# Terms of Reference for Clinical Research in Postgraduate Medical Education (Track II, UFUQ Programme)



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## List of Acronyms and Abbreviations

| Acronym | Expansion | Notes |
|---|---|---|
| UFUQ | Upgrading and Future-proofing human resources for health for Universal health coverage and better-Quality care | Programme name |
| GHP | Global Health Partnerships | Contracting authority (formerly THET) |
| THET | Tropical Health and Education Trust | Former name referenced for GHP |
| PGME | Postgraduate Medical Education | |
| OBGYN | Obstetrics and Gynaecology | |
| EU | European Union | Funder; PRAG rules |
| GESI | Gender Equality and Social Inclusion | |
| DEI | | |
| CME | Continuing Medical Education | |
| CPD | Continuing Professional Development | |
| WISN | Workload Indicators of Staffing Need | |
| MEL | Monitoring, Evaluation and Learning | |
| KPI(s) | Key Performance Indicator(s) | |
| ICMJE | International Committee of Medical Journal Editors | Authorship criteria |
| COI | Conflict of Interest | Register/disclosure |
| PSEA | Prevention of Sexual Exploitation and Abuse | Safeguarding |
| SLA | Service Level Agreement | e.g., incident management |
| MOU / MOUs | Memorandum of Understanding(s) | |
| ToT | Training of Trainers | |
| MEAT | Most Economically Advantageous Tender | Evaluation method |
| RFP | Request for Proposals | |
| PRAG | Practical Guide to Contract Procedures for EU External Actions | EU procurement |
| EUR | Euro | Budget/finance |
| NGO / INGO(s) | (International) Non-Governmental Organization(s) | |
| CSSHT | Centre for Strategic Studies and Health Training | If referenced locally |
| CVs | Curricula Vitae | |
| AI | Artificial Intelligence | Use in research/ethics |

## 1. Project Summary

| | |
|---|---|
| **Project Title**: | Clinical Research in Postgraduate Medical Education (Track II, UFUQ Programme) |
| **Contracting Authority**: | Global Health Partnerships (GHP – formerly THET) |
| **Programme**: | UFUQ — Upgrading and Future-proofing human resources for health for Universal health coverage and better-Quality care" |
| **Contract Type**: | Service Contract – Global Price |
| **Location**: | Syria/Damascus and other governorates/Online |
| **Duration**: | 12 months (January–December 2027), starting on the date of contract signature, expected in early January 2027 |
| **Budget**: | To be proposed by the applicant. |
| **Submission Window opens** | 02/11/2026 |
| **Deadline for submitting proposals** | 04/12/2026 |

## 2. Programme Introduction

The UFUQ (Upgrading and Future-proofing human resources for health for Universal health coverage and better-Quality care) programme represents a strategic initiative aimed at improving postgraduate medical education (PGME) across four targeted medical specialties in Syria (OBGYN, Anaesthesia, Emergency Medicine and Psychiatry). Funded by the European Union (EU) and led by Global Health Partnerships (GHP – formerly THET) and UOSSM, UFUQ adopts a structured, multi-track approach (three tracks) designed to foster sustainable improvements in healthcare quality, service delivery, and health outcomes.

Under the UFUQ Programme, GHP considers the development of the four targeted medical specialties as a strategic investment that serves as both an entry point and a model for broader health system transformation in Syria, providing leverage for the Syrian government to advance institutional reforms and strengthen national capacity.

This investment takes a comprehensive health system strengthening approach by enhancing leadership and governance capabilities of the health workforce, as well as improving the quality and effectiveness of the workforce itself and the services they deliver. The three interconnected tracks adopt a robust and complementary strategy, incorporating diverse interventions such as sustained curriculum

enhancements, the development of leadership capacity within PGME governance structures, promoting Gender Equality and Social Inclusion (GESI), and reinforcing clinical practice through varied training methods and peer support mechanisms. Concurrently, this multipronged strategy remains firmly aligned with national healthcare priorities and addresses the critical healthcare needs of the population.

The programme's structure is built around three interconnected levels of change (three tracks), implemented simultaneously to ensure holistic and sustainable outcomes. The design and content of the programme are informed by extensive curriculum evaluations, stakeholder consultations, and comprehensive literature reviews, ensuring relevance and adaptability to the evolving healthcare context in Syria. The service provider contracted under these Terms of Reference will work under Track II (Service Delivery Level), delivering its clinical research capacity-building component. In summary:

**Track I: Postgraduate Medical Education Leaders Level: Track I** develops leadership and educational management capabilities among key individuals responsible for guiding medical specialty training programmes in the four targeted specialties. Central to this track is the implementation of a competency-based professional Training program in PGME, designed to equip programme leaders, supervisors, and specialty council members with critical skills for curriculum review, development, and residency training enhancement. This Training program, uniquely tailored to the Syrian context, aims to establish local institutional capacity, primarily within the Syrian Board and the Centre for Strategic Studies and Health Training (CSSHT), to sustain and independently deliver high-quality postgraduate medical education. Track I is delivered by the Arab Institute for Continuing Professional Development (AICPD), Egypt.

**Track II: Service Delivery Level: Focused on frontline healthcare providers, Track II** delivers targeted clinical training and mentorship to healthcare professionals in the four targeted specialties (OBGYN, Anaesthesia, Emergency Medicine and Psychiatry), to primarily -resident doctors and their supervisors of the specialised doctors. This track ensures healthcare providers acquire and sustain updated clinical skills, develop research capabilities, and build English language proficiency, all critical to maintaining excellence in clinical service delivery. Providers will deliver structured, accredited training sessions, alongside clinical mentoring programmes, to ensure practical application of skills and continuous professional development, directly contributing to improved patient care outcomes. Track II components are delivered by separate service providers, including the Syrian American Medical Society (SAMS).

**Track III: Institutional Strengthening Level: Track III** aims to reinforce the institutional infrastructure critical to sustaining advancements in postgraduate medical education. Implemented through

partnerships with four targeted specialties' Scientific Councils (OBGYN, Anaesthesia, Emergency Medicine and Psychiatry) under the Syrian Board, relevant Professional Associations, and a qualified service provider, this track promotes alignment with global educational standards.

The Track III service provider, which may be a national or international entity, will support the relevant scientific councils and professional associations of the targeted specialties in strengthening their institutional capacity as health workforce actors, for example, by developing their operational manuals. Track III is mainly delivered by international partners, namely the World Federation of Societies of Anaesthesiologists (WFSA), the Royal College of Emergency Medicine (RCEM), the Institute of Obstetricians and Gynaecologists of the Royal College of Physicians of Ireland (RCPI IOG), and the Royal College of Psychiatrists (RCPsych).

They will also play a key role in guiding the development of Continuing Medical Education (CME) strategies and plans, and in supporting the establishment of the national clinical guidelines for the targeted specialties.
In addition, the Track III service provider will serve in an advisory role within the specialty-specific technical committees that will be formed to ensure harmonization and alignment across the three project tracks.

