop a draft Gender-transformative Action Plan** structured around operational mechanisms identified by the gender analysis, covering health and education sectors, with specific institutional responsibilities, indicative budget estimates, SMART indicators, implementation prioritisation, feasibility considerations, and sex-disaggregated indicators aligned with HSSP V and NST2 reporting frameworks.
- **Facilitate a validation workshop with MOH, MIGEPROF, MINEDUC**, and relevant partner institutions to finalise and formally endorse the Gender-transformative Action Plan.

Phase III — Dissemination to Senior Management (Weeks 7–16)

3.1 Preparation of dissemination material

- Develop tailored presentation packages for senior management audiences across health and education sectors (MOH senior management; university and TVET leadership; partner ministry senior management).
- Develop a 4-page policy brief and a 2-page executive summary suitable for ministerial circulation.
- Develop an A3 infographic summarising the most significant gender analysis findings for senior management audiences.

3.2 Dissemination Event

- Conduct targeted bilateral meetings with senior management of relevant partner ministries and institutions, as identified through the inter-sectoral engagement process.
- Facilitate at least one high-level dissemination event bringing together senior management from the health and education sectors and relevant partner institutions.
- Support MOH to present gender analysis findings at any relevant national policy forum or sector review meeting occurring during the consultancy period.

Phase IV — Wider Audience Outreach (Weeks 11–20)

- Support MOH in defining a wider audience outreach strategy aligned with the gender analysis recommendations and the Action Plan, including target audiences, communication channels, and key messages.
- Develop and produce outreach materials in line with the approved strategy, including video testimonies, social media content, press and radio kits, and community-facing materials in Kinyarwanda and other relevant languages.
- Ensure all content and data are validated against the original analytical documents and submitted to the MOH communications unit and relevant senior management for approval prior to dissemination.
- Support MOH in coordinating dissemination of approved materials through agreed channels and institutions.

Post-assignment Follow-up — Monitoring of Action Plan Implementation (Months 5–12)

- Develop and submit a Monitoring Inception Note setting out the monitoring methodology, data collection tools, and schedule of institutional consultations, based on the M&E framework and sex-disaggregated indicators in the Action Plan; validated by MOH before data collection begins.
- Conduct structured consultations with designated focal points across MOH, MIGEPROF, MINEDUC, and other institutions with responsibilities in the Action Plan, to assess progress against agreed milestones and identify implementation bottlenecks.
- Review available administrative data, progress reports, and institutional records relevant to Action Plan indicators.
- Facilitate a participatory stocktaking session with focal points from all implementing institutions to collectively review early implementation evidence and identify adjustments needed.
- Produce an Implementation Monitoring Report documenting the status of each action by responsible institution, analysis of enabling factors and barriers, sex-disaggregated indicator data, and prioritised recommendations for the next implementation phase.
- Participate in all four Steering Committee meetings as specified in the Coordination section.

4.2 Anticipated Deliverables

Deliverables	End date
D1 — Inception Report (detailed workplan, stakeholder mapping, inter-sectoral engagement strategy, dissemination/communication plan and methodological approach; validated by MOH)	3 weeks
D2 — Final Health Workforce Gender Analysis Report (fully revised, publication-ready comprehensive report, validated by MOH)	7 weeks
D3 — Gender-transformative Action Plan (costed, time-bound, co-developed with MOH and partner institutions; includes institutional responsibilities matrix, M&E framework, sex-disaggregated indicators, and budget estimate)	9 weeks
D4 — High-Level Dissemination Package (tailored presentation decks, 4-page policy brief, 2-page executive summary, A3 infographic)	13 weeks
D5 — High-Level Dissemination Event(s) Report (facilitation of at least one ministerial-level event; event report with attendance, decisions, commitments, and follow-up actions)	16 weeks
D6 — Wider Audience Communication Package (3–5 short video testimonies; social media content package; radio/press briefing kit in English, French, and Kinyarwanda; community-facing poster/leaflet in Kinyarwanda)	20 weeks
D7 — Monitoring Inception Note (monitoring methodology, data collection tools, consultation schedule based on Action Plan M&E framework; validated by MOH prior to data collection)	Approx. Month 4 post-endorsement of Action Plan
D8 — Implementation Monitoring Report (progress against Action Plan by institution; enabling factors and barriers; sex-disaggregated indicator data; prioritised recommendations)	Approx. Month 6 post-endorsement of Action Plan
D9 — Final Consultancy Report (comprehensive narrative report consolidating all activities, outcomes, endorsement status, and recommendations for next steps)	48 weeks (end of consultancy)

5. Coordination

The Director General for Health Workforce Development, MOH Rwanda together with EF's Decentralized public health expert, will be the service provider's primary counterpart. A designated MOH focal point will serve as the day-to-day coordination interlocutor.

A launch/inception meeting shall be held within one week of contract award notification.

Close collaboration must take place with MOH, MIGEPROF, MINEDUC, GMO, and relevant partner institution personnel from assignment preparation right through to completion. Regular exchanges must take place on assignment progress, emerging issues, and any difficulties encountered. The service provider shall maintain minimum biweekly coordination meetings with the MOH focal point during all active phases.

