

**TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANT**

<b>SECTION</b>	Health
<b>CONSULTANCY TITLE</b>	<b>National consultant</b> to support the UNICEF Zimbabwe Country Office in finalising the revised Results-Based Financing (RBF) support mechanism
<b>TYPE OF ENGAGEMENT</b>	<input checked="" type="checkbox"/> Individual Consultancy
<p><b>PURPOSE OF THE ASSIGNMENT:</b> This consultancy is being sought to support the UNICEF Zimbabwe Country Office in finalising the revised Results-Based Financing (RBF) support mechanism for the Health Resilience Fund (HRF) supported layer. The consultant will be under the health section providing expertise to finalise the revised RBF model to guide HRF disbursement in alignment with the Ministry of Health and Childcare (MoHCC) strategic direction, RBF policy dialogue recommendations, existing health financing strategies, HRF partners, under the guidance of the Health Financing Technical Working Group.</p> <p>The summary of the assignment objectives is as follows:</p> <ul style="list-style-type: none"> <li>• To develop revised RBF guidelines and models from existing strategies, policy documents and policy direction to guide the HRF-supported RBF layer.</li> <li>• Provide Technical Assistance to MOHCC during the initial phase of implementation and refine the model based on field experiences.</li> </ul>	
<p><b>BACKGROUND:</b></p> <p>Result-based financing (RBF) is an approach that provides financial incentives to healthcare providers based on pre-specified performance targets, aiming to improve healthcare service delivery and strengthen the health system. The RBF programme in Zimbabwe was designed to improve both the supply and demand-side performance of health systems to achieve Universal Health Coverage (UHC) through improving availability, accessibility, and quality of health services with a focus on reproductive, maternal, newborn, child adolescent health and nutrition (RMNCAHN), and an expanded scope including NCDs, TB, HIV and malaria services and their optimal utilisation.</p> <p><b>Specific Objectives of the RBF Program</b></p> <ol style="list-style-type: none"> <li>Contract healthcare facilities to implement innovative strategies that increase access to and utilization of quality priority health services.</li> <li>To improve the quality of care through an integrated national quality assurance and quality improvement (QA/QI) framework.</li> <li>To foster community participation and ownership in the delivery of health care services through increased involvement of Health Centre Committees (HCCs), Community-Based Organizations (CBOs), and other services.</li> <li>To strengthen the National Health Information System (NHIS) through improving data quality, reporting and utilization.</li> <li>To motivate and retain qualified Health Care Workers (HCWs) through incentivizing performance and creating a conducive environment.</li> <li>To strengthen managerial capacity at national and subnational levels for effective service delivery.</li> <li>To strengthen accountability and ownership across all levels through enhanced monitoring and</li> </ol>	

evaluation.

The Results Based Financing in Zimbabwe was first piloted in 2 districts in 2011 with support from the World Bank through Cordaid. This was scaled up to 16 districts in 2012 and finally 18 districts including 18 secondary and 4 tertiary hospitals in 2012 up to 2020. The Health Services Fund (HSF) input-based financing in 42 districts was commenced in 2013 which converted to the Health Development Fund-supported RBF for PHC facilities in only 42 districts in 2014. The HDF support towards RBF ended in Q1 2022.

The government of Zimbabwe has institutionalised RBF and has contracted all 60 rural districts, disbursing subsidies in local currency. Following an RBF policy dialogue held in March 2024, it was agreed that a revised partner-supported complementary layer be defined to guide the support from partners like the HRF. This consultancy is sought against this background to provide technical support to UNICEF in finalizing the modalities for the partner-supported layer, which will guide the utilisation of the approved HRF support to RBF for 2024 to 2025. The developed modality will be tabled for review and approval by the Health Financing TWG and the HRF Steering Committee.

#### **ASSIGNMENTS:**

The consultant will provide technical assistance in finalising the revised partner-supported Results-Based Financing Model and support during the initial phase of implementing the refined model for the partner-supported layer.

