

Terms of Reference

Reducing Health Risk Factors Project

Consultant Services for Education and Intervention

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

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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%

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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 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 Objectives

- Reduce risk factors for selected non-contagious diseases (NCD's) by promoting reduced use of tobacco and alcohol, and by promoting healthy diet and increased physical activity of selected users.
- Strengthening local community capacities with regard to implementation of modern methods of evidence-based prevention activities and developing skills necessary for healthier behaviors and habits in target groups (children, young people, parents, teachers, health professionals, and administrative authorities in the selected local communities)

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 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 in delivery of this assignment.
3. Develop training plan on the basis of the best standards of modern practice's best standards for all population target groups, including training materials and evaluation forms/training attendee surveys.
4. Provide train-the-trainer events in a way and in accordance with the timeline as provided in the Methodology of this Terms of Reference.
5. Enable training attendees to learn training and educational skills, and improve their knowledge regarding each health risk factor.

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6. Provide training material package for training attendees (modern toolkits which should be sustainable after the end of the Project) that will allow them to effectively train others and implement best practice in their respective spheres of influence;
7. Having provided train-the-trainer events, monitor continued training efforts which will be provided by the trained trainers in their respective organizations/agencies, in cooperation with the Federation of BiH Ministry of Health.
8. Organize final workshop with the same groups of attendees to enable sharing of best practice and ideas (as follow-up practical training and discussion opportunity, and encourage trainers to continue with training efforts using acquired modern toolkits and skills, sharing experience of trained trainers on training administration and activities in their respective organizations/institutions – field work).
9. Complete a survey of available facilities in each school for physical activity and education (e.g., gym spaces; outside courts; nearby parks that children can use) and the pattern of their use by children at each age;
10. Complete a survey of food available in preschool and school settings and eaten by children, especially noting availability of fruit, vegetables, and nutrient-rich options (e.g., wholefoods, etc.).
11. Complete a survey of environmental conditions survey related to smoking and use of alcohol (smoking in schools, tobacco smoke free spaces, availability of tobacco and tobacco products and alcohol near the schools).
12. Investigate easy access to 'junk' foods in school canteens and shops situated near schools.
13. By engaging schools staff, children, and their parents, propose desirable changes to the environment and try to implement some changes to facilitate healthier 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. Training Methodology

Individual communities are expected to identify preschool and school institutions, health care institutions, as well as other above-mentioned participants which are to actively participate in the training events. It is recommended that each institution sends 2-3 members of staff to training events to ensure that enough knowledge and mutual support is available to train-the-trainer trainers in each local community.

Train-the-trainer events should be administered to representatives from:

- Head teachers and staff of preschool institutions
- School psychologists and educationalists
- Curricula development experts
- Preschool caterers / cooks (only applicable for topics of eating and physical activity)
- Preschool parents
- Primary school staff

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- Primary school parents
- Secondary school staff
- Secondary school parents;
- Key personnel from health sector (ministries of health, public health institutes, community health care centers)
- Local administration
- Catering organizations with presence in educational, health, social, and administrative sectors;
- Entertainment industry (in the case of alcohol and tobacco use);
- Media outlets
- Community organizations engaged in the project realization (e.g., sports clubs, scouts, mountaineering associations, religious communities, art organization, youth centers, etc.)
- Any other actors identified in target communities

These train-the-trainer events should be administered over 2 or more consecutive days, depending on target audience. Each training event should include optimum number of attendees in order to allow for active participation and effective discussions (approximately/minimum 20 attendees) and should ensure sufficient time for exchanging and sharing experience relative to the existing practice and evidence-based modern practice. Training events should vary in terms of duration and content in order to ensure adequate response to needs of attendee groups. Topics related to healthier diet, promotion of increased physical activity, and reduced use of alcohol and tobacco/tobacco products could be discussed during some training events. However, each of these topics should be covered separately.

