

**TERMS of REFERENCE**  
**for**  
**Targeted research to identify key factors that facilitate or hinder the participation in**  
**preventive activities and screenings for NCDs**

**RS-NCD-96040YF-CS-CQS-25-3.1.1**

**Background**

The Republic of Serbia receives financing from the World Bank in the amount of EUR 70,700,000 equivalent towards the cost of the Serbia Noncommunicable Diseases Prevention and Control Project (SNDPCP), and intends to use the proceeds for payments of goods, works, non-consulting and consulting services to be procured under this project.

The PDO of SNDPCP is to contribute to improving health system effectiveness in addressing NCDs in Serbia.

The activities to be financed by SNDPCP are structured into five components:

**Component 1: Improving Provider's Competence and Accountability.** This component supports improvement in the competence of general practitioners in prevention and management of NCDs, strengthening capacity of PHC facilities to provide patient management by joint teams of GPs and outpatient specialists, establishment of telemedicine services and further digitalization and integration of medical records, establishment of palliative care capacities for patients with NCDs, and implementation of payment models for outpatient, inpatient and palliative care that improve accountability of health care providers for results.

**Component 2: Increasing Availability of Services.** This component supports upgrading health care infrastructure to improve availability of diagnostic and treatment services, with focus on expanding access to people living in rural areas. The component finances equipment, infrastructure improvements and mobile vehicles. It supports reforms of rationalization of health facilities network proposed by the Masterplan developed under Second Serbia Health Project. It also finances strengthening of health system IT infrastructure, and data analytics for policy making.

**Component 3: Strengthening Quality of Public Health and Clinical Services.** This component supports development of the national programs for prevention and control of NCDs, implementation of the national Health Care Quality Improvement Plan, good practice guidelines and clinical pathways for NCDs, and improving quality of primary prevention of NCDs through targeted behavior change campaigns.

**Component 4: Project Management, Monitoring and Evaluation.** This component will support overall project administration, including project management, fiduciary functions, environmental and social compliance, and regular monitoring of and reporting on implementation.

**Component 5: Contingency Emergency Response.** The objective of this component is to improve the Government's response capacity in the event of an emergency. The component would

support a rapid response to a request for urgent assistance in respect of an event that has caused, or is likely to imminently cause, a major adverse economic and/or social impact in the health sector associated with natural or man-made crises or disasters. In such a case, funds would be reallocated from other components into this one to finance goods and consulting services.

The Project is being implemented under the World Bank's Environment and Social Framework (ESF), which came into effect on October 1, 2018, replacing the Bank's Environmental and Social Safeguard Policies.

## **Objective**

This consulting work is expected to identifying key factors that influence (i) health risk behaviors and (ii) factors that facilitate or hinder the participation of the population in preventive activities and screenings for NCDs. The planned research should allow for a better understanding of prevalence and patterns of health risk behaviors, and barriers, opportunities knowledge, attitudes, and practices related to the use of preventive services and participation in screening programs. The data obtained through the research should inform the design of:

- behavior change campaigns to promote a healthy lifestyle and prevent leading NCD risk factors (alcohol consumption, smoking, obesity, hypertension);
- campaigns for raising awareness about importance and benefits of early diagnostic of cancer and for increasing participation in screening programs;
- campaigns to strengthen health education and health literacy;
- the behavior counseling at the primary health care levels targeting the risk behaviors of local residents and NCD patients, the design of specific intervention programs at PHC level, such as smoking cessation programs, or specially designed health education programs in schools

## **Scope of work**

The Consultant will be responsible for designing and conducting the research on health risk behaviors among adult population associated with leading NCDs in Serbia and on factors associated with the participation of the population in preventive activities and screenings. Mixed-methods approach including both qualitative and quantitative study should be applied. Research should provide insights into (i) social, cultural, economic, environmental and other relevant factors that influence health risk behaviors related to NCDs, as well as (ii) identifying health attitudes and behaviors related to uptake of preventive behavior including screening and available preventive services.

Consultant shall develop detailed research protocol using mixed methods approach, collect data and conduct detailed data analysis in line with the specifications defined below.

The Project Coordination Unit (PCU) and the Institute of Public Health of Serbia (IPHS) will review, advise and approve research protocol and submit it for the consideration and approval of

Ethical Committee housed in the IPHS prior to the data collection starts for both the quantitative and the qualitative survey.

