Terms of Reference (TOR) for a consultant (individual/firm) to conduct Solar for Health and Incinerator Optimization, Maintenance and Sustainability Plan in Zimbabwe

Project Title: Consultant to conduct Solar for Health and Incinerator Optimization, Maintenance and Sustainability Plan in Zimbabwe

Definition of terms:

Solar for Health (S4H): The UNDP-supported initiative, implemented in partnership with the Ministry of Health and Child Care (MoHCC) and financed by the Global Fund, that installs solar photovoltaic (PV) systems at health facilities to provide reliable, clean electricity where grid supply is absent or unreliable. In this assignment, S4H refers to the 1,051 systems installed to date, including panels, batteries, inverters, charge controllers, wiring and associated service packages, sized to power critical loads such as health information systems, maternity wards, pharmacy stores and laboratories.

Incinerator: A purpose-built unit for the controlled, high-temperature treatment of health-care waste (including infectious waste, sharps and expired pharmaceuticals) that reduces its volume and renders it non-infectious. In this assignment, the term covers both facility-level units and regional-scale units intended to serve entire catchment areas, together with their ancillary equipment, fuel supply and ash disposal arrangements.

Optimisation: The process of ensuring that installed solar systems and incinerators deliver their full designed value. It means closing the gap between current utilisation, functionality and performance and the original design intent: confirming that solar systems carry the loads they were sized for, that incinerators operate at viable throughput, and identifying where assets should be rehabilitated, upgraded, reconfigured or relocated to maximise service delivery and value for money.

Maintenance: The planned and responsive activities that keep the solar systems and incinerators safe, functional and performing to specification throughout their working life. It comprises (i) scheduled and preventive maintenance, meaning routine inspection, cleaning, servicing and testing at defined intervals to prevent failure; (ii) corrective maintenance, meaning the diagnosis, repair or replacement of components after a fault occurs; and (iii) the supporting elements of technical expertise, spare parts, batteries, consumables and the environmentally sound disposal of expired or malfunctioning components.

Sustainability: The ability of solar and incinerator investments to keep operating and delivering health benefits over their full economic life without depending on the current Global Fund cycle or other time-bound external funding. Sustainability rests on four mutually reinforcing dimensions: (i) institutional, meaning clear MoHCC ownership, roles and accountability at health facility, district, provincial and national level; (ii) financial, meaning predictable domestic and revenue-based funding for operations, maintenance and replacement, including a business model under which non-health-sector users pay for incinerator services; (iii) technical, meaning available skills, spare parts and maintenance systems; and (iv) environmental and social, meaning safe disposal of e-waste and medical waste and active community ownership through Health Centre Committees and surrounding communities.

Optimisation, Maintenance and Sustainability Plan: The single, costed plan this assignment will deliver. It brings the above elements together into a practical roadmap that sets out activities, responsibilities, costs, timelines, financing mechanisms and indicators for success, enabling MoHCC and its partners to optimise, maintain and sustain the solar systems and incinerators at health facilities in Zimbabwe.

1. Overview of The Clinton Health Access Initiative

The Clinton Health Access Initiative, Inc. (CHAI) is a global health organisation committed to saving lives and reducing the burden of disease in low-and middle-income countries (LMICs). CHAI's goals also include strengthening the capabilities of governments and the private sector in LMICs to create and sustain high-quality health systems.

CHAI was founded in 2002 in response to the HIV/AIDS epidemic to dramatically reduce the price of life-saving drugs and increase access to these medicines in countries with the highest burden of the disease. Over the following two decades, CHAI has expanded its focus. Today, along with HIV, CHAI works in conjunction with partners to prevent and treat infectious diseases such as COVID-19, malaria, tuberculosis, and viral hepatitis, among others. CHAI's work has also expanded into cancer, diabetes, hypertension, and other non-communicable diseases, and we work to accelerate the rollout of lifesaving vaccines, reduce maternal and child mortality, combat chronic malnutrition, and increase access to assistive technology. We are investing in horizontal approaches to strengthen health systems through programs in human resources for health, digital health, and health financing. With each new and innovative program, our strategy is grounded in maximising sustainable impact at scale, ensuring that governments lead the solutions, programs are designed to scale nationally, and learnings are shared globally.

At CHAI, our people are our greatest asset, and none of this work would be possible without their talent, time, dedication and passion for our mission and values. We are a highly diverse team of enthusiastic individuals across 40 countries with a broad range of skills and life experiences. Learn more about our exciting work: http://www.clintonhealthaccess.org.

