



Terms of Reference

Embassy of Switzerland to Zimbabwe, Zambia and Malawi

An end-of-phase evaluation for the Zvandiri project in Zimbabwe and Zambia

Purpose of this document

This document contains the requirements relating to the mandate and describes the tender procedure for the **consultancy services to conduct an end-of-phase evaluation for the Zvandiri project in Zimbabwe and Zambia**. It serves as a guideline for the applicant to submit his or her proposal/offer.

1. Introduction

Switzerland, through its international cooperation in Zimbabwe, is commissioning an End of Phase Evaluation of its support to the Zvandiri program. This evaluation aims to assess the effectiveness, relevance, and sustainability of the interventions implemented to improve treatment, care, and support for children, adolescents, and young people living with HIV. By examining the program's achievements, challenges, and overall impact on strengthening health systems and peer-led service delivery, the evaluation will ensure accountability and promote learning. The findings will guide future strategic decisions, ensuring that Switzerland's support remains aligned with Zimbabwe's health priorities and contributes to sustainable, long-term improvements in HIV care and policy.

2. Background information and context of the review

Zimbabwe and Zambia continue to face a high burden of HIV among young people under 24, reflecting complex socio-economic, cultural, and structural factors. In Zimbabwe, HIV prevalence among youth aged 15-24 is approximately 4.6% for females and 3.6% for males, while in Zambia, the rates are higher, with 5.5% for females and 3.6% for males. Despite progress, such as Zimbabwe's 51% reduction in new adolescent infections since 2010, both countries exhibit slower declines compared to regional counterparts. This trend suggests persistent gaps in prevention strategies and systemic challenges in reaching vulnerable populations, especially in rural and marginalized communities.

A critical factor is the disproportionate impact on adolescent girls and young women (AGYW), who account for the majority of new infections—over 70% in Zimbabwe and 60% in Zambia. This disparity underscores deeper gender inequalities, including exposure to gender-based violence (GBV), early marriages, and limited economic opportunities, which increase susceptibility to HIV. Furthermore, societal stigma and entrenched cultural norms often deter young people from seeking testing and treatment. These barriers contribute to poor retention rates in care and treatment programs, leading to inconsistent adherence and higher viral loads among youth living with HIV.

Both countries are implementing multi-faceted strategies to address these challenges. Efforts to strengthen Prevention of Mother-to-Child Transmission (PMTCT) services have improved coverage, but gaps remain, particularly in rural areas where access to maternal and child health services is limited. Supportive measures like viral load testing and TB prevention are expanding but need more integration into routine care for young people. Initiatives such as peer education, youth-friendly health services, and community-based interventions have shown potential to improve service uptake and retention. However, sustained progress will require deeper systemic changes, including enhancing the health system's capacity, addressing socio-cultural barriers, and providing targeted support to AGYW to create a more resilient and equitable response to the HIV epidemic among youth.

3 Objectives, scope and focus of the review

3.1 Review objective

Since 2021, the Swiss Agency for Development and Cooperation (SDC) has supported the scaling up of the Zvandiri model in Zimbabwe and - to a limited extent - in Zambia. In Zimbabwe, this partnership enabled Zvandiri to provide technical assistance to the Ministry of Health and Child Care (MoHCC), expand services across 19 districts, and enhance health workers' capacity in adolescent HIV care. The collaboration fostered a multi-stakeholder approach to implementing comprehensive, evidence-based support systems. In Zambia, Zvandiri, in partnership with GLOHOMO, worked with the government to integrate and replicate the CATS model, strengthening adolescent HIV care.

The programme aimed to provide technical assistance at the national level while expanding the Zvandiri model to selected districts in Zimbabwe. Key activities included strengthening policies,

developing implementation guidelines, training and mentoring health workers, and creating job aides to support service delivery across 1,700 health facilities. The programme also incorporated digital tools such as WhatsApp-based E-Support Groups, the Zvandiri-ECHO Hub, and the ZVAMODA app to enhance the knowledge and skills of health providers and CATS. In Zambia, the programme focused on training health workers and gradually integrating CATS into health facilities, with expansion determined by regular feasibility assessments.

In Zimbabwe, the programme aimed to train additional CATS and integrate them into MoH facilities, where they would provide differentiated HIV care and psychosocial support for their peers. CATS worked alongside community health workers to identify children and adolescents in need of HIV testing, link them to services, and support their treatment adherence. Special emphasis was placed on pregnant girls and young mothers to ensure access to prevention of mother-to-child transmission (PMTCT) services. CATS also collaborated with local social service providers to strengthen HIV-sensitive case management and child protection services.

