UNICEF Moldova

TERMS OF REFERENCE

Specialist in Adolescents health communication (consultancy)

Support to UNICEF Moldova in development of guidelines and in strengthening the capacities of youth friendly health services in the area of communication for social change and social mobilisation

Duration: 149 days, between June 2015 – November 2016

Location: Chisinau, with travel to other locations

1. Background

Young people aged 10-24 make up nearly a quarter of the total population in Moldova, and 13.6% are adolescents (10-19 years of age). Moldovan young people face various issues related to their health and development such as sexual health problems (STIs and HIV, unwanted pregnancies and abortions), substance abuse (excessive alcohol consumption, smoking, illicit drug use), mental health issues and suicide:

- **Safe sexual behaviours** among adolescents increased in the last years (rates of condom use at the first sexual contact increased from 47% in 2003 to 61% in 2012, and rates of condom use at the last sexual contact increased from 35% in 2003 to 52.8% in 2012). However nearly half of sexually active adolescents still have unsafe sexual behaviours.

- **STI (Syphilis, gonorrhoea) incidence** among 15-19 years olds: 180 new cases per 100,000 (approx. 170 cases in girls and 186 in boys), an incidence which is more than 50% higher than in the total population. This is the highest incidence in the CEE/CIS region (Source: TransMonEE 2013 Database).

- **HIV incidence** among 15-24 year olds: there has been a slow increase from 16 new cases per 100,000 in 2006 to 21 in 2012. The HIV epidemic in Moldova has changed from a concentrated HIV epidemic fuelled by injecting drug use in the mid-1990s to mid-2000s, to a maturing HIV epidemic involving sexual partners of drug users and other at-risk populations. Comprehensive knowledge about HIV transmission among young people 15-24 years of age is low: 36% of young women have comprehensive knowledge about HIV transmission and 28% of young men. Only 49% of women 15-24 years old who had sex with more than one partner in the last 12 months used condom and 68% of young men (Source: MICS 2012).

- **The adolescent fertility rate** slightly declined in the last years from 26 births per 1,000 in the 15-19 years old female population in 2008 to 25 cases in 2012. In the rural areas this indicator is more than twice that of urban areas (31.4‰ and 13‰ respectively in 2012), which confirms the lack of access to correct information and contraceptive services for adolescents living in rural areas.

- **Mental health and substance abuse** (illegal drugs & alcohol): According to the 2012 KAP study in adolescent health and development, every eleventh adolescent (10-19 years) indicated that they currently smoke tobacco. 72% of 10-19 year olds have experience with drinking alcohol; 15.4% consume alcohol 1-2 times per month or more (compared to 11.4% in 2003). 11% of teenagers aged 10-19 were offered drugs and 3% of the adolescents have experience with the use of narcotics (Source: KAP Studies in adolescent health and development, 2003, 2012, HFY). Around 6% of the total number of registered drug users in Moldova are between 15 and 17 year of age.

- **Suicide**: The suicide rate among adolescents is increasing in the last years (by 40% from 2007 to 2011), being 10 times higher among boys than in girls. This situation requires more active intervention to prevent mental health problems among adolescents, with special attention to boys.
- **Violence:** Nearly 50% of adolescents have a peer who suffers from physical violence and one fifth from sexual violence (Source: KAP Study in adolescent health and development, 2012, HFY).

- **Nutritional disorders:** The proportion of adolescents with physical development retardation has increased from 16.5% of 10-11 year olds in 2008 to 19.7 in 2012 and from 13.6% of 14-15 year olds in 2008 to 16% in 2012.

- The **mortality rate** in adolescence has decreased from 67.1/100,000 in 2007 to 50.1/100,000 in 2011 with important gender differences. Among adolescent boys, the reduction was slower (-10% in this period) than among adolescent girls (-48% in the same period). The total mortality rate in adolescent boys is nearly three time higher (74/100,000 in 2011) than in adolescent girls (25/100,000).

In addition, adolescents face a compounded form of vulnerability: young people are affected by the high level of unemployment, the lack of non-formal educational opportunities, and the pressure of migration. The lack of opportunities for continuous education and life skills development, as well as the lack of meaningful participation and access to organized free-time activities increases youth exposure to criminal activity and substance abuse. Life skills education, which is necessary for the healthy development of young people, is not included in the mandatory curriculum of educational institutions. Up to one third of adolescents live without one or both parents at home due to labour migration. The lack of parental supervision leads to increased vulnerability to risky health behaviour, trafficking, violence and other forms of exploitation.

To address the challenges faced by adolescents and youth, the Government of Moldova created a network of youth friendly health services (YFHS) aiming to provide friendly services to younger generation, including to most at risk adolescents. With financial aid from Swiss Agency for Development and Cooperation (SDC), the Ministry of Health expanded the network of youth friendly health services in every district of the country. UNICEF and the “Health for Youth” Association provide continuous support in improving the quality of YFHS, and building capacity of health service providers in youth friendly approaches.