2. Project Description

UNDP, in partnership with the Ministry of Health and Child Care (MoHCC) and with Global Fund financing, has invested substantially in health facility infrastructure in Zimbabwe to strengthen service delivery and supply chain management. Two investments dominate that portfolio: Solar for Health (S4H) and health-care waste incinerators. Before S4H, on-grid facilities were disrupted by prolonged power cuts, off-grid facilities had no power at all, grid extension was prohibitively expensive, and facilities relying on generators carried high fuel, operations and maintenance costs. Solar photovoltaic (PV) systems have since proved a reliable and sustainable alternative: 1,051 systems have been installed to date, sized to carry critical loads including health information systems, maternity wards, pharmacy stores and laboratories. Comparable investment has been made in incinerators, including regional-scale units intended to serve entire catchment areas.

Both investments have improved service delivery at health facilities, but neither is yet delivering its full value. It is not established whether facilities are using the solar systems for the loads they were designed to carry, and the incinerators remain largely non-functional because operating costs are high and unpredictable. At the same time there is a clear opportunity to place both on a self-sustaining footing, including a business model under which users outside the health sector, such as private operators, pay to use the incinerators and generate revenue for their operation. Realising that value depends on resolving three linked constraints maintenance, optimisation and sustainability which present as follows:

a) Vandalism of installed infrastructure;
b) Theft of equipment and components;
c) Absence of scheduled and corrective maintenance;
d) Insufficient technical expertise at health facility, district, provincial and national level;
e) Inadequate funding for operations and maintenance;
f) Weak ownership of the investments at all levels, including at health facility level;
g) Absence of a disposal plan for expired or malfunctioning components such as batteries and solar panels; and
h) Absence of a business model through which S4H and the incinerators can generate revenue to self-sustain.

2.1 Purpose of the Assignment

This assignment will deliver a single, costed Solar for Health (S4H) and Incinerators Optimisation, Maintenance and Sustainability Plan for health facilities in Zimbabwe, covering both the installed solar systems and the installed incinerators. The specific objectives are to:

a) assess the current utilisation, functionality and performance of the installed solar systems and incinerators and quantify the optimisation gap against design intent;
b) assess the readiness, institutional capacity and financing capability of MoHCC and other key stakeholders to own, operate and maintain the investments at health facility, district, provincial and national level;
c) define a costed scheduled, preventive and corrective maintenance regime, including technical expertise requirements, spare parts, batteries and consumables;
d) develop a disposal plan for expired and malfunctioning components (batteries, solar panels and other e-waste) and for medical waste, consistent with national environmental requirements;
e) develop market- and community-based ownership approaches involving Health Centre Committees, surrounding communities and the private sector;
f) develop a business model that generates predictable revenue, including non-health-sector use of the incinerators, to self-sustain operations beyond the current Global Fund cycle and other external funding streams;
g) set out an operational sustainability focused plan with costs, responsibilities, timelines and indicators for success; and
h) establish a consolidated health facility infrastructure database that records the state, capacity, utilisation and optimisation opportunities of solar systems, incinerators, boreholes and other key infrastructure, and that MoHCC and UNDP can maintain after the assignment ends.

Solar panels last 20-25 years while batteries last only five to ten years. Ensuring that batteries and other components are inspected, exchanged and disposed of in an environmentally sound manner remains the weakest point of solar installations and their service packages to date; incinerators face the parallel problem of operating costs that are neither predictable nor affordable. Through operational research and consultation with UNDP, MoHCC, Ministry of Public Works partners, communities, Health Centre

Committees and private contractors, the consultant will develop a best-practice plan for the maintenance, disposal and local ownership of both asset classes, including small-scale entrepreneurship and livelihood opportunities where these support upkeep.

The plan will address installations, service packages, training, community engagement, private sector involvement, financing, ownership and the disposal of damaged solar equipment and medical waste, and will test alternative scenarios so that funds raised are used as efficiently as possible. The consultant/consulting firm will deliver the Sustainability Plan a, inclusive of a market-based approach, recommendations, best-practice examples and financing mechanisms for spare parts, maintenance and the disposal of damaged or non-functional solar and incinerator equipment.

