UNICEF RWANDA

TERMS OF REFERENCE

Summary	**Title:** Establishment of a disability assessment and multisectoral referral mechanism (operationalisation of the Disability Management Information System, (DMIS)) and participatory capacity assessment of the disability service workforce in Rwanda **Level:** Institutional consultancy **Purpose:** To define the use case, institutional arrangements, referral workflows and operational guidelines for the DMIS and the wider disability assessment and referral mechanism, and to conduct a participatory capacity assessment of the disability service workforce with a costed capacity development plan, in support of a government-led and co-resourced system of integrated support to children with disabilities **Location:** Kigali (national institutions) and field engagement in Huye and Bugesera and a small sample of additional districts; and remote **Duration: 6** months
Background	The Government of Rwanda has made disability inclusion an explicit national priority and has invested in the policy, institutional and data foundations needed to realise the rights of persons with disabilities. As these foundations mature, the central challenge is increasingly one of execution rather than commitment: identifying children and persons with disabilities reliably; assessing and determining their needs and eligibility consistently; referring and following them up across health, education, child protection and social protection systems; and resourcing the workforce required to perform these functions. **Disability coverage and population profile.** According to the 2022 National Housing and Population Census, 391,775 persons with disabilities live in Rwanda, representing 3.4 per cent of the population aged five years and above; of these, 87,900 are children aged 5–18 years living with cognitive, physical and/or sensory disabilities. These official figures are widely understood to underestimate true prevalence: the exclusion of children aged 0–4 years and the partial use of the Washington Group Short Set limit the ability of national systems to generate a comprehensive disability profile, particularly in early childhood. Community-based mapping by Community Health Workers (CHWs) has identified further cohorts not captured in national data — including 18,327 children under six with disabilities and 8,346 parents and caregivers with disabilities. Sectoral data reinforce the point: learners with disabilities account for only 0.9 per cent of total school enrolment, well below expected prevalence, and record a primary pass rate of 60.1 per cent against 75.6 per cent for the overall student population. The country does not yet have a complete or shared picture of who requires services, where they are, and what they need. **Policy and institutional framework.** Rwanda has established a comparatively strong policy and institutional framework for disability

inclusion. Disability inclusion is embedded within Vision 2050, which emphasises inclusive human capital, and within the National Strategy for Transformation I and II (NST1 and NST2), where equitable access to social services and leaving no one behind are central objectives. The National Council of Persons with Disabilities (NCPD) provides national leadership on the rights and inclusion of persons with disabilities, while flagship social protection instruments — notably the forthcoming disability grant within the Vision Umurenge Programme (VUP) — are being revised to address vulnerability among affected households. These commitments signal sustained high-level political will; the outstanding challenge is translating them into consistent operational practice at sector and decentralised levels, where guidance, tools, incentives and resources remain uneven.

Disability identification and assessment — current status. Identification currently relies on a combination of periodic data collection, community-based identification by CHWs, Inshuti z'Umuryango (IZU / "Friends of the Family") and para-social workers, and sector-specific screening within the health and education systems. The health sector is the most advanced: identification and referral already take place at scale through CHW home visits, health centres and district hospitals, and disability-related indicators are being progressively integrated into Electronic Medical Records (EMRs), the Health Management Information System (HMIS) and DHIS-2. At the centre of the national agenda is the DMIS, managed by the Ministry of Local Government (MINALOC) with support from NCPD, which has been rolled out nationally for data collection; most recently, the Government's disability grant pilot has begun to use DMIS registration data to determine eligibility — an important step toward using the system for resource allocation.

System gaps. Despite this progress, the DMIS has been deployed for data collection but is not yet operational as a referral or case-management tool: it lacks a defined use case, documented workflows, interoperability with HMIS and the Education Management Information System (EMIS), and a sustainability framework. As a result, identification and referral function most reliably within the health system, while coordination across sectors remains fragmented and, in practice, heavily dependent on facilitation by non-governmental partners rather than embedded in government systems. The use of DMIS data to set disability-grant eligibility brings a further gap into focus: the assessment and determination criteria underpinning registration have not been fully articulated, even as they begin to carry consequences for who receives public support. There is not yet a commonly understood and institutionally anchored mechanism connecting identification, functional and needs assessment, determination, referral and follow-up across sectors — nor clear arrangements for how it should be governed, administered and delivered.