Under a new project with the Swiss Agency for Development and Cooperation (2014-2018), UNICEF will work to improve the legal, policy and regulatory framework in order to remove legal barriers for adolescent to access YFHS, to strengthen the capacities of YFHS staff in delivering quality services, including for most at risk adolescents and to promote social change in adolescent health and development through communication and community mobilisation.

### 2. Purpose of work:

UNICEF Moldova is looking for an international expert in communication to develop guidelines and to strengthen the capacities of youth friendly health services in the area of communication for social change and social mobilisation.

### 3. Objectives:

The international expert will:

- **Develop guidelines in the area of communication for social change and social mobilisation.** The expert will have to develop a practical guidelines for YFHS on various approaches to behaviour change and social change and on social mobilisation. The guideline will be developed in close collaboration with the national specialist in adolescent health communication. The guidelines will contain theoretical aspects and practical ones, to help YFHS plan and implement communication interventions and conduct social mobilisation. The guidelines will make reference to change theories (at individual, inter-personal and social level), presenting their advantages and limitations, tools to assess what approaches are best to be used. The guidelines will also define social mobilisation, present its benefits and describe ways to identify community resources and allies and how to effectively use them.

- **Strengthen the capacities of youth friendly health services in the area of communication for social change and social mobilisation.** The expert will conceptualise, prepare and conduct two similar 3-days trainings for two groups of
YFHS staff. The training will be prepared in partnership with the national specialist in adolescent health communication. The training will be based on the guidelines and will aim at introducing YFHS staff to behaviour and social change theories and approaches and to social mobilisation. The training will have a theoretical and practical approaches, helping participants to learn about advantages and limitation of various approaches, and how to plan context relevant and appropriate communication interventions.

- **Provide technical assistance and guidance to staff of 5 YFHS in development and implementation of context specific communication strategies in the area of adolescents' health.** The expert will conceptualise, prepare and conduct an advanced 5-days trainings for staff of 5 of YFHS. The training will explore in details behaviour and social change theories and approaches for social mobilisation. It will have a theoretical and practical approach. The expert will also support the national specialist in adolescent health communication and teams of YFHS to start developing communication strategies that will be context specific, and will make use of learned information. The expert will assist the national expert on adolescent health communication and YFHS staff in design complex strategies which will use various approaches to ensure greater impact, as well as monitoring and evaluation frameworks, to be able to track progress and evaluate final results.

- **Formulate recommendations for further strengthening of capacities of YFHS in communication for social change and social mobilisation.** The expert is expected to provide (distance/online) assistance/coaching to the national specialist in adolescent health communication and 5 YFHS in the process of implementation of the communication strategies. A follow-up visit will be used to assess with specialist in adolescent health communication and teams of 5 YFHS progress I strategies implementation, challenges met, make necessary adjustments to strategies, review monitoring indicators etc. Recommendations will be developed on further implementation of strategies and capacity building of competencies of YFHS staff.

4. **Details of how the work should be delivered**

The contract is planned for 149 days, between June 2015 – November 2016. The specialist will develop activities according to the schedule bellow, and in close consultation with UNICEF and the national specialist in adolescent health communication.

5. **Delivery dates (based on the work plan):**

<table>
<thead>
<tr>
<th>Nr.</th>
<th>Activity</th>
<th>Deliverables</th>
<th>Tentative deadlines*</th>
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<tbody>
<tr>
<td>1.</td>
<td><strong>Development of guidelines for YFHS on communication for social change and social mobilisation:</strong></td>
<td></td>
<td>June – September 2015</td>
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<tr>
<td></td>
<td>Review existing materials, resources, good practices (both in Moldova and at regional/global level).</td>
<td>• Summary of existing practices. Draft concept of guidelines.</td>
<td>Total of 63 days</td>
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<td></td>
<td>• Submit first draft of the guidelines, after the concept and structure is approved by UNICEF.</td>
<td>• First draft of guidelines.</td>
<td>5 days</td>
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<td></td>
<td>• Submit second draft of the guidelines, based on received comments.</td>
<td>• Second draft of guidelines.</td>
<td>15 days</td>
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<td>• Consultation / validation of the Guidelines (in-country mission; 1-day validation meeting).</td>
<td>• Report on consultation meeting.</td>
<td>3 days (in-country)</td>
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<td></td>
<td>• Submit final version of the guidelines based on results of validation meeting</td>
<td>• Final guidelines.</td>
<td>10 days</td>
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2. **Strengthen the capacities of youth friendly health services in the area of communication for social change and social mobilisation:**