3. Scope of Work

The consultant/firm will work closely with MoHCC and carry out the following:

- Lead and facilitate stakeholder meetings with the Ministry of Health and Child Care, Ministry of Public Works, Ministry of Environment and Energy, Health Development Partners Group, WHO, GF Country Coordinating Mechanism, Principal and Sub-Recipients, GF Country Team, CSOs, beneficiary health facilities and other key stakeholders on models for optimisation, maintenance and sustainability of solar installations and incinerators in health facilities.
- Identify stakeholders and liaise with those confirmed as relevant by the TWG/Task Force.
- Assess the current utilisation, functionality and performance of the installed solar systems and incinerators against their design intent, and assess technical capacity and ownership at health facility, district, provincial and national level, using facility data and a sample of site visits agreed with MoHCC and UNDP.
- Facilitate dialogue and meetings with the private sector, communities and Government ministries including Task Force meetings led by MoHCC based on the stakeholder list produced by the consultant, to inform the market- and community-based approaches for maintenance and disposal of solar equipment and medical waste in health facilities.
- Conduct a desk review of best practice in the operation and maintenance of solar PV systems and incinerators and in financing recurrent costs, including a cost analysis of e-waste disposal options (in-country and export) and of medical waste disposal.
- Recommend how community ownership, awareness raising and social mobilisation measures will be implemented with Health Centre Committees and surrounding communities, for both existing and new solar systems and incinerators.
- Develop a consolidated health facility infrastructure database covering solar PV systems, incinerators, boreholes and water and sanitation infrastructure, cold chain equipment and standby generators, recording for each asset: facility name, level and location (including geo-coordinates); asset type, make, model, rated capacity and installation date; funder, installing contractor and warranty status; current operational status and condition; utilisation against design intent; maintenance and repair history; and identified optimisation, rehabilitation or replacement opportunities with indicative costs. The database shall be populated from existing MoHCC, UNDP and partner records verified through facility, district and provincial level

consultation and the agreed sample of site visits; be structured to allow filtering and reporting by province, district, facility level and asset type; be capable of periodic updating and integration with existing MoHCC information systems; and be handed over to MoHCC and UNDP with a data dictionary, update protocol and short user guide.

- Develop and present a costed sustainability plan comprising a market-based approach analysis, solutions to the maintenance and upkeep challenges identified for solar systems and incinerators, a disposal plan for solar equipment and medical waste, and prioritised recommendations for S4H and SE4HF implementation.
- Develop a costed operational plan for the optimisation, maintenance and sustainability roadmap, setting out activities, responsibilities, timelines and indicators for success.
- Propose a business model, as part of the sustainability plan, that enables the solar and incinerator investments to self-sustain, including revenue from non-health-sector users of the incinerators and the associated cost, tariff and governance assumptions.

4. Expected Outputs and Deliverables

Deliverables/ Outputs	**Estimated Duration to Complete**	**Target Due Dates**	**Review and Approvals Required *(Indicate)***
1. Inception Report setting out the consultant's understanding of the assignment, methodology, stakeholder and site-visit plan, and work plan	5 days	23 – 27 Nov 2026	TWG and Task Force chaired by MoHCC
2. Consolidated health facility infrastructure database, covering solar PV systems, incinerators, boreholes and other key infrastructure, with current state, capacity, utilisation and optimisation opportunities per asset, handed over with a data dictionary, update protocol and user guide	15 days	30 Nov – 18 Dec 2026	TWG and Task Force chaired by MoHCC
3. Costed S4H and Incinerators Sustainability Plan, covering the utilisation, functionality and capacity baseline; scheduled, preventive and corrective maintenance; spare parts, batteries and consumables; market- and community-based ownership approaches; and an electronic and medical waste disposal plan	30 days	4 Jan – 12 Feb 2027	TWG and Task Force chaired by MoHCC
4. Develop a business model as part of the Optimisation and Sustainability plan, covering both the solar systems and the incinerators (including revenue from non-health-sector users of the incinerators)	5 days	15 – 19 Feb 2027	TWG and Task Force chaired by MoHCC
5. Costed operational/implementation plan for the	5 days	22 – 26	TWG and Task

Deliverables/ Outputs	Estimated Duration to Complete	Target Due Dates	Review and Approvals Required *(Indicate)*
optimisation, maintenance and sustainability roadmap, setting out activities, responsibilities, timelines and indicators for success		Feb 2027	Force chaired by MoHCC
6. Organise and facilitate validation workshops with MoHCC, the TWG/Task Force and key stakeholders to review drafts and integrate feedback	5 days	1 – 5 Mar 2027	TWG and Task Force chaired by MoHCC
7. Final Sustainability Plan and handover pack, including a concise slide deck and executive summary for advocacy and dissemination purposes	5 days	9 – 15 Mar 2027	TWG and Task Force chaired by MoHCC

5. Institutional Arrangement

CHAI will contract the consultant (individual/firm) and will directly supervise and monitor implementation of this work stream. CHAI will approve the work plan, sign off each deliverable for payment once accepted by the TWG and Task Force, and provide the administrative support the assignment requires, including payment processing. The consultant will work closely with the MoHCC, the UNDP, and will be accountable to the TWG and Task Force chaired by MoHCC, which will provide strategic direction and technical oversight.