**Integration and Oversight Across Tracks:** The GHP Team will oversee and manage the implementation of all three tracks, ensuring their integration, alignment, and complementarity. Each track will be executed by specialised providers selected through a competitive procurement process, based on their expertise. GHP will coordinate and manage relationships with these providers to maintain coherence and consistency. Terms of Reference and corresponding contracts will clearly outline deliverables and quality standards to facilitate effective programme delivery.

Together, these tracks form a cohesive strategy, significantly enhancing Syria's postgraduate medical education landscape, preparing the health workforce for sustained improvement and quality healthcare delivery, and ensuring greater inclusivity and equity within the healthcare sector.

## 3. Tender Objectives

The overall objective of this tender is to strengthen the research capacity of healthcare professionals in Obstetrics and Gynaecology (OBGYN), Anaesthesia, Emergency Medicine and Psychiatry, with a primary focus on clinical research. The service provider will equip participants with the knowledge, skills, and competencies to read, design, conduct, analyse, and disseminate high-quality, context-relevant clinical

research that can improve healthcare delivery, public health policies, and clinical guidelines in Syria, and will foster a sustainable, evidence-based research culture in hospitals affiliated with the Ministry of Health.

To achieve this objective, the service provider will deliver two interlinked areas of work: (1) clinical research capacity building for Track II participants, which forms the core of this tender; and (2) scientific and methodological supervision of research projects funded under the UFUQ Programme. The outcomes we expect training program participants to achieve after completion are the following:

- Critically assess quantitative and qualitative research and interpret findings within relevant clinical and policy contexts.
- Combine evidence from multiple sources to support patient care and health system decisions.
- Make informed decisions in uncertain or resource-limited settings using the best available evidence.
- Collaborate effectively with peers in evaluating and applying research to practice.
- Communicate research findings clearly in writing, presentations, and discussions for various audiences.
- Develop sound and context-sensitive research proposals suitable for ethical review or funding.
- Contribute to conducting and reporting research in line with basic ethical and professional standards.

### 3.1 Relationship to other UFUQ components

For context, Track II of the UFUQ Programme strengthens the competencies of healthcare providers who deliver direct clinical services or train others in their specialties. Its other components (clinical training and mentorship, English language proficiency development, and Workload Indicators of Staffing Need (WISN)) are delivered by separate providers and fall outside this tender.

### 3.2 Target facilities and participants

The service provider will give priority to candidates based in the same training health facilities as Track I supervisors, so that clinical research capacity building complements leadership development within the same institutions.

The target facilities for the four specialties comprise 15 hospitals in 9 cities, as follows: Damascus (Damascus Hospital (Al-Mujtahid), Al-Zahrawi Maternity Hospital, Ibn Khaldoun Hospital and Ibn Rashid Hospital); Daraa (Daraa National Hospital); Aleppo (Aleppo Maternity Hospital, Aleppo University

Hospital and Al-Razi Hospital); Idlib (Idlib University Hospital and Sarmada Hospital); Deir ez-Zor (Ahmed Taha Hweidi Hospital); Homs (Al-Zahraa National Hospital); Hama (Hama National Hospital); Latakia (Latakia National Hospital); and Tartous (Tartous Maternity Hospital). Each facility serves one or more of the specialties, as shown below.

**Table 1: Target facilities by city and specialty**

| Hospital | City | Targeted specialties |
|---|---|---|
| Damascus Hospital (Al-Mujtahid) | Damascus | Anaesthesia, Emergency Medicine |
| Al-Zahrawi Maternity Hospital | Damascus | Obstetrics and Gynaecology |
| Ibn Khaldoun Hospital | Damascus | Psychiatry |
| Ibn Rashid Hospital | Damascus | Psychiatry |
| Daraa National Hospital | Daraa | Obstetrics and Gynaecology, Emergency Medicine |
| Aleppo Maternity Hospital | Aleppo | Obstetrics and Gynaecology |
| Aleppo University Hospital | Aleppo | Anaesthesia |
| Al-Razi Hospital | Aleppo | Anaesthesia, Emergency Medicine |
| Idlib University Hospital | Idlib | Obstetrics and Gynaecology, Anaesthesia, Emergency Medicine |
| Sarmada Hospital | Idlib | Psychiatry |
| Ahmed Taha Hweidi Hospital | Deir ez-Zor | Obstetrics and Gynaecology |
| Al-Zahraa National Hospital | Homs | Obstetrics and Gynaecology, Anaesthesia, Emergency Medicine |
| Hama National Hospital | Hama | Anaesthesia, Emergency Medicine |
| Latakia National Hospital | Latakia | Anaesthesia, Emergency Medicine |
| Tartous Maternity Hospital | Tartous | Obstetrics and Gynaecology |

## 3.3 Responsibilities of the service provider

The service provider's role is to develop and deliver the clinical research training course. The service provider will apply to the Syrian Board for the course to be awarded Continuing Professional Development (CPD) points and will award these points to participants who successfully complete the course. The service provider is also responsible for selecting the 60 participants from the GHP-set pool of 200 candidates and for ensuring that the selection is fair and competitive (see Section 6).

All research activities under this tender must align with international research ethics and best practices, and integrate Gender Equality and Social Inclusion (GESI) principles to address barriers and biases in research training, participation, and practice. The service provider is responsible for applying separately for, and obtaining, all required research and ethical approvals from the relevant Syrian bodies, such as the Centre for Strategic Health Studies and Health Training, before any research activity begins.

## 3.4 GHP oversight and support

The GHP technical team, in collaboration with the Specialty Technical Committee, will oversee the service provider's work to ensure alignment with the UFUQ Programme's objectives and quality standards that combine internationally recognised best practices with contextually developed

benchmarks. GHP will provide coordination support as needed, including introductions to relevant Syrian institutions, sharing existing Memorandums of Understanding where applicable, and assisting with documentation required for stakeholder engagement or institutional approvals. GHP can facilitate the ethical approval process but will not apply on the service provider's behalf. GHP can also coordinate with the target hospitals and/or its Syrian partners to secure venues for the in-person training sessions, where possible at no cost to the service provider.

