





Terms of Reference

Consultant for External Final Evaluation of

Sinjar French Medical Center construction and equipment project

in Iraq







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A. Background

1.Chaine de l'Espoir

Founded in 1994, La Chaîne de l'Espoir (CDE) is an international NGO headquartered in Paris, France. Its mission is to strengthen healthcare systems and provide to everyone, especially children, equal chances and opportunities of survival and development.

CDE is currently active in thirty (30) countries, and it uses a global approach, mainly focusing on children, mothers, and disadvantaged communities. Find our activities briefly elaborated as follows:

Prevention and screening from an early age, mainly through school health programs.

Care and surgery to meet the most urgent needs of children and their mothers.

Training and transfer of skills to local teams (capacity building) thanks to our international network of experts in all areas of surgery.

Construction and equipment of hospital facilities adapted to local needs.

2.SFMC Project

Located in the Nineveh governorate of northern Iraq, the town of Sinjar is home to a large Yezidi community, the victims of a genocide perpetrated by Daech from August 2014. This conflict led to the displacement of nearly 400,000 Yezidis, mainly to Iraqi Kurdistan, and the destruction of essential infrastructure, including healthcare facilities. The SFMC project is part of Nadia Murad's commitment, a victim of the Yezidi genocide and winner of the 2018 Nobel Peace Prize, to rebuild her region, notably through her foundation Nadia's Initiative. On October 25, 2018, following her meeting with the President of the French Republic, Emmanuel Macron, she was promised a project to help rebuild the local healthcare system. Against this backdrop, La *Chaîne de l'Espoir* signed a cooperation agreement with the Iraqi Ministry of Health for a project to build and equip the future Sinjar general hospital, called Sinjar French Medical Center (SFMC). The final owner of the project, the Ministry of Health, has made a plot of land available for the construction of the facility.

Two donors have been mobilized for this project. The *Centre de Crise et de Soutien* (CDCS) of the Ministry of Europe and Foreign Affairs, which is providing financial and diplomatic support for the construction and some of the hospital's equipment, and the European Union's Regional Trust Fund for the Syrian Crisis (Madad Fund), which is financing most of the hospital's equipment:

"Accessing Quality healthcare in Sinjar: Construction of the Sinjar French Medical Centre"

Duration: 01/12/2020 – 31/12/2025

Donor : Centre de Crise et de Soutien (CDCS)

Location: Sinjar, Nineveh, Iraq Federal

Budget: 14 361 059 €

Partners: Iraqi Ministry of Health (MoH) through a Cooperation Agreement.

Details: The project revolves around:

1. Construction of a 27-bed and 31-place hospital, including preparation of the building site, construction of an annex, called the doctors' house, and construction of the hospital building. The latter is







divided into architectural, civil, electrical, mechanical and structural sections. CDE has also undertaken to monitor these activities.

2.A biomedical equipment and material part, a major part of which is covered by MADAD funding and by the Iraqi Ministry of Health's own contributions.

3.Coordination with the Iraqi Ministry of Health and the Nineveh Directorate of Health to ensure the availability of the resources needed to open the SFMC.

4.Involvement and participation of national and local authorities to guarantee the structure's sustainability, particularly in terms of building permits, water and electricity connections, etc.

"Equipment of the Sinjar French Medical Centre (SFMC)"

Duration: 01/10/2020 – 14/06/2025 **Donor:** Madad, EU Regional Trust Fund **Location:** Sinjar, Nineveh, Iraq Federal

Budget: 999 999 €

Partners: NA

Details: The project has 3 main focuses:

1.Definition of biomedical requirements and study of equipment implementation in the future SFMC.

2. The purchase of biomedical equipment, including 2 major calls for tender, the first of which includes the sterilization lot, the imaging lot and major operating room equipment, and the second including monitoring, perfusion and ventilation, operating room equipment, diagnostic equipment, the laboratory and the mortuary unit. And the purchase of supplies and instruments required to get the hospital up and running.

3. The training of future SFMC staff in the proper use and maintenance of the equipment supplied.

Main Objective: Improving access to quality health services in Sinjar

Specific Objective 1 (SO 1): Access to health care services in Sinjar area, at the end of the project, has increased

Specific Objective 2 (SO 2): Quality of health care services in Sinjar area, at the end of the project, has increased.

Through working on three main axes:

• Construction of the hospital







- Equipment/material provided for the hospital and related training provided
- Collaboration with the stakeholders / beneficiaries to answer local needs

B. Objectives of the Evaluation

The primary objectives of this evaluation are:

- To assess the project's relevance, efficiency, effectiveness, impact, and sustainability, including at the level of communities affected and other stakeholders.
- To evaluate quantitatively and qualitatively the extent to which project objectives and outcomes have been achieved.
- To identify lessons learned, best practices, and potential unanswered questions for future programming.
- To provide actionable recommendations for stakeholders

C. Scope of Work

The evaluation will cover:

Evaluation duration: December 2020 to December 2025

Geographical scope: Sinjar and Mosul, Nineveh, Iraq Federal / Erbil, Kurdistan Region of Iraq

Key components to assess:

- Relevance of the project design to the context and community needs.
 - o To what extent has the public health sector benefited from the project? How has the project enhanced their capacity, improved service delivery, or positively impacted their work?
 - o How effectively did the project strengthen the health system and the health worker, especially in Sinjar area.
 - o Achievement of outputs and outcomes in quantitative and qualitative terms
 - o Efficiency in resource utilization
 - Effectiveness of service delivery, including the quality of hospital building, of the equipment and material provided and of the training conducted from the perspective of local stakeholders and local community.
 - o To what extent does the project help bring about long-term positive effects on the local community.