6. Duration of the Work[1]

The consultant is expected to work for 70 days commencing from 21 November 2026 to 15 March 2027.

7. Duty Station

The consultant/firm is expected to use his/her own equipment and work mainly from his/her home location. However, he/she can be accommodated at UNDP/CHAI should he/she have some work which require him/her to be working at the compound for any or related administrative reasons.

8. Qualifications of the Successful Individual Contractor

- Advanced degree in either of the following: business, community development, economics, engineering, environmental health or another relevant subject

[1] *The IC modality is expected to be used only for short-term consultancy engagements. If the duration of the IC for the same TOR exceeds twelve (12) months, the duration must be justified and be subjected to the approval of the Director of the Regional Bureau, or a different contract modality must be considered. This policy applies regardless of the delegated procurement authority of the Head of the Business Unit.*

- 5 years previous experience in business and community development connected to renewable energy, health-care waste management and/or livelihood projects, including electronic and medical waste disposal
- 5 years experience in developing sustainability plans for solar systems and medical waste treatment facilities such as incinerators, including maintenance and waste disposal.
- Demonstrated project management experience, including planning, coordinating and delivering multi-stakeholder assignments to time, budget and quality, managing costed operational plans with clear responsibilities, timelines and indicators for success, and facilitating validation workshops and Government-led technical working groups or task forces.
- Demonstrated experience developing infrastructure asset registers or databases, including data collection, verification, analysis and handover of an updateable database with supporting documentation.
- Demonstrated experience conducting health facility level field assessments in Zimbabwe or comparable settings, including data collection at district and provincial level.
- 5 years' experience in the financial industry and social finance, especially innovative finance vehicles such as impact investment, challenges funds, microfinance, SMEs finance, foundation finance, blended and related hybrid finance products.
- Familiarity with working with entrepreneurs and understanding of sustainable social enterprises and their ecosystems in Zimbabwe.

Remarks:

Only shortlisted candidates will be contacted and advance to the next stage of the selection process.

9. Scope of Price Proposal and Schedule of Payments

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3. Costed S4H and Incinerators Sustainability Plan, covering the utilisation, functionality and capacity baseline; scheduled, preventive and corrective	30 days	4 Jan – 12 Feb 2027	TWG and Task Force chaired by MoHCC

Deliverables/ Outputs	Estimated Duration to Complete	Target Due Dates	Review and Approvals Required *(Indicate*
maintenance; spare parts, batteries and consumables; market- and community-based ownership approaches; and an electronic and medical waste disposal plan			
4. Develop a business model as part of the Optimisation and Sustainability plan, covering both the solar systems and the incinerators (including revenue from non-health-sector users of the incinerators)	5 days	15 – 19 Feb 2027	TWG and Task Force chaired by MoHCC
5. Costed operational/implementation plan for the optimisation, maintenance and sustainability roadmap, setting out activities, responsibilities, timelines and indicators for success	5 days	22 – 26 Feb 2027	TWG and Task Force chaired by MoHCC
6. Organise and facilitate validation workshops with MoHCC, the TWG/Task Force and key stakeholders to review drafts and integrate feedback	5 days	1 – 5 Mar 2027	TWG and Task Force chaired by MoHCC
7. Final Sustainability Plan and handover pack, including a concise Report, slide deck and executive summary for advocacy and dissemination purposes	5 days	9 – 15 Mar 2027	TWG and Task Force chaired by MoHCC

Payment will be made in instalments on completion of each deliverable set out in the table above, calculated on the basis of the number of days indicated for that deliverable and the all-inclusive daily fee agreed in the contract. Each instalment may be invoiced only after the deliverable has been satisfactorily reviewed and accepted in writing by the TWG and Task Force chaired by MoHCC, and each invoice must be accompanied by an IC Time Sheet certified by the consultant's supervisor. The fee is all-inclusive of professional fees, communications, equipment and any other costs incurred by the consultant; travel for site visits agreed with MoHCC and key stakeholders. Payment will be processed within thirty (30) days of receipt of a correct invoice together with the accepted deliverable. No advance payment will be made, and no payment will be due for deliverables that are not accepted.

a) *Daily Fee*[2]– this option is only suited when the duration of engagement is definitive and the possibility of any extension is either very low/minimal, or manageable, if at all expected. This approach must be re-considered if the assignment has a high likelihood of extension or prolonged engagement, as it can create serious cost implications, and may undermine value-for-money.

