

## **Terms of Reference**

### **Reducing Health Risk Factors Project**

#### **Consultant Services for Community Mobilization**

##### **A. Introduction**

The Swiss Agency for Development and Cooperation (SDC) has provided financial support and together with the World Bank, through Trust Fund, has provided support to the Federation Ministry of Health in designing and implementing effective promotion and prevention programs for reducing risk factors for number of mass non-communicable chronic diseases (hereinafter: “NCD”) for population of the Federation of BiH.

Reducing Health Risk Factors in Bosnia and Herzegovina grant project (hereinafter “the Project”) consists of two parts. The first part relates to adoption and implementation of strategies and laws on the use of tobacco in both BiH entities, and it is designed to target the entire population. The second part relates to activities concerning social mobilization, advocacy and media campaigns, interventions, and monitoring and evaluation of implemented interventions which target the population in four selected communities (Zenica and Mostar in the Federation of BiH, and Zvornik and Doboje in the RS).

##### **B. Background**

1. According to the WHO’s estimates, 95% of all deaths in Bosnia and Herzegovina are attributed to four main NCD groups: cardiovascular diseases, cancer, diabetes and chronic respiratory diseases. Those NCD's are also the leading causes of poor disability in the country. BiH has a high rate of smoking prevalence – according to the WHO, it is estimated that in 2012 prevalence rate was 31.2% in women and 49.0% in men, which is higher than the estimated global prevalence of 6.8% in women and 36.1% in men.
2. Results of the 2012 Federation of Bosnia and Herzegovina (BiH) population’s health status, which was jointly conducted by the Federation of BiH Ministry of Health and the Federation of BiH Public Health Institute under the Health Sector Enhancement Project financed by the World Bank’s IDA credit, showed as follows: Although two-thirds of the respondents (66.7%) believes that smoking has significant impact on their health, two-fifths of the respondents (44.1%) smokes every day, including more than half of men (56.3%) and slightly under one-third of women (31.6%). Less than half of daily smokers (41.7%) would like to quit smoking. Significant exposure to tobacco smoke generated by other smokers is also observed, with exposure to tobacco smoke at home for five plus hours is confirmed in one-fifth of respondents (19.2%) in the Federation of BiH. Percentage of daily smokers (49.5%) aged 25-64 in 2012 reported an increase relevant to results of the 2002 survey (37.6%), while Percentage of smokers who wish to quit

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smoking has dropped (2012: 43.1%; 2002: 49.6%;). Although two-thirds of respondents (62.2%) believes that alcohol use has significant impact on their health, almost one-third of respondents (28.8%) used alcohol in the past 12 months, while daily use of any alcoholic beverage is reported by 11.4% respondents. Percentage of respondents who consumed 70 plus grams of hard alcohol, which puts them in a severe alcoholic category, was reported at 7.1%. Percentage of respondents who consumed any alcoholic beverage in 2012 aged 25-64 was significantly lower (2.3%) when compared to results of 2020 survey (5.7%).

3. Although two-thirds of respondents (66.7%) considers that physical activity has substantial influence on their health, only one-quarter of respondents (24.6%) can be categorized as physically active (physically active for 30 minutes at least two to three times a week resulting in heavy breathing or sweating), including 28.7% men and 20.3% women. Although almost three-quarters of respondents (72.1%) believes that diet has a significant impact on their health, a large portion of population continues to cater to inadequate diet habits which may associated with number of chronic diseases. Only 8.4% respondents when making a food choice always takes into account impact of food on health, while more than one-third respondents in the Federation of BiH does not pay any attention to milk fat content (35%). 7.2% of respondents in the Federation of BiH always salts their food before trying it. Only one-third of respondents (35.5%) eat fruits on daily basis and number of respondents eating vegetable on daily basis is slightly lower (27.9%). More than half of respondents (53.2%) does not eat fish, close to half of respondents (47.9%) eats fast food, while more than one-third of respondents reported regular use of potato chips and other nibbles (38.1%).

