



Terms of reference

For the consultancy services to conduct a mapping and analysis of selected aspects of the Zimbabwe Health Sector

Purpose of this document

This document contains the requirements relating to the mandate and describes the tender procedure for the mapping and analysis of selected aspects of the Zimbabwe Health Sector. It serves as a guideline for the applicant to submit his or her proposal/offer.

1.0 Goal and content of the mandate

1.1 Background

Zimbabwe's health system has undergone significant changes over the years, marked by periods of progress and setbacks. The country had a strong primary healthcare system, but a number of challenges has weakened service delivery. The health sector is largely decentralized, with services provided through public, private, mission, and non-governmental health facilities. However, the public sector remains the primary healthcare provider, serving the majority of the population. The system is guided by the National Health Strategy, which aims to achieve Universal Health Coverage (UHC) through improved service delivery, health financing, and governance. Recent developments in Zimbabwe's health financing landscape include an increasing reliance on user fees within public hospitals, raising concerns about high out of pocket expenditure impacting equitable access to care. In parallel, the Government of Zimbabwe has expressed a renewed commitment to accelerating the establishment of a national health insurance scheme as a pathway toward more sustainable and inclusive health financing. Currently health insurance coverage is very low at 8% and 7% for women and men respectively. Despite these efforts, structural weaknesses continue to hinder progress, making healthcare access inconsistent, particularly for rural and marginalized populations.

Zimbabwe faces challenges that undermine the effectiveness of its health system. Limited domestic financing has led to chronic underfunding, and where domestic funding is allocated it is often inefficiently used, with the country relying on external donors, who contribute nearly half of the health budget. However, donor funding is declining, exacerbating resource gaps and straining service delivery. Workforce shortages, inadequate infrastructure, power outages and water supply shortages, and fragmented healthcare services further weaken the system. Emergency preparedness is also constrained by poor planning, resource mobilization challenges, and weak coordination, affecting the country's ability to respond to health crises. Commodity shortages, including essential medicines, diagnostic tools, and medical supplies, are persistent throughout the country but exacerbated in rural remote areas. The health sector faces persistent systemic challenges, including inadequate information systems with outdated or incorrect data, risks of corruption and misuse of public commodities, and widespread concerns over inefficiencies and accountability in the health commodity supply chain.

In view that Zimbabwe carries a high disease burden, including both communicable and non-communicable diseases (NCDs). The country has one of the highest maternal mortality rates in the region, at 212 deaths per 100,000 live births. HIV/AIDS remains a major public health concern, with an adult prevalence rate of 11% and approximately 1.3 million people living with the virus. Tuberculosis and malaria also contribute to high morbidity and mortality rates. At the same time, NCDs such as hypertension, diabetes, and cardiovascular diseases are on the rise due to lifestyle changes, urbanization, and limited preventive care. The dual burden of infectious diseases and NCDs, coupled with resource constraints, places immense pressure on Zimbabwe's healthcare system, highlighting the urgent need for sustainable health system strengthening and preventive interventions.

In response to these pressing issues, the Embassy of Switzerland in Harare has initiated the Health Sector Study. The study aims to provide a comprehensive analysis of selected components of Zimbabwe's health system, identifying opportunities for strategic investments and interventions that can enhance health outcomes, system efficiency, and sustainability. By focusing on resilient health systems, innovative digital solutions, and crisis preparedness and response, the study seeks to inform SDC's future health programming and strategic engagement in Zimbabwe. This is being conducted in collaboration with the Ministry of Health and Child Care (MoHCC) and other partners active in the health sector.

1.2 Purpose of the consultancy

Embassy of Switzerland through the Swiss Agency for Development and Cooperation (SDC) seeks the services of a team of consultants to conduct a partial assessment of Zimbabwe's health system. This study aims to identify opportunities, challenges, and risks within the sector on selected components to inform SDC's future health programming and strategic engagement in Zimbabwe. By assessing the current health landscape, including service delivery models, financing mechanisms, human resources, infrastructure, governance, and policy frameworks, from a political economy lense, the study seeks to provide actionable recommendations for enhancing health outcomes, system efficiency, and sustainability for SDC investments and its priorities in Health. The findings will guide SDC's efforts to support resilient, equitable, and sustainable health systems in Zimbabwe.

