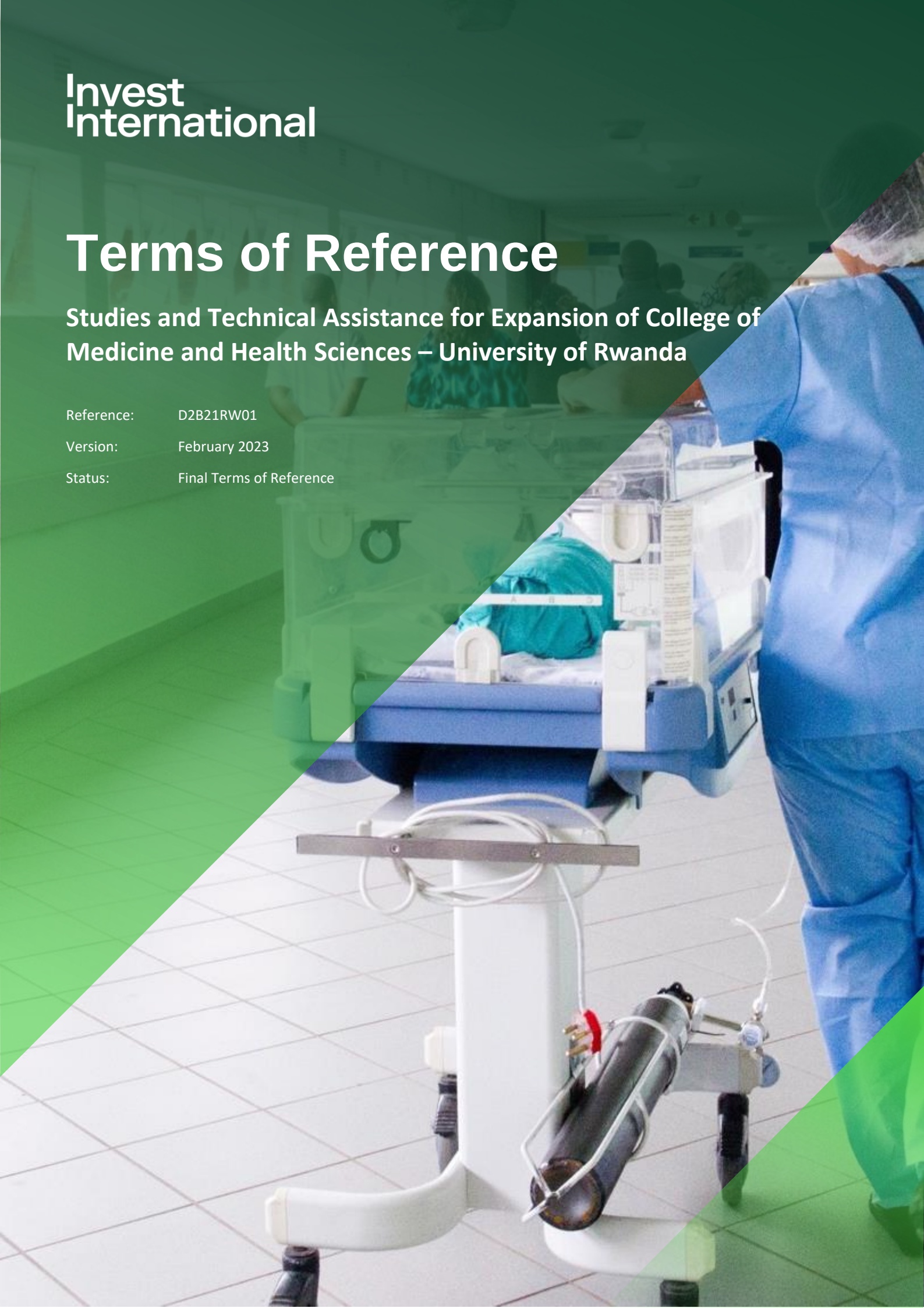


Terms of Reference

Studies and Technical Assistance for Expansion of College of Medicine and Health Sciences – University of Rwanda

Reference: D2B21RW01
Version: February 2023
Status: Final Terms of Reference



1 Background of the Project

1.1 Introduction

1.1.1 Develop2Build

This document contains the terms of reference the Develop2Build (D2B) project " Expansion of College of Medicine and Health Sciences " in accordance with the international tendering procedure.

D2B is a program executed by Invest International on behalf of the Dutch Ministry of Foreign Affairs. D2B provides direct support to government authorities in Dutch partner countries to convert promising public infrastructure ideas into viable, high-impact projects. The support under D2B is provided in the form of a grant to conduct studies that must be completed before an infrastructural project can be tendered.

1.1.2 Rationale for D2B

Over the last 20 years, Rwanda has been innovating to develop its health workforce. These initiatives, alongside other health systems strengthening investments, have contributed to remarkable progress in population health. As of 2020, the maternal mortality ratio (MMR) was 203 maternal deaths for every 100,000 live births down about 81% from an MMR of 1071 in 2000. The 2015 Demographic and Health Survey shows that by 2020, 94% of births were assisted by a skilled health provider, up from 31% in 2000. In the last decade access to specialty services has increased while primary and secondary care has been strengthened to bring services closer to the population.

Health workforce development remains a top national priority. Both Vision 2020 and the National Strategy for Transformation 1 (NST 1) emphasize increasing the number, capacity, and quality of specialized health personnel and improving the quality of health care as a focus of health policy. Rwanda's fourth Health Sector Strategic Plan 2018-24 (HSSP IV) includes a strategic goal of having a qualified, competent, motivated and equitably distributed health workforce that is able to deliver quality health services.

While acknowledging commendable progress that has been made, pipeline analysis completed in 2019 indicates that many training programs are chronically under-enrolled and at current rates will not reach the recommended minimum WHO health workforce density. Furthermore, while the previous Rwanda HRH Program dramatically increased the specialty level in the country many of these specialists – including those who work in the private sector – are predominately located around Kigali, and the educational programs are not yet self-sustaining. The country is committed to further advancing the skill level of its workforce and will need to address issues of distribution and workforce management as well as sustainability of training to achieve its stated workforce goals and continue making progress toward universal health coverage.

The emphasis on primary health care (PHC) providers in pursuit of UHC is complimented by a focus on quality of service and quality of training. Strategies to develop Rwandan faculty are complemented by major investments in teaching equipment and infrastructure and in hospitals to serve as high quality teaching sites.

Hence, this infrastructure project concerns the construction of the physical infrastructure and provision of equipment required to provide essential components of a health professions' education and move towards a sustainable national training capacity. In order to determine the most feasible approach the D2B studies are needed. The project will help the CMHS to expand annual enrolment by 61% over ten years from 1,773 to 2,869 trainees per year increasing health professionals' education across a variety of programs and improving access to general and specialist clinical training applicable to both primary care and specialized care initiatives in both public and private health facilities while at the same time improving the quality of health educational infrastructure for undergraduate and postgraduate training. The project will include the construction of a new modern college comprising auditoriums and classrooms, tele-medicine facilities, basic sciences and skills & simulations laboratories, staff offices, recreational facilities, other technology-enabled spaces, libraries and dining & student accommodation to match students' needs during their class and clinical training at UR-CMHS campus(es). Additionally, some teaching hospitals will require additional equipment and renovations to be able to receive additional students for further general and specialized training.

The College of Medicine and Health Sciences (CMHS) and the Rwandan Ministry of Health (MoH) of the Republic of Rwanda initiated the project for developing, specializing and expanding its health workforce.

Invest International and CMHS concluded that additional studies, as a complement to the concept note, are required. The following topics will be investigated during the D2B project, and thus part of this assignment:

- Financial sustainability of the project;
- Cooperation with existing initiatives and partners;
- Environmental and social impact of the project;
- Selection of project facilities; and
- Availability and projected need for human resources to conduct the project's interventions.

1.2 Beneficiary Country

The Beneficiary Country is the Republic of Rwanda, represented by the University of Rwanda-CHMS acting as Beneficiary of the Project.

1.3 Financing Organisation and Contract Authority (D2B and its Principles)

Invest International executes the D2B program amongst other programs on behalf of the Duch Ministry of Foreign Affairs.

1.4 Background of the Project and the Assignment

1.4.1 National Context

1.4.1.1 Population

As of 2019, the National Institute of Statistics of Rwanda estimates Rwanda's population to be 12.37 million. The population is young: in the 2012 census, 43.3% of the population were aged 15 and under, and 53.4% were between 16 and 64. According to the 2015 Demographic and Health Survey, the annual birth rate is estimated at 31 births per 1,000 inhabitants, and the death rate at 14.9.

