

## MEETING MINUTES: MEMBERS OF THE IMPLEMENTING PARTNER SELECTION COMMITTEE (IPSC)

<b>Project Code and Title:</b>	MP0624 RV10
<b>Project Title</b>	Risk Communication and Community Engagement (RCCE) for Mpox and Other Global Health Emergencies at Points of Entry and in Border Communities in Rwanda
<b>Meeting date:</b>	Kigali, Rwanda - <b>10th September 2025.</b>

MEETING OBJECTIVE
<p>The primary objective for the first meeting of the Implementing Partner Selection Committee (IPSC) is to establish a clear and agreed-upon framework for the selection process. In line with IOM IN288 This involves defining the methodology and criteria that will be used to identify and choose the most suitable implementing partners for the project.</p> <p>Key Agenda Items.</p> <ol style="list-style-type: none"> <li>1. Finalize and Verify Terms of Reference (ToR): Review, discuss, and approve the ToRs for all project components that will be entrusted to implementing partners. This ensures a shared understanding of the scope of work and expected deliverables.</li> <li>2. Establish the Selection Method: Determine and formally agree on the appropriate selection method for each component. This could be a Call for Expression of Interest, pre-qualification, limited selection, or direct selection, based on the project's needs and compliance requirements.</li> <li>3. Identify and Define Selection Criteria: Develop and approve a comprehensive set of criteria for evaluating potential partners. These criteria will be used to objectively assess applications and should cover areas such as technical expertise, financial capacity, past performance, and relevance to the project's goals.</li> <li>4. Outline Documentation Requirements: Specify the necessary documents for the Call for Expression of Interest, pre-qualification, or other selection processes. This ensures a standardized and verifiable submission process.</li> <li>5. Assign Roles and Responsibilities: Clarify the roles of each IPSC member in the evaluation process, including the collection, verification, and coordination of received applications.</li> <li>6. Prepare for Subsequent Actions: Plan for the preparation of the IPSC Resolution and evaluation documents and discuss the process for drafting project implementation agreements and conducting due diligence assessments.</li> </ol>

SUBJECT
IPSC Selection Committee Meeting Criteria for Calls for Expression of Interest (CEOs) for the BRIDGE-RWANDA Project: Risk Communication and Community Engagement (RCCE) for Mpox and Other Global Health Emergencies.

CONTEXT
As part of IOM's comprehensive <b>BRIDGE-RWANDA</b> project, which stands for <b>Border Response and Integrated Disease Surveillance for Mpox and Other Global Health Emergencies</b> , IOM is selecting an implementing partner (IP) to lead the project's

critical **Risk Communication and Community Engagement (RCCE)** component. This initiative is designed to support the Rwandan Ministry of Health in strengthening national health security and preparedness for global health emergencies, with a particular focus on addressing Mpox (formerly Monkeypox) at Points of Entry (PoE) and in surrounding border communities. The campaign will target at-risk populations, including travelers, transport workers, border officials, and informal traders, across key provinces in Rwanda, including Kigali City, Eastern, Western, Northern, and Southern provinces. The primary objective is to empower communities with accurate, timely, and actionable information to promote preventive behaviors, combat stigma, and facilitate early detection and rapid response

The IPSC meeting was attended by **Dr. Boyiga Bodinga Nuga** (IPSC Chair), **ISHIMWE Cybille** (IPSC Member), **KARIYAWASAM Chamarika Janadari** (IPSC Member).

The committee confirmed the selection method as open for the CEOI. The members then established and weighted the selection criteria, incorporating specific recommendations from the provided ToR.

The final selection criteria and their respective weightings are as follows:

- **Relevance of Proposal (Total 25%):** This criterion evaluates the proposal's understanding of the specific complexities of Mpox transmission and effective RCCE at Points of Entry (PoE) and along mobility corridors. It assesses how well the proposed approach aligns with the project objectives and national guidelines, including Rwanda's Health Sector Strategic Plan (HSSP) V, the National Guideline for Surveillance and Management of Mpox, and IOM's Health, Border and Mobility Management (HBMM) Framework.

*Understanding of Context and Objectives (10%):* Does the proposal demonstrate a deep understanding of Mpox transmission dynamics, the unique public health risks at Points of Entry (PoE) and border communities in Rwanda, and the project's five key objectives? This includes how the proposal integrates with national health priorities and international frameworks like WHO's and Africa CDC's RCCE guidelines, as well as IOM's Health, Border and Mobility Management (HBMM) framework.

*Targeted Interventions (10%):* Does the proposal clearly articulate how it will reach the specific target populations, including travelers, transport workers, border officials, and other vulnerable groups, with culturally appropriate and mobility-sensitive messaging? The proposal should specify how it will meet the target of reaching at least 9,000 individuals directly at or near PoE.

*Comprehensive Approach (5%):* Does the proposal outline a holistic strategy that covers the development and dissemination of multi-lingual communication materials, community sensitization, innovative communication methods, and the establishment of robust feedback mechanisms?

- **Technical Expertise and Experience (Total 25%):** This evaluates the partner's proven capacity and expertise in public health, risk communication, and community engagement, specifically in the context of infectious disease outbreaks. It also considers current in-country capacity, established presence in the field, and experience working at PoE and in border regions. The IP must demonstrate the ability to deliver activities effectively and on time within the 3-month project timeframe.

*Sector Expertise (10%):* Does the IP have specific skills and demonstrated knowledge in public health, risk communication, and community engagement, particularly in the context of infectious disease outbreaks? Experience implementing similar health programs at PoE or in border regions within Rwanda is highly desirable.

