

Terms of Reference

Reducing Health Risk Factors Project

Consultant Services for Monitoring and Evaluation

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 second-hand smoke daily, in 2013 60.7% of children and young people reported exposure to second-hand 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 behaviour of their children. It was also found that parents entail have high risk behavioural 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

- The main objective of this activity will be to increase the key stakeholders' knowledge and skills in the area of evaluation and monitoring of both results and processes of implementation of the contemporary prevention interventions.

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 advocacy, community mobilization, and education and interventions 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 methodology and set of instruments for baseline monitoring and monitoring of situation in the targeted local communities once the project activities have been implemented. This will involve identification of the most suitable measurement and evaluation tools to be used on an adequate sample in the targeted communities.
4. Develop data collection, data analysis, and reporting schedule taking into consideration all respondents in each target community. The schedule should comply with the timeline of the project and should include data collection at the outset (baseline) and after project implementation (post).
5. Monitors and evaluates all project activities by project assignments and in accordance with project indicators, including indicators related to specific project assignments.

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6. Strengthen capacities of the existing resources through training provided to different targeted groups. Objective of such training is for the attendees to learn principles and practice of ongoing monitoring and evaluation across all stakeholders.
7. Ongoing and close cooperation with the established partnership network that includes all stakeholders in local community and support to monitoring and evaluation process.
8. Ongoing cooperation with other consultants hired to implement activities of Advocacy, Community Mobilization, and Education/interventions and monitor indicators related to project activities (Attachment: List of Indicators by Project Assignment). The Consultant will also be expected to provide ongoing support and advice regarding monitoring and evaluation to the organizations delivering Advocacy, Community Mobilization, and Education activities.
9. Monitor and evaluate its own procedures and processes in order to analyze and improve performance in accordance with specific indicators (attached Table with indicators);
10. 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

Achieving improved culture (application) of evaluation and monitoring in practice, enabling evidence-based decision making and continuation of risk prevention and health promotion work beyond the duration of the present program.

Collect valid and reliable data to provide the required evidence of the effectiveness of the project activities for the funders, World Bank, Ministries, participants in each community.

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 (includes description of methodology of work and timeline of implementation of activities required under this project assignment) - 20 days after the signing of the Contract;
- Interim Report (includes review of activities against agreed indicators, i.e. percentage of realization) - 6 months after the signing of the Contract;
- Final Monitoring and Evaluation Report (includes data collection and measurement protocols; summaries of relevant indicators; and statistical analyses of variances between baseline and final data measured for key indicators required under this project assignment).

G. Results Framework

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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	TARGET
Percentage increase in awareness among public primary and secondary school students on tobacco and alcohol use and addiction.	Numerator: Number of public primary and secondary school students in two selected communities who are aware of tobacco and alcohol use and addictions. Denominator: Total number of public primary and secondary school students in two selected communities.	50% increase from Baseline to Post measurements (questionnaires)
Percentage 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)
Percentage increase in awareness and knowledge of linkage between habits and behaviours, and disease risks among public education and health care institutions employees.	Numerator: Number of employees in public education and health care institutions in two selected communities who have increased awareness and knowledge. Denominator: Total number of employees in public education and health care institutions in two selected communities.	30% increase from Baseline to Post measurements (questionnaires)

Table 2: Intermediate indicators of success

INDICATOR	DESCRIPTION
Number of toolkits for alcohol and tobacco control and diet and physical activity improvement, developed for each target group.	These toolkits should include protocols for all relevant materials that enable changes in

	awareness, knowledge, and behaviour of any of the target groups.
Number of professionals attending train-the-trainer events.	Attendance logs should be kept for all educations and workshops.

Table 3: Specific indicators of success

INDICATOR	DESCRIPTION
Prevalence of risk behaviours among public primary and secondary school students (tobacco and alcohol use).	Measured by a brief self-report questionnaire.
Prevalence of healthy behaviours among public primary and secondary school children (good diet and sufficient physical activity).	As above.
Prevalence of risk behaviours among public education and health care institutions employees (tobacco and alcohol use).	As above.
Prevalence of healthy behaviours among public education and health care institutions employees (good diet and sufficient physical activity).	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 ability to work within the environments in which data will be collected, and with target groups included in measurements;
- Capacity to review the existing literature and identify/adapt suitable and valid measures;
- Capacity and experience to accomplish data collection swiftly and with minimum attrition;

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- 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 resources (staff, IT equipment, vehicles, training materials, etc.) for adequate project support at target locations
- Seven (7) years of experience in implementation of activities related to project monitoring and evaluation processes

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 two (2) monitoring and evaluation experts

The key staff/ experts must fulfill the following requirements:

1. Project manager

- University diploma in health, social, or natural sciences
- Proven experience and skills in managing programs/projects of similar type/size
- Experience in working on health and education projects
- 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, social, or natural sciences
- Experience in monitoring and evaluation of projects in the areas of health and education in BiH
- Experience in working with public sector and governmental agencies
- Proficiency in English language

3. Monitoring and evaluation experts

- University diploma in health, social, or natural sciences
- Experience in the area of monitoring and evaluation
- Proven experience in working in the areas of health and education

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