The life expectancy is 67.7 years (69.27 years for females and 67.11 years for males), which is the 26th lowest out of 224 countries and territories. The overall sex ratio of the country is 95.9 males per 100 females.

At 470 inhabitants per square kilometre Rwanda's population density is amongst the highest in Africa.

1.4.1.2 Socio-political situation

Rwanda has guarded its political stability since the 1994 genocide against the Tutsi. Parliamentary elections in September 2018 saw women fill 64% of the seats, the Rwandan Patriotic Front maintain an absolute majority in the Chamber of Deputies. President Paul Kagame was re-elected to a seven-year term in the August 2018, following an amendment to the constitution in December 2015 allowing him to serve a third term.

According to the IMF Rwanda has achieved notable success in reaching its development objectives. A combination of strategic goal setting, public accountability, and broad ownership of policies has helped the country emerge from fragility as one of the fastest-growing economies in SSA and the world. Moreover, growth has been inclusive, and extensive investment in social safety nets has reduced poverty significantly. At the same time, macroeconomic performance has been characterized by discipline policies, with flexible responses to shocks.

1.4.1.3 COVID-19 crisis

Rwanda was in the middle of an economic boom prior to the COVID-19 (coronavirus) pandemic. Economic growth exceeded 10% in 2019, driven mostly by large public investments for implementation of the National Strategy of Transformation. Strong growth was expected to continue in 2020.

The pandemic has disrupted international flows of goods and services with significant spill over to the broader global economy. Exports and tourism are taking a strong hit amid disruption in international trade and travel. Rwanda is already

feeling mounting balance of payment and fiscal pressures. This could negatively impact the provision of public health services with respect to COVID-19 response and preparedness capacity, as well as adversely affect the provision of other essential health service delivery in Rwanda, as some healthcare workers and fiscal resources are redirected to the emergency response.

1.4.1.4 National Economy

Rwanda's developing economy is based mostly on subsistence agriculture. Coffee and tea are the major cash crops for export. Tourism is a fast-growing sector and is now the country's leading foreign exchange earner.

The Gross Domestic Product (GDP) in Rwanda was worth 10.12 billion US dollars in 2019, according to official data from the World Bank and projections from Trading Economics. Economic growth has been consistently strong in the past decade and increasing from 6.15% in 2010 to 10.12% in 2019. GDP per capita (nominal terms) rose from USD 612 to USD 905 over the same period.

Rwanda now aspires to reach Middle Income Country (MIC) status by 2035 and High-Income Country (HIC) status by 2050. This aspiration will be carried out through a series of seven-year National Strategies for Transformation (NST1), underpinned by detailed sectoral strategies that are aimed toward achievement of the Sustainable Development Goals.

Health Sector in Rwanda

1.4.1.5 National Context

Rwanda's Health Sector services are provided predominantly through the public facilities, government assisted health facilities (GAHFs) and private health facilities. Over the last two decades, Rwanda has been scaling up different interventions meant to boost and improve universal health coverage. The public sector is organized into three levels as follows:

- Starting from the village level, a Community Health Workers (CHWs) system has been established and is considered to be well functioning. It is composed of 60k CHWs distributed in 14 837 Villages of Rwanda. Each village has got 3 to 4 CHWs working as volunteers and provide preventive and basic curative health care services.
- At the cell level, the next administrative entity above the village, is a health facility commonly known as "Health Post". For the next levels of administrative entities, the Sector and the Districts, there are Health Centres and District Hospitals, respectively. There are also Provincial Hospitals at the Province level, Referral and specialized hospitals at the national level.
- These reorientations and reforms undertaken in the country health system are credited to have largely contributed to the improvements of the geographic accessibility. They have allowed to strategically construct health facilities where they were needed and project the constructions of new ones, to decentralize the health care services and to significantly reduce the average time to access the closest health facility from 95 minutes in 2006, to 61.4 minutes in 2011 to 56.5 minutes in 2014 and 47.3 in 2020.
- Each of the above level coordinates with the other levels to prevent overlap and to improve use of resources and services. The private medical sector in Rwanda has grown considerably and continues to grow.

The Government of Rwanda developed the National Strategy for Health Professions Development (NSHPD) 2020-2030 to address one of the primary bottlenecks to workforce development, which is the capacity of domestic institutions to train needed health workers. By 2030, the interventions in the National Strategy Health Profession Development (NSHPD) are designed to introduce an additional 6,513 health care professionals from 37 programs. Through the investments in the NSHPD and the costs taken up by the government of Rwanda, the country expects to develop a sustainable training program that will deliver significant improvements in both the quantity and quality of health workers in the country, and in turn the access to advanced and life-saving health services.

1.4.1.6 Health Care Financing

Rwanda has achieved close to universal health insurance coverage for its population. To ensure improved access to healthcare, the Government of Rwanda developed a comprehensive Health Insurance Law (Law No. 48/2015 – 25 January 2016) governing the organization, functioning and management of Health Insurance Schemes in Rwanda. The Law requires any resident, whether a Rwandan or a foreign national, who is on the Rwandan territory shall be required to have health insurance.

The Insurance law consolidates much of the structures and regulations that were during Rwanda's development of its Community Based Insurance (CBHI). CBHI is a national scheme decentralized and structured around each of the 30 districts. The central governing of the CBHI is managed by the Rwanda Social Security Board (RSSB), which is responsible for the stewardship of the program and overall policy development. Each district CBHI is a legal body and has branches based at the health centres, 509 in total. In addition to the CBHI scheme, there are schemes for civil servants and military personnel that cover about 6 percent of the population, plus private commercial health insurance for a very small portion of the population.

1.4.2 Actions in the Beneficiary Country

The HRH Secretariat was established in 2020 to coordinate across the relevant ministries and agencies that are key to the success of the NSHPD 2020-2030 including the RBC. The HRH Secretariat is engaging with RBC to incorporate training needs from the NSHPD into the female oncology D2B TOR where possible. This may include preservice training needs for various cadres trained at CMHS including, but not limited to gynaecology-oncology subspecialists, masters-level nurse oncologists, surgery and anaesthesia nurses and physicians, and support-service providers including radiologists, pathologists, biomedical laboratory scientists, rehabilitation specialists, and biomedical engineers. The CMHS is the only institution in Rwanda that trains most of these healthcare cadres.

1.4.3 Donor support

While making significant strides in improving Rwanda's health status, the Health Sector is in the process of transitioning from being heavily dependent on volatile and decreasing external funding to increased domestic resource mobilisation. Only a couple of years ago external assistance was estimated to be roughly 61% of total public spending on health. In the fiscal year 2017/2018 the domestic resource mobilisation for the health sector was reported to be greater (>80%) than resources from development partners.

Cooperation between the Government and Development Partners has been intense and well organised over the years. Since 2017, when the Government of Rwanda started implementing its National Strategy for Transformation (NST1) which covers the period 2017-2024. The NST1 is a national strategy which involved all stakeholders at all levels in its elaboration and the same approach has and will be maintained during the implementation and evaluation phases. In the health sector the coordination between health sector partners is organised through a Health Sector Working Group (HSWG) which brings together Central and Local government institutions, Development Partners, Civil Society and the Private Sector involved in the Sector or with an interest in the Sector's development. The HSWG has its own terms of reference and is well structured with regular meetings and annual evaluation reports on the implementation of health sector policies.

1.4.4 Related Programs

1.4.4.1 *Rwanda Human Resources for Health Program 2012-2019*

In 2012 the Government of Rwanda launched the Human Resources for Health (HRH) Program—a seven-year initiative that set out to build the health education infrastructure and health workforce necessary to create a high quality, sustainable healthcare system in Rwanda. Through high level advocacy between the Government of Rwanda, US Government, and the Global Fund, the Ministry of Health was able to secure significant funding (approximately USD 100M) against this broad-sweeping health workforce initiative.

An internal review conducted in 2019 at the end of the seven years found that the program was overall successful in dramatically increasing the production capacity of University of Rwanda's College of Medicine and Health Sciences (CMHS)—the only government-funded higher education institution in the country—to train prioritized cadres, and therefore in making major contributions to the number of health workers from prioritized cadres in the public sector. An estimated 4,357 graduates were trained in prioritized academic programs, including through the introduction of 17 new training programs at the University of Rwanda College of Medicine and Health Sciences.