A Steering Committee comprising senior representatives of MOH, engaged partner institutions, and technical partners (including Expertise France) will provide strategic oversight and formally validate the Gender-transformative Action Plan and dissemination packages before use. The Steering Committee will meet at four points:

- At inception (Week 1–2)
- At mid-term (approximately Week 20, following completion of dissemination activities)
- At the launch of the monitoring phase (approximately Month 4 post-endorsement, to validate the Monitoring Inception Note)
- At close of consultancy (to review monitoring findings and agree on recommendations for the next implementation phase)

6. Place, Duration and Terms of Performance

Implementation period: August 2026 to July 2027

Start date: Approximately by August 15th, 2026

End date: July 30th, 2027

Effective duration per assignment: Maximum 60 working/person days.

7. Required Expertise and Profile

7.1 Number of Experts : This consultancy may be implemented by an individual consultant.

7.2 Profile of the Designated Expert Responsible for Contract Execution

Qualifications and Skills (across the proposed team):

- Holder of an advanced university degree (Master's) in Global Health Delivery, Public Health, or an equivalent field with at least 3 years of general experience.
- Demonstrated track record in gender analysis, gender mainstreaming, and gender-transformative programming in the health sector in Rwanda or comparable sub-Saharan African contexts, with at least 2 similar assignments successfully completed.
- Proven experience in policy and strategy development, with demonstrated ability to facilitate multi-stakeholder and inter-sectoral participatory processes, proven by at least one similar assignment successfully completed in the past 5 years.

General Professional Experience (Added advantage)

- Excellent capacities in communication, teamwork, interpersonal engagement, knowledge transfer, analysis and reporting, problem identification and resolution, and decision-making.
- Experience producing high-quality communication materials including videos, infographics, and social media content for health or gender equity audiences.
- Familiarity with Rwanda's national gender and health workforce policy frameworks (HSSP V, National Gender Policy 2021, 4x4 Reform strategy, NST2).

8. Financial arrangements

Payment will be linked to the submission and approval of deliverables as per the following payment schedule:

Instalment	Deliverable	%
1st	Upon submission and validation of Deliverable 1: Inception Report	10%
2nd	Upon submission and validation of Deliverable 2: Final Health Workforce Gender Analysis Report	20%
3rd	Upon submission and validation of Deliverable 3: Gender-transformative Action Plan	30%
4th	Upon submission and validation of Deliverables 4 and 5: High-Level Dissemination Package and Event(s) Report	20%
Final	Upon submission and validation of Deliverable 9: Final Consultancy Report and completion of the assignment	20%

9. Performance Indicators

Deliverables	Immediate effects	Intermediate effects	Verification sources
D1 — Inception Report	Shared understanding of scope, methodology, and stakeholder landscape	Structured inter-sectoral engagement process launched with clear governance	MOH validation sign-off; Steering Committee minutes
D2 — Final Gender Analysis Report	Authoritative, publication-ready evidence base available to decision-makers	Increased awareness of gender inequities in Rwanda health workforce; report cited in policy discussions	MOH validation letter; publication record
D3 — Gender-transformative Action Plan	Concrete, costed actions with institutional ownership agreed across MOH, MIGEPROF, MINEDUC	Action Plan formally endorsed; integration into institutional workplans of partner ministries	Validation workshop report; endorsement letters; institutional workplan extracts
D4 & D5 — Dissemination Package and Events	Senior leadership across health and education sectors informed and engaged	Institutional commitments to action recorded; follow-up actions tracked	Event attendance register; commitment log; media coverage
D6 — Communication Package	Broader audiences (health workers, students, communities) reached with key messages	Increased public awareness; social accountability strengthened	Dissemination records; social media analytics; community feedback
D7 & D8 — Monitoring Notes and Report	Early implementation evidence collected and analysed	Course corrections made; sustained momentum in Action Plan implementation	Monitoring report; sex-disaggregated indicator data; institutional progress records
D9 — Final Consultancy Report	All activities consolidated and documented	Recommendations for next implementation phase adopted by MOH and partners	Final report; Steering Committee validation minutes

10. Practical Information

Submission Requirements: Interested individual consultants are invited to submit:

- Technical Proposal (maximum 15 pages): Understanding of the assignment; proposed methodology and approach for each component; inter-sectoral engagement strategy; workplan with indicative timeline.
- Financial Proposal: Detailed budget in Rwandan Francs with a detailed budget breakdown by phase and deliverable, and all associated costs; VAT exclusive.

Other documents to be submitted

- CV of the expert and proof of previous experience including the certificates of good completions or any other proof.
- Table with Relevant experience including
- At least two references or examples of similar work conducted in the past five years.

11. Evaluation Criteria

The evaluation will be based on a combined technical and financial score.

- The technical proposal will account for 70% of the total evaluation score.
- The financial proposal will account for 30% of the total evaluation score..

The final ranking will be determined by the combined score out of a total of 100 points. The bidder with the highest combined score will be considered for award of the consultancy contract.

Negotiations may be conducted with the three top-ranked candidates. Expertise France, at its own discretion, reserves the right to award the contract to the first-ranked candidate without conducting negotiations.

Technical Proposal Evaluation

Evaluation area	Weight
Understanding of the assignment and relevance of the proposed approach, anticipated risks linked to the nature of the assignment, and proposed mitigation measures	15%
Rigorous technical methodology and workplan, including inter-sectoral engagement strategy, phased approach, and dissemination/communication plan	15%
Experience and qualifications of the individual consultant in gender policy, health workforce programming, implementation translation, M&E, and communications	40%
Financial Proposal — cost efficiency and value for money	30%
Total	100%