## 4. Scope of Work

The service provider will undertake the following detailed tasks and activities for the clinical research capacity building in PGME Programme:

| Key Activity | Detailed Tasks | Timeline |
|---|---|---|
| **1. Deliver Fundamental Clinical Research Training** | These three modules (or similar modules with the same purpose) should be developed and covered by all participants:<br><br>• Introduction to Research Design and Methodology<br>• Practice of Evidence-Based Health Care<br>• Essential Medical Statistics<br><br>Each trainee must complete and submit a dissertation by Month 6 of the contract (June 2027). The dissertation is a full research proposal suitable for submission to the GHP competitive research grant. For projects awarded GHP research grant funding, a draft manuscript or protocol paper is required by December 2027; completion and submission of final manuscripts may continue after the contract ends and are not a contractual deliverable (see Deliverable 3). To make this possible, the proposal-writing content (research question formulation, study design, protocol writing and academic writing) must be front-loaded and delivered in the first phase of training (February–May 2027).<br><br>The service provider is responsible for designing and running a fair and competitive process to select 60 participants (15 per specialty) from a GHP-set pool of 200 candidates (see Section 6). This includes evaluating applicants and having them sign an acceptance agreement with the service provider. Recruitment, selection and signed acceptance agreements must be completed in January 2027, in parallel with the Inception Deliverable, so that training can start in February 2027.<br><br>The modules must also cover: Research ethics: core principles (Declaration of Helsinki, ICH-GCP), informed consent, data protection, ethics committee submissions, and research in conflict-affected settings. Research integrity: misconduct and plagiarism, authorship (ICMJE), conflicts of interest, predatory journals, and publication ethics.AI in research: responsible use, disclosure, verification of outputs, and protection of participant data. Academic writing: paper structure (IMRaD), reporting guidelines (EQUATOR), citation, journal selection, and peer review. Context-relevant research: Syrian health priorities, gender considerations, and communicating findings to decision-makers. Ensure training content is reviewed by the GESI Specialist and incorporates GESI considerations. | Feb-Nov 2027 |

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| **2. Support Submission & Publication of Research Papers** | • Design and run a transparent, competitive selection process for the GHP Research Grant in July 2027, following submission of trainee proposals in June 2027. The service provider shall: (i) propose, in the Inception Deliverable for GHP approval, the call guidance, eligibility rules and scoring criteria, covering at minimum scientific quality and methodological rigour, relevance to the specialty and Syrian health priorities, feasibility within the grant budget and timeline, ethical soundness, and GESI considerations; (ii) convene a review panel of at least three reviewers, including at least one independent reviewer not involved in supervising the trainees, with each proposal scored independently by at least two reviewers; (iii) manage conflicts of interest so that no reviewer scores a proposal they supervised or co-authored, and record all declarations; and (iv) submit a ranked list with recommended awards to GHP by 31 July 2027. GHP, in consultation with the Syrian Board, makes the final award decisions and disburses grant funds; the number of awards depends on the funds available. All unsuccessful applicants shall receive written feedback<br>• Provide structured support to trainees whose projects are awarded GHP research grant funding in preparing research manuscripts for submission to recognised academic journals, ensuring alignment with scientific and ethical publishing standards.<br>• Deliver guidance on journal selection, manuscript formatting, and response to peer review.<br>• Train participants on the ICMJE authorship criteria to promote transparency, fairness, and ethical collaboration.<br>• Offer continuous technical and editorial assistance throughout the entire submission and publication process. | June-Dec 2027 |
| **3. Integrate GESI Considerations Across All Activities** | - Ensure that all training materials and research outputs integrate GESI principles.<br>- Apply GESI-sensitive trainee selection criteria.<br>- Deliver GESI-focused training modules, including:<br>○ Gender-related implicit bias<br>○ Ethical Practice and Respect in Healthcare<br>○ Cultural Competency and Diversity Awareness | Continuous |

| | | |
|---|---|---|
| | ○ Self-Care and Resilience for Healthcare Professionals<br>○ Leadership Skills<br>○ Professionalism and Communication Skills | |

## 5. Mode of Delivery

The clinical research capacity-building activities under Track II will adopt a flexible, blended, and student-centred learning model that integrates online and onsite components to maximise accessibility and promote applied, experiential learning. The approach emphasizes problem-based and project-based learning, ensuring that participants engage with authentic research challenges under expert supervision.

1. **Learning Structure:** Approximately **30% of contact hours** will be conducted **in person** through workshops, small-group sessions, and supervised research activities, while **70% of contact hours** will consist of **synchronous online sessions**, supported by asynchronous pre-recorded materials, curated reading lists, and guided assignments.
2. **Pedagogical Model:** A **flipped-classroom approach with other student-centred approaches** will be employed, allowing participants to study foundational materials in advance through short, pre-recorded video lectures (10–15 minutes each) and reading packs. Live sessions will focus on interactive discussions, application of research concepts, and collaborative problem-solving.
3. **Supervision of Research Projects:** Delivered through a **hybrid mentorship model**, combining remote guidance with periodic in-person and online supervision with a meeting frequency of 90 minutes per month. Mentors from within Syria, the Syrian diaspora, and international institutions will guide all participants through proposal development and, for projects awarded GHP research grant funding, through ethics approval, data collection, analysis, and manuscript preparation. It is imperative to ensure ownership of the research project to the student who should produce the research idea with guidance from the supervisor. Supervisors should avoid dictating what research topics students should work on.
4. **Formative and Summative Assessments:**
    a. The programme must include both formative and summative assessments. The form of assessment should encourage reflection, critical thinking, and originality.

   b. While the language of instruction will remain Arabic, all written essays and assessments will be submitted in English to strengthen participants' academic writing and publication capacity.

5. **Access to Teaching Materials:** All teaching materials, including lecture slides, handouts, reading lists, and any content produced by the teaching faculty, must be made fully available to students through the learning platform to support transparency, equal access, and independent study. We expect that the service provider will have/establish its own learning management system that will be already in place when the Training program starts.

- **Standards for course staff: Teaching staff** must have appropriate academic or clinical qualifications and proven experience in research design, implementation, and publication. They must also possess mentoring and student-centred teaching skills.

## 6. Beneficiaries

The primary beneficiaries of this Track II clinical research component are supervisors, residents and attending doctors (specialists), comprising a total of 60 individuals (15 per specialty) selected from a GHP-set pool of 200 candidates and divided equally across the four specialties: Obstetrics and Gynaecology, Emergency Medicine, Anaesthesia and Psychiatry with consideration to the total female-to-male ratio (minimum acceptable ratio is 30%) and for any other GESI aspects, disaggregation will be agreed upon with GHP at a later stage. Though we expect this to be done in one round, it is best that a class size should not exceed 15-20. With 60 participants, there should be at least three sub-classes (for example, four sub-classes of 15, one per specialty). This is suggested to ensure that a student-centred approach is maintained. Priority given to those working in the same training health facilities where Training program-enrolled supervisors (Track I and Track II) are based. The service provider is responsible for designing the selection approach and for ensuring that participants are selected through a fair and competitive process. A number of attending doctors (specialists) should preferably be included among the 60 selected participants. GHP technical staff will facilitate the process.

These are the broad selection criteria are:

- **Professional Eligibility:** Current residents, supervisors or attending doctors (specialists) in Obstetrics and Gynaecology, Anaesthesia, Emergency Medicine or Psychiatry with at least one year of postgraduate experience and affiliation to an accredited training hospital.
- **Research and Language Skills:** Demonstrated basic understanding of research methods, data handling, and critical appraisal, with functional proficiency in English for engaging with scientific

materials and online learning. GHP has contracted with the British Council who is the English training service provider and it can provide the clinical research training service provider with the English Proficiency level on all four skills based on the placement test it conducted.