#### **Programme development and planning: Partner-Supported RBF Layer**

- Conduct desk review to synthesise evidence and ideas on the status of RBF in Zimbabwe
- Conduct Key Informant Interviews to get stakeholder views on RBF and recommendations on aspects to consider for simplifying the model – (Engage key stakeholders and beneficiaries during the process to understand the views of all the concerned parties)
- Develop revised RBF guidelines and model for HRF partner-supported RBF for the period 2024-2025 collaborating with MOHCC, UNICEF and PMU
- Present the proposed revised model to the MOHCC.
- Facilitate revision of RBF contracts for urban and rural facilities in line with the revised model.
- Collaborate with the PMU, PCU, UNICEF, MOHCC, and any other implementing entity to develop an implementation plan for the revised/revised model.
- Develop policy brief for advocacy for performance-based financing mechanism.

#### **Technical and Operational support to the MoHCC**

- Offer technical assistance and training sessions at national and provincial district levels in line with the revised model during the initial phase of implementation.
- Support MoHCC to set up procedures and guidelines for RBF in line with the revised model
- Assess the current functionality of supporting RBF structures e.g., Community-Based Organisations (CBOs), Health Centre Committee (HCC) and other MoHCC structures, and identify areas that still need capacity building and provide recommendations to improve their planning, implementation and monitoring of health services and activities
- Support MoHCC to monitor project progress throughout all levels of implementation as defined in the revised RBF model parameters and utilise lessons from the field to continuously refine.

- Support facilities receiving partner-supported RBF payments to produce quality Expenditure reports

**REASONS WHY CONSULTANCY CANNOT BE DONE BY STAFF:**

The Results Based Financing consultancy cannot be done by staff due to the need to separate roles and responsibilities by UNICEF as an implementing partner and as specified by the funding partners and the MoHCC. There is also a need to engage individuals with extensive experience in implementing results-based financing in Zimbabwe, which is not currently available in the section.

**Child Safeguarding**

Is this project/assignment considered as “[Elevated Risk Role](#)” from a child safeguarding perspective?

YES  NO If YES, check all that apply:

**Direct contact role**  YES  NO

If yes, please indicate the number of hours/months of direct interpersonal contact with children, or work in their immediately physical proximity, with limited supervision by a more senior member of personnel:

**Child data role**  YES  NO

If yes, please indicate the number of hours/months of manipulating or transmitting personal-identifiable information of children (name, national ID, location data, photos):

More information is available in the [Child Safeguarding SharePoint](#) and [Child Safeguarding FAQs and Updates](#)

Tasks/Milestone:	Deliverables/Outputs:	Timeline (% of total cost)
<b>1. Programme development and planning: Partner-Supported RBF Model</b>		
Inception Report	Produce an Inception Report to demonstrate understanding of the task and proposed methodology on how to deliver on these ToRs.	7 Days (2.5%)
Key Informant Interviews and desk review	Report detailing the findings from the review and interview process	5 days (2%)
Develop revised RBF guidelines and Model for HRF partner-supported layer	<ul style="list-style-type: none"> <li>• Draft a Revised RBF Model for the partner-supported layer</li> <li>• PPT presentation delivered to HRF Technical Meeting, Health Financing TWG and HRF Steering Committee</li> <li>• Final revised RBF model incorporating comments from HRF partners, HF TWG</li> </ul>	20 days (7%)

	and SC Detailed implementation plan	
Review of RBF Contracts	Revised RBF contracts for both rural and urban facilities	2 day (1%)
Develop Policy Brief	Two policy briefs developed on RBF in Zim	4 days (1.5%)
<b>2. Technical and Operational support to the MoHCC</b>		
Support MOHCC in ensuring contracting processes are done as defined in the revised model	Produce a report/dashboard on contracts signed by health facilities.	2 days (1%)
Assess the functionality of the Health Centre Committee (HCC) and capacity-building gaps	Report on the current functionality of HCCs and recommendations for capacity building	10 days (4%)
Support MOHCC to enhance the community feedback mechanism.	Strengthen community feedback mechanisms in line with the revised RBF model.	TBD30 days (11%)
Support MOHCC to strengthen verification processes in line with the revised model.	Revised verification in place and functional	60 days (21%)
TA on capacity building across all levels	Training reports	60 days (21%)
Support quality expenditure reporting.	Quality expenditure reports submitted timely by facilities.	40 days (14%)
Monitoring Progress and Reporting	Quarterly progress reports submitted.	40 days (14%)
<b>Total Number of Days</b>		<b>280 days</b>
<p><b>Minimum Qualification required:</b>  <input type="checkbox"/> Bachelors <input checked="" type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Other</p> <p><b>Enter Disciplines:</b>            Languages            Fluency in English</p> <p><b>Experience</b>            The consultant should demonstrate strong previous experience in implementing results-based financing in Zimbabwe.</p>		
<p><b>Knowledge/Expertise/Skills required:</b></p> <ul style="list-style-type: none"> <li>• Possess at least a master's degree in health economics or health policy and Financing or related qualification, demonstrated experience in the implementation of results-based financing in health.</li> <li>• Understanding of health systems strengthening approaches and service delivery within a constrained operational environment, with Zimbabwe experience desirable</li> <li>• Understand the local political, economic, and cultural context.</li> <li>• Understand, and show a willingness to implement, key principles of the human rights-based approach to programming and results-based management.</li> <li>• Demonstrate ability to engage constructively with the Government of Zimbabwe</li> <li>• Strong knowledge of the Zimbabwean health system.</li> </ul> <p><b>Desirable</b>            At least 5 years of demonstrated experience in</p>		

