

Terms of Reference

Reducing Health Risk Factors Project

Consultant Services for Advocacy

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%) believe that smoking has significant impact on their health, two-fifths of the respondents (44.1%) smoke 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 smoking has dropped (2012: 43.1%; 2002: 49.6%). Although two-thirds of respondents

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(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

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14.3% reported in 2008 to 12.7% in 2013. The drop is reported for both male and 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

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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 capacities of key stakeholders at local level to ensure improved coordination of development and implementation of advocacy and communications strategies aimed at creating awareness of the risk factor issues that needs to be changed.

D. Scope of Consultant's Activities

1. Ongoing cooperation with the Federation of BiH Ministry of Health's Sector for Project Implementation, local governments, and representatives of key stakeholders of this project assignment. Close work with consultants/organizations hired to implement project activities regarding education and interventions, community mobilization, 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 toolkits/training materials for improvement of advocacy skills of relevant stakeholders in targeted communities in delivery of this assignment.
3. Ongoing and close cooperation with the established partnership network of all stakeholders in targeted communities and provide support in follow up development of the network in order to ensure comprehensive advocacy and communications efforts in the targeted communities.
4. Facilitate consultation with specified stakeholders (particularly civil society organizations and academic community) in collaboration with local self-governments in order to identify priority areas, available resources and sector appropriate mechanisms for awareness raising and advocacy for the purpose of establishing alliances (coalitions) to include stakeholders with similar interests.
5. Develop training materials and administer the training in Advocacy for different group of stakeholders.

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6. Deliver train-the-trainer training to key stakeholders in the local communities aimed at strengthening their advocacy and communications skills. Develop training materials to be used in further trainings to be provided to other key stakeholders in the process of advocacy and communications efforts. Identify training attendees at local level and based on the selected attendees define training plan, number of participants (each stakeholder should send 2-3 attendees; maximum 20 attendees per workshop) and training timeline.
7. Develop and implement Advocacy and Communications Action Plan that will identify priorities, analyze target audience, develop messages, choose messenger, and identify opportunities for delivering messages. The established partnership network will work in accordance with the Action Plan to advocate comprehensive tobacco control and smoke free environment policy, including other risk factors, while the Consultant is expected to coordinate activities of the Action Plan, including completing attendee evaluation forms (usefulness, satisfaction, attendance, etc.).
8. Organize local meetings and/or similar events to include representatives of wide range of stakeholders that can be used to share experiences and learn good practices; these events will be used to advocate for healthy environment, including policies and regulations that support and promote healthy life styles (minimum two events a month). Organize petitions, public demonstrations, posters, and leaflet dissemination.
9. Analyze existing surveys on attitudes and level of knowledge about health risk factors. Ongoing use focus groups, questionnaires, and mini surveys to identify best messages.
10. Implement activist efforts through mobilizing all available resources using knowledge, skills, equipment, facilities, materials, volunteer involvement and similar resources to accomplish this portion of the assignment.
- 11.
12. Provide visibility of the advocacy process by engaging celebrities or persons of authority; organizing round table, panels, forums, workshops, conferences
13. Engage schools staff, children, and their parents in proposing changes within the project target institutions and work with them to implement a portion of changes aimed at promoting healthy behaviors.
14. Monitor and evaluate its own procedures and processes in order to analyze and improve performance in accordance with specific indicators (attached Table with indicators);
15. 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 (especially among responsible policy- and decision-makers) for implementing activities leading to the Reducing Health Risk Factors in Bosnia and Hercegovina.

Specific outcomes

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- Increased visibility by policy advocacy organization on the issue Reducing Health Risk Factors in Bosnia and Herzegovina
- Positive publicity established on the issue of Reducing Health Risk Factors in Bosnia and Herzegovina
- Long term sustainable cooperation with media is established (getting media companies to promote projects regarding healthy life styles through its communication channels/programs)
- Opened dialogue with key stakeholders, especially policy and decision makers (bring together different stakeholders that agree on RHRF goal)
- Established alliances (coalitions) in the community (community engagement)
- Increased support to implementation of legislative and existing strategies which support prevention of diseases and promotion of health.