- **Commitment and Leadership:** Evident motivation to improve clinical research and patient care within Syria, leadership potential, and a strong commitment to serving their communities.
- **Diversity and Inclusion:** Selection to ensure balanced gender representation (minimum of 30% female), geographic diversity, and inclusion of candidates from underrepresented or underserved areas and facilities.

## 7. Deliverables and Timeline

The table below lists deliverables and their corresponding deadlines:

| Deliverable | Description | Deadline |
|---|---|---|
| **1. Inception Deliverable: Training Programme Design and Implementation Plan** | A complete, ready-to-implement training package and implementation plan, including:<br>- Finalised curriculum with teaching and learning objectives for each module.<br>- Teaching staff list with names, roles, qualifications, and CVs.<br>- Session plan setting out the number, duration, and sequence of sessions, and whether each is delivered online or on-site.<br>- Teaching materials (e.g., lecture slides, readings, case studies, and recordings where applicable).<br>- Assessment system, including formative and summative assessment methods, tools, marking criteria, and pass requirements.<br>- Detailed implementation workplan and schedule, including logistics and venues for on-site sessions and the platforms to be used for online delivery.<br>- Participant selection approach and final list of the 60 selected participants (15 per specialty) with signed acceptance agreements. The selection approach must describe how the service provider will run a fair and competitive selection (see Section 6), including the eligibility and selection criteria, scoring method, selection panel, conflict-of-interest safeguards, how the minimum 30% | Within 1 month of contract signature (by end of January 2027), and before the start of training. |

| | | |
|---|---|---|
| | female participation target will be met, and how a number of attending doctors (specialists) will preferably be included. | |
| **2. Delivered Clinical Research Training Programme** | - Full delivery of the clinical research training programme, including the finalised curriculum and teaching materials, all scheduled sessions, the target number of 60 participants (15 per specialty), and completed formative and summative assessments.<br>- Attendance records and assessment results for each trainee.<br><br>Performance standard: At least 80% of eligible trainees shall demonstrate measurable improvement in research knowledge and skills, evidenced against both limbs below: (a) Knowledge: a statistically meaningful gain between pre- and post-training assessments of research knowledge, using validated tools agreed with GHP in the Inception Deliverable; and (b) Skills: a pass in the summative assessment of applied research skills, including the research proposal submitted by Month 6, marked against the criteria agreed in the Inception Deliverable. "Eligible trainees" means trainees who completed at least 80% of scheduled sessions. The provider must report disaggregated improvement percentages for each specialty as part of the performance monitoring requirements.<br><br>If the specified target is not achieved, the service provider shall, at no additional cost to the contracting authority, implement appropriate remedial actions (such as follow-up sessions, mentoring, or other targeted interventions) to ensure the target is met. Training payment shall only be released upon confirmation by the contracting authority that the agreed performance target has been fully achieved." | Training completed by November 2027, in line with the timeline in Section 4. |
| **3. Supervised Research Proposals and Draft Manuscripts or Protocol Papers** | • Set 1 – Research proposals and manuscripts: (a) a complete research proposal for each trainee research project, suitable for submission to the GHP competitive research grant, by Month 6 (June 2027); and (b) for projects awarded GHP research grant funding only, a draft manuscript or protocol paper by December 2027. Completion and journal | Research proposals: by Month 6 (June 2027). Research grant selection report and recommended awards: by 31 July 2027. Draft manuscripts or protocol papers for grant-funded projects: by 15 December 2027, for inclusion in the Final Report. |

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|---|---|---|
| | submission of final manuscripts may continue after the contract ends.<br>• Set 2 – Completed research supervision: scientific and methodological supervision of each trainee research project through to proposal submission and, for grant-funded projects, through to the draft manuscript or protocol paper, with supervision logs for each project.<br>• Set 3 – Research grant selection report: the GHP-approved call guidance and scoring criteria, review panel composition and conflict-of-interest declarations, individual and consolidated scores for every proposal, a ranked list with recommended awards, and the written feedback sent to applicants.<br>• Submission support: where applicable, support provided to trainees during the submission process, such as journal selection, manuscript formatting, and responses to peer review.<br>• It is expected that a number of publications will be produced in each specialty from the grant-funded projects, reflecting the diversity of research topics and their relevance to national healthcare improvement.<br>• Supervisors and mentors are responsible for ensuring transparency in authorship contributions and confirming that all work submitted is original and ethically produced.<br>• All publications must meet the publication and acknowledgement requirements in clause D below.[1] | |
| **4. Trainee Progress Tracking and M&E System** | • Student progress tracking: an individual progress record for each trainee, using valid and reliable measures to track achievement against the expected outcomes of the training programme. | System operational within 1 month of contract signature (by end of January 2027) and maintained until the end of the contract. |

[1] Publishing in predatory or low-quality journals that engage in mass publishing or lack credible peer review will not be considered valid publication under this program. All manuscripts must comply with the International Committee of Medical Journal Editors (ICMJE) authorship criteria. Only individuals who made substantial contributions to the conception, design, data analysis, or manuscript drafting may be listed as authors. Ghost authorship (using unacknowledged writers), honorary authorship (adding names of non-contributors), or outsourcing manuscript writing are strictly prohibited. Case studies/case series will not count towards the publications requested.

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|---|---|---|
| | • M&E quality standards: an operational M&E system with documented quality standards and procedures that assure data validity, reliability, completeness, and timeliness. | |

**A. Contract deliverables.**

All materials produced by the Service Provider in performance of this Contract, including curricula, session plans, teaching materials, slides, recordings, assessment instruments, marking rubrics, protocols, software and code, analyses and reports, shall vest in GHP on creation. The Service Provider assigns to GHP all rights, title and interest in such materials worldwide, including the right to sublicense.

GHP shall grant the Syrian Board of Medical Specialties, the Ministry of Health and the Centre for Strategic Health Studies and Health Training a perpetual, irrevocable, worldwide, royalty-free, sublicensable licence to use, reproduce, adapt, translate and further develop these materials for educational and non-commercial purposes, surviving expiry or termination of this Contract.
The Service Provider retains a non-exclusive, royalty-free licence to use these materials for the purposes of performing this Contract and, after completion, for its own non-commercial teaching, subject to acknowledgement of EU funding and of the UFUQ Programme.

**B. Pre-existing and third-party material**.

Pre-existing intellectual property of the Service Provider remains its own. The Service Provider grants GHP and the beneficiaries named in clause A a perpetual, irrevocable, royalty-free licence to use such pre-existing material to the extent it is embedded in or necessary to use the deliverables.

Where any deliverable incorporates third-party material, the Service Provider shall secure licences on terms consistent with clause A, and shall identify in the Inception Report any material it cannot so license, so that GHP may agree a substitution. The Service Provider warrants that the deliverables do not infringe the rights of any third party and shall indemnify GHP accordingly.