Results of this survey pointed out to several priority activities necessary for improvement of health of the Federation of BiH population including:

- Increase coverage of advices provided by health professionals (impact of diet on health, promotion of physical activity, obesity prevention, and prevention of addictions)
- Encourage addition rehabilitation services (with focus on Family Medicine teams and mental health centers).

In promoting healthy lifestyles, it is very important to ensure active participation of all relevant sectors:

- Providing education and information aimed at changing lifestyle habits (adequate diet, physical activity, addiction prevention, mental health)
- Implementation of intersectoral programs (healthy schools, health work places, healthy communities)
- Thematic campaigns for promotion of health in community

4. According to results of the Global youth tobacco survey (GYTS) conducted by the Federation of BiH Public Health Institute in 2013, reported a drop relative to use of tobacco in school children and young people when compared to 2008, when the preceding survey was conducted. The survey reported drop in daily smokers from 14.3% reported in 2008 to 12.7% in 2013. The drop is reported for both male and

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female respondents – in boys who smoked the percentage dropped from 17.6% in 2008 to 15.5% in 2013, while in girls who smoked the percentage dropped from 11.3% in 2008 to 9.7% in 2013. According to the results of this research, exposure to secondhand smoke in young people also dropped in the Federation of BiH. In 2008, when 85% of school children were exposed to secondhand smoke daily, in 2013 60.7% of children and young people reported exposure to secondhand smoke in indoor public spaces.

5. Having in mind the aforementioned, the Federation of BiH Ministry of Health sought technical support from the World Bank for the implementation of strategic interventions aimed at reducing health risk factors for number of selected NCD's by promoting the reduced use of tobacco and alcohol and promotion of healthier diet and increased physical activity. Rapid assessment during preparatory missions by the World Bank's consultant team at selected pilot sites has found that educating and promoting healthy diet and increased physical activity is in most cases inadequate and ineffective. The adverse effects of smoking have been known for some time, but existing measures and guidelines have not been implemented. The Federation of Bosnia and Herzegovina is in the process of adopting the Law on Control and Restrictive Use of Tobacco and Other Smoking Products, which, if adopted, will represent a significant step forward. However, the new law will produce new challenges related to implementation of measures envisaged. It was concluded that alcohol use was not seriously treated as one of the biggest health risks, especially for young people, and that this has to be changed. Although parents are key stakeholders, there is not a great deal of awareness about their role in the healthier behavior of their children. It was also found that parents entail have high risk behavioral factors. The community does not recognize the key role of parents, there is no parent programs available, and there is also lack of support, even when there is an interest and a desire to engage in solving this problem. In order to ensure the success and viability of solutions, the family must become one of the pillars of change. Also, the administration and public institutions must play a key role in establishing, coordinating and sustaining prevention. There is currently an opinion that the health sector is solely responsible for prevention, or in other words, there is no awareness that the local community must be one of the agents of change. Also, the academic community is important partner at all levels. Knowledge and experience in working with young people can be an important support to comprehensive change.
6. This research also identified a lack of knowledge and skills regarding evidence-based prevention science, scientific research and practice in all local communities. Therefore, there is a strong need for an adequate education and training system that would provide adequate evidence-based prevention. Based on the new knowledge or updated knowledge and skills related to contemporary practice that is expected to be provided through this project assignment, pre-school and school institutions, as well as other key stakeholders in local communities, should launch initiatives that promote healthier diet and increased physical activity, and more comprehensively point to the hazards of tobacco and alcohol use. This project assignment also includes strengthening of the capacity to promote healthy lifestyles and prevention of selected risk factors (smoking, alcohol use, healthy diet, and physical activity).

7. Primary users of this project include pre-school and school children and their parents, teachers, health professionals and local government employees, and partner networks in selected local communities.

## **C. Project Objectives**

### **General Objective**

- Reducing selected non-communicable disease (NCD) risk factors by promoting tobacco and alcohol control, and diet and physical activity in selected beneficiaries (pre-school children, school children, teachers, health workers and local government employees) in four selected local communities.