Scope and focus

This assessment aims to examine critical components of the health system, with a focus on primary healthcare, maternal and reproductive health, and governance. It will identify opportunities to enhance service delivery, promote sustainability and transition from donor reliance, and integrate gender by addressing access barriers and advancing equity in both service provision and community-level engagement. The assessment should also include a comprehensive mapping of partners involved in each of the selected components.

1. **Health System Governance:** Assess the current governance arrangements across all levels of Zimbabwe's health system, with a focus on strengthening leadership, coordination, and regulatory oversight. Identify gaps in sector coordination, policy implementation, and health system regulation. Propose practical measures to enhance financial management covering budgeting, resource allocation, revenue generation, and public financial management systems (PFMS) to improve transparency, accountability, and efficiency. The assessment should include a risk analysis of the proposed interventions and outline mitigation strategies to support resilient and effective service delivery.
2. **Human Resources for Health (HRH):** Assess existing initiatives by various partners to address healthcare worker shortages and distribution, providing recommendations for Switzerland's support in recruitment, training, and retention strategies.
3. **Digital Health Innovations and Artificial Intelligence:** Analyse the current digital infrastructure to identify gaps and opportunities for implementing cost-effective digital health solutions, enhancing service delivery and decision-making processes. Present a risk analysis and mitigation measures for the proposed opportunities to engage.
4. **Primary Healthcare and Community Services:** Identify opportunities to strengthen primary healthcare facilities and community-level interventions, with a strong focus on enhancing gender-responsive maternal and neo natal health with an increased neo . This includes reducing preventable referrals to tertiary hospitals by addressing barriers that hinder timely and quality care for women, adolescent girls, and other vulnerable populations. The assessment should also explore the potential and challenges of integrating key services within the primary healthcare platform to improve accessibility, continuity, and equity of care.
5. **Cooperation modalities:** In light of the Zimbabwe health Sector context and Official Development Assistance (ODA) landscape, suggest possible delivery modalities including exploring the possibility of direct collaboration with Zimbabwe government. Present the risks and opportunities associated with direct collaboration with Zimbabwe's government, evaluating other existing structures like pooled funding arrangements and government hosted Project Implementation Units (PIUs) to inform effective engagement strategies.
6. **Private Sector engagement:** Assess and identify strategic opportunities for private sector engagement in strengthening health systems, including service delivery, financing, innovation, climate resilient health systems financing instruments and supply chain management.

7. Supply Chain Management: Examine the effectiveness of supply chain management within the health system, with particular focus on procurement, distribution, and availability of essential medicines and commodities. Assess how budget allocations influence supply chain performance, and identify gaps, inefficiencies, or risks that affect timely and equitable access to health products at all service levels. Propose measures to strengthen supply chain systems and ensure alignment with financial planning and service delivery priorities.

Crisis Modifier: Assess the potential for integrating humanitarian financing instruments, such as crisis modifiers, into health interventions to enhance responsiveness and continuity during shocks and emergencies.

Deliverables

Inception Report (10 pages max.)	<p>A clear description of the development intervention under review in the context of Zimbabwe's health system</p> <p>Summary of key documents reviewed during the initial desk study</p> <p>Specification of the proposed study methodology, including strengths and limitations</p> <p>A set of core questions guiding the study</p> <p>An analytical framework outlining:</p> <ul style="list-style-type: none"> • Rubrics or assessment criteria to be applied • Data sources and methods of data collection • Sampling strategies • Key indicators <p>A proposed timeline for the evaluation process, supported by a Gantt chart</p> <p>Summary of findings from the first round of interviews and desk review</p> <p>A preliminary list of interviewees and stakeholders engaged</p> <p>A tentative structure for the final evaluation report to guide alignment and feedback from partners</p>
Debriefing workshop (mandatory)	<p>The consultant/s should hold a capitalisation workshop after the field mission, to share first findings and to discuss and receive comments from the project stakeholders. This will help to draft the report.</p>
Draft evaluation report (mandatory)	<p>The draft report should include the study findings, conclusions and recommendations.</p>
Final Report (mandatory)	<p>The report should be in English, logically structured, contain evidence-based findings, conclusions, lessons and recommendations and their correlations. All information that is not relevant to the overall analysis belongs in an annex. The report should respond in detail to the study questions and key focus areas. It should include a set of 6 to 10 specific recommendations to Switzerland for their health engagements</p> <p>We recommend that the evaluation report should not exceed 20 pages,¹ including an executive summary (4 pages), but excluding the annexes. The report should contain clear references to important information/data available in the annexes.</p> <p><u>Proposed structure of the report:</u></p> <p>Cover page</p> <p>Table of contents</p> <p>Acronyms and abbreviations</p> <p>Acknowledgments</p> <ul style="list-style-type: none"> • Executive summary • Introduction • Description of the Zimbabwe Health Landscape • Findings, incl. results

¹ The number depends on the development intervention evaluated and should be between 20-40 pages.