Capacity and perceived capacity gaps. Cutting across these system gaps is a set of capacity constraints. NCPD's own capacity to coordinate cross-sectoral efforts is limited, and sector and decentralised actors frequently lack the operational guidance, tools and incentives needed to translate policy into inclusive planning, budgeting and service delivery. At the front line, the cadres expected to identify, assess, refer and follow up children and persons with disabilities — CHWs, IZU, para-social workers, Disability Mainstreaming Officers, Child Protection and Welfare Officers, teachers and rehabilitation workers — are multi-tasked and already stretched by demanding sectoral

	mandates, particularly at primary and last-mile level. Their capacity to absorb the additional, labour-intensive functions that integrated support requires is widely perceived to be limited, but this perception has not been systematically tested: it is not yet established which functions are missing, which are weak or over-dependent on project incentives, which could be task-shared within existing roles, and which require specialist or new capacity. Closing this evidence gap is essential before decisions are taken about scaling identification, referral and case management.
Justification	The combination of a DMIS that is not yet operational for referral or case management, assessment and determination criteria that are now carrying eligibility consequences without being fully articulated, and a workforce whose absorptive capacity is assumed rather than evidenced, necessitates this assignment. Resolving these issues is a prerequisite for any credible, costed decision on scaling a national disability identification, assessment and referral system, and for the design of a possible next phase. The two components are deliberately combined in a single institutional contract because they are interdependent: a referral and case-management mechanism is only credible if the workforce that operates it is realistically defined, and a workforce assessment is only actionable if it is anchored in clearly articulated system functions and workflows.
Objectives	The assignment has two interlinked objectives, framed around a government-led and co-resourced system in which Government progressively leads on policy, financing, standards, data governance, coordination and accountability, while NGOs, organisations of persons with disabilities (OPDs), community-based and faith-based organisations and parent support groups play defined, complementary roles. **Objective 1 — Disability assessment and multisectoral referral mechanism (DMIS operationalisation).** Support MINALOC and NCPD, with sectoral counterparts to: • Map the disability identification, assessment, eligibility and referral data points, tools and triggers across health (EMR/HMIS/DHIS-2), education (EMIS), social protection, child protection and the DMIS — as currently configured and as needed. • Define the DMIS use case and realistic sequencing — prioritising reliable registration, referral visibility, unmet-needs tracking, service mapping, interoperability and district-level co-resourcing, with full case management added only where workflows, workforce and resources allow. • Articulate the assessment and determination logic (identification, functional/needs assessment, determination), drawing on Washington Group–informed approach embedded within the DMIS. • Specify multisectoral referral and follow-up workflows. • Define interoperability requirements and data-protection safeguards, and the institutional and administrative arrangements (roles, coordination, oversight, grievance/appeals, quality assurance, OPD monitoring) for governing, managing and delivering the mechanism. • Produce operational guidelines, SOPs and common tools, and a costed, phased roadmap for operationalising the mechanism and the DMIS.