1.4.4.2 *National Strategy for Health Professions Development (NSHDP) 2020-2030*

In the next phase of health workforce development, the Government of Rwanda intends to expand upon the success of the Rwanda HRH Program (2012-19). The overall goal of the National Strategy for Health Professions Development (2030) is to contribute to a substantial increase in the availability and coverage of high-quality services across Rwanda by improving the availability of a qualified, competent and equitably distributed health workforce. The strategy addresses one of the primary bottlenecks to workforce development, which is the capacity of domestic institutions to train needed health workers.

The strategy is anchored against public sector health workforce targets that will contribute to a more available, qualified, and equitably distributed public health sector workforce. These national health workforce targets for 2030 are based on facility-level staffing norms that were developed by MOH to ensure that this pre-service strengthening strategy makes strides toward a long-term vision for its health workforce. In addition to defining the national public sector health workforce target the strategy indicates a programmatic target—the share of the national target that this strategy expects to achieve at a minimum based on assessments of how much current training capacity may reasonably be scaled. In some cases the program aims to achieve 100% of the 2030 public sector health workforce target; in other cases, the program will achieve a share of the national target. An expanding private sector and additional potential investments may help bridge the gap toward achieving the national target over the ten-year period.

2 Objectives and Expected Results

2.1 Problem Analysis

The Rwandan health sector continues to face challenges to increase the number of health workers as well as improve the availability of medical equipment in health facilities. The doctor per population ratio is currently 1/6,824, the nurse per population ratio 1/1,194 and the midwife per population ratio 1/2,196 of women aged between 15-49. This brings the health worker density per 1000 population at 1.1 skilled health workers (Physicians, Nurses and midwives) while the recommended minimum WHO health workforce density needs to be 4.45/1000 to achieve the SDGs by 2030.

The overall goal of the National Strategy for Health Professions Development (2030) is to contribute to a substantial increase in the availability and coverage of high-quality services across Rwanda by improving the availability of a qualified, competent and equitably distributed health workforce. The strategies are premised on the following observations:

- Rwanda's ability to achieve its health workforce goals is significantly constrained by the capacity of its public educational institution (College of Medicine and Health Sciences [CMHS] at University of Rwanda [UR]) to train adequate numbers of some specific cadres of health providers needed to meet health service demand and MOH service provision objectives.
- Capacity at CMHS in turn is constrained specifically by insufficient qualified faculty.
- There are gaps in selected equipment and infrastructural inputs to enable high quality training at scale.
- There are material and structural constraints related to the teaching environment and there is a need to strengthen key institutions, including teaching hospitals, health professions councils, and national and facility level systems for health workforce management and regulation.

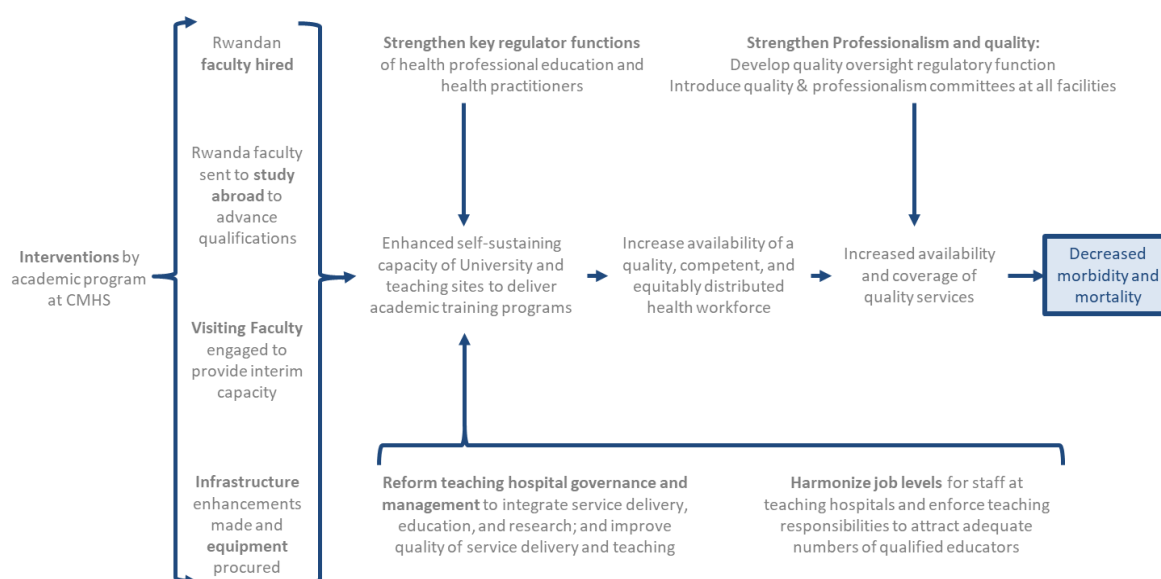


Figure 1 : National Strategy for Health Professions Development – Theory of Change

With the current enrolment limitations, there are not enough health professionals in the pipeline to both fill the needed positions for service delivery and continue expanding training for specialists and sub-specialists. By mobilizing investments in this infrastructure project, the government is addressing a critical need that can support the training of thousands of future health professionals in Rwanda during and beyond the period of the NSHPD. Once the CMHS has been upgraded, it will house students from various health professions including 200 new medical undergraduate students each year. The expanded teaching infrastructure will ensure that quality training is available to all students and that the health workforce continues to

be equitably distributed throughout the country. The expanded infrastructure could also include the teaching equipment in the teaching hospitals where the students will be trained further.

Without the expanded facilities, the program cannot grow the health workforce at its intended rate because it will lack adequate space and facilities to house, educate, and train additional health workers. Since most health professionals are trained through the CMHS, without significant investment in infrastructure expansion, capacity limitations for undergraduate classes in pre-clinical sciences will be the central bottleneck to meet the public and private sectors demand for health-related services.

In addition, the planned expansion will allow the University of Rwanda to train the needed workforce for the government priority projects such as the female cancer facility expansion, including, but not limited to, specialized oncologists, maternal fetal medicine, pediatric surgery, interventional cardiology, gastroenterology, oncology nurse specialists, pathologists, radiologists, laboratory scientists. The number of additional students and specialists required per specialty has been mapped in the National Strategy for Health Professions Development. It will also more likely increase the number of international students over the coming years as Rwanda starts new medical fellowships that are not available in most other countries in the region.

The shortage of health professionals in health facilities means that there are enough open positions to absorb the increase in the number of graduates. This has also been calculated as part of the expected wage bill by the Ministry of Finance. Additionally, the medical costs for new specializations will be covered by the national insurance schemes. Nevertheless, this will also be further analyzed during the development of the feasibility studies.

Additionally, the students wanting to attend the health college at the University of Rwanda far outnumber the amount of available places. Students are selected based on merit and are able to get a national student loan for their study costs that is paid back once they start their work (both in private and public health institutions).

2.2 Project's Objective

The **overall objective** of the Project, which this Assignment is a component of, is to address the shortage of health workers by expanding the College of Medicine and Health Sciences (CMHS) at the University of Rwanda, the only major public university in the country, and consequently increasing its current enrolment rates. The UR-CMHS campuses provides the classrooms and skills-lab based teaching for students and has four associated teaching hospitals and 9 second level teaching hospitals across the country that students conduct their clinical training at. The scope of this project includes the UR-CMHS campuses, and relevant teaching hospitals, as it relates to the training of health professionals.

Through this project the government is expecting to develop a sustainable training program that will deliver significant improvements in both the quantity and quality of health workers in the country, one of the key pillars of Rwanda's effort to achieve Universal Health Coverage

The **specific objectives** of the Project, which this Assignment is a component of, are as follows:

- To expand the CMHS at University of Rwanda to meet the ambitious goals outlined in the NSHPD to graduate over the course of ten years, 6,513 health care professionals from 37 of the supported programs:
- And equip the CMHS with modern auditoriums and classrooms, libraries, students' welfare facilities, tele-medicine facilities, basic sciences and skills & simulations laboratories, other technology-enabled spaces, to better allow students to learn and engage with peers and educators around the world, and to better prepare them for an ever increasingly digitalized patient care environment.

The CMHS currently uses three campuses for academic classroom instruction, four associated teaching hospitals and 9 second level teaching hospitals across the country. In addition to expansion of the UR-CMHS campus(es), some of the teaching hospitals will require upgrades.

The scope of training at CMHS includes, but is not limited to, allied health professionals, dentists, pharmacists, nurses, midwives, and physicians. The NSHPD is focused on ensuring local training programs are staffed by educators able to sustain the training locally. While this involves training and hiring many clinical and academic experts, these interventions are essential to ensuring the pipeline for a PHC workforce is built and sustained long into the future. Many more general practitioners need to be trained to ensure that there are enough graduates to enter specialist programs while not depleting the general practitioner workforce. Rwanda is also positioning itself as a hub for regional training, and already offers masters-

level nurse training programs, including nurse oncology, that other countries from the region are sending their trainees to. A full list of the prioritized training programs in the NSHPD can be found in the appendix at the end of this concept.