**C. Research data and trainee outputs.**

Copyright in research manuscripts vests in their authors, determined in accordance with ICMJE authorship criteria. Nothing in this Contract transfers authorship or copyright in trainee or supervisor manuscripts to the Service Provider, GHP or any third party.

Research data collected under this Contract shall be held by the Syrian institution at which the research was conducted, in accordance with the terms of the applicable ethical approval and participant consent. Authors grant GHP and the Syrian Board of Medical Specialties a non-exclusive licence to use research outputs for reporting, dissemination and programme evaluation.

The Service Provider shall not use trainee research data or outputs in its own publications except as a co-author qualifying under ICMJE criteria and with the written agreement of the trainee.

**D. Publication and acknowledgement.**

The Service Provider shall notify GHP at least fifteen working days before submitting any publication arising from this Contract, and shall provide the draft for comment. GHP's review is limited to verifying EU visibility and acknowledgement requirements, protection of personal data, and do-no-harm and security considerations. GHP may not withhold or delay publication on the grounds that findings are unfavourable to the Programme, GHP or any partner.

All publications shall acknowledge funding by the European Union and support from GHP under the UFUQ Programme, carry the required EU disclaimer, and declare any conflicts of interest.

**E. Personal data.**

Personal data shall be processed in accordance with applicable law in Syria and with international ethical standards.

## 8. Reporting Requirements

The service provider shall submit high-quality, timely, and outcome-based reports in line with EU visibility and quality assurance standards. All reports must be submitted in English, using templates provided and/or approved by the GHP. Reports should include clear narratives supported by relevant quantitative and qualitative data, disaggregated by gender where applicable. All reports must be validated and approved by GHP/the Contracting Authority before acceptance of deliverables, payment release and submission to the European Union. GHP can provide reporting templates based on the expected outcomes.

<u>Quality Standards:</u>

- All reports must meet the EU quality standards for clarity, accuracy, coherence, and completeness.
- Reports must be result-oriented and demonstrate evidence of outputs and outcomes.
- The Contracting Authority reserves the right to request revisions or additional details before final approval.

Required Reports:

| Report Name | Timeline | Details |
|---|---|---|
| **Inception Report** | Within 1 month of contract signature (by end of January 2027) | - Summary of the curriculum, teaching objectives, teaching staff, number of sessions, teaching materials, and assessment methods, with the full package annexed.<br>- Implementation approach for online and on-site delivery, including schedule, logistics, and coordination with the Syrian Board and GHP.<br>- Approach to trainee selection, GESI mainstreaming, and M&E.<br>- Key risks, assumptions, and mitigation measures.<br>- Any proposed changes to the approach, timeline, or budget compared with the technical proposal, with justification. |
| **Quarterly Progress Reports** | Within 15 calendar days after the end of each quarter (the Final Report replaces the report for the last quarter) | - Summary of clinical research training sessions delivered, individual trainee progress, trainee feedback, and assessment outcomes (if applicable for the reporting period).<br>- Progress on research proposals and, for grant-funded projects, manuscripts; supervision sessions held, including their frequency, outcomes, and feedback from participants and supervisors; and any support provided during the submission process (if applicable for the reporting period).<br>- GESI mainstreaming updates, including gender-disaggregated participation data and inclusion of underrepresented groups in research topics.<br>- M&E data quality status against the agreed standards (if applicable for the reporting period).<br>- Key achievements, challenges encountered, and mitigation measures taken. |
| **Deliverable-Specific Reports** | By 15 calendar days after completion of each deliverable | - A completion report for each deliverable describing how it was produced, the process followed, stakeholders consulted, quality assurance applied, and any deviations from the agreed plan (e.g., training programme, research proposals and manuscripts ready for submission, M&E system).<br>- Includes documentation such as research proposals, research paper drafts, ready-to-submit manuscripts, and supervision logs. |

| | | |
|---|---|---|
| **Final Report** | By 15 December 2027 (before contract completion) | - Comprehensive summary of all activities under the clinical research component, including deliverables achieved and key outcomes.<br>- Analysis of lessons learned, including M&E challenges, trainee and supervisor feedback, and recommendations for future training improvements and programming.<br>- Final status against performance indicators, including number of research papers completed, ready for submission, and submitted (if applicable).<br>- Annexes: Finalised reports, training materials, attendance lists, supervision logs, research papers ready for submission, and published articles (if applicable). |
| **Quarterly Financial Report** | Within 15 calendar days after the end of each quarter (the report for the final quarter is due by 15 January 2028) | - Detailed expenditure report for the reporting period, including a full transaction list in EUR.<br>- Updated budget forecast for the remaining implementation period.<br>- Justification of any budget variances. |

## 9. Expertise Required

The clinical research capacity-building component of Track II will be implemented by an experienced and legally registered service provider (primarily an NGO, academic or research institution, national or international organisation, or a consortium of these) selected through a transparent and competitive procurement process led by GHP. The service provider is expected to have:

- **Demonstrated expertise in clinical research training and mentorship**, including the ability to design and deliver structured, student-centred training programmes covering evidence-based healthcare, research methodology, research ethics, data analysis, and academic writing in alignment with international standards.
- **Proven pedagogical quality, with experience in applying problem-based and project-based learning, measurable learning outcomes, and evidence of teaching effectiveness through course evaluations or trainee feedback.**
- **Strong track record in supervising research projects from inception to publication**, including familiarity with international research ethics frameworks (e.g., Declaration of Helsinki, Belmont Report, CIOMS) and publication standards.
- **Effective use of local Syrian expertise**, prioritising the engagement and leadership of local Syrian academics, clinicians, and researchers, to ensure contextual relevance, sustainability, and capacity transfer.

- **Operational capacity** to implement programmes within Syria, including access to the targeted geographic areas and the ability to provide reliable support in challenging and fragile contexts.
- **Established quality assurance systems** for teaching, mentorship, and evaluation of trainee performance and program outcomes.
- **Commitment to Gender Equality and Social Inclusion (GESI).**
- **Documented research record**, showing the total number of original research articles published in reputable international journals, in which the service provider or affiliated experts served as primary researchers or co-authors, with citation counts where available.
- **Proven contribution to knowledge translation**, demonstrating how research outputs have informed clinical practice or policy development in Syria or similar contexts.

Applicants must be legally registered entities in Syria or other countries and demonstrate sound financial management systems, transparency, and compliance with EU rules on visibility, reporting, and financial accountability. Prior to signing the contract, GHP will conduct a due diligence assessment on the provider to ensure compliance.

## 10. Evaluation and Scoring Criteria (Best Value for Money)

Proposals will be evaluated by a committee against predefined criteria, using the Most Economically Advantageous Tender (MEAT) principle (quality-price ratio). Evaluation steps include: first a review of eligibility/exclusion, then a technical evaluation, then a financial evaluation for only those proposals that pass the technical minimum.

