**Terms of Reference**

**Swiss Embassy in Kyrgyzstan**

**Health projects evaluation**

Evaluation title:

Impact evaluation of the Swiss-funded health projects in Kyrgyzstan, implemented during 2020-2026

Bishkek, September 2025

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**Terms and Abbreviations**

|  |  |
| --- | --- |
| CIS | Commonwealth of Independent States  |
| HFA | Health Facilities Autonomy |
| MER | Medical Education Reforms  |
| MoH | Ministry of Health |
| NCD | Noncommunicable diseases  |
| PCM | Project Cycle Management |
| PHC | Primary Health Care |
| ToC | Theory of Change  |
| ToR | Terms of Reference  |

# Introduction

This document sets out the requirements relating to the impact evaluation mandate for the Swiss-funded Health Projects, implemented in Kyrgyzstan, the selection process and criteria.

The Terms of Reference (ToR) describe the purpose, context, objectives (including guiding indicative evaluation questions), scope and a proposed methodology of the evaluation. They further describe the evaluation process and the expected deliverables. **The ToR will become a component of the contract for this evaluation mandate.**

# Background information and context of the evaluation

Kyrgyzstan’s health system has been reforming since 1995 with certain progress in reducing hospitals, introducing mandatory health insurance and creating a family medicine. Due to the limited financing from the state and very small share from the social taxes for health insurance, the health financing remains limited and increasing the out-of-pocket payments by the population. Despite efforts to ensure access to health services, there are still marked disparities in provision between rural and urban areas, and barriers linked to cost and gaps in mandatory health insurance coverage. Kyrgyzstan as many other countries, faces major health challenges in terms of both communicable and noncommunicable diseases. The Kyrgyz Government is taking urgent measures to address most burning issues in the health sector. However, these health reforms are not systemic and coherent with the long-term vision to protect health of the population. Frequent change of the Ministry of Health (MoH) top management resulted in delays and interruption of the reforms in the sector. These fluctuations in the health policies weakened most vulnerable elements of the health system such as human resources, quality of care and financial protection of the population facing health problems.

Against this background, Switzerland has been financing health projects aimed at the sectoral reforms and systemic interventions at policy level to respond to the high demand for quality, efficient, accessible and affordable health care services. Main areas of interventions of the Swiss-funded health projects were the community-based health promotion, medical waste management, hospital acquired infection control, strengthening primary health care (PHC) system, modernization medical education and creation a system of health management. All bilateral projects financed by Switzerland in the Kyrgyz Health System were evaluated as effective and sustainable. However, frequent changes in the MoH slowed down integration and continuation of the new interventions introduced by the Swiss projects. The Swiss projects were fully endorsed by the MoH prior to its implementation and most of outcomes retained in the Kyrgyz Health Sector after projects’ closing.

# Objective, scope and focus of the evaluation

## Evaluation object

The impact evaluation`s object consists of three bilateral health projects implemented in the Kyrgyz Health Sector and financed by Switzerland. Two of them, Medical Education Reforms (MER) and Health Facilities Autonomy (HFA) were closed in the end of 2024 and will provide an opportunity for an ex-post perspective within the planned impact evaluation. The third project Effective management and prevention of NCDs (NCD) will end by June 2026 and will be evaluated before its closing within the impact evaluation.

## Purpose and objectives

The reason for the evaluation is to document achievements and contributions of the Swiss-funded Health projects implemented in Kyrgyzstan with purpose to share with national and international stakeholders for learning and applying in their potential interventions.

The objective of this evaluation is to evaluate impact of the Swiss-funded Health projects and contribution to the improvement of the health system in Kyrgyzstan.

The impact evaluation will explore causal relationships between the intervention and its results, aiming to establish why and how effects were achieved.