The new campus designs will align with the government's approach for developing innovative solutions to strengthen the health sector. The Ministry of Health aims to construct a state-of-the-art facility to provide more interactive learning opportunities for the country's next generation of health professionals. Along with the construction of essential components including classrooms, skills laboratories, tele-medicine facilities and student housing, the government hopes to provide more technology-enabled spaces to better support students and health professionals in practical educational settings. For example, the use of simulation centres or mock exam rooms can provide hands-on instruction and training in realistic medical scenarios. The use of these innovative spaces would allow current students and health professionals to hone their skills on the latest and emerging techniques for patient care, surgery, as well as labour and delivery. Up to date laboratories will support training and encourage innovative clinical research for students and faculty across disciplines including medicine, pharmacy, dentistry, and other allied health professions. The expansion of CMHS will not only enable the government to increase the number of trained health professionals in the country, but to train them using the latest technologies and prepare them for an ever increasingly digitalized patient care environment.

Expansion of training capacity at CMHS requires both improving infrastructure at its campuses as well as at clinical training sites. All trainees receive their classroom-based education at CMHS and are split up across teaching hospitals in the country for their clinical training. With the expansion of CMHS enrolment, these facilities also must be expanded to accommodate the clinical component of students' education. The NSHPD calls for refurbishing the teaching hospitals, including procuring the necessary equipment and infrastructure to meet the increased demand for clinical training capacity, libraries, classrooms, simulation facilities, and other educational spaces for students to congregate, telemedicine and video conferencing capabilities to provide opportunities for collaborative learning across the teaching hospitals. These investments will directly complement the increased enrolment in the CMHS, ensuring that all students receive quality training both in the classroom and in a clinical setting.

The planned expansion will allow the UR-CMHS to train the needed workforce for government priority projects such as the female cancer facility expansion, including general practitioners and specialized oncologists, oncology nurse specialists, pathologists, surgical specialists, radiologists, laboratory scientists. Additionally, UR-CMHS and Rwanda Biomedical Center (RBC) will collaborate to ensure training of oncology providers is well-coordinated and aligned with the ongoing initiative.

The **purpose** of the Assignment is to provide the University of Rwanda and the Ministry of Health of Rwanda with a comprehensive analysis and intervention plan to support the overall objective of this project: to address the shortage of health workers by expanding the College of Medicine and Health Sciences (CMHS) at the University of Rwanda, the only public university in the country, and consequently increasing its current enrolment rates.

The Assignment shall determine the feasibility of the proposed project with a view to create a tender dossier for implementation. On the basis of the feasibility study a decision can be taken on the scope and scale of the project. This will be the basis for contracting an infrastructural investment project which will help implement the plan to support the expansion.

The Project has a national objective and a national scope of implementation. Part of the feasibility study is to determine what activities need to take place at UR-CMHS across the three campuses (Remera, Huye, and Rwamagana) and the associated Teaching hospitals to ensure students have access to all the required equipment and expertise.

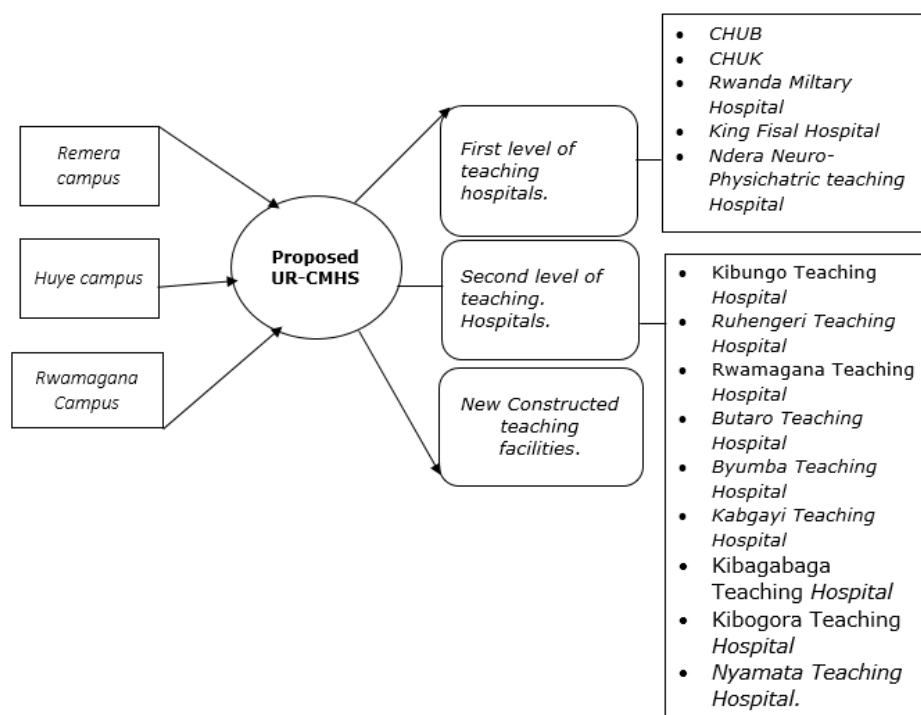


Figure 2 : Geographic Scope of the Project

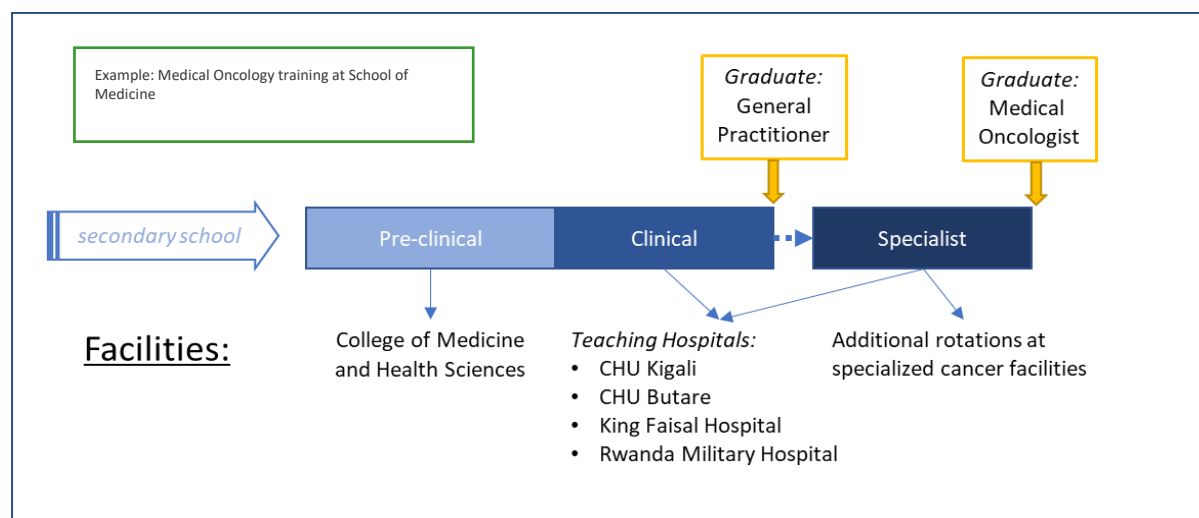


Figure 3 : Example of Academic Track (Oncology)

2.3 Environmental and social deliverables

In addition to complying to local EIA-regulations the ESIA have to comply with the following guidelines:

- IFC Performance Standards (2012)
- World Bank General Environmental, Health and Safety guidelines
- World Bank's EHS guidelines for health care facilities

Establishing what is needed to ensure that the Project is in full compliance with the IFC Performance Standards (IFC PS) and the Rwandan ESIA regulations is an essential deliverable. For the project it needs to be determined what environmental and social assessment is required that will ensure in content, outline, proportionality and form that the applicable national and international environmental and social standards will be met (see Annex 7 for more on ESIA requirements). The IFC categorisation works with the following categories:

Category A: a project is classified as Category A if it has the potential to have significant adverse environmental and/or social impacts, which are diverse, irreversible and/or unprecedented. These impacts may affect an area broader than the sites or facilities subject to physical works. The consequences may be irreversible or unique. For category A projects a full-scale ESIA is mandatory.

Category B: a project is classified as Category B if its potential environmental and/or social impacts are less adverse than those of Category A projects. Typically, these impacts are few in number, are site-specific, few of them (if any) are irreversible, and mitigation measures are more readily available. For Category B projects a focused ESIA is required.