Technical Criteria (≥70% of score): The following criteria and weights will apply (total technical = 80 points if using 80/20 weighting):

- *Institutional Experience and Capacity* (25 points): Track record in clinical research capacity building projects , size and competence of the organization, past project performance, capacity to deliver training virtually, hybrid or physically
- *Quality of Proposed Team* (25 points): Qualifications and relevance of key experts (record of quality impactful publication in the field, accredited TOT certificates in clinical research in fragile settings, research-related teaching expertise).
- *Approach and Methodology* (20 points): Clarity and suitability of the proposed training design, curriculum development process, localisation strategy, and project management.
- *Experience in Context* (10 points): Prior work in conflict/fragile settings, and with EU donors (especially in health/education).

*The following are considered mandatory pass/fail criteria:*

**Safeguarding / Do-No-Harm: PASS/FAIL**

Submit safeguarding policy covering adults and minors, code of conduct, Prevention of sexual exploitation and abuse (PSEA), reporting and whistleblowing pathways, incident management SLA, and context-specific risk assessment for teaching/research.

Bidders are expected to submit a comprehensive risk management plan that addresses not only safeguarding and digital access challenges, but also broader operational risks inherent to conflict-affected environments. This should include a security risk assessment, contingency measures for conflict escalation, travel restrictions, or public health emergencies, and a business continuity plan outlining how in-person activities will be adapted or rescheduled if disruptions occur. The plan should demonstrate how program integrity, learning continuity, and staff/participant safety will be preserved under adverse conditions.

Evidence: policies, training plan, focal-point contacts, risk register with mitigations. Please note that the absence of a safeguarding policy or unclear reporting pathways will result in negative scoring.

**Plans to deliver effective online teaching in a country that lacks proper infrastructure: PASS/FAIL**

Proposer must submit a concise plan showing how online teaching will succeed under poor internet conditions, including:

- Offline-first materials and asynchronous access.
- Mobile-first platform and low-bandwidth settings.
- Contingency channels for communication and submissions.
- Basic learner support and troubleshooting process.
- Simple monitoring of access issues and adaptive fixes.

Please note that failure to provide a plan to address this challenge will result in negative scoring.

The following is preferable but <u>not mandatory:</u>

**Localization**

Name Syrian partner institutions and **≥50% Syrian experts** in leadership/teaching roles across the workplan; include a capacity-transfer plan with outputs (co-teaching, ToT, handover of curricula).

The service provider may engage in recruiting local Syrian expertise to help implement the Training program. Ability to contact and collaborate with Syrian health authorities especially the Syrian board to help localize and accredit the Training program is a must for this tender.

Evidence: role matrix, MOUs (or drafts), capacity-building milestones.

Technical proposals must score at least 70% of the technical score (56/80) to be considered further. Preference is given to approaches that emphasize sustainability, localisation of the programme, and robust capacity building.

Financial Criterion (20 points): The financial proposals will be scored out of 20 points (if using 80/20 weighting). The lowest-priced acceptable offer receives the full 20 points; others are scored proportionally (price score = lowest price / tender price × 20). Cost realism and compliance with EU budgeting rules will be checked. (It should be noted the budget realism/coherence, value for money and the management /staff capacity will be considered in relation to the Technical proposal).

Combined Score: The final ranking is based on the sum of weighted technical and financial scores. The tender with the highest total score (best value for money) will be recommended for award, subject to any clarifications and GHPapproval.

## 11. Instructions for Proposal Submission

- Language and Format: All proposal documents must be in English. The proposal should consist of two separate parts:
    - Technical Proposal (without any pricing information). Include cover letter, detailed technical approach (see Annex 1 template), work plan, and CVs of key staff.
    - Financial Proposal (budget breakdown, total cost in EUR, including the unit cost per participant and per specialty). Use the format in Annex 2. Do not include financial details in the technical proposal.
- Submission Method: As this is an open tender, proposals must be submitted electronically via email to procurement@globalhealthpartnerships.org (reference “UFUQ Track II Research RFP” in subject). Proposals must be sent *as separate PDF attachments* for technical and financial parts. Late submissions will not be considered.
- Application Window and Deadline: The application window opens on 2 November 2026 and closes on 4 December 2026. Proposals must be received by [23:59 GMT] on 4 December 2026. Submissions received after this cut-off will be automatically rejected.

- Proposal Validity: Bidders must keep their offer valid for at least 90 calendar days after the deadline.
- Acknowledge and Confirm: The cover letter must explicitly acknowledge and accept all Request for Proposals (RFP) terms (including Practical Guide to Contract Procedures for EU External Actions [PRAG]- conditions) and confirm the declared prices and timelines.
- Contact for Clarifications: All questions or requests for clarification must be submitted in writing to the Procurement Office of GHP (see below) no later than two weeks before the submission deadline (16 November 2026). GHP will respond by 23 November 2026, and answers will be shared with all registered bidders. GHP will hold an online information webinar for prospective bidders during the application window, at 14:00 (GMT +3, Syria time) on the 17th of November 2026. You can register for the even on the following link: https://zoom.us/meeting/register/1rFpP-1_T2O1rtoPm5Yqjg. Please do not contact any other GHP staff or evaluation committee members.

## 12. Contract Value and Payment Terms

The total contract value for this service will be a fixed-price contract, in accordance with EU procurement and financial management regulations. The payment schedule is structured to ensure timely delivery of outputs and satisfactory performance of services.

- Total Contract Value: [To be proposed by the applicant and subject to negotiation and final approval by the Contracting Authority.]
- Payment Schedule:
    - 30% upon contract signature and submission of the approved inception report and detailed work plan.
    - 40% upon satisfactory completion of training sessions and submission of interim deliverable reports, validated by the Contracting Authority.
    - 30% upon submission and formal approval of the final report and all contractual deliverables by the Contracting Authority.

*Note: All payments are contingent upon submission of high-quality deliverables and formal validation and approval by the Contracting Authority and reserves the right to withhold or delay payments if deliverables do not meet the required standards or timelines.*

## 13. Annexes

- Annex 1: Technical Proposal Template
- Annex 2: Financial Proposal Template

Please ensure all annexes and the above sections are thoroughly addressed in your proposal. Incomplete proposals may be disqualified. We look forward to your submissions and thank you for your interest in strengthening PGME in Syria.

## Annex 1: Technical Proposal Template

Bidders must use this template to prepare the Technical Proposal for the UFUQ Track II Clinical Research Service Provider tender. Follow the numbering and headings below, complete every section, and replace all guidance text in square brackets. Sections 2–5 correspond to the technical criteria in Section 10 of the ToR and will be scored on what is written there; Section 7 contains the mandatory pass/fail requirements.