	implementing results-based financing in Zimbabwe.		
<b>Supervisor: Farai Chikupe</b> <b>Health and Nutrition Officer:</b>	<b>Start Date:</b> 1 December 2024	<b>End date:</b> 30 June 2025	<b>Total Working Days:</b> <b>280</b>
<b>Funding Source:</b>	<b>Grant number: SC220904</b> <b>WBS: 6260/A0/07/101/004/007</b> <b>Grant Expiry Date:30.06.2025</b>		
<b>Requesting Section/Issuing Officer:</b>	<b>Health/ Norest Hama</b>		
<b>Included in Annual/Rolling Workplan:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please justify:			
<b>Consultant Sourcing:</b> <input checked="" type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> Both	<b>Consultant Selection Method:</b> <input type="checkbox"/> Competitive Selection (Roster) <input checked="" type="checkbox"/> Competitive Selection (Advertisement/ Desk Review/Interview)		
<b>Payment:</b>	<sup>2</sup> Monthly, per deliverables		
<b>Travel International (if applicable)</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Travel Local (please include locations)</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Locations: All 63 districts in Zimbabwe		
<b>DSA (if applicable)</b> Approximate number of days: 30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Administrative details:</b> Visa assistance required: <input type="checkbox"/> Transportation arranged by the office: <input checked="" type="checkbox"/> (For field trips)	<input checked="" type="checkbox"/> Home Based <input type="checkbox"/> Office Based: If office based, seating arrangement identified: <input type="checkbox"/> IT and Communication equipment required: <input type="checkbox"/> Internet access required: <input type="checkbox"/>		
Guidance on Travel and Access to UNICEF email and Resources for consultants	N/A		

<b>Application requirement</b>	<input checked="" type="checkbox"/> Technical Proposal <input checked="" type="checkbox"/> Financial Proposal
<b>Request Authorized by Section Head</b>	<b>Request reviewed by HR.</b>

**Approved by OIC Deputy Representative Programmes**

<sup>1</sup> Payment of professional fees will be based on submission of agreed deliverables. UNICEF reserves the right to withhold payment in case the deliverables submitted are not up to the required standard or in case of delays in submitting the deliverables on the part of the consultant.

Consultants are an important temporary work force that contribute with their knowledge, skills and expertise in their respective fields of work.

The assignment of these contracts requires compliance with policy and guidelines and HR practitioners are best positioned to provide the assistance and advise to manager and hiring offices to ensure the effective and efficient use of this resource.

This page provides information regarding policy and guidelines, forms and documents required for the creation and management of contracts.

Please contact us at [nyhq.consultants@unicef.org](mailto:nyhq.consultants@unicef.org).

Contracts are delivery-based, i.e., the consultant is required to produce pre-determined, tangible, and measurable outputs/deliverables, aligned to the delivery schedule outlined in the Terms of Reference. Any single contract should not exceed 36 months duration to produce a single or set of deliverables under the same contract, to ensure best value for money based on periodic competitive reviews by the office.

Individuals engaged under a consultancy or individual contract will not be considered “staff members” under the Staff Regulations and Rules of the United Nations and UNICEF’s policies and procedures and will not be entitled to benefits provided therein (such as leave entitlements and medical insurance coverage). Their conditions of service will be governed by their contract and the General Conditions of Contracts for the Services of Consultants and Individual Contractors. Consultants and individual contractors are responsible for

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determining their tax liabilities and for the payment of any taxes and/or duties, in accordance with local or other applicable laws.

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