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.
- Project Progress Report (including educational materials /training materials based on modern practices) - 5 months after the signing of the Contract.
- Final Report on all implemented activities (including Advocacy and Communication Action Plan, documented lesson learnt, brochures/booklets and advertising materials, documentation on media activities, such as news articles, press and video messages, advertising jingles, video recordings from local meetings and panel discussions, photographs and similar materials, as well as the list of indicator compliance).

G. Results Framework

The Results Framework presented in the table 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.

INDICATOR	DESCRIPTION
Number of people targeted with information on issues related to reducing health risk factors.	Estimates should be collected for each advocacy activity.

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Number of media outlets that publish material developed by organization.	Examples should be shared and documented.
Number of organizations attending meetings.	All attendees should be noted.
Number of satisfied attendees.	All participants will fulfil the feedback form.
Number of organizations involved in coalition.	All active participants should be noted.
Number of elected officials who publicly support the campaign.	As above

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 advocacy and communications skills;
- Capacity to generate and communicate evidence-based advocacy;
- Risk assessment capacity;
- Familiarity with civil society organizations, academic community and other relevant 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;
- Proven financial, organizational and technical rescues (staff, IT equipment, vehicles, training materials, etc.) for adequate project support at target locations.
- Proven experience in advocating and creating public health policies in BiH.
- Minimum seven (7) years of experience in implementation of education/promotion activities designed to influence attitudes of youth and general public.
- Minimum seven (7) years of experience in managing public awareness raising campaigns dealing with socially relevant issues and those targeting sensitive groups: youth, marginalized groups, special groups of beneficiaries, or stakeholders.

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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. Communications expert
4. Minimum 1 public health expert
5. Education expert
6. Minimum 1 expert for thematic areas (smoking and alcohol, physical activity, diet).

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 advocacy projects related to health and education
- Proven experience and skills in managing programs/projects of similar type/size
- Experience in advocacy and creation of public health policies
- Ability to assess risks related to coordination and cooperation at local level in BiH
- Proficiency in English language

2. Team leader

- University diploma in health or social sciences
- Professional experience in civil sector in positions involving strategic management, coordination, and implementation of health and education advocacy projects in BiH
- Experience in development of advocacy and communication strategies and monitoring of their implementation
- Experience in networking of different stakeholders and civil society organizations
- Experience and skills in preparation and implementation of evidence-based programs
- Experience in documenting and writing project documentation and reporting
- Experience in working with public sector and governmental agencies
- Proficiency in English language

3. Communications expert

- University diploma in journalism and/or communications
- Experience in advocacy programs in area of healthy lifestyles
- Proven experience in working with media outlets in area of health programs
- Proficiency in English language

4. Public health expert

- University diploma in health or social sciences
- Proven experience in participation in health risk reduction and healthy lifestyles programs
- Experience in creating advocacy strategies and policies in areas of health and education
- Experience in developing advocacy action plans at local communities and monitoring of action plans implementation
- Experience in developing visual tools aimed at advocating and promoting health

5. Education expert

- University diploma in health or social sciences
- Proven experience in participation in health risk reduction and healthy lifestyles programs
- Experience in creating advocacy strategies and policies in areas of health and education
- Experience in developing advocacy action plans at local communities and monitoring of action plans implementation
- Experience in developing visual tools aimed at advocating and promoting health in education sector.

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

- University diploma in health or social sciences
- Proven experience in participation in health risk reduction and healthy lifestyles programs
- Experience in creating advocacy strategies and policies in areas of health and education
- Experience in developing advocacy action plans at local communities and monitoring of action plans implementation
- Experience in developing visual tools aimed at advocating and promoting health

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