	<ul style="list-style-type: none"> • Conclusions • Recommendations Annexes (compulsory) <ul style="list-style-type: none"> • Terms of reference • Complete list of stakeholders and others consulted and interviewed • Detailed description of the review process, including data sources and possible methodological weaknesses and limitations • Other deliverables that were requested in the ToR
Other deliverables	Minutes of workshops, slides used for debriefing, videos, leaflets, case studies, etc.

Methodology

The consultant is expected to present a methodology that allows to source information from both primary as well as secondary sources, including quantitative as well as qualitative methods.

1.3 Time frame, target dates

The timeline / deadlines for specific milestones and deliverable shall be set out in the contract. Below a tentative timeline for the assignment:

Deadline	Activity
21 July 2025	Deadline for submitting proposal/ offer
31 July 2025	Awarding of mandate
1 August 2025	Signing of Contract
1 August 2025	Begin of mandate
30 September 2025	Submission of draft report
10 October 2025	Submission of final report

2.0 Formal aspects of the invitation to tender

2.1 Contracting authority

Swiss Agency for Development and Cooperation
Regional office Southern Africa
Embassy of Switzerland to Malawi, Zambia and Zimbabwe
9, Lanark road, Belgravia
Harare, Zimbabwe
www.eda.admin.ch/harare

2.2 Type of procedure

Procurement in the invitation to tender is in accordance with the Federal Ordinance of 11 December 1995 on Public Procurement, FOPP, SR 172.056.11, revised on 1 January 2021.

The submitted bids/ proposals must meet the requirements and instructions provided here in.

2.3 Composition and content of the offer

The following structure for the offer is compulsory:

Chapter	Description	No. pages (max.)
0	Covering letter with signatures	1
1	Technical Offer	5
1.1	Introduction with motivation for the bid	
1.2	Understanding of the mandate	
1.3	Description of the proposed methodology and implementation plan with timeframes, risks, constraints and opportunities	
1.4	Competencies, roles, responsibility of the consultant team	
2	Financial proposal: In United states dollars (USD \$) accordance with proposed number of days and strictly complying with the budget template provided. For travel expenses refer to the “Synopsis of the lump sum reimbursement” in annex.	1
3	Annexes: <ul style="list-style-type: none"> - CVs of consultants participating (each CV not exceeding 2 pages) - List of similar projects executed before with contact of references - Others 	

2.4 Budget

Please prepare a budget based on your estimations of time and the fees of the involved consultants. The mandate is estimated **not to exceed 40-man days in total**. No reimbursement shall be made for the bidder's work in preparing and submitting his or her offer. All costs must be submitted in USD Currency.

2.5 Contractual terms

The contract to be concluded is subject to the general terms and conditions [which are supplied in the Annexes]. The SDC's general terms and conditions are considered to be accepted when an offer is submitted.

3.0 Suitability criteria

The bidder can verify his or her ability to fulfil the mandate in technical, financial and commercial terms; resp. shall confirm this with a self-declaration.

No.	Suitability criterion	Verification
SC1	The consultants are legally able to work and/or can easily get a permit to work in Zimbabwe	Supporting evidence
SC2	Experience in the health and development sector, at least 10 years' experience with knowledge and existing contacts within the Ministry of Health in Zimbabwe	The technical proposal attached with CVs of the consultants to be involved
SC3	Experience with Health Financing in Developing Countries	The technical proposal attached with CVs of the consultants to be involved
SC4	Experience with data collection and analysis	The technical proposal attached with CVs of the consultants to be involved
SC5	The evaluator(s) are independent of the FDFA and, in particular, the SDC and were are not	Self-Declaration

	involved in activities being covered by this assessment.	
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4.0 Award criteria

The consultant/agency will be selected by a limited tender process. Of the valid offers submitted, the contract will be awarded to the technically and economically most favorable bid. Offers will be evaluated on a combination of technical and financial criteria. In this case the ratio between technical and financial scores will be 80/20.