## Scope

The breadth and depth of the evaluation will be informed by the indicative evaluation questions that the evaluation seeks to answer (see chapter below). The evaluation will assess results of the Swiss-funded Health projects in Kyrgyzstan. The timeframe is limited to the last 6 years from 2000 to 2026. The geographical scope includes all regions of Kyrgyzstan with the focus on key beneficiaries of the Kyrgyz Health System.

## Indicative evaluation questions / key focus area

During the inception phase, the evaluators, in consultation with the SDC, should further refine and prioritise the questions. The bidder is also expected to address these questions within the technical bid:

|  |  |
| --- | --- |
| **Approach,** **tools,** **methods** | * Assessment of approaches used in the health projects: were they relevant, correct, replicable and timely?
* Systemic approach used by the health projects: benefits and deficiencies?
* What can be learned from the health projects in terms of international cooperation project management (PCM) and steering/implementing mechanism? Are the instruments mobilised fit for purpose? Do they need to be adapted or improved?
 |
| **Results,****outputs,****products** | * What kind of the outputs/results/products of health projects been integrated into the health system?
* To what extend the health projects improved capacities of the national and local stakeholders?
* To what extend the Swiss investment in the Kyrgyz health sector through bilateral projects was effective?
* What is the main added value of the Swiss projects: in absolute terms and where possible in comparison with other initiatives in the health sector?
 |
| **Contribution to Health Sector Improvement, integration in the local systems** | * How Swiss funded health projects contributed to the improvement of health sector in Kyrgyzstan?
* Were health sector structures strengthened by the health projects?
* To what extend outputs/results of the health projects were sustained?
 |

# Evaluation process and methods

## Evaluation methodology

It is proposed to apply a contribution analysis methodology to conduct this impact evaluation.

Contribution analysis has been identified as the most suitable method that provides a systematic way of understanding the contribution of the Swiss-funded Health projects’ results and intervention process in improving health services. It involves developing or drawing on a reasoned, plausible causal theory of how change is understood. The process includes assessing whether existing and additional evidence is consistent with this theory of change, revising the theory of change to better incorporate other contributory factors, and identifying and ruling out, where warranted, alternative explanations to understand an intervention's actual contribution. The Swiss Embassy is open to consider other approaches, e.g. realist evaluation, or complementing methodologies. If deemed adequate, the team of evaluators are welcome to propose these if they will also answer the evaluation questions, indicated in the chapter 3.4.

The team of evaluators (International and local) will be asked to provide a description of an approach that will be applied, evaluation plan with a detail of the proposed methodology to answer the evaluation questions, as well as the proposed source of information and data collection procedure. The plan should also indicate the detailed schedule for the tasks to be undergone, the activities to be implemented and the deliverables. The evaluation team will decide on distribution of roles during the evaluation process. The evaluation includes desk work and a field mission in the country.

An illustrative, high-level theory of change is presented below (to be detailed and refined as part of the methodology).

|  |  |  |  |
| --- | --- | --- | --- |
| **Project title** | **Output** | **Outcome** | **Impact** |
| **MER** | Modernized medical and nursing education in Kyrgyzstan | Improved qualification of medical personnel | Health facilities deliver high-quality services |
| **HFA** | Established system for competition and competency-based appointment of health managers | Health facilities are well managed by competent health managers |
| **NCD** | Improved quality of PHC care and prevention measures on NCDs | Population accessing quality PHC care and benefiting from early detection of NCDs  | Health status of population improving by modifying their behaviours and avoiding complications of NCDs |