Category C: a project is classified as Category C if it has minimal or no potentially adverse environmental and/or social impact. For Category C projects a limited impact assessment and ESMP is required.

Based on the preliminary screening in Phase I it is expected that a focused Environmental and Social Impact Assessment is needed but this has to be confirmed by the Consultant in Phase II as part of the E&S screening. REMA and Invest International and the other project stakeholders will cooperate to assure mutual acceptance and approval of any required and necessary action to achieve full compliance with the national ESIA requirements and with the IFC PS. With regard to the environmental and social deliverables it is important to note that in case of differences on the ESIA requirements, categorisation and scope between national ESIA requirements and the IFC PS the most strict requirements will apply.

All project of Invest International should contribute to gender mainstreaming and decent work (including paying Living Wage). Gender-differentiated impacts should be assessed and the risks and impacts identification process should propose measures designed to ensure that one gender is not disadvantaged relative to the other in the context of the project. This may include providing opportunities to enhance full participation and influence in decision-making through separate mechanisms for consultation and grievances, and developing measures that allow both women and men equal access to benefits (employment, accessibility to health care). Where relevant the data collection should be gender aggregated. The consultation process will be documented, signed off by the participants and shall have a minimum of 40% women. For cultural reasons, it may be necessary to set up focus groups with women only, when appropriate. In addition, the Consultant should provide a Living Wage Assessment.

2.4 Existing Studies and Related Programs

The following information will be made available to the Consultant at the start of the Assignment:

- [RWANDA National Strategy for Health Professions Development \(NSHPD 2020-2030\).pdf \(rbc.gov.rw\)](#)

3 Scope of Work

3.1 Structure of the Assignment

D2B studies include performing several tasks, structured in 4 phases of work. Each task will be finalized with a specific deliverable. Each phase of work will conclude with a coordination meeting with the Steering Committee to validate the various deliverables (see section 5.1).

The coordination meetings scheduled in the Terms of Reference are an inception meeting, followed by three meetings of the Steering Committee.

The consultant will prepare "Progress Notes" in preparation of those coordination meetings.

The table below provides an overview of the planned phases and tasks requested from the Study Office. The numbering of tasks indicates the proposed execution order and also specifies the deliverables expected in the form of a report. The details of each phase will be specified in section 3.2.

Phase	Activities
Phase 0	Inception report including confirmation of phases, tasks, deliverables, workplan and organisation of the Assignment
Phase I Diagnostic and Baseline Assessment	- Develop a Theory of Change and draft M&E plan - Develop a Baseline study. This should include amongst other things: - Detailed analysis of demographics and health status of Rwanda's population and ensuing future health care priorities - Capacity of teaching hospitals - Inventory of Human Resource (Academic and Clinical) - Assessment of relevant policies related to training of health professionals - Inventory of students capacity in relation to available infrastructure - Site Assessment - Environmental and Social Screening on the applicable legal framework and (international) requirements for the Focused Environmental and Social Assessment
Phase II Pre-Feasibility	- Based on the regional and international benchmarking standards, propose at least three different project options and perform the following feasibilities - Technical pre-feasibility of the project - Financial feasibility of the proposed project - Market feasibility - Operational feasibility - Organizational feasibility - Risk assessment of all project options, - Propose ranking of options based on key criteria - Environmental and Social Scoping, determine the likely impacts of alternative project options and develop a ToR for the Focused Environmental and Social Assessment - Conduct Stakeholder Analysis - Conduct Institutional Analysis - Rank project options in terms of main impacts in terms of mortality, morbidity, capital cost, recurrent cost implications, need for training and education, GOR policies - GONOGO decision on project development - If GO > select preferred project option to develop
Phase III Feasibility study/phase	- Develop detailed project plan for preferred option including: - Detailed project implementation plan - Functional plan and preliminary designs for infrastructure and assets components - Preliminary Human Resource Plan - Preliminary project budget and financing plan for the full project period - Preliminary BoQs for equipment, installations, and maintenance,

Phase	Activities
	• Focused Environmental and Social Impact Assessment for the project • Procurement plan • Quality Control • Detailed overview and costing of accompanying measures to be financed and implemented by the GOR • Detailed Cost Benefit Analysis / Economic Viability appraisal • Financial and commercial viability analysis (including model) and financing plan • Organisation of the project implementation • Prepare a time planning of the Project Implementation • Draft a procurement plan • Develop draft Stakeholder Engagement Plan • GONOGO decision on project development • If GO > select preferred project option to develop
Phase IV Procurement documents and DRIVE intake	• Prepare draft procurement documents for main components of the project • Develop an Environmental Social Management Plan (ESMP) • Finalize the M&E Plan (health impact indicators, SDGs, Climate Marker) • Prepare Intake Form for DRIVE • Prepare ToR for Independent Supervisor

Table 1 : Phasing of the Assignment

3.2 Detailed Tasks and Activities

3.2.1 Phase 0 – Inception

3.2.1.1 Activities

The Assignment will start with an Inception Phase. The goal of the inception phase is to update and detail the project approach agreed and allow for concrete arrangements between the main parties on how the feasibility study will be implemented. The Inception Phase starts with a Kick-off meeting (a) between all relevant stakeholders and the Consultant. The Inception Phase will be concluded during a Launch Meeting (b) to be held in Rwanda.

The Kick-off meeting will be used to establish contact, agree reporting lines, and plan the activities for the Inception Phase.

In preparation of the Launch Meeting, the Consultant will review the available documents, become familiar with the local situation, interview relevant stakeholders and collect additional documents and data available. The Consultant will update and refine the methodology and planning developed in its proposal taking into account the requirements of this TOR.

The purpose of the Launch Meeting is to discuss and clarify the definition of the feasibility study (as specified in the ToR and in the Consultant's offer). This meeting will result in an updated and further detailed agreement on tasks, deliverables, planning, coordination and management of the feasibility study.

At the Launch Meeting the Consultant, the Rwanda Ministry of Health/ Human resource for Health Secretariat (HRHS), and University of Rwanda (UR) College of Medicine and Health Sciences (CMHS), and other relevant GoR institutions will be present as part of the Steering Committee. The consultant will present to the Steering Committee an Inception Report (Deliverable D1) outlining the tasks to be carried out, the expected results, planning, as well as the coordination and management structure proposed for the study. The Inception Report will include the reports and documents to be provided during the execution or end of each task, the schedule of benefits and the timing of meetings with the Steering Committee.

The Consultant will take note of the recommendations of the Steering Committee in the final version of the Inception Report, which will be submitted to Invest International for approval.

3.2.1.2 Output

The output of this phase is the production of the following deliverables:

- D1: Inception Report

3.2.2 Phase I – Analysis of the current situation and options and creation of a baseline and Theory of Change

During the first phase of the feasibility study a situational analysis will be carried out to better understand the priorities, organization and challenges related to infrastructure Rwanda is facing in health sciences education and training. To this extent the topics elaborated below will be analysed:

3.2.2.1 Theory of Change

The Consultant has to develop a Theory of Change (ToC), a comprehensive description and illustration of how and why a desired change is expected to happen in the particular context. It is focused in particular on mapping out or “filling in” what has been described as the “missing middle” between what the project does (its activities or interventions) and how these lead to desired goals being achieved.



The ToC needs to consist of a report, clearly stating but not limited to the following:

- Description of the effects and the desired impact¹ (the ultimate outcome) that the project will have on the local community (using economic, socio-cultural, institutional, environmental, technological and other indicators);
- Description of the inputs² and activities³ of the project;
- Description of the pathways through which the project (inputs and activities) contributes to the desired results/impact. (logical step approach contributing to the project objectives);
- Description of the outputs⁴ and outcomes⁵ (which may include immediate and intermediate outcomes) of your project. Ideally, these pathways will be based on existing evidence/literature, and/or assumptions will be made explicit.

The ToC needs to be delivered as a visualisation including the project inputs, activities, outputs, outcomes and impact, followed by a short explanation/narrative. Also a brief description of the Sustainable Development Goals (SDG's) the project contributes to has to be incorporated. Invest International has a specific focus on SDG 8 (job creation/living wage) and SDG 13 (tonnes of CO2 prevented/emitted) these indicators must be included in the ToC, baseline and in the project in general. A detailed calculation of SDG 8 and SDG 13 must be worked out in a later stage of the project.

¹ Impact is the (positive and negative) long-term effect on identifiable population groups produced by a development intervention, directly or indirectly, intended or unintended. These effects can be economic, socio-cultural, institutional, environmental, technological or of other types. There are usually many factors that influence the impact besides the project.