	Objective 2 — Participatory capacity assessment of the disability service workforce. Conduct a participatory, function-based assessment that: • Assess institutional and coordination functions and their efficacy; • Maps the functions required for inclusion and integrated support (early identification and outreach; screening; functional and needs assessment; referral and follow-up; home visits; parent group facilitation and peer/parent navigation; community-based rehabilitation; physiotherapy-, occupational therapy- and speech/communication-related support; psychosocial support; caregiver coaching; assistive-technology follow-up; inclusive education support; child protection case management; social protection enrolment and disability-allowance/cash-plus linkage; district coordination; service mapping; data entry and use; supervision, safeguarding and quality assurance). • Establishes who currently performs each function and who could, which functions are strong, weak, missing, duplicated or over-dependent on project incentives, and what training, supervision, incentives, tools and specialist backup are required. • Analyses rehabilitation, habilitation and community-based support functions, and the feasibility and risks of task-sharing/task-shifting to lower-/mid-level workers, trained caregivers, parent leaders or generalist frontline cadres under appropriate supervision. • Defines levels of support intensity (broad inclusive mainstreaming; light-touch referral and navigation; targeted coordination for complex needs; intensive case management for protection risks/severe vulnerability). • Produces a workforce/function matrix, preliminary-costed options for filling priority gaps, and a costed capacity development plan distinguishing what is publicly financed, performed by public systems, co-resourced with civil society and communities, or requires specialist providers.
Scope and methodological approach	The assignment is qualitatively led, participatory, practical and function-based, combining secondary and primary data collection. It is expected to be delivered by an international firm in partnership with a strong Rwandan organisation or research team, with the two components conducted in an integrated manner (shared field engagement, consultations and analysis). The institution is expected to: • Carry out a literature and document review — project reports and tools, government policies, workforce descriptions, referral pathways, case-management guidance, DMIS/EMR/HMIS/DHIS-2/EMIS documentation, CBR/CBID materials, and relevant UNICEF Cradle to Career documents — and light international/regional benchmarking (e.g. community health worker programmes, CBR/CBID, child protection/para-social work, peer/parent navigation, rehabilitation outreach, assistive-technology follow-up, integrated/cash-plus social protection). • Develop the core analytical tools — an administrative-identification and interoperability matrix (Objective 1) and a workforce/function matrix (Objective 2).

	• Conduct key informant interviews and group discussions with NCPD, MINALOC, MOH/Rwanda Biomedical Centre (RBC), NCDA, MINEDUC/Rwanda Basic Education Board (REB), LODA, district authorities, Disability Mainstreaming Officers and Child Protection and Welfare Officers, CHWs/IZU/para-social workers, teachers, rehabilitation professionals and workers, parent support group leaders, OPDs (including UPHLS and NUDOR), and NGOs/CBOs/faith-based organisations including the implementing partner Chance for Childhood, and relevant Development Partners (to be confirmed at inception). • Undertake field enquiry in at least Huye and Bugesera and a small purposive sample of additional districts, examining the difference between formal roles and actual practice and how incentives, NGO facilitation and local leadership influence referral functioning and workforce behaviour. • Develop preliminary costed options and a costed capacity development plan, using realistic cost categories (training, supervision, mentoring, transport, facilitation, materials, digital tools, incentives, coordination time, specialist support). • Validate findings through stakeholder workshop(s) with Government, UNICEF and partners, and refine accordingly. A clear approach to the meaningful participation of persons with disabilities, OPDs, parents and children, with accessibility and safeguarding measures, should be applied throughout.
Expected outputs for the consultancy	• An operationalised disability assessment and multisectoral referral mechanism design — administrative-identification and interoperability matrix; DMIS use-case and operational guidelines (SOPs, referral and, where justified, case-management workflows; assessment/determination criteria; data-protection safeguards); and a costed, phased roadmap. • A participatory disability service workforce assessment — assessment report; workforce/function matrix with preliminary-costed options; and a costed capacity development plan. • A consolidated final report and policy brief linking the referral mechanism and the workforce model, with implications for the Government's and UNICEF's costed policy scenarios and a possible next phase.