The following questions can be supportive in defining methodology for this impact evaluation and to answer the questions in the chapter 3.4:

|  |
| --- |
| **What are the measurable improvements in the three bilateral programmes over the entire time of the intervention?** * 1. What results suggest the comparison of baseline data with endline data (either from project data or other, e.g. public, statistics) for the three different programmes and the projects under each programme?
	2. What is the reliability of the indicators for which data are available (i.e. do they measure what they pretend to measure, do they capture the intended outcome or something else?
	3. What are the gaps in data to establish the change achieved in each programme and project, and what additional data might be used?
	4. What is the magnitude of change in intervention areas compared with that in non-intervention areas?
 |
| **What is the contribution of the bilateral programme to the change identified?*** 1. What causal pathways can be identified and supported with evidence that link the changes observed in Q1 to the interventions of the Swiss programme?
	2. What are potential alternative explanations (other health interventions by donors, govt, economic influence, others) that contributed to the change, and what is the evidence for their validity?
 |
| **How did the interventions work or not, why, for whom, and in what contexts?** * 1. What are the links between the triggering of mechanisms and contextual factors through project interventions and how did they work/play out over the intervention period?
	2. What are the links between the action of these mechanisms and the occurrence of outcomes?
 |

## Roles and responsibilities of the evaluator(s)

The evaluation will be conducted by a team composed of one international consultant accompanied by a local one. The overall responsibility will lie with the international consultant who will be the team leader. The international consultant will have a contract with the Swiss Embassy in Bishkek, and in the capacity of team leader, will sub-contract the local consultant. If it will not be possible, the Swiss Embassy in Kyrgyzstan will contract the local consultant. The international consultant will report to the Swiss Embassy in Bishkek.

At the beginning of the field mission, the team of evaluators will have a briefing and end of the field mission, the Evaluation Team will have a debriefing meeting with Swiss Embassy and after should prepare a short presentation on preliminary key findings and recommendations to the core stakeholders, project’s team and Swiss Embassy in Bishkek.

The draft evaluation report shall be written in English and be submitted to Swiss Embassy no later than 15 days after the return from country mission, in electronic form not more than 20 pages. Comments from Swiss Embassy will be provided for the Evaluation Team to finalize their respective reports. The final versions incorporating these comments shall be made available to Swiss Embassy, also in electronic form, within 7 days of receiving the comments from Swiss Embassy.

Allocation of roles and responsibilities and cooperation with the Embassy will be elaborated in the submitted bid.

## Evaluation process and timeframe

The following work plan provides suggested dates, responsibilities and resources needed for the various activities of the evaluation process. This work plan will eventually be adapted by the evaluation team, in consultation with the SDC, during the inception phase.

|  |  |  |
| --- | --- | --- |
| Activity | Date | Responsibilities |
| Kick-off meeting with evaluation team  | 03.11.2025 | SDC; Consultant/s  |
| Interviews with stakeholders, partners and, if relevant, focus group and workshops, desk study, etc. (if needed) | 01-28.11.2025 | Consultant/s |
| Preparation of the Inception Report: evaluation objectives and questions, evaluation design, methodology | 01.12.2025-12.01.2026 | Consultant/s |
| Draft Inception Report | 12.01.2026 | Consultant/s |
| Feedback on the Inception Report by the evaluation manager and reference group | 30.01.2026 | SDC; reference group |
| Finalisation of the Inception Report (incorporation of SDC comments) | 09.02.2026 | Consultant/s |
| Final Inception Report | 13.02.2026 | Consultant/s |
| Logistical and administrative preparation for data collection, evaluation workshops, field visits, etc. | 05-30.01.2026 | Consultant/s; SDC |
| Field mission with data collection, interviews, evaluation workshops, etc. | 16-27.02.2026 | Consultant/s |
| Debriefing at Swiss Embassy in Bishkek | 27.02.2026 | Consultant/s |
| Data analysis and preparation of Draft Evaluation Report | 02-20.03.2026 | Consultant/s |
| Draft Evaluation Report | 20.03.2026 | Consultant/s |
| Feedback on the Draft Evaluation Report by the evaluation manager and reference group | 31.03.2026 | SDC; reference group |
| Final Evaluation Report | 10.04.2026 | Consultant/s |
| SDC Management Response | 15.05.2026 | SDC |
| Dissemination of the Final Evaluation Report | 15-29.05.2026 | SDC |

Timeframe to be discussed with consultants, but the work will be undertaken over a timeline of approximately four months during January – April 2026.