² Inputs are the financial, human, material, technological and information resources used for the development intervention.

³ Activities are the actions taken or work performed through which inputs, such as funds, technical assistance and other types of resources are mobilised to produce specific outputs.

⁴ Outputs are the products and services which result from the completion of activities within a development intervention

⁵ Outcomes are the intended or achieved short-term effects of an intervention's outputs, usually requiring the collective effort of partners. Outcomes represent changes in development conditions which occur between the completion of outputs and the achievement of impact

The ToC needs to be developed by the Consultant in collaboration with Invest International and the local stakeholder and need to be aligned with each other. The ToC must also be aligned with the baseline study and same indicators included.

3.3.2.2 Baseline study including the following elements : Inventory of student capacity in relation to available infrastructure

By identifying and analysing the projected/proposed enrolment increases for programs across UR-CMHS, the required expansion for infrastructure and human resources can be determined:

- Analysis of current student enrolment at UR-CMHS across programs against the projected enrollees per year based on NSHPD targets

3.2.2.2 Capacity of the teaching hospitals to train health professionals

To ensure that with projected expansion of CMHS, that associated teaching hospitals have the infrastructure and human resources necessary to train the influx of new health professional students

- Identify where CMHS schools are sending their students for clinical training (and how many), i.e., which teaching hospitals and second level teaching hospitals
- Assess the capacity of available infrastructure and equipment of the all current teaching hospitals against the proposed increased enrolment
- Assess capacity of available human resources (faculty) for all current teaching hospitals against proposed increased enrolment

Identify the gap for clinical capacity across the teaching hospitals and second level teaching hospitals based on projected enrolment increasesInventory of Human Resource (academic and administrative)

Analysis of available human resources (e.g. Academic, administrative and support staff) in UR-CMHS. Review of available human resources should be benchmarked against regional and international standards.

- Review of all available faculty based at the UR-CMHS campuses
- Review of all available faculty based at teaching hospitals
- Review of all available administrative staff at UR-CMHS (including UR staff relevant to the management of the CMHS)
- Assess current gaps in available human resources based on the existing UR structure, the teaching plans, and international standards for faculty availability (i.e. faculty to student ratios)

Assess the increase in human resources required based on proposed expansion of CMHS enrolmentAssessment of relevant available policies for UR-CMHS

Review of policies related to the ultimate success of the project, including:

- Admission and academic policies
- Physical environment (policies related to the use of classrooms, laboratories)
- Curricula
- Institutional management
- Student welfare and career guidance

Site Assessment

Conduct an analysis of the infrastructure and land of current site locations of UR-CMHS (Remera, Huye, Rwamagana). Where necessary and relevant, all available infrastructure should be reviewed against regional and international standards, regulations, and guidelines.

- Review all infrastructure and assets related to teaching and learning, including, but not limited to, classroom capacity, laboratory capacity, libraries, etc.
- Review administrative infrastructure and assets, including but not limited to, staff offices, student accommodation, recreation centres

- The infrastructure related to civil works, including but not limited to, storm water, existing plumbing and drainage systems, wind, and sun path for a sustainable design that takes advantage of conducive climatic or weather conditions of the site
- Analysis of service accessibility and mobility requirements for the most appropriate and inclusive design for persons with disabilities
- Review the district Master Plans for the respective campuses to determine where availability for land expansion is

3.2.2.3 *Environmental and Social Screening Report*

It should be determined what the project category is in accordance with the national Rwandan ESIA requirements and the IFC PS. The Consultant should provide clear arguments for the categorization

Describe applicable national legal framework for Environmental & Social Assessments for investments in health care in Rwanda

Determine main requirements, procedures, institutions, timelines for E&S assessment for health care investments in Rwanda

Compare national requirements with IFC performance standards for health care investments, identify gaps and establish a strategy to comply to both standards.

REMA and Invest International will review this information to determine whether their respective environmental and social safeguards are met. In case of differences in the project impact categorisation the strictest requirements will apply.

3.2.2.4 *Deliverables:*

- D2: Theory of Change
- D3: Baseline Study including:
 - Report on the available student population data in UR-CMHS, current and future enrolment trend
 - Gap assessment for infrastructure, equipment and human resources for clinical training
 - Report on the available human resources, and future human resource gap, in UR-CMHS
 - Report on available policies related to management and governance of CMHS as it relates to projected expansion of CMHS
 - Recommendations on policy changes to address the projected increase in student enrolment across UR-CMHS
 - Site assessment report, including SWOT analysis for infrastructure, equipment and land
- D4: Environmental and Social Screening report

Deliverables D3 to D5 can be submitted individually for early review and comments. At the term of the Phase I, all deliverables shall be compiled in a consolidated report, namely *Phase I – Diagnostic and Baseline Assessment Report*, including executive summary for the individual components.

3.2.3 **Phase II – Pre-Feasibility Study and Selection of the Preferred Option**

In Phase II, several project options shall to be developed, on basis of which the Consultant propose a preferred (recommended) option. For each project option, a series of pre-feasibility studies should be performed. We aim to have at a minimum three different project options (with a series of different sub-options, as case may be). The proposed options should emerge as a logical conclusion from the Diagnostic analysis (Phase I). The following pre-feasibility studies need to be performed for all of the different project options:

3.2.3.1 *Technical feasibility of the project*

The technical feasibility study will include a review of

- All technical actions to be taken in relation to construction activities, including geo-technical survey, technical drawings, and other relevant activities.

- All technical actions to be taken in relation to asset purchase, including procurement processes, acquisition period, and disposal period.
- The human resource capacity (including quantity of and skills) to enable successful implementation of the project

3.2.3.2 *Environmental and Social Scoping Report including a Terms of Reference for the Focused Environmental and Social Assessment t*

- The methodology to be used to undertake the ESIA study including the proposed method for evaluating identified potential impacts and proposed mitigation measures.
- Review existing information on environmental and social baseline conditions and project area (geography, surface, flora and fauna, nearby communities and uses).
- Specification of the various intervention alternatives and provide justification for proposed alternative.
- Determine Area of Influence. The area likely to be affected either directly or indirectly by project operations, including ancillaries and associated activities.
- Policy, legal, and institutional framework including IFC Performance Standards that are triggered and propose ways to overcome identified potential gaps.
- Identification of the main negative and positive impacts in the various phases of the project, specific attention will be given to:
 - Land governance and land use issues
 - Current waste management practices and capacity and production of solid and liquid waste
 - Main health & safety risks/impacts for the adjacent communities during construction phase.
 - Current energy demand, how this is provided for and by what means and what the future expected energy demand will be and what options are proposed to provide for this energy demand in a sustainable manner.
 - Affordability and accessibility to health education (focus on lower income groups, women and other vulnerable groups)
- The level of effort needed to fully understand the risks, impacts and options for mitigating these.
- Develop a draft Stakeholder Engagement Plan (SEP) that shall be applicable throughout the project cycle including the planning stage and provide effective and inclusive engagement with project affected parties with a specific focus on vulnerable groups.
- Carry out initial site visits, including formal and informal discussions/meetings with local communities, government agencies and other key stakeholders in the project affected area.
- The result of this phase is a scoping report and a Term of Reference for the ESIA. These deliverables will also be reviewed by REMA and should be considered in timeline and process.

3.2.3.3 *Financial feasibility of the proposed project*

The financial feasibility for the different project options should give a comprehensive image on the short and long-term financial implications for the project owner in case the project would be implemented.

- It typically includes different components, including cost estimates, the financial internal rate of return (FiRR), cost effectiveness analysis, and net present value, among other elements
- Following the baseline assessment, the Steering Committee will identify which specific analyses to prepare, but the report should give a comprehensive overview of the short and long-term financial implications for the project beneficiary

3.2.3.4 *Market feasibility*

What Business model will best suit the operational functioning of the project? The following are the keys deliverables to perform during the market feasibility study

- The consultant will list the inputs necessary for at least three proposed options and compare those to existing market conditions and they can determine the best option to be selected.

3.2.3.5 *Operational/organizational feasibility*

For the organizational structure, the consultant will need to:

- Propose legal and corporate structure of the project;
- Advise on the managerial expertise that is needed for the project;
- Propose the organizational competences and analyse human resource capacity for the successful launch and implementation of the project;
- The consultant should also define the organisational hierarchy of the project (in relation to the existing institutions) and define tasks for personnel involved.

3.2.3.6 *Risk assessment of all project options*

This includes:

- Based on the Situation Analysis, list the most important risks for the different feasibility domains.
- Provide an assessment of the different risks, based on likelihood of the risk, potential impact and estimated risk level.
- Formulate mitigation measures to deal with the foreseen risks.