3.2 Purpose and Objectives

The purpose of the End of Phase Evaluation (EPE) of Switzerland's support to the Zvandiri program is to evaluate the program's overall impact, effectiveness, and sustainability in enhancing HIV treatment, care, and support services for children, adolescents, and young people in Zimbabwe. The review will assess how well the program has strengthened health systems, improved the capacity of healthcare workers, and supported the integration of peer-led models into national health policies and practices. By identifying key successes, challenges, and lessons learned, the evaluation will guide future interventions and ensure that Switzerland's support remains aligned with Zimbabwe's health priorities and contributes to lasting improvements in HIV care and support.¹

3.3 Scope

The scope of the evaluation encompasses assessing the effectiveness, relevance, sustainability, and impact of the Zvandiri program, focusing on its interventions to enhance HIV treatment, care, and policy for children and adolescents living with HIV. The evaluation will review the program's efficiency in building health worker capacity and integrating the model into local health systems. Additionally, it will consider the program's scalability and sustainability, provide recommendations for the next phase of SDC support, and examine future impact measurement. Through peer-led support, capacity building, and digital innovations, the program aimed to improve health outcomes and reduce HIV-related morbidity and mortality among young people.

Evaluation Objectives:

- **Assess Effectiveness:** Evaluate the achievement of program goals, including enhanced service delivery, healthcare access, and policy changes.
- **Measure Impact and Sustainability:** Examine the program's impact on the target population and its potential for long-term sustainability.
- **Assess Project Implementation:** Review project management, input quality, adherence to plans and budgets, and factors influencing progress.
- **Project Progress and Outcomes:** Evaluate indicator target achievements and the adequacy of monitoring data to measure impact.
- **Lessons Learned:** Identify key lessons from all stages of implementation, highlighting challenges and providing recommendations for improvements.

3.4 Key focus areas

The review will be guided by the following key questions, which will be further developed by the review team during inception phase

Criterion	Question
Relevance	<ul style="list-style-type: none"> To what extent does the project address the needs of the target population? How well do the project objectives align with the priorities of the Ministry of Health, other key stakeholders, and beneficiaries?
Coherence	<ul style="list-style-type: none"> How well does the project fit within the broader policy and strategy frameworks of SDC, the Zvandiri model, and the Ministry of Health? To what extent does the project align with other ongoing or planned projects in the sector (both regionally and nationally)?
Effectiveness	<ul style="list-style-type: none"> To what extent has the project achieved its intended results and objectives? How well have the activities been implemented as planned and within the specified timelines? Are there any gaps or unintended outcomes (positive or negative) from the project implementation?
Efficiency	<ul style="list-style-type: none"> How well were the resources (financial, human, and technical) allocated and used in the project? Were the activities carried out within the planned budget and timeframe? How efficiently were outputs achieved relative to the inputs and resources used?
Impact	<ul style="list-style-type: none"> What long-term effects (both positive and negative) has the project had on the target population and the wider community? Has the project contributed to a measurable reduction in HIV-related morbidity and mortality among young people, or improvements in their quality of life?
Sustainability	<ul style="list-style-type: none"> To what extent are the outcomes of the project likely to be sustained after the project ends? Have local stakeholders (e.g., community health workers, local authorities) been sufficiently involved in the implementation to ensure long-term impact?
Alignment	<ul style="list-style-type: none"> How well does the project align with SDC's overall strategic objectives and priorities? Is the project in line with the Ministry of Health's strategic vision and national health policies?
Intervention Logic / RF	<ul style="list-style-type: none"> Does the intervention logic clearly define the link between inputs, activities, outputs, and expected outcomes? Did the project follow the proposed intervention logic?

4. Review Process and Methods

4.1 Methodology

The bidder is required to propose a detailed and robust methodology to evaluate the project, focusing on relevance, effectiveness, efficiency, impact, sustainability, and alignment. The proposal should

include the evaluation design (qualitative, quantitative, or mixed methods), data collection methods (surveys, interviews, secondary data), analysis techniques (quantitative/statistical and qualitative thematic analysis), and tools for assessing progress against the results framework and indicator targets. Ethical considerations, such as informed consent and risk mitigation, should be addressed, alongside a clear approach for data triangulation and impact assessment. The bidder should outline stakeholder engagement, and timeline for delivering the final evaluation report, ensuring it will provide actionable insights for the future. The entire exercise should not exceed 60 expert days.