Offers will be assessed according to the following award criteria and weighting:

AC	AWARD CRITERIA	WEIGHTING
AC1	Qualification and experience of the consultant or a group of consultants	45 %
	<ul style="list-style-type: none"> Advanced educational qualifications public health, social sciences and/or development studies. At least 10 years' experience in health systems strengthening. Practical working experience in health in Zimbabwe Understanding and experience in working with Ministry of Health in Zimbabwe. Existing contacts will be an added value Research and/or consultancy experience on Health Systems Strengthening Experience with conducting contextual analysis research on Health Systems Strengthening in Zimbabwe 	
AC2	Understanding of the mandate and methodological approach	30%
	Understanding of the mandate and proposed approach	15 %
	Alternative and innovative approaches	10 %
	Description of the risks, constraints and opportunities as well as the means identified for addressing them	5%
AC3	Financial Proposal	20 %
	Clarity of the proposition, full character of the cost structure, realistic estimation of the unit costs	10%
	Costing of items (fees, reimbursable)	5%
	Price formula $\text{Score} = \left(\frac{P_{\min} \times \text{max. Points}}{P} \right)$ P = Price of the Proposal to be assessed P min = Price of the lowest Proposal Max. Points = 5	5%

Award criteria are evaluated on a scale of 0 to 5.

Score	Fulfilment and quality of the criteria	
0	Cannot be established	<ul style="list-style-type: none">• Information not available
1	Very bad fulfilment	<ul style="list-style-type: none">• Information is incomplete• Data quality is very poor
2	Bad fulfilment	<ul style="list-style-type: none">• Information relates inadequately to the requirements• Data quality is poor
3	Average fulfilment	<ul style="list-style-type: none">• Information globally responds inadequately to the requirements• Data quality is adequate
4	Good fulfilment	<ul style="list-style-type: none">• Information focuses well on requirements• Data quality is good
5	Very good fulfilment	<ul style="list-style-type: none">• Information clearly relates to the achievement of outputs• Data quality is excellent

5.0 Additional points to be noted by the bidder

5.1 Address for submission of offers

All bids/ proposals should be sent by e-mail to: harare.events@eda.admin.ch **21 July 2025**

The Subject of the E-mails should be: **Eol Health Sector Study Zimbabwe**

5.2 Language of documents, language of bids

The bid must be submitted in English. The documents are available in English and the final work must be provided in English.

5.3 Answering Questions

Questions concerning this mandate may be sent by **30th of June 2025** to the above email addresses named under point 5.1 above. Please send in questions in writing by email. The answers (as FAQs) will be made available by email to all bidders who have expressed an interest in submitting an offer, without disclosing names/addresses of interested bidders.

5.4 Deadline for submitting a bid and validity

The bid must be sent by E-mail to the contact persons named under point 5.1 above by **21 July 2025 (Close of Business Zimbabwean Time)** at the latest.

The bid is valid for up to 60 days after the aforementioned date for submission.

5.5 Negotiations

Remain reserved.

5.6 Confidentiality

All information of any kind that comes to the attention of the bidder in connection with the tendered mandate of the awarding authority is to be treated as confidential. The content of the present tender may only be made available to persons taking part in the preparation of the bid.

The tender documentation may not be used for any other purposes than preparation of the bid, even in extracts.

Bidders treat facts as confidential that are not public knowledge or publicly available. In cases of doubt, facts are to be treated as confidential. This obligation to secrecy remains valid even after conclusion of the tender procedure.

The awarding authority undertakes to maintain confidentiality about this bid towards third parties subject to the reserve of statutory publication requirements.

5.7 Integrity clause

Bidders undertake to take all necessary measures to avoid corruption, especially not to offer or accept payments or other advantages. Bidders who violate the integrity clause are required to pay a contractual penalty to the contracting authority amounting to 10% of the contract sum or at least CHF 3,000 per violation. The bidder notes that a violation of the integrity clause leads as a rule to the cancellation of the award or to early termination of the contract by the contracting authority for important reasons. The Parties shall inform each other in case of any well-founded suspicions of corruption.

5.8 Protected rights

All protected rights that arise from executing the mandate shall be transferred to the contracting authority.

Synopsis of the lump sum reimbursement (2025)

Zimbabwe

- Food lump sum: CHF60/day
- Hotel accommodation: max CHF 290 (against receipts)

NB: Where accommodation is booked on a bed and breakfast basis, the consultant can only claim 80% of the per diem.



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