Major tasks, deliverables & timeframe

Major tasks	Activities	Deliverables	Deadline	Modality
Inception	• Final approach and methodology • Stakeholder mapping and document/literature review • Analytical frameworks and draft tools; workplan by component	• Inception report	Month 1	Remote

Major tasks	Activities	Deliverables	Deadline	Modality
Objective 1 — assessment & referral mechanism (DMIS)	• Map data points and interoperability • Define DMIS use case and sequencing • Articulate assessment/determination logic and referral workflows • Define institutional/administrative arrangements and SOPs	• Administrative-identification and interoperability matrix • DMIS use-case and operational guidelines (SOPs, workflows) • Referral mechanism design and costed roadmap	Months 2–3	In country & remote
Objective 2 — participatory workforce assessment	• Function mapping; current and potential actors • Task-sharing/shifting feasibility and risks • Rehabilitation and community-based workforce analysis • Gap analysis and preliminary costed options	• Workforce/function assessment report • Workforce/function matrix with costed options • Costed capacity development plan	Months 3–4	In country & remote
Validation & consolidation	• Stakeholder validation workshop • Integrate the two components and refine options	• Validation workshop • Consolidated draft report	Month 5	In country & remote
Final	• Finalise consolidated report and policy brief incorporating feedback	• Final consolidated report • Policy brief (short-, medium-, long-term recommendations)	Month 6	Remote

Stakeholder participation	The key stakeholders are MINALOC, NCPD, MOH/RBC, NCDA, MINEDUC/REB, LODA, district authorities, OPDs (including UPHLS and NUDOR), implementing and technical partners (including Chance for Childhood) and relevant Development Partners. A technical reference group composed of Government stakeholders, UNICEF and Development Partners, with representation of OPDs, will provide technical oversight and supervision of the contracted institution and review all key deliverables. The reference group will be convened by MINALOC/NCPD, with UNICEF Social Policy, in accordance with the agreed schedule. Persons with disabilities, parents and children should participate meaningfully throughout, with appropriate accessibility and safeguarding measures.
Location and duration	The assignment will be conducted in Kigali (national institutions), with field engagement in Huye and Bugesera districts and a small purposive sample of additional districts, and remotely, over a period of 6 months (anticipated November 2026 – April 2027). The institution is responsible for its own logistics, travel and accommodation, reflected in the financial proposal.

Qualification requirements	The contracted company will have a strong track record on disability inclusion and/or social-service systems strengthening, with substantive experience in the region and Rwanda (strong preference). A team of 2–3 members is envisaged that together meets the following: **Team leader** • At least 10 years of relevant professional experience, including specific experience on disability-inclusive systems, assessment and referral mechanisms and/or social-service workforce/capacity development, and leading similar assignments. • Master's or higher in social policy, public policy, economics, development, public health/rehabilitation, social work or closely related fields. • Strong analytical, facilitation, data-visualisation and report-writing skills; experience in developing-country contexts; excellent written and spoken English. **Other team members** • Disability inclusion and CRPD-based approaches, including the rights of children with disabilities and meaningful engagement of OPDs. • Management information systems, information-system use-case design and data interoperability/governance (experience with national administrative or social-sector MIS an asset). • Social-service workforce assessment, function/task analysis and costing or capacity-development planning linked to service-delivery models. • Community-based inclusive development / community-based rehabilitation, and one or more of health/rehabilitation, inclusive education, child protection and social protection systems. • Participatory qualitative methods and intersectional (age, gender, disability) programming; familiarity with Rwanda's decentralised systems. • At least one national team member with disability and/or social-sector experience; at least one team member fluent in Kinyarwanda.
Evaluation process and methods	Existing Long-Term Agreements (LTAs) will be used to solicit proposals and identify suitable firms. Where no suitable LTA holder is available, a competitive request-for-proposals process will be used, with technical and financial proposals evaluated separately and award made on best value for money. (See Annex A for details of scoring)
Administrative issues	The contracted institution agrees to maintain the confidentiality of any information from shared datasets and resulting from data computing and analysis, and to comply with applicable data-protection requirements, given that the assignment engages with personal and sensitive disability data. All documents and data produced and compiled under this contract shall remain the property of the Government of Rwanda and/or UNICEF and shall be delivered only to the authorised official.
Project management	The contracted institution will report to the Director General of Community Development and Social Affairs (MINALOC) and the Executive Secretary of NCPD, and to the UNICEF Chief of Social Policy, on technical and

	operational matters. A technical reference group of Government stakeholders, UNICEF and Development Partners will oversee delivery, in coordination with the UNICEF Health, Child Protection, Education and SBC sections and the Global Disability Team.
Payment schedule	1. 20% after submission and acceptance of the inception report 2. 30% after submission and acceptance of Objective 1 outputs (assessment & referral mechanism / DMIS) 3. 30% after submission and acceptance of Objective 2 outputs (participatory workforce assessment and costed capacity development plan) 4. 20% after submission and acceptance of the final consolidated report and policy brief