4.2 Roles and responsibilities

Embassy of Switzerland:

- Select the evaluation team based on the submitted offers.
- Oversee procurement and contracting processes.
- Provide guidance throughout the evaluation process to ensure alignment with objectives.
- Support logistical and operational aspects of the evaluation.
- Ensure the evaluation is conducted in a transparent and effective manner.

Zvandiri:

- Provide technical support as required and making all available documents
- Assist with scheduling appointments for the evaluation team.
- Provide technical input on the methodology to be used in the evaluation.
- Offer ongoing technical support throughout the evaluation process.
- Identify and engage participants for the dissemination meeting, ensuring key stakeholders are involved in discussing the findings.

4.3 Review process

The timeline / deadlines for specific milestones and deliverable shall be set out in the contract.

Deadline	Activity
27 March 2025 (1600hrs)	Deadline for submitting proposal/ offer
4 April 2025	Awarding of mandate
9 April 2025	Signing of Contract
11 April 2025	Begin of mandate
11 April 2025	Kick off Meeting
15 April 2025	Submission of inception report
22 April 2025	Inception meeting
23 June 2025	Submission of draft report
06 June 2025	Joint de-briefing meeting highlighting key insights and recommendations
30 June 2025	Comments sent to consultant
TBA	Validation workshop with key stakeholders
15 July 2025	Submission of final operational and financial report

5. Deliverables

- **Inception Report:** Submit an inception report and PowerPoint presentation after signing the agreement, addressing the scope of work, proposed methods, list of key stakeholders, and a Gantt chart with timeframes for deliverables.
- **Validation Workshop:** Include a ½ day validation workshop and presentation of key findings with key stakeholders in the budget, to be included by the consultant.
- **Final Evaluation Report:** Submit a comprehensive final evaluation report in the agreed format, including all relevant assessment data (Excel, Access, or SPSS formats), transcripts of FGDs and KIIs, photographs, checklists, case stories, and quotes.
- **Ethics Compliance:** The final report must include an ethics compliance plan and target dates for completing deliverables.

6. Formal aspects of the invitation to tender

6.1 Contracting authority

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

6.2 Type of procedure

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

6.3 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 \$) currency in 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	

6.4 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 **60 expert 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. There are two types of the budget templates depending on origin of the consultant. All consultants originating in OECD countries will use form type B mandate, while consultant from other countries use the form local mandate.

6.5 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.

6.6 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 can easily get a permit to work in Zimbabwe.	Supporting evidence
SC2	Experience in the health and development sector, at least ten years within the last ten years	The technical proposal attached with CVs of the consultants to be involved
SC3	Experience working with young people or youths living with HIV	The technical proposal attached with CVs of the consultants to be involved
SC4	Experience with data collection and analysis in line with familiarity/experience with evaluations guided by OECD/DAC criteria	The technical proposal attached with CVs of the consultants to be involved

6.7 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 development work with practical working experience working with communities of people living with HIV Research and/or consultancy experience on public health 	

	<ul style="list-style-type: none"> • Experience with conducting evaluations of similar nature. • Proven ability to facilitate focus group discussions and interviews with young people and people living with HIV. • Gender mainstreaming experience in health projects. • Excellent English skills (and knowledge in local languages for in-country members) 	
AC2	Understanding of the mandate and methodological approach	35%
	Understanding of the mandate and proposed approach	20 %
	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

7.0 Additional points to be noted by the bidder

7.1 Address for submission of offers

All bids/ proposals should be sent **by e-mail** to: dudzai.chingono@eda.admin.ch, with copy to rumbidzai.matewe@eda.admin.ch by **27 March 2025 1600hrs**. The bid is valid for up to 60 days after the aforementioned date for submission.

The Subject of the E-mails should be **Zvandiri End of Phase Evaluation**.

7.2 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.

7.3 Answering questions

Questions concerning this mandate may be sent by **16 March 2025 to the 2 contact persons** 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.

7.4 Negotiations

Remain reserved.

7.5 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.

7.6 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.

7.8 Protected rights

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

Synopsis of the lump sum reimbursement (2024)

Zimbabwe

- Per diem food lumpsum: CHF 60
- Hotel accommodation: max CHF 290 (against receipts)