Formatting and content rules:

- Language: English. Recommended length: no more than 25 pages for Sections 1–8, excluding CVs and supporting attachments.
- Do not include any pricing or cost information in the Technical Proposal. Any proposal that does so may be disqualified. Financial details belong only in the Financial Proposal (Annex 2).
- Submit the Technical Proposal as a separate PDF attachment, as set out in Section 11 of the ToR.
- Where the template asks for evidence, cite the attachment number and page where it can be found.

### Scoring map

| Template section | ToR evaluation criterion | Maximum score |
|---|---|---|
| **Section 2: Institutional Experience and Capacity** | **Institutional Experience and Capacity** | **25 points** |
| **Section 3: Quality of Proposed Team** | **Quality of Proposed Team** | **25 points** |
| **Section 4: Approach and Methodology (with Section 6: Work Plan)** | **Approach and Methodology** | **20 points** |
| **Section 5: Experience in Context** | **Experience in Context** | **10 points** |
| **Section 7: Mandatory Requirements** | **Safeguarding / Do-No-Harm; Online teaching in low-infrastructure settings** | **Pass/Fail** |

| Template section | ToR evaluation criterion | Maximum score |
|---|---|---|
| Section 8: Localisation | Localisation (preferable, not mandatory) | Considered in evaluation |
| Total technical score | Minimum 56/80 (70%) to proceed to financial evaluation | 80 points |

## Part A: Bidder Information

| Item | Bidder response |
|---|---|
| Legal name of lead organisation | [ ] |
| Country and number of legal registration | [ ] |
| Type of organisation (NGO, academic/research institution, national or international organisation) | [ ] |
| Registered address | [ ] |
| Contact person (name, position, email, telephone) | [ ] |
| Consortium members or subcontractors (name, country, role), if any | [ ] |
| Tender reference | UFUQ Track II Research RFP |
| Date of submission | [DD/MM/YYYY] |

## Part B: Cover Letter and Declarations

Attach a signed cover letter on the bidder's letterhead. The cover letter must explicitly confirm each of the following:

- Acknowledgement and acceptance of all RFP terms, including the Practical Guide to Contract Procedures for EU External Actions (PRAG) conditions.
- Confirmation of the declared timelines, including delivery within the 12-month contract period (January–December 2027) starting on the date of contract signature.
- Validity of the offer for at least 90 calendar days after the submission deadline.
- Confirmation that the Technical Proposal contains no pricing information.
- Declaration of any actual or potential conflicts of interest.
- Consent to the due diligence assessment that GHP will conduct before contract signature.

## Section 1: Executive Summary

*[Maximum one page. Summarise the bidder's understanding of the assignment, the proposed training and supervision model, how the four deliverables will be achieved within the 12-month contract period, and what distinguishes this proposal.]*

## Section 2: Institutional Experience and Capacity (25 points)

### 2.1 Organisational profile

*[Describe the organisation's mandate, legal status, size, staffing and organisational structure. If bidding as a consortium, describe each member's role and how the consortium will be managed.]*

### 2.2 Relevant experience in clinical research capacity building

*[List up to five comparable assignments completed in the last seven years. Include success stories in implementing clinical research training programmes and evidence of past project performance, such as evaluations or client references.]*

| ***Project title*** | ***Client / donor*** | ***Country*** | ***Dates*** | ***Participants trained*** | ***Key outcomes (e.g. proposals, publications, accreditation)*** |
|---|---|---|---|---|---|
| ***[ ]*** | *[ ]* | *[ ]* | *[ ]* | *[ ]* | *[ ]* |
| ***[ ]*** | *[ ]* | *[ ]* | *[ ]* | *[ ]* | *[ ]* |
| ***[ ]*** | *[ ]* | *[ ]* | *[ ]* | *[ ]* | *[ ]* |

### 2.3 Research record and knowledge translation

*[State the total number of original research articles published in reputable international journals in which the organisation or affiliated experts were primary researchers or co-authors, with citation counts where available. Attach a list of publications. Give examples of research outputs that have informed clinical practice or policy in Syria or similar contexts, and examples of institutions whose staff the bidder has trained and supported to publish.]*

### 2.4 Delivery capacity

*[Describe the organisation's capacity to deliver training online, hybrid and in person, including platforms used and operational capacity and access within Syria.]*

### 2.5 Quality assurance systems

*[Describe established quality assurance systems for teaching, mentorship and the evaluation of trainee performance and programme outcomes.]*

## Section 3: Quality of Proposed Team (25 points)

### 3.1 Team composition

*[List all key experts, trainers, supervisors and mentors. Attach a CV for each key expert (maximum three pages each).]*

| ***Name*** | ***Proposed role*** | ***Specialty / discipline*** | ***Syrian expert (Y/N)*** | ***Highest qualification*** | ***ToT or teaching certification*** | ***Location*** | ***Time input (% or days)*** |
|---|---|---|---|---|---|---|---|
| ***[]*** | *[]* | *[]* | *[]* | *[]* | *[]* | *[]* | *[]* |
| ***[]*** | *[]* | *[]* | *[]* | *[]* | *[]* | *[]* | *[]* |
| ***[]*** | *[]* | *[]* | *[]* | *[]* | *[]* | *[]* | *[]* |

### 3.2 Qualifications and relevance

*[For each key expert, summarise the record of quality, impactful publications in the field, accredited ToT certificates in clinical research in fragile settings, and research-related teaching expertise. Show coverage of all four specialties: Obstetrics and Gynaecology, Anaesthesia, Emergency Medicine and Psychiatry.]*

### 3.3 Standards for trainers, supervisors and mentors

*[Set out the minimum standards and selection criteria the bidder will apply to trainers, supervisors and mentors, and how their performance will be monitored.]*

### 3.4 Management and staffing structure

*[Provide an organogram, name the team leader and the focal point for GHP, and explain how continuity will be ensured if a key expert is replaced.]*

## Section 4: Approach and Methodology (20 points)

### 4.1 Understanding of the context and objectives

*[Show understanding of postgraduate medical education and clinical research in Syria, the UFUQ Programme and the role of Track II, and the expected learning outcomes in Section 3 of the ToR.]*

### 4.2 Training programme design (Activity 1; Deliverables 1 and 2)

*[Describe the curriculum, sequencing and teaching methods. The response must address:]*

- The three core modules: Introduction to Research Design and Methodology; Practice of Evidence-Based Health Care; and Essential Medical Statistics.
- The required cross-cutting content: research ethics, research integrity, AI in research, academic writing, and context-relevant research.
- How the proposal-writing content (research question formulation, study design, protocol writing and academic writing) will be front-loaded in February–May 2027, so that trainees can submit their research proposals by Month 6 (June 2027).
- The hybrid delivery model (approximately 30% of contact hours in person), class sizes of no more than 15–20, and the use of problem-based and project-based learning.
- How GESI considerations will be built into content, with review by a GESI Specialist.