## **1. Development of methodology, study protocol and survey instruments**

- **Task 1.1.** Desk work (conduct literature review with the guidance of the IPHS, identify validated instruments and available surveys in Serbia to inform the design of the planned research).
- **Task 1.2.** Qualitative research through four (4) focus groups and four (4) in depth interviews to detect sensitive topics, map barriers and facilitators, and identify nationally and locally relevant concepts as well as to inform the development of household survey questionnaire.
- **Task 1.3.** Development of the initial draft of the questionnaire for quantitative household face to face survey with the key variables in line with research goals (length of interview maximum 45 minutes).

## **2. Quantitative household face to face survey on prevalence and factors associated with risk behavior, and use of preventive services and participation in cancer screening programs**

- Preparation of research protocol (i.e. survey mode, sample size, sampling strategy, strategies to increase response rate, detailed description of data quality assurance methods and mechanisms in all phases of the survey) in line with minimum requirements specified within this call.
- Design and implementation of the Sampling:
  - Probabilistic sampling strategy without replacement, minimum two (2) visits per household;
  - Applying procedures for measuring response rate;
  - Net sample size (number of collected questionnaire) not lower than 6000 respondents aged 18+;
  - Probabilistic sampling strategy, with stratification (rural/urban; regional) and ensuring representativeness for the total population of Serbia, Representativeness for Belgrade, Vojvodina, Šumadija and Western Serbia and Southern and Eastern Serbia). Oversampling for cancer screening target populations:
    - Cervical screening (women aged 25 to 64 years)
    - Colorectal screening (women and men aged 50 to 74 years)
    - Breast cancer screening (women aged 50 to 69 years)
- Pilot testing of the questionnaire and updating/finalizing the questionnaire in line with recommendation from the pilot testing.
- Training of the interviewers under the guidance and supervision of the IPHS team and PCU in line with the manual for interviewers for the field data collection prepared by consultant and approved by IPHS and PCU.
- Data collection

- Administering the survey to a representative sample of the target population, in line with approved research protocol with procedures for measuring response rate at the level of interviewer (diary/contact sheet).
- Ensuring that the data collection is conducted in line with ethical standards, including informed consent, confidentiality, and data privacy.
- Ongoing monitoring of data collection of the study with regard to consistency with research plan, sampling strategy, monitoring of response rate and characteristics of non-respondents.
- Data cleaning, weights and preparation of two (2) anonymized databases to the PCU and IPHS in SPSS format:
  - Database including all questionnaires gathered from respondents
  - Database of non-respondent' characteristics
- Regular reporting to PCU and IPHS about implementation of the survey in course of the data collection phase and all other phases of quantitative survey.
- The Consultant must adhere to ethical principles of quantitative research and in line with relevant legislation.
- Final report with key findings.

### **3. Qualitative studies to investigate factors related to health risk behavior, use of preventive services and participation in screening programs**

The qualitative component of the research aims to provide deeper insights into the motivations, barriers, social influences, and trust dynamics that impact health risk behaviors (e.g., smoking, alcohol use, obesity) and the use of preventive services and participation in cancer screening programs. It explores the why and how behind behaviors, capturing nuances that quantitative data cannot.

- Preparation of research protocol (i.e. composition of focus groups, recruitment strategy, , data analysis plan) in line with minimum criteria specified within this call.
- Preparation of a thematic guide for 3 cancer screening target groups under the guidance of the IPHS.
- Conducting at least nine (9) focus group discussion, three (3) per screening target population, each with 8-12 participants.
- Conducting at least nine (9) in-depth interviews, three (3) per cancer with the target population.
- Focus groups to be held in person in a setting that ensures an uninterrupted discussion. In specific situation with appropriate justification focus group/s can be held online.
- Ensuring that the focus groups adhere to ethical principles of qualitative research, including obtaining signed informed consent from participants and signed confidentiality agreements from facilitators and any other individuals involved in the process.

- Preparing detailed reports summarizing the findings and providing recommendations for public health interventions that can serve as a sound foundation for future decision-making.
- Regular meeting with the IPHS and PCU that would give guidance in each step of the research.