3.2.3.7 *Ranking*

After the feasibility assessments, when the minimum of three project options are developed, propose a ranking of the different project options based on a number of objective key criteria (which are linked to the different feasibility domains); this can be performed as a Multi-criteria analysis (MCA). An MCA framework needs to be developed which contains clear instructions on how scoring is performed; the criteria and their respective weighting will be discussed and agreed upon with the Steering Committee or the Technical Committee (to be discussed during the inception phase 0). Afterwards, all project options should be scored independently. This will result in a ranking of the project options, for which a clear rationale is formulated (based on the key criteria scoring).

- Rank the project alternatives in terms of capital cost, recurrent cost implications, need for training and education, GOR policies, time plan, environmental and social impact, etc.
- Test for sensitivity against the developed scenarios.
- Propose and argue best available project alternative

3.2.3.8 *Deliverables:*

Output of this Phase is in the form of the following deliverables:

- D5: Final report on the proposed project alternatives summarizing their feasibility based on the executed studies, including a final ranking
- D6: Environmental and Social Scoping Report including a Terms of Reference for the Focused Environmental and Social Assessment.

3.2.3.9 *Go / No-Go Moment*

Deliverables will be submitted and discussed with the Steering Committee. The Steering Committee will advise on the best option for detailed project development. The Steering Committee may decide to stop further project development if no viable alternative has been presented at this stage.

3.2.4 Phase III – Detailed Feasibility Study (Development of the Selected Alternative)

If a viable alternative is considered suitable for further detailing and development the following tasks shall be performed during Phase III.

3.2.4.1 Detailed project implementation plan including activities timeline

- Prepare a detailed work plan outlining all required activities and timeline including legal framework
- Define the project objective, expected outcomes, milestones, scope, outputs/results and main activities that will be implemented
- Develop preliminary indicators to measure project success
- Define project management functions, including team member roles and responsibilities
- Provide insight in the organisation of the project both during the investment and operational phase

3.2.4.2 Functional plan and preliminary designs for infrastructure and equipment components

- Develop detailed plan for physical infrastructure and equipment of the UR-CMHS, including any teaching hospitals if relevant to the proposed plan
- Develop preliminary designs for physical infrastructure and assets of the UR-CMHS including any teaching hospitals if relevant to the proposed plan
- Develop proposed simulation of the selected project
- Preliminary Human Resource Plan:
 - Develop detailed plan for all academic, administrative and support staff required to meet the needs of the increased capacity, including teaching hospital clinical faculty

3.2.4.3 Financial viability assessment

This task relates to the financial analysis to identify the viability and sustainability of the Project. The financial viability appraisal is based on cash-flow projections (expressed in nominal terms) with a reasonable level of details of the capital investment (CAPEX) and life-cycle costs (OPEX) over a defined project horizon; in addition, any direct financial revenue related to operational interventions that can be identified should be also factored in the cash flow analysis. The financial analysis should provide sufficient insight into financial sustainability of the interventions, the ability of national or local authorities to ensure coverage of OPEX throughout project cycle, and properly identify any viability gap funding. Special consideration should be made to estimates regarding land acquisition and resettlement costs (if any).

a key objective is to identify the possible viability gap and the potential amount in VGF (Viability Gap Funding to be funded by a DRIVE grant). It is expected to be based on a purpose-built financial model. The output shall include:

- Identify and discuss a proposed hurdle rate (also referred to as WACC) for financial viability;
- Present a comprehensive costing of project components
 - Distinguish between capital and recurrent cost items;
 - Provide information on main assumptions used;
 - Discounted Cash flow projections shall be made in **nominal terms** taking into account annual inflation.
- Produce a Financial viability assessment : first the project shall be assessed on a stand-alone basis and the resulting Financial IRR shall be compared to the proposed hurdle rate. On this basis, the financial analysis shall identify the need for a viability gap funding, if required. The Consultant shall explain which currency is used for the analysis and underlying assumptions.
- Analysis of financial sustainability : is the Project or the Authority able to sustain its life-cycle expenditures to be operated during its proposed lifetime. This requires a minimum level of details in the breakdown of life-cycle expenditures (including reinvestment / replacement / renewals).
- Conduct the Govt. budgetary analysis comparing project's recurrent cost implications with relevant budget expenditure categories and realised actuals during the project's lifetime.
- Prepare a preliminary financing plan for the Project, identifying the possible sources of co-financing next to a DRIVE grant; this shall feed into the assumptions used to define the Project's hurdle rate.

- Provide a Commercial viability analysis as per OECD guidelines, in particular to understand whether the Project can be financed as stand-alone or requires a DRIVE grant, and how the proposed mix is consistent with the additionality of public grants such as DRIVE.
- Sensitivity analysis of key variables.

The financial analysis shall be based on a purpose-built financial model; the shall sufficiently clear and transparent in order to be easily reviewed to support the internal appraisal process of donors and financiers (primarily Invest International), in line with recommendations of the FAST Standard⁶. The spreadsheet models shall follow at minimum the FAST Standard or an equivalent industry standard recognised as best practice

Economic Appraisal : (Social) Cost-Benefit Analysis

Conduct a Social Cost Benefit Analysis (SCBA) to establish the economic viability of the Project, in line with requirements for DRIVE-application⁷. Invest International is using the European Commission CBA guideline of 2014⁸ as its reference methodology for SCBA, however the Consultant is free to apply its preferred methodology as long as it follows a logical structure (with appropriate description in the FS report), with the following requirements:

- Description of the project scenarios or situations (without project vs. with project situation; if relevant, a do-minimum scenario may be considered);
- Specify and document the Social Discount Rate applied;
- Identify and quantify the incremental economic benefits, to compare with economic costs (mostly derived from the financial analysis) : Economic benefits and externalities shall first be described qualitatively to understand how they are linked to the Project. The Consultant shall propose assumptions and methodologies to quantify those benefits and externalities that can be monetized, and describe the source of such assumptions and methods. It is critical in mapping the economic benefit to distinguish those which are truly incremental from benefits or revenue which are simply a transfer between (national) economic agents, which are neutral from a National economy standpoint and should not inflate the EIRR (e.g. direct operating revenue from national users). If deemed relevant, valuable and quantifiable in a practical matters, the Consultant may propose a wider scope of benefits by factoring induced benefits, to the extent this can be identified and clearly linked to the Project. The rationale shall be described accordingly;
- Include monetized negative externalities to the extent possible. In particular, the SCBA shall include an estimate of the potential increase in emissions (in tCO₂e or tonne CO₂ equivalent) from either scope 1 or scope 2 and priced using a shadow pricing assumptions. Invest International is using an internal shadow price which may be applied in the SCBA;
- Produce economic viability indicators (Economic IRR, NPV and Benefit/Cost Ratio) on basis of net incremental economic cash flows (difference between current situation and With project implementation situation).
- The spreadsheet SCBA model shall be provided in electronic version to support the review of the FS; it may be integrated into the financial model or as a separate workbook, to the preference of the Consultant.
 - Preliminary BoQs for equipment, installations, maintenance, and commissioning
- Develop concepts and Preliminary BOQs for equipment and installations
- Develop requirements for maintenance of both infrastructure and assets
- Develop a detailed plan for project utilities

3.2.4.4 *The focused environmental and social assessment for the project:*

- Conduct the assessment as per ToR defined in Phase 2 of the project (see Annex for standard requirements)
- Develop an Environmental Social Management Plan (ESMP) as per identified applicable requirements. The ESMP should details (a) the measures to be taken during the implementation and operation of a project to eliminate or offset adverse environmental and social impacts, or to reduce them to acceptable levels; and (b) the actions needed

⁶ www.fast-standard.org/

⁷ Invest International recommends the European Commission guideline (2014), for reference.

⁸ https://ec.europa.eu/regional_policy/en/information/publications/guides/2014/guide-to-cost-benefit-analysis-of-investment-projects-for-cohesion-policy-2014-2020.

to implement these measures including key performance indicators, resources, budgets and timelines. Specific plans should be included, such as (but not limited to):

- Develop Stakeholder Engagement Plan;
- Develop a detailed Waste Management Plan (including infectious, hazardous, chemical, medical, solid and liquid wastes);
- Develop Occupational Health and Safety plan;
- Develop Disaster Management Plan;
- Develop a Water and Energy Efficiency Plan.