Train-the-trainer events to be provided by the Consultant is going to be launched once the Consultant's expert team has acquired additional knowledge and skills, including modern instruments used for training administration, which is going to be supported by the World Bank's expert team. Prior to launching the training events, the Consultant is expected to compile Inception Report which will include training events timeline, training events curricula tailored to target groups of training events attendees, along with training materials, as defined and developed in support of the World Bank's expert team. These instruments and training materials, as well as the skills acquired by trained trainers, who will continue to serve as trainers for other educators, are effectively expected to improve the existing curricula units. It is expected that the benefit of the training events will be healthier diet and increased physical activity among the target groups. As to the harmful health effects, the benefits will be reflected in acquired ways to prevent smoking and alcohol drinking, including, inter alia, normative education, social skills, and similar). Prior to administration of the training events the Consultant will work with the local community to identify and obtain venues for the training events, prepare and agree the schedule, ensure timely distribution of printed training materials, and provide necessary logistical support during the training administration. Also, the Consultant is expected to provide training events attendees with ongoing support and guidance during the training events. The Consultant is expected to monitor and keep track of attendance in all training events (lists of participants, photo and

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video recordings, etc.), and will also carry out attendee training satisfaction evaluation. During the training events, the Consultant is going to answer any questions/feedback without delay in order to attain and maintain attendee satisfaction.

a) Training Events and Workshops for Preschool Staff

Key staff will be invited to discuss good practice already being implemented in their units, possible improvements, and project goals.

INSTITUTION AND ATTENDEES	RISK FACTORS AND TOPICS	DURATION
11+4 preschools in Zenica and Mostar		
Preschool (nursery) head teacher, staff, and cooks	Evidence based practice; emphasis on healthy diet and physical activity	1 day

b) Train-the-Trainer Events in Schools

Individual communities will identify the participating institutions. It is recommended that each institution sends 2-3 members of staff to training events to ensure that enough knowledge and mutual support is available to trainers in each unit. These interactive events will be administered over 2 or more consecutive days.

INSTITUTION AND ATTENDEES	RISK FACTORS AND TOPICS	DURATION
12 Primary school in Mostar and 19 Primary school in Zenica		
Primary school (junior classes) key teachers and staff	Evidence based practice; curriculum development; healthy diet; physical activity	2 days
Primary school (senior classes) key teachers and staff	Evidence based practice; curriculum development; tobacco use; alcohol use	2 days
Secondary school key teachers and staff 11 in Mostar and 11 in Zenica	Evidence based practice; curriculum development; healthy diet; physical activity; tobacco use; alcohol use	3 days

c) Parent Training Events and Workshops

All parents of pre-school children will be invited to learn how to minimize risk factors in their homes for the whole family. In primary and secondary schools, parent representatives (1 per class) will be invited to a workshop so they can mobilize other parents around risk factor

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prevention activities. Key staff from each school will be also be invited to these events to learn how to organize parent training in the future (sustainability).

INSTITUTION AND ATTENDEES	RISK FACTORS AND TOPICS	DURATION
Pre-school children’s parents	Evidence based practice; risk factors; emphasis on healthy diet and physical activity	2-3 hours
Primary school (junior classes) parent representatives	Evidence based practice; risk factors; emphasis on healthy diet and physical activity	2-3 hours
Primary school (senior classes) parent representatives	Evidence based practice; risk factors; emphasis on tobacco and alcohol use	2-3 hours
Secondary school parent representatives	Evidence based practice; risk factors; emphasis on tobacco and alcohol use	2-3 hours

d) Local Government Employee Workshops

All staff will be invited to attend one of the workshops raising awareness of the risk factors and their link to individual and community well-being; exploring key tenets of evidence based practice; and providing workable behavior change tips.

INSTITUTION AND ATTENDEES	RISK FACTORS AND TOPICS	DURATION
All employees of the local government offices 525 in Mostar and 320 in Zenica	Healthy diet; physical activity; tobacco use; alcohol use	1 day

e) Health Sector Employee Workshops

All staff from participating institutions will be invited to attend one of the workshops exploring evidence based practice; behavior change tips; and raising awareness of the risk factors and their link to individual and community well-being (for themselves and their patients or clients).