- o To which level are the implemented activities contributing to the objectives and results agreed in the project proposal (logical framework)
- o Have resources (funds, human resources, time, expertise, etc.) been allocated strategically to achieve outcomes?
- o Is the project efficiently prioritizing the most identified needs?

Impact on community and stakeholders and from their perspective.

- o To what extent has the project contributed to significant, positive, or negative changes in the lives of the local community and stakeholders, as they perceived them?
- o How have these changes aligned with their needs, priorities, and expectations?

Sustainability of project interventions from a health system perspective

- o To what extent has the local health sector benefited from the project? How has the project enhanced capacity, improved service delivery, or positively impacted their work?
- o How are the capacities and systems of local actors to respond in the future sustainably strengthened through the project?

Environment and management of the project:

Participation:

- Are communities timely involved in the project's design, implementation, and feedback mechanism?
- Are other key actors (incl. partner) given appropriate access to participation (design, implementation, feedback mechanism)?

Coordination & Collaboration

- CDE is part of effective coordination mechanisms (with authorities, other humanitarian actors, etc.)
- o The coordination mechanisms are exploited for CDE to ensure an adequate response with appropriate synergies.







- o To what degree is the MoH associated with the project?
- Does the coordination contribute to avoiding duplication of assistance and gaps?
- o CDE ensures appropriate collaboration with suppliers

Cross-cutting issues

Gender

Did the project consider the distinct needs of women, men, and other groups regarding gender in its implementation?

Environment:

- Do the project's activities adhere to the principles of environmental sustainability (e.g., sustainable management of natural resources, reduction of ecological footprint, hospital waste management, etc.)?
- o Have measures been implemented to mitigate negative environmental impacts?

D. Methodology

The consultant is expected to propose a detailed methodology, which may include quantitative and qualitative data:

- Theoretical framework proposed to analyze, synthetize and present the data and the results (for instance, OECD criteria Evaluation Criteria | OECD), or implementation science approaches (RE-AIM RE-AIM – Home – Reach Effectiveness Adoption Implementation Maintenance) or any relevant framework.
- Desk review of grey literature (project documents, reports, and monitoring data)
- Field visits, meetings with stakeholders, and observations.
- Mixed-methods approach combining qualitative and quantitative methods:
 - Qualitative approach, including Focus Group Discussions (FGDs) with groups engaged in or benefitting from the project and interviews with key Informant (KIIs) involving stakeholders and beneficiaries (MoH, DoH)
 - Quantitative approach includes surveys or questionnaires for quantitative data collection.







- o Presentation of the ethical issues and how they will be addressed ethical green light, informed consent for interviews and surveys, data management and confidentiality.
- Data analysis based on the theoretical approach proposed and triangulate through participative workshops with CDE teams and stakeholders to validate findings.
- Use of a citation manager for references
- E. Deliverables and timeline

The consultant is expected to deliver:

- a. An inception report detailing the evaluation plan and detailed methodology.
- b. Mid-term heads up to CDE field and HQ team during the evaluation period
- c. A draft evaluation report for feedback.
- d. A **final evaluation report** addressing feedback, including:
 - a. Executive summary.
 - b. Evaluation findings.
 - c. Recommendations and lessons learned.
- e. A presentation of findings to stakeholders.

Timeline

<u>Activity</u>	<u>Delivery Due date</u>
Call of interest	12 th of June 2025 – 5 th of July, 2025
Selection	07 th of July 2025 –2 nd of August, 2025
Desk Review and Inception Report	18 th of August – 5 th of September, 2025
Data Collection	8 th of September – 3 rd of October, 2025
Draft Report Submission including keys finding out	31 st of October, 2025
Final Report Submission	1 st of December, 2025

F. Budget







The maximum budget available for this evaluation is 20,000 EUR (including all costs, transportation, accommodation, food, material). Consultants are expected to submit detailed financial proposals that reflect this budget limit while ensuring high-quality deliverables. Proposals will be evaluated based on their alignment with the scope of work, methodological rigor, and cost-effectiveness.

G. Consultant Qualifications

The consultant should have:

- Regional Experience: At least five (5) years of experience working within healthcare systems in the Middle East.
- Evaluation Expertise: Conducted at least five (5) evaluations of projects or programs over the past five years, including initiatives funded by public sources.
- **Technical Competence:** Proven expertise in the health sector.
- **Project Management and Analysis:** Strong skills in managing and evaluating development aid projects, with demonstrated ability to analyze both qualitative and quantitative results.
- Community Engagement:

Community engagement: Proven experience in actively engaging and maintaining dialogue with local communities, including the monitoring of community dynamics and feedback.

Engagement with Authorities:

Extensive experience in fostering collaboration and maintaining effective engagement with national and local authorities.

- Independence and Impartiality: Demonstrated full independence and impartiality, with no affiliations to any project stakeholders.
- Languages: Strong English writing and speaking skills and a strong mastery of Arabic.

H. Reporting and Coordination

The consultant will report to the **Project Manager** and coordinate closely with a coordination committee composed of the Head of Mission, the Program Coordinator (HQ), the Hospital Project Manager (HQ), the Institutional Funds Manager (HQ) and finally the Project Manager in lead of this coordination committee.

I. Application Process







Interested candidates are invited to submit the following documents:

- i. Detailed CV(s) of the individual applicant(s) or an organizational profile, in case of institutional applications.
- ii. Technical proposal, outlining the proposed methodology and work plan.
- iii. Financial proposal, detailing the overall costs and fee structure. References from previous assignments of a similar nature.

Deadline for applications: 5th of July, 2025.

Submit applications to: recruitment.iraq@chainedelespoir.org