<table>
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<th>Activity</th>
<th>Duration</th>
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<tr>
<td>• Develop and submit a concept of a 3-days training for YFHS on communication for social change and social mobilisation (based on previously developed guidelines)</td>
<td>5 days</td>
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<tr>
<td>• Develop and submit training modules, agenda, presentations, resources and hand-outs.</td>
<td>10 days</td>
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<td>• Deliver two consecutive 3-days trainings for two groups of YFHS staff.</td>
<td>6 days preparation and reports writing (12 days in total of which 10 days in-country)</td>
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3. **Provide training and guidance to staff of 5 YFHS in development and implementation of context specific communication strategies in the area of adolescents’ health:**

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<tr>
<td>• Develop and submit a concept of an advanced 5-days training for YFHS on communication for social change and social mobilisation (based on previously developed guidelines)</td>
<td>7 days</td>
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<tr>
<td>• Develop and submit training modules, agenda, presentations, resources and hand-outs.</td>
<td>13 days</td>
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<td>• Deliver a 5-days advanced training for staff of 5 YFHS. Assist 5 YFHS in drafting communication strategies.</td>
<td>5 days preparation and report writing (11 days of which 8 in-country)</td>
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<td>• Provide technical assistance to 5 YFHS in finalisation and implementation of their communication strategies (review strategies; provide online coaching)</td>
<td>15 days</td>
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4. **Formulate recommendations for further strengthening of capacities of YFHS in communication for social change and social mobilisation:**

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<tr>
<td>• Follow-up meeting with 5 YFHS to assess progress in strategies implementation and challenges met (1 day meeting with 5 YFHS; individual meetings with 5 YFHS).</td>
<td>8 days in-country</td>
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<tr>
<td>• Develop recommendations on further implementation of communication strategies and ways to further strengthen the capacities of YFHS in communication for social change and social mobilisation</td>
<td>5 days</td>
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* Exact deadlines will be mutually agreed upon contract signature.

6. **Performance indicators for evaluation of results:**

The performance of work will be evaluated based on the following indicators:

- Completion of tasks specified in ToR;
• Compliance with the established deadlines for submission of deliverables;
• Quality of work;
• Demonstration of high standards of work with UNICEF and with counterparts.

7. Qualifications and experience:
• Advanced university degree in communication, public health, social sciences or other relevant studies.
• At least 8 years of experience at international level in conducting interactive capacity building in the area of communication, social change communication, communication for behaviour change.
• International experience in developing, implementation and monitoring of communication strategies focused on adolescents’ behaviour and social norms changes.
• Experience in developing communication tools/materials related to adolescents’ behaviour and social norms changes.
• Experience in development and implementation of context specific communication strategies in the area of adolescents health will be an asset.
• Flexibility in responding to the needs of the contracting agency.
• Availability to work with UNICEF during the period indicated in the current ToR.
• Experience in working with UNICEF or other UN Agencies will be an asset.
• Knowledge Russian language will be an asset.
• Excellent command of English and excellent writing skills.

8. Submitting the proposal
Interested individual consultants must submit the following documents/information to demonstrate their qualifications:
   a) Duly filled Personal History Form P11.
   b) Financial proposal (inclusive of all fees and travel expenses).
   c) Other materials that will demonstrated candidate’s expertise in the area of communication, social change communication, communication for behaviour change and developing communication strategies focused on adolescents’ behaviour and social norms changes.

Financial proposal
The financial proposal shall specify a total lump sum amount and payment terms. Payments are based upon output, i.e. upon delivery of the services specified in the TOR.

9. Evaluation criteria for selection
The candidate is expected to reflect in his/her application the qualifications/ knowledge/ experience related to the qualifications and tasks above. Evaluation will be performed through a desk review of applications, and if necessary, may be supplemented by an interview. The selection will be based on the principle of best value for money among the technically qualified candidates.

10. Definition of supervision arrangements:
The specialist will work under the direct supervision of UNICEF’s Health Officer. All activities and deliverables will be discussed and planned in consultation with UNICEF.

11. Description of official travel involved
The consultancy is designed for 29 working days in the period of June 2015 – November 2016 and will involve travel to Chisinau and other rayons. Prior to starting the assignment, the selected candidate must undertake the on-line Advanced Security in the Field training (to be provided by UNICEF).
12. Copyrights & utilization rights:
The copyright and the right of utilization of all the materials will belong to UNICEF Moldova.

13. UNICEF recourse in the case of unsatisfactory performance:
In case of unsatisfactory performance the contract will be terminated by notification letter sent 5 days prior. In the meantime, UNICEF will initiate another selection.

14. Support provided by UNICEF:
UNICEF will regularly communicate with the specialist and provide feedback and guidance and necessary support so to achieve objectives of the work, as well as remain aware of any upcoming issues related to the performance and quality of work. UNICEF will provide with relevant documents and available research; contacts and lists of relevant technical people to work with; constant guidance and feedback in relation to specialist’s work.