INSTITUTION AND ATTENDEES	RISK FACTORS AND TOPICS	DURATION
Employees of the healthcare centers, public health institutes, ministries of health	Healthy diet; physical activity; tobacco use;	1 day

720 in Zenica and 500 in Mostar	alcohol use	
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f) Training Events in the Community

Individual communities will identify the participating institutions. It is recommended that each institution sends 2-3 members of staff to training events to ensure that enough knowledge and mutual support is available thereafter. These interactive events will be organized in response to local demand as either workshops or train-the-trainer sessions.

INSTITUTION AND ATTENDEES (TBC)	RISK FACTORS AND TOPICS	DURATION
Sports and youth organizations Catering organizations Entertainment industry organizations Small- and medium-size businesses Health food producers and stores Professional associations NGOs, etc.	Evidence based practice; effective interventions; specific interest topics...	1-2 days per session, with meaningful grouping of attendees according to key areas of activity

F. Expected Outcomes and Outputs

Expected results (outcomes) of this project assignment are in particular: (1) strengthened capacity of teachers, parents and families to implement healthy policies and related promotional programs among youth (to include preschool, primary school, and secondary school teachers, children and their parents); (2) strengthened capacity of employers to implement healthy lifestyle policies and related promotional programs among the employees (to include all public educational and healthcare institutions); (3) strengthened capacities of local self-government units to promote healthy lifestyles and prevent NCD risk factors; (4) introduced the use of modern methods of evidence-based prevention; (5) adopted a minimum set of knowledge and skills to reduce or prevent the risk factors for all target groups, according to age; and (6) actual examples of good practice (as examples to be used as guidance by other institutions and organization).

G. 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 (it is going to include training curricula for all target groups of attendees and timeline, as well as training materials/toolkits, such as guides,

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evaluation forms to be completed by attendees) - 60 days after signing of the Contract.

- Report on training administered (methodology used in training events, verified lists of attendees, analysis of evaluation forms filled out by attendees, recommendation for further training and application of modern prevention and promotion practices and possible risks during the training events administration).
- Report on monitoring of application of skills learnt by trained trainers in all institutions/organizations in local communities (presentation of good practices and lessons learnt at the final workshop, observations and recommendations for improved training administration process, activities implemented by trained trainers in their respective institutions under this Project assignment).
- Final Report on all implemented activities (including survey described in the Terms of Reference’s Scope of Work).

H. 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	TARGET
% of an 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)
% 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)

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<p>%of an increase in awareness and knowledge of linkage between habits and behaviours, and disease risks among public education and health care institutions employees.</p>	<p>Numerator: Number of employees in public education and health care institutions in two selected communities who have increased awareness and knowledge.</p> <p>Denominator: Total number of employees in public education and health care institutions in two selected communities.</p>	<p>30% increase from Baseline to Post measurements (questionnaires)</p>
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Table 2: Performance indicators of success

INDICATOR	DESCRIPTION
<p>Number of toolkits for alcohol and tobacco control and diet and physical activity improvement, developed for each target group.</p>	<p>These toolkits should include protocols for all relevant materials that enable changes in awareness, knowledge, and behaviour of any of the target groups.</p>
<p>Number of professionals attending train-the-trainer events.</p>	<p>Attendance logs should be kept for all educations and workshops organized by the Consultant.</p>

Table 3: Specific indicators of success

INDICATOR	DESCRIPTION
<p>Number of educational institutions in each target community who are implementing environmental and behavioural healthy eating and physical activity programs for their children (e.g., using improved menus; banning energy-dense nutrient-poor foods on the premises; increasing available opportunities for physical activity).</p>	<p>A short description should be sought from the leads in each institution at the follow-up workshop and included in the project report.</p>
<p>Number of schools (primary and secondary) using</p>	<p>Examples should be</p>

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appropriate education and curriculum materials (or updating these materials after training) on the harmful effects of tobacco and alcohol misuse.	shared and documented.
Number of schools (primary and secondary) using innovative education and curriculum materials on the benefits of eating a balanced diet rich in fruit and vegetables and maintaining recommended physical activity levels.	As above.
Number of parents engaged in educations about harmful effects of tobacco and alcohol misuse.	As above.
Number of parents engaged in educations about benefits of eating better and moving more.	As above.
Number of staff in target institutions engaged in educations about harmful effects of tobacco and alcohol misuse.	As above.
Number of staff in target institutions engaged in educations about benefits of eating better and moving more.	As above.