[2] *The IC policy requires that the approval of the Director of the Regional Bureau must be obtained for daily consulting fees exceeding $1,350. This policy applies regardless of the delegated procurement authority of the Head of the Business Unit.*

When the daily fee option is used, the TOR must clearly specify that :

i) The Daily fee must be "all-inclusive[3]"; and
ii) an IC Time Sheet must be submitted by the Contractor, duly approved by the Individual Contractor's supervisor, which shall serve as the basis for the payment of fees.

b) *Lump Sum Amount* – this is the preferred approach, because it is representative of IC payments closely linked to deliverables. It also has the added benefit of lowering transaction costs for UNDP. When this approach is used, the Requesting Unit must provide the following :

i) Clearly state that the lump sum amount must be "all-inclusive[4]";
ii) Clearly state that the contract price is fixed regardless of changes in the cost components;
iii) If duty travels are expected, provide the Offerors with the UN's Daily Subsistence Allowance (DSA) rates prevailing at the time of sourcing, for the duty station and all other cities indicated in the TOR as part of duty travel destinations. This will give them an indication of the cost of living in a duty station/destination, to aid their determination of the appropriate fees and financial proposal amount, but it does not imply that Offerors are entitled to DSA payment[5]; and
iv) Include in its initial payment the actual cost of the IC's travel to arrive at the designated Duty Station. Such cases therefore imply that the completion of the journey can be considered as one of the deliverables payable upon arrival.

10. Recommended Presentation of Offer

For purposes of generating Offers whose contents are uniformly presented and to facilitate their comparative analysis, it is best to recommend the preferred contents and presentation of the Offer to be submitted, as well as the format/sequencing of their presentation. The following documents may b requested:

a) **Cover letter**;
b) **Technical proposal: Brief description** of why the individual/firm considers him/herself/it as the most suitable for the assignment, and a methodology, on how they will approach and complete the assignment. A detailed work plan with deliverables and timelines.
c) **Financial Proposal** that indicates the all-inclusive fixed total contract price, supported by a breakdown of costs, as per template provided. If an Offeror is employed by an organization/company/institution, and he/she expects his/her employer to charge a management fee in the process of releasing him/her to CHAI under Reimbursable Loan

[3] *The term "All inclusive" implies that all costs (professional fees, travel costs, living allowances, communications, consummables, etc.) that could possibly be incurred by the Contractor are already factored into the final amounts submitted in the proposal*
[4] *Same as above*
[5] *Individuals on IC are not UN staff are therefore not entitled to DSAs. All living allowances required to perform the demands of the TOR must be incorporated in the financial proposal, whether the fees are expressed as daily fees or lump sum amount.*

Agreement (RLA), the Offeror must indicate at this point, and ensure that all such costs are duly incorporated in the financial proposal submitted as part of this bid.

d) **Personal CV** indicating all past experience from similar projects, as well as the contact details (email and telephone number) of the Candidate and at least three (3) professional references;

e) **Bid structure**

		Max pages
1	Cover letter	1 page
2	Technical proposal	7 pages
3	Financial proposal	2 pages
4	CV/s	2 pages

Interested candidates should submit their bids as one combined PDF file in the order outlined above to ZimbabweProcurement@clintonhealthaccess.org on or before 18 November 2026.

11. Criteria for Selection of the Best Offer

Technical Proposal Evaluation	**Absolute Points Obtainable**	**Weighted Points obtainable**
Technical expertise (required experience and knowledge for assignment) out of 50 points - - At least 5-10 years professional experience, with at least 5 years of experience in the program management at managerial level; (20 points) - 5 Years' experience in Solar System installations and in incinerator/medical waste management operations (20 points) - 5 years' previous experience in the development of sustainability plans (20 points) - Demonstrated experience developing infrastructure asset registers or databases, including data collection, verification and analysis (10 points)	70	50
Five years' experience of Global Fund, UN or UNDP policies and procedures highly desirable; (10 points)	10	10
Relevant international, regional or country-specific knowledge and experience. (20 points) -International firm with local presence with relevant knowledge and experience gets a maximum of 20 points - Africa 20, Europe 15, Asia 15 , Americas 15, Oceania 15. If worked in Africa and any other Regions, candidate gets a maximum of 20 points	20	20
Academic qualifications (relevant academic qualifications in line with the TOR) out of 20 points - Master's degree in business, community development, economics, engineering, environmental health or another relevant subject. (20 points)	20	20