Impact calculation of SDG 8 and SDG 13

- Job creation and living wage assessment:
 - Calculate the estimated number of total direct jobs and jobs per € million invested in the construction and operational and maintenance phase
 - Calculate for various project phases the difference in estimated project costs between paying 100% Living Wage (using the Wage Indicator) versus the paying minimum wage
 - Calculate the estimated total number of indirect jobs and per € million in the construction and operational and maintenance phase
- GHG emissions assessment based on the GHG Protocol:
 - Calculate the total GHG emissions emitted and avoided + per € million taking into consideration:
 - Scope 1: Direct emissions from vehicles, fuel, refrigerant activities.
 - Scope 2: Energy indirect emissions from purchased cooling, heat, electricity.
 - Scope 3: Other indirect emissions that occur in the value chain, not part of scope 1&2. Think about supplier transport, road distribution, but also waste and business travel.

3.2.4.5 Procurement plan

The Consultant will formulate a Draft a procurement plan as follows:

- Prepare a draft procurement strategy for each relevant component
- Ensure procurement process abides by both national and international procurement guidelines
- Determine phasing and time planning for procurement processes
- Prepare plan for organisation of the procurement processes taking into account requirements of Government of Rwanda and Invest International-DRIVE
- Quality control assessment

3.2.4.6 Deliverables

Output of this Phase is in the form of the following deliverables:

- D7: Detailed project implementation plan
- D8: Functional plan and preliminary designs for infrastructure and assets components
- D9: Preliminary Human Resource Plan
- D10: Financial viability appraisal and Economic appraisal (SCBA, including supporting spreadsheet models.
- D11: Preliminary BoQs for equipment, installations, and maintenance
- D12: Focused Environmental and Social Assessment
- D13: Environmental Social Management Plan (ESMP)
- D14: Impact calculation of SDG 8 and SDG 13

- D15: Procurement Plan

3.2.4.7 Go – No Go Decision

The Deliverables will be submitted and discussed with the Steering Committee. The Steering Committee will advise on the Project Plan may propose changes to the project that will need to be incorporated into a final version of the Project Plan. The Steering Committee may decide to stop further project development if no viable financing strategy for the implementation phase has been presented at this stage.

3.3 Phase IV – Procurement Documents and DRIVE Intake (Procurement Package)

After finalising the project plan preparations for the actual procurement phase under a possible DRIVE-application will need to be prepared.

3.3.1.1 Draft procurement documents for main components of the Project

Tender documents shall include the following components:

- Construction works
- Packages for equipment, installations and commissioning
- Maintenance
- Training and education

3.3.1.2 Draft M&E Plan

The draft M&E Plan shall be aligned with the requirements for eligibility to a grant under the DRIVE program. The M&E Plan should define clearly the approach of the Consultant to monitor and evaluate the project activities with the goal to achieve the desired results of the Client in a sustainable manner. The M&E Plan clearly states but is not limited to the following. Some of the elements of the M&E plan have been worked out in an earlier phase and must be linked to this plan like the baseline and the Impact calculation of SDG 8 and SDG 13:

- A brief project description, including:
 - Project goals and objectives
 - Theory of change
- M&E indicators (process and outcome indicators). This must link to the SDG's and Organization for Economic Cooperation and Development (OECD), Development Assistance Committee (DAC) Criteria and the Rio Markers for Climate
- Data Collection Methods and Timelines
- Roles and Responsibilities (description staff member's role in M&E data collection, analysis, and/or reporting)
- Reporting
 - Analysis plan
 - Reporting template table
 - Dissemination plan (description of how and when M&E data will be disseminated internally and externally).

3.3.1.3 DRIVE Intake Form

After finalising the project plan preparations for the actual procurement phase under a possible DRIVE project, the application will need to be prepared.

- Draft Intake Form for DRIVE as per prescribed format.
- Draft Terms of Reference for Independent Supervisor that will oversee the implementation of the project if the project is approved under the DRIVE program.

3.3.1.4 Deliverables

Output of this Phase is in the form of the following deliverables:

- D16: Procurement documents
- D17: M&E Plan
- D18: Intake Form DRIVE
- D19: TOR Supervisor

4 Project Management

4.1 Place of Execution of the Assignment

The Assignment takes place in Rwanda. While part of the work can be executed from the Consultant's home office, field activities and specific meeting with the Beneficiary and Invest International will also take place in Kigali.

4.2 Management structure

The Ministry of Health in Rwanda through Rwanda Biomedical Centre is the initiator of the project. The following bodies set up by the ministry will be responsible for monitoring, guiding the validation of the results of the studies and all opinions related to the project. These are:

- **A Project Management Unit (PMU)** under authority of the University of Rwanda is to be established. The Project Management Unit coordinates the implementation of the study and will work directly with the Consultant recruited to carry out the study.
- **A Technical Committee (TC)** will be made of health education specialists from the five schools at CMHS, representation from professional councils, UR engineers, and relevant technical government agencies (including RBC). The technical committee can be consulted by the Consultant during the implementation of the study and can be convened for interim meetings. The technical committee members will also be able to connect the consultants with additional specialists within their teams/departments where needed to complete the studies.
- **A Steering Committee (SC)** will be the primary body of the project responsible for the implementation and validation of the study. It will be chaired by the Vice-Chancellor at the University of Rwanda and Co-Chaired by the Executive Secretary of the Human Resources for Health Secretariat with representation from Ministry of Infrastructure/Rwanda Housing Authority, Ministry of Finance, Ministry of Education, and representation from Invest International/the Dutch Embassy in Rwanda. The SC meets at least once per quarter, or more frequently as is considered necessary by its chair.

4.3 Roles and Responsibilities

The roles and responsibilities of the key partners involved in the D2B study are summarized hereafter.

Phase	Activities
Invest International	• Responsible for the financing of the project, i.e. 100% of the development phase and potentially the main funder of the infrastructure project • Responsible for procurement of the D2B studies • Project Manager • One of the signatories to the D2B Funding Agreement • Decision go/no go • If necessary: Recruitment of consultants to provide technical assistance services • Procurement of the consultancy services
University of Rwanda-CMHS	• Beneficiary of the project • Responsible to establish and convene the relevant committees for implementation (steering committee, technical committee, project management) • Provide the strategic vision for the ultimate outcome of the project to guide the consultants • Provide project management and oversight, including working with the consultant to either provide information/data or connect to the appropriate stakeholder with the required information • Receive and review deliverables by the consultant • Approval of process-related deliverables that do not go to Steering Committee for final approval • Identifying strategic partners to finance the infrastructure project.

Phase	Activities
Ministry of Health, HRHS	- Co-Chair the Steering Committee - Review and provide technical input on the consultant deliverables through relevant committee involvement
Ministry of Health, RBC	- Provide technical support on biomedical engineering and other relevant topics - Ensure alignment with the female oncology project - Provide technical input on the deliverables through relevant committee involvement
Ministry of Infrastructure / Rwanda Housing Authority	- Provide inputs on construction guidelines - Provide technical input on the deliverables, including, but not limited to: quantity surveyors, engineer expertise, construction/architecture expertise - Consult on the costing of the feasibility study
Ministry of Finance	- Sign the D2B Financing Agreement on behalf of the Government of Rwanda - Guarantee local costs that are not taken into account by D2B studies - Resource mobilization for the construction phase (50% co-funding) - If necessary: Identifying strategic partners to finance the infrastructure project.
Ministry of Education	Participate in steering committee to contribute to high-level decisions related to the project
Ministry of Justice	Provide legal consult and approval on contracts or other legal agreements for the project
Ministry of Environment/REMA	- Provide technical expertise on environmental impact assessment - Review the E(S)IA project brief in consultation with the relevant lead agencies - Review the E(S)IA Scoping and E(S)IA Terms of Reference - Review the final ESIA in consultation - Issues the necessary environmental certification for the project
Steering Committee	- Provide overall project oversight by serving as the decision-making authority - The Steering Committee should be responsible for approving all key decision points, including ToRs, consultant, progress reports and final reports, Go-No Go decisions, etc. Subject to approval of Invest International.
Technical Committee	- Provide technical expertise, data/information as needed by the consultants - Convening experts to view specific technical components as needed - Provide technical backstopping to the project management unit where requested - Report to the Steering Committee on deliverables
Project Management Unit	- Managing the day-to-day implementation of the feasibility study through regular coordination with the consultants - Convene meetings with relevant stakeholders on behalf of the consultants, ensuring timely introductions - Collate data/information on behalf of the consultants - Manage any operational/logistical coordination for the consultant as needed - Report to the Technical Committee on deliverables

Table 2 : Project Stakeholders



Let's get in touch. Together we build the sustainable markets of tomorrow.

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