### **Specific Objective**

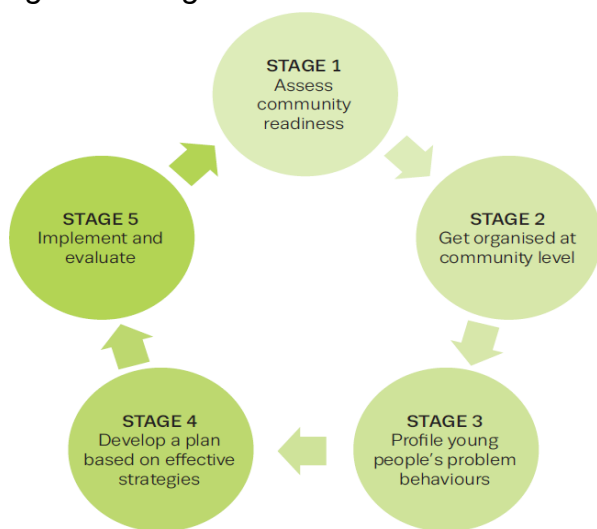
- Strengthening local community capacities to ensure comprehensive mobilization of key stakeholders in coordination, planning, and implementation of evidence-based prevention interventions and measures related to healthy life styles policies at local level.

## **D. Scope of Consultant's Activities**

1. Ongoing cooperation with the Federation of BiH Ministry of Health's Sector for Project Implementation, local municipal governments, and other key local communities' stakeholders of this project assignment. Close work with consultants/organizations hired to implement project activities regarding advocacy, education and intervention, and monitoring and evaluation in relation to agreed project indicators.
2. The Consultant is expected to take part in interactive training organized by the expert team of the World Bank prior to commencement of the assignment. This will ensure that the Consultant is able to use the latest evidence-based methods, and also to become familiar with all project assignments implemented by other consultants, including all project activities, agreed indicators, and expected outcomes.
3. Develop the 2-year Local Action Plan for Community mobilization. The Consultant will work with the local communities and the city administrations, and also identified partnership network to develop a short-term local action plan (2017-2018) that will serve as a basis for implementing prevention by all stakeholders in the targeted communities. To that end, the Consultant is expected to organize and hold workshops aimed at strengthening local capacities for methodology to be used to draft local action plans (2-3 attendees from each stakeholder / institution /agency). During development of Action Plan, key stakeholders will learn about evidence-based prevention interventions and policy measures related to selected risk factors and promotion of healthy life styles, as well as effective ways to mobilize communities.
4. Local community mobilization activities should be based the Communities That Care (CTC) model approach (<http://www.communitiesthatcare.net>), which is widely

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adopted evidence-based approach all over the world, including in several European countries. This model approach should be accordingly adapted to all four risk factors (smoking, alcohol consumption, healthy diet and physical activity) and all ultimate target groups in the project (children, adolescents, young adults and adults). CTC organizes the adoption of a science-based approach to prevention into five stages (Figure 1), each of which is guided by a set of 'milestones' and 'benchmarks' that are used to monitor implementation of the community-based prevention in practice<sup>1</sup>.  
*Figure 1: Stages of Communities That Care (CTC) model approach*



5. The Consultant is expected to provide expert support in strengthening capacities of all stakeholders included in the local community partnership network so that they can learn skills necessary to prepare and implement effective prevention and promotion programs/projects/grant projects aimed at ensuring comprehensive community mobilization by holding two-day workshops for the stakeholders (maximum 20 attendees per workshop and maximum 100 attendees per a local community).
6. To ensure comprehensive mobilization in the targeted communities, the Project is going to include implementation of promotion and prevention projects by awarding grants to all interested parties in the targeted local communities. To that effect, the Federation of BiH Ministry of Health is developing the grant award guidelines, and the Consultant is expected to use the guidelines and, in close and ongoing cooperation with the Federation of BiH Ministry of Health, administer and coordinate preparation and implementation of awarded grants for selected programs/projects. These grant

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<sup>1</sup> Stage 1: the community's readiness to implement CTC model approach is assessed and community coordinators and leaders are identified. Stage 2: community leaders decide, after opting for CTC model approach, whether or not to organize and identify a community prevention coalition to carry out the functions of local action group. If it is feasible to implement CTC model approach, community coordinators and coalition members are trained in effective community-based prevention and the prevention coalition is organized to carry out subsequent stages of CTC model approach. Stage 3: risk/protective factors and problem behaviors of all project target groups are assessed using a survey in the community and local services that seek to address priority risk and protective factors are identified. Stage 4: the community prevention coalition reviews the results of the assessment and selects tested effective policies and programs. Stage 5: the programs are implemented and all target groups outcomes are monitored.