# Deliverables

The following deliverables are expected to be submitted by the evaluator(s):

* Inception Report
* Debriefing workshop (capitalisation workshop) to discuss first findings
* Draft Evaluation Report
* Final Evaluation Report
* Analysis of the intervention logic (logframe or ToC): extent to which objectives have been achieved

# Reference Documents

After signing the contract the evaluation manager (SDC) will share the following documents with the evaluator(s) for the evaluator’s first desk review:

* Credit proposals of 3 bilateral projects;
* Operational reports of the 3 bilateral projects;
* Evaluation reports conduced in 3 bilateral projects;
* Project Documents of 3 bilateral projects;
* Internal projects reviews and evaluations;
* End of phase and end of project reports of 3 bilateral projects.

# Competency profile of the evaluator(s)

The evaluator(s)/researchers is/are expected to bring along the following evaluation and thematic expertise and experience.

|  |  |
| --- | --- |
| **Background:** | Academic degree in Health, Public Health or other social sciences |
| **Professional experience:** | At least 10 years prior experience in design and leading evaluation for the international consultants:* Experience in health system strengthening processes and elements in CIS countries;
* Experience in organizations and projects evaluation, analysis, and reviews;
* International and local evaluators’ profiles can complement each other’s profiles.
 |
| **Thematic competences:** | Primary Health Care system strengthening Addressing NCDs: prevention, early detection and management Health education/promotion and communicationHealth management system Medical and nursing education |
| **Methodological competences:** | Documented experience in conducting contribution analysis, realist evaluation, and/or other theory-based evaluation methods. The offer should include description of a scope of experience and possibly links to published evaluations. Organizational/institutional development and capacity building Process management skillsData analysis skills |
| **Service competences:**  | IT skillsExcellent English writing skills |
| **Ethical and social competencies** | Independence, Integrity, ImpartialityTeam spirit, professional responsibility |
| **Geographic competences** | Commonwealth of Independent StatesKyrgyzstan, Central Asia are desirable |
| **Language competences:** | English – understand, speak, writeThe local evaluator/researcher should speak Kyrgyz and Russian languages on top to the English  |

# Reporting

The evaluators will report to the Program Manager for International Cooperation, in Swiss Embassy in Bishkek for the entire duration of the assignment. Operational support will be provided by the country cooperation offices and the National Programme Officer in Kyrgyzstan.

# Suitability and award criteria

The evaluator’s competencies should be according to the criteria in the chapter 7. One of the important suitability criteria is that the evaluators are independent of the FDFA and, in particular, the SDC and were not involved in the activities covered by this evaluation.

One important suitability criteria is that the evaluator(s) are independent[[1]](#footnote-2) of the FDFA and, in particular, the SDC and were not involved in activities covered by this evaluation.

# Application procedure

Technical and financial offers have to be submitted to the Swiss Embassy in Bishkek by email or renaud.vuignier@eda.admin.ch and elvira.muratalieva@eda.admin.ch by 1 October 2025.

The technical proposal should not exceed 5 pages and should outline the service provider’s:

1. Understanding of the assignment;
2. Approach to and methodology for the assignment (contribution analysis or another one proposed by an evaluator);
3. Experience with similar assignments (incl. CVs);
4. Draft evaluation work plan;
5. Financial proposals

The financial proposal should be no more than one page and should clearly outline the daily rates in Swiss Francs (CHF) and all expenses related to the evaluation process including expenses of the local consultant.

# Contracting

The contract will be awarded by the Swiss Embassy in Bishkek following an analysis of technical and financial proposals received in response to these terms of reference.

# Annex

1. Budget format
1. ‘Independent’ means that the members of the evaluation team must not have worked for the FDFA and, in particular, the SDC, in the past five years (except in the capacity of conducting other external evaluation mandates) or have any other strong links or dependencies on the FDFA. [↑](#footnote-ref-2)