Annex A: Technical Evaluation Scoring Matrix

Criterion	Sub-criteria / indicators	Max points
A. Institutional capacity and relevant experience (20 points)	Demonstrated track record in disability inclusion and/or social-service systems strengthening, evidenced by comparable assignments (methodology, scale, outputs)	10
	Depth of experience in the region and specifically in Rwanda (strong preference per the ToR)	5
	Strength and clarity of the proposed partnership arrangement between the international firm and the Rwandan organisation/research team, including division of roles and joint field delivery	5
B. Team composition and qualifications (30 points)	Team Leader: meets or exceeds the minimum requirement of 10+ years' relevant experience, including disability-inclusive systems, assessment/referral mechanisms and/or workforce capacity development; relevant Master's; track record leading similar assignments	10
	Collective coverage across the team of the five specialist areas in the ToR: (i) disability inclusion/CRPD and children's rights; (ii) MIS, use-case design and data interoperability/governance; (iii) social-service workforce assessment, function/task analysis and costing; (iv) community-based inclusive development/CBR and sectoral systems (health, education, child protection, social protection); (v) participatory qualitative methods and intersectional programming	12
	At least one national team member with disability and/or social-sector experience, and at least one team member fluent in Kinyarwanda, as required by the ToR	4
	CVs and role allocation clearly evidence each member's availability and specific time commitment to the assignment	4
C. Technical approach and methodology (35 points)	Demonstrated understanding of the assignment, including why the two objectives are interdependent and combined in a single contract	6
	Proposed methodology for Objective 1 (DMIS operationalisation): approach to mapping data points and interoperability across health/education/social protection/child protection systems, defining the DMIS use case and sequencing, articulating assessment/determination logic and referral workflows, and specifying institutional arrangements and SOPs	9
	Proposed methodology for Objective 2 (workforce assessment): approach to function mapping, establishing who performs each function, task-sharing/task-shifting feasibility and risk analysis, and developing costed options and a costed capacity development plan	9

	Approach to meaningful, safeguarded participation of persons with disabilities, OPDs, parents and children throughout the assignment, including accessibility measures	6
	Quality and feasibility of the fieldwork and stakeholder engagement plan, covering Huye, Bugesera and the additional purposive district sample, and the range of KII/FGD respondents listed in the ToR	5
D. Work plan, management and quality assurance (15 points)	Realistic, phased work plan aligned to the 5-month duration and the five-stage deliverable schedule (inception; Objective 1; Objective 2; validation and consolidation; final)	6
	Quality assurance, risk management and coordination arrangements, including engagement with the technical reference group and relevant UNICEF sections	5
	Approach to data protection and confidentiality, appropriate to an assignment handling personal and sensitive disability data	4
Total technical score		**100**

Minimum technical threshold: recommend a qualifying score of 70/100 before a proposal's financial envelope is opened, consistent with standard UNICEF practice for institutional consultancies of this complexity and sensitivity (personal disability data, cross-sectoral government coordination).

Financial evaluation: Financial score = (Lowest priced compliant proposal ÷ Price of proposal being evaluated) × Financial weight. Recommended weighting is Technical 70% / Financial 30%, reflecting the technically demanding and context-specific nature of the assignment; adjust if programme or supply guidance specifies otherwise.

Combined score = (Technical score ÷ 100 × 70) + Financial score, out of 100. Award to the offer with the highest combined score among those meeting the technical threshold.