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programs/projects should be complement and comply with the Local Action Plan developed for each targeted local community.

7. Evaluate knowledge and skills necessary for preparation and implementation of evidence-based prevention programs and evaluate awareness on the selected risk factors in the community (the baseline survey and the final survey).
8. Monitor and evaluate its own procedures and processes in order to analyze and improve performance in accordance with specific indicators (attached Table with indicators);
9. Compile agreed reports for the Federation of BiH Ministry of Health on implemented activities, on the basis of reporting schedule.

## **E. Expected Outcomes and Outputs**

Increased community awareness and recognized needs for implementing activities leading to the Reducing Health Risk Factors in Bosnia and Herzegovina.

Improved local community capacities in promoting healthy lifestyles and prevention of risk factors for non-communicable diseases.

### ***Specific outcomes***

- Mobilized resources within the targeted communities that effectively focus on changes to risky behaviors – developed and implemented;
- Two-year Action Plans for mobilization at local community level developed;
- Smoke-free policy implemented in schools and health institutions;
- Key stakeholders in all targeted local communities successfully trained in sustainable prevention and promotion interventions; “leaders” in all targeted local communities identified and engaged;
- Prevention and promotion programs/projects implementation process improved.

## **F. Duration of the Assignment and Reporting Requirements**

Expected duration of the assignment is 12 months. The Consultant is expected to deliver the following reports:

- Inception Report (including description of work methodology and timeline of activities required under the assignment) - 20 days after the signing of the Contract;
- Report on Drafting and Approval of Local Action Plans - 3 months after the signing of the Contract;
- Report on Preparation, Coordination, and Implementation of Awarded Grant Projects;
- Final Report including details of activities implemented.

## G. Results Framework

The Results Framework presented in the tables below will be monitored and reported by the selected Consultant. The Consultant will continuously collect information required for reporting, which will be documented on semi-annually in a progress report to the Federation Ministry of Health. The list is part of the overall Project Performance Indicators set provided in the Annex 1.

**Table 1: Key indicators of success**

INDICATOR	DESCRIPTION	EXPECTED
% of public education and health care institutions that have implemented smoke free policies in line with the 2016 Tobacco Control Strategy.	Numerator: Number of public education (kindergartens, primary and secondary schools) and health care institutions in two selected communities that have implemented smoke free policies.  Denominator: Total number of public education and health care institutions in two selected communities.	50% of target organizations showing implementation (documented reports)

**Table 2: Performance indicators of success**

INDICATOR	DESCRIPTION
Number of established local action groups at local level, number of their members and meetings (including members' attendance rate at the meetings)	Each target local community should have formally established local action group and at least one key person from each key stakeholder at local level should be nominated and appointed as a member of a group
Number of developed local action plans at the community level and number of implemented activities	Each target local community should have developed and formally adopted local action plan for the period of 2017-2018 which includes responsible institutions/organizations and responsible

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	facilitators/implementers, objectives, activities, time (deadlines) and financial frame.
Number of local action groups' members directly involved in the activities proposed in the action plans	Number of the local action group members who are directly involved in at least one activity included in the local action plan.
Number of other (ultimate) target groups (e.g. youth, parents, staff in local institutions and organizations) involved in the activities proposed in the action plan	Number of proposed activities in the local action plan, which directly involve ultimate target groups, such as children, youth, staff in responsible local institutions and organizations working in the field of health promotion and prevention.

## **H. Experience and Qualifications**

Qualified consulting firms and their staff for this assignment should have extensive experience in the field of services mentioned above. The required minimum experience should be demonstrated by providing evidence related to similar tasks during the last 7 years.