I. 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 basic knowledge and skills on evidence-based prevention of risk behaviors and promotion of healthy lifestyles, and quality standards.
- Capacity to improve and/or develop curriculum and training materials.
- Capacity to develop and conduct regular education and training of workforce in the field of prevention of risk behaviors and promotion of healthy lifestyles.
- Familiarity with trends and scientific findings in the field of prevention of risk behaviors and promotion of healthy lifestyles;
- 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
- 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

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- Experience and expertise in developing curricula and supporting educational tools in the area of healthy lifestyles
- Experience in strengthening educational and health components of teaching staff, health workers, and other professionals
- Proven experience in implementation of health programs/projects in cooperation and with support of competent health agencies in BiH and the region

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/projects
 - Experience in managing projects targeting children, young people, and professional staff in the areas of health and healthy lifestyles in BiH
 - Proven experience and skills in managing programs/projects of similar type/size
 - 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
 - Exceptional knowledge and understanding of health and education systems in BiH
 - Extensive experience in writing project documentation and reporting
 - Proficiency in English language
2. Team leader
 - University diploma in health or social sciences
 - Experience in implementing projects in the areas of health and healthy lifestyles in BiH targeting children, young people
 - Understanding of current health policies and education policies at all levels of government in Bosnia and Herzegovina
 - Experience in organizing education and training activities for school faculty, health workers, and other professionals in the area of healthy lifestyles promotion

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- Experience in developing local, regional, and international health promotion programs
- Familiarity with trends and relevant research and scientific work in the areas of risky behavior and healthy lifestyles promotion
- Experience in working with decision makers, local communities, health and education institutions, and civil society representatives
- Experience in documenting and writing project documentation and reporting
- Proficiency in English language

3. Public health expert

- University diploma in health or social sciences
- Expertize in creating curricula and training materials the areas of health and healthy lifestyles in BiH, with special focus on prevention of smoking, alcohol abuse, promotion of healthy diet, and increased physical activity for all target groups
- Experience in developing, implementing, and supervising train-the-trainer activities for school faculty in the areas of health and healthy lifestyles, with special focus on prevention of smoking, alcohol abuse, promotion of healthy diet, and increased physical activity for all target groups
- Experience in developing and adopting local, regional, and international evidence-based health programs, with special focus on prevention of smoking, alcohol abuse, promotion of healthy diet, and increased physical activity for all target groups

4. Education expert

- University diploma in health or social sciences
- Expertize in creating curricula and training materials the areas of health and healthy lifestyles in BiH, with special focus on prevention of smoking, alcohol abuse, promotion of healthy diet, and increased physical activity for all target groups
- Experience in developing, implementing, and supervising train-the-trainer activities for school faculty in the areas of health and healthy lifestyles, with special focus on prevention of smoking, alcohol abuse, promotion of healthy diet, and increased physical activity for all target groups
- Experience in developing and adopting local, regional, and international evidence-based health programs, with special focus on prevention of smoking, alcohol abuse, promotion of healthy diet, and increased physical activity for all target groups.

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

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- University diploma in health or social sciences
- Expertize in creating curricula and training materials the areas of health and healthy lifestyles in BiH, with special focus on prevention of smoking, alcohol abuse, promotion of healthy diet, and increased physical activity for all target groups
- Experience in developing, implementing, and supervising train-the-trainer activities for school faculty in the areas of health and healthy lifestyles, with special focus on prevention of smoking, alcohol abuse, promotion of healthy diet, and increased physical activity for all target groups
- Experience in developing and adopting local, regional, and international evidence-based health programs, with special focus on prevention of smoking, alcohol abuse, promotion of healthy diet, and increased physical activity for all target groups.

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.