### 4.3 Assessment and the performance standard

*[Describe the formative and summative assessments and the tools, marking criteria and pass requirements. Explain how the bidder will achieve and evidence the Deliverable 2 performance standard: at least 80% of eligible trainees demonstrating measurable improvement against both limbs, (a) a statistically meaningful pre/post knowledge gain using validated tools and (b) a pass in the summative skills assessment, including the research proposal. Describe the remedial actions planned if the target is not met, and how results will be disaggregated by specialty.]*

### 4.4 Trainee recruitment and selection

*[Describe a fair, transparent and competitive process for selecting 60 trainees from the GHP-set pool of 200 candidates, divided equally across the four specialties and preferably including a number of attending doctors (specialists) alongside supervisors and residents. Explain how selection and signed acceptance agreements will be completed in January 2027, before training starts, and how the minimum 30% female participation target and other GESI considerations will be met.]*

### 4.5 Research supervision and mentorship (Activity 2; Deliverable 3)

*[Describe the hybrid mentorship model, including the minimum 90 minutes of supervision per trainee per month, mentor allocation, and how trainee ownership of the research idea will be protected. Explain how each trainee will be supported to submit a complete research proposal suitable for the GHP competitive research grant by June 2027, and how grant-funded projects will be supported to a draft manuscript or protocol paper by 15 December 2027. Describe the competitive grant selection process you will run in*

*July 2027, including proposed scoring criteria, review panel composition, independent reviewers and conflict-of-interest management.]*

### 4.6 Trainee progress tracking and M&E (Deliverable 4)

*[Describe the individual progress-tracking records and the M&E system, including the quality standards that assure data validity, reliability, completeness and timeliness. The system must be operational by end of January 2027.]*

### 4.7 Coordination and project management

*[Describe governance and coordination arrangements with GHP, the Syrian Board, the Ministry of Health, the Specialty Technical Committees, and the Track I and Track III service providers. Describe how the reporting requirements in Section 8 of the ToR will be met.]*

### 4.8 Sustainability

*[Explain how the programme, curricula and research systems will be sustained after the contract, including steps towards accreditation of the training programme with the Syrian Board.]*

## Section 5: Experience in Context (10 points)

*[Describe prior work in conflict-affected or fragile settings, and with EU donors, especially in health or education.]*

| ***Project / programme*** | ***Fragile or conflict setting*** | ***EU-funded (Y/N)*** | ***Dates*** | ***Relevance to this tender*** |
|---|---|---|---|---|
| ***[ ]*** | *[ ]* | *[ ]* | *[ ]* | *[ ]* |
| ***[ ]*** | *[ ]* | *[ ]* | *[ ]* | *[ ]* |

## Section 6: Work Plan

*[Complete the table below and attach a month-by-month Gantt chart for January–December 2027. Planned dates must not be later than the ToR deadlines.]*

| ***Deliverable / report*** | ***ToR deadline*** | ***Bidder's planned date*** | ***Key milestones and dependencies*** |
|---|---|---|---|
| ***Trainee recruitment and signed acceptance agreements*** | *January 2027* | *[ ]* | *[ ]* |
| ***1. Inception Deliverable and Inception Report*** | *Within 1 month of contract signature (end of January 2027)* | *[ ]* | *[ ]* |

| Deliverable / report | ToR deadline | Bidder's planned date | Key milestones and dependencies |
|---|---|---|---|
| **4. Trainee progress tracking and M&E system** | *Operational by end of January 2027* | *[ ]* | *[ ]* |
| **2. Training programme delivery** | *February–November 2027* | *[ ]* | *[ ]* |
| **3. Research proposals; grant selection report** | *Proposals by Month 6 (June 2027); selection report by 31 July 2027* | *[ ]* | *[ ]* |
| **3. Draft manuscripts or protocol papers (grant-funded projects)** | *By 15 December 2027* | *[ ]* | *[ ]* |
| **Quarterly progress and financial reports** | *Within 15 calendar days after the end of each quarter* | *[ ]* | *[ ]* |
| **Final Report** | *By 15 December 2027* | *[ ]* | *[ ]* |

## Section 7: Mandatory Requirements (Pass/Fail)

Please note that failure to adequately address either requirement below will result in negative scoring.

### 7.1 Safeguarding, Do-No-Harm and risk management

*[Summarise the safeguarding approach and attach the supporting documents. The response must cover:]*

- A safeguarding policy covering adults and minors, a code of conduct and a PSEA policy.
- Reporting and whistleblowing pathways, named focal points, and an incident management service level agreement.
- A context-specific risk assessment for teaching and research activities.
- A risk management plan covering security risks, conflict escalation, travel restrictions and public health emergencies, with a risk register and mitigations.
- A business continuity plan showing how in-person activities will be adapted or rescheduled, and how learning continuity and staff and participant safety will be preserved.

### 7.2 Online teaching in low-infrastructure settings

*[Provide a concise plan showing how online teaching will succeed under poor internet conditions. The plan must address:]*

- Offline-first materials and asynchronous access.
- A mobile-first platform and low-bandwidth settings.
- Contingency channels for communication and submissions.
- Basic learner support and a troubleshooting process.
- Simple monitoring of access issues and adaptive fixes.

| Mandatory requirement | Included (Y/N) | Attachment and page reference |
|---|---|---|
| **Safeguarding policy, code of conduct and PSEA** | [ ] | [ ] |
| **Reporting pathways, focal points and incident SLA** | [ ] | [ ] |
| **Risk assessment, risk register and business continuity plan** | [ ] | [ ] |
| **Online teaching plan for low-infrastructure settings** | [ ] | [ ] |

## Section 8: Localisation (Preferable)

*[Name Syrian partner institutions and show that at least 50% of experts in leadership or teaching roles are Syrian. Provide a role matrix, MOUs or draft MOUs, and a capacity-transfer plan with outputs and milestones (e.g. co-teaching, ToT, handover of curricula). Describe the bidder's ability to work with Syrian health authorities, especially the Syrian Board, to localise and accredit the training programme; note that this ability is a requirement of the tender.]*

## Section 9: Compliance Checklist and Attachments

*[Confirm that each of the following is attached and numbered.]*

| ***Attachment*** | ***Included (Y/N)*** |
|---|---|
| ***Signed cover letter (Part B)*** | *[ ]* |
| ***Certificate of legal registration*** | *[ ]* |
| ***CVs of key experts*** | *[ ]* |
| ***List of publications (Section 2.3)*** | *[ ]* |
| ***Organogram (Section 3.4)*** | *[ ]* |
| ***Gantt chart (Section 6)*** | *[ ]* |
| ***Safeguarding, risk and continuity documents (Section 7.1)*** | *[ ]* |
| ***Online teaching plan (Section 7.2)*** | *[ ]* |
| ***Localisation role matrix and MOUs (Section 8)*** | *[ ]* |
| ***Sample teaching materials (optional)*** | *[ ]* |

## Authorised signature

Name: [ ]

Position: [ ]

Organisation: [ ]

Signature and stamp: [ ]

Date: [ ]