The Consultant (the successful bidder) should prove and meet the following requirements:

- Proven communications and coordination skills;
- Capacity to transfer knowledge and skills relevant to different ways to mobilize local communities;
- Capacity to strengthen skills of the existing resources in local communities for preparation/development and implementation of prevention and promotion activities/ programs / projects / grants; capacity for grant project administration;
- Capacity for risk assessment regarding coordination and cooperation at local level;
- Familiarity with civil society organizations and other stakeholders in BiH;
- Familiarity with trends and scientific evidence in the area of risk behavior prevention and promotion of healthy life styles;
- Proven experience in similar projects implemented in the country or the region;



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- Proven financial, organizational and technical resources (staff, IT equipment, vehicles, training materials, etc.) for adequate project support at target locations
- Minimum seven (7) years of experience in implementation of public health and education programs in BiH and minimum seven (7) years of experience in programs in BiH directly related to healthy lifestyles
- Experience in local community mobilization programs and activities aimed at strengthening capacities of governmental agencies employees and non-governmental organizations staff in Bosnia and Herzegovina
- Experience in creating health public policies in BiH
- Proven experience in implementation of health programs/projects in cooperation and with support of competent health agencies in BiH and the region
- Experience in developing and building capacities of organizations/institutions/individuals in writing project proposals
- Experience in developing, managing, and monitoring projects

All individual consultants (only key staff) available under the assignment must have at least a university degree and, as minimum, 7 years of professional experience and a minimum of 5 years of specific experience. Master degree or PhD will be an advantage.

The key staff team should be composed out of the following specialists:

1. Project manager
2. Team leader
3. Minimum 1 public health expert
4. Education expert
5. Minimum 1 expert for thematic areas (smoking and alcohol, physical activity, diet)
6. Research expert

The key staff/experts must fulfill the following requirements:

1. Project manager
  - University diploma in health or social sciences
  - Experience in civil sector in implementing health programs
  - Experience in managing capacity building and local community mobilization projects in BiH
  - Proven experience and skills in managing programs/projects of similar type/size
  - Proven experience in grant awarding projects to support civil society organizations in the area of prevention and promotion programs, including building capacity of civil society for their implementation
  - Proven ability to establish effective partnerships and cooperation with different groups of people
  - Ability to assess risks related to coordination and cooperation at local level in BiH
  - Extensive experience in writing project documentation and reporting
  - Proficiency in English language

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**2. Team leader**

- University diploma in health or social sciences
- Experience in civil sector working in strategic management, coordination, and implementation of health and education projects
- Proven experience in local community mobilization programs in BiH
- Experience and skills in developing and implementing local community mobilization action plans
- Proven experience in implementing capacity building programs for governmental agencies and non-governmental organizations
- Experience in working with decision makers, local community and civil society representatives
- Ability to transfer knowledge and skills and ability to adjust to different target groups
- Experience in documenting and writing project documentation and reporting
- Proficiency in English language

**3. Public health expert or expert in other project-relevant areas**

- University diploma in health or social sciences
- Experience in creating strategies and policies at local community level
- Experience in research projects (especially in research of social health determinants) and project evaluations in the area of health
- Experience in mobilizing different stakeholder groups for improving and promoting healthy lifestyles

**4. Education expert**

- University diploma in health or social sciences
- Experience in creating strategies and policies at local community level
- Experience in research projects and project evaluations
- Experience in mobilization of parents for improving and promoting healthy lifestyles

**5. Expert for thematic areas (smoking and alcohol, physical activity, diet)**

- University diploma in health or social sciences
- Experience in creating strategies and policies at local community level
- Experience in research projects (especially in research of social health determinants) and project evaluations in the area of health
- Experience in mobilizing various stakeholder groups for improvements and promotion of healthy lifestyles

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6. Research expert

- University diploma in health or social sciences
- Experience in health research project and project evaluations

The Federation of BiH Ministry of Health is entitled to independently verify proofs/references submitted by experts and consultants.