*Proven Capacity (10%):* Does the IP have a current in-country presence, an established field presence, and adequate human resources, including dedicated RCCE and community mobilization staff? The proposal should show the ability to deliver activities in a timely, effective, and flexible manner within the 3-month project timeline.

*Past Performance (5%):* The IP must provide concrete examples of experience with similar work, demonstrating successful management of projects with comparable funding levels and evidence of robust financial management systems.

- **Project Management and Team Structure (15%):** This focuses on the IP's management structure and its ability to ensure full participation and coordination with key stakeholders). The proposed personnel must have demonstrated expertise in RCCE, public health, border health, and community mobilization.

*Management Structure (10%):* Does the proposed management structure demonstrate the ability to effectively report to and coordinate with key government authorities (MoH, RBC, DGIE, RRA) at all levels? The proposal should show the capacity to participate in local health sector coordination mechanisms and arrange joint supervision activities.

*Key Personnel (5%):* Does the proposal detail key personnel with the necessary expertise to deliver the project results? This includes specialists in RCCE, public health, border health, and community mobilization. The work plan must be realistic and align with the project's kick-off and conclusion data.

- **Cost-Effectiveness (10%):** This assesses whether the proposed budget demonstrates value for money and a realistic allocation of resources across all activities, with particular attention to RCCE interventions at PoE. It should demonstrate **Value for Money**, with appropriate allocation of resources for all activities, especially those focused on PoE. The proposal should demonstrate sound financial management systems and transparency.
- **Innovation and Data Use (10%):** This criterion measures the originality of the proposed campaign, including innovative approaches such as using local media, traditional communication channels, and digital platforms. It also evaluates how the IP will use data to monitor and evaluate the campaign's effectiveness, including pre/post-campaign Knowledge, Attitudes, and Practices (KAP) surveys and the tracking of health-seeking behaviors.

*Innovative Approaches (5%):* Does the proposal describe innovative communication approaches that will reach diverse and transient populations, such as using local media, traditional storytelling, or digital platforms like SMS blasts to travelers?

*Monitoring, Evaluation, and Learning (5%):* Does the proposal include a robust plan for assessing the campaign's effectiveness? This includes conducting pre/post-campaign knowledge, attitude, and practice (KAP) surveys, using feedback mechanisms, and developing learning products such as case studies and success stories. The IP should be prepared to contribute to rapid health needs assessments.

- **Sustainability (10%):** This criterion evaluates how the campaign will strengthen community resilience and empower community members, Community Health Workers (CHWs), and local leaders to sustain health awareness efforts beyond the project's duration.

*Sustainability (5%):* Does the proposal outline how it will strengthen community resilience and empower local actors, such as Community Health Workers and leaders, to sustain the campaign's efforts?

*Collaboration and Partnerships (5%):* Does the IP demonstrate a solid network of reliable partnerships and a proven track record of successful collaboration with key stakeholders like the MoH, RBC, DGIE, RRA, local government, and other humanitarian actors? The proposal should show how it will avoid duplication of effort and participate in relevant coordination mechanisms, including cross-border meetings.

- **Rights-Based, Inclusive, and Gender-Transformative Approach (5%):** This measures the extent to which the proposal integrates key principles of equity and inclusion. It requires the IP to demonstrate how gender-sensitive approaches, inclusion of people with disabilities, accountability to affected people (AAP), and prevention of sexual exploitation and abuse (PSEA) will be mainstreamed throughout the project, with a specific focus on the diverse contexts of PoE.

*Mainstreaming (3%):* Does the proposal clearly demonstrate how gender-sensitive approaches, inclusion of people with disabilities, and the principle of Accountability to Affected People (AAP) will be integrated throughout the campaign's design and implementation, especially within the unique context of PoE?

*Safeguarding (2%):* Does the IP have clear policies, training plans, and reporting protocols for the Prevention of Sexual Exploitation and Abuse (PSEA), safeguarding, anti-fraud, bribery, and corruption? The proposal must confirm acceptance of IOM's standard Partner Information Assessment (PIA) and provide copies of mandatory documents such as their legal registration, financial audit report, and relevant policies.

## CONCLUSIONS & DECISIONS

### Summary of the Meeting

Dr. Boyiga clarified that the CEOI for the BRIDGE-RWANDA project is a stand-alone call for a national IP to implement the RCCE component focusing entirely on the Rwandan context and its specific border health needs. The implementation will focus on building on the ongoing local response and capacity. Ensuring that the intervention will be coordinated with other actors and actions ongoing in the location with clear coordination with sector stakeholders such as government authorities, other actors, sectorial agencies, and local communities.

### Next Steps

The next steps for the selection process are as follows:

- IOM will share the CEOI in line with the IPSC recommendations and the provided ToR with procurement to be shared online for a duration of two weeks.
- IOM will submit a suggested timeline to all concerned parties.
- Dr. Boyiga to improve on the TOR to ensure it reflects on what is expected of proposed partners in the Call for Express of Interest in questions relating to Data, gender.
- State in the Terms of Reference that IOM will supply RCCE materials, so partners need not budget for them.
- Ensure to align with IOM Localization Strategy.
- Anticipate and plan to ensure participation of accountants and finance personnel during onboard training for selected IP.
- Refresher training will be required for IP FPs

ATTENDEES	SIGNATURES
Dr. Boyiga Bodinga Nuga	
KARIYAWASAM Chamarika Janadari	
ISHIMWE Cybille	