### **Deliverables**

1. The draft research protocol, including the preliminary structure of the household survey questionnaire and the thematic guide for focus groups must be submitted no later than 20 days after the signing of the contract.
2. The final research protocol for quantitative and qualitative study including research instruments, developed based on the desk review and the trial focus groups and in-depth interviews, must be submitted no later than two (2) months after the signing of contract and approved by Ethical Committee.
3. Cleaned dataset from quantitative research ready for data analysis.
4. Detailed quantitative survey reports: methodological report, data analysis, key findings must be submitted.
5. Report for the qualitative research with the target population groups of the three cancers screening
6. Final detailed report based on mix method research summary of the main findings with recommendations for decision-makers, must be submitted no later than 60 days after the completion of the quantitative and qualitative research.

### **Timetable**

The expected duration of the assignment is eight (8) months, commencing on the following day after the contract is signed.

### **Consultant Company Qualification Requirements**

- Proven experience of more than five (5) years in conducting public opinion surveys based on the registration documents and a list of projects completed.
- Extensive experience in surveys at national level with various population groups, engaging complex data collection methods.
- Extensive experience in designing, and implementing household face-to-face surveys with large nationally representative samples, at least three (3) surveys with minimum 2.000 participants for each).
- Proven skills in methodology and sampling design, control of the interviewers' work, data cleaning and processing, data analysis and preparation of reports, providing an example of a methodological plan (research protocol) from a previous quantitative survey on the representative sample of the general population.
- Experience in qualitative surveys – organizing and moderating focus group discussions and in-depth interviews, as well as qualitative data analyses.
- Experience in conducting research in public health field will be an asset.
- Registered legal entity with authorization to conduct research in Serbia.

- Member of the European Society for Opinion and Marketing Research (ESOMAR), ensuring adherence to ethical standards, data protection, and confidentiality.
- Key staff composed by minimum following roles (team leader/project manager, senior expert in quantitative research, data processing manager/statistician, senior expert in qualitative research).
- Demonstrated capacity for fieldwork implementation: existence of an established and operational network of trained interviewers capable of conducting household-based face-to-face surveys across the country, adequately staffed and geographically distributed to ensure timely and high-quality data collection in line with the sampling plan and project timeline, with evidence or signed statement of a functional fieldwork network (e.g., number and regional distribution of interviewers, proof of active engagement or contracts).
- Demonstrated ability to implement electronic data collection and analysis using the company's available software solutions.
- Experience with projects financed from International Financial Institution (IFI) funds is preferred.

## **Minimum Qualification Requirements for Key Experts**

### **Team Leader/Project Manager**

- Relevant academic degree (Master's, or PhD) in social sciences, mathematics, statistics, public health, or related fields.
- Experience with leading and conceptualization of mixed-methods research, combining qualitative and quantitative data.
- Experience in mixed-method research in the field of public health would be an asset
- Experience in similar projects funded by international financial institutions (e.g., World Bank, EU) is considered an advantage.
- Excellent communication skills and knowledge of English.

### **Senior Expert in Quantitative Research**

- Relevant academic degree (Master's or PhD) in statistics, economics, social sciences, public health, or related quantitative fields.
- Extensive experience in designing, implementing, and analyzing quantitative surveys and research projects.
- Strong expertise in survey methodology, sampling design, data quality control, data analysis, data visualization and reporting.
- Proficiency in statistical software, or similar tools.
- Proven ability to lead data analysis teams and ensure high-quality research outputs.
- Excellent communication skills and proficiency in English.

### **Data processing manager/Statistician**

- Academic degree (Bachelor's, Master's, or PhD) in statistics, mathematics, public health, epidemiology, social sciences, computer science, information technology, or related fields.
- Proven experience in statistical analysis of quantitative data.
- Strong skills in designing sampling strategies, data weighting, data cleaning, and quality control.
- Proven experience in managing data processing workflows, including data cleaning, coding, validation, and database management.
- Proficiency in statistical software such as SPSS, STATA, R, or similar tools.
- Excellent communication skills and knowledge of English.

### **Senior Expert in Qualitative Research**

- Relevant academic degrees (Master's or PhD) in social sciences, mathematics, statistics, public health, or related fields.
- Extensive experience in designing, conducting and managing qualitative studies, including in-depth interviews, focus group discussions, and participatory methods.
- Knowledge and experience in qualitative data analysis techniques, such as thematic analysis (manual or software-assisted, e.g., NVivo).
- Experience in developing qualitative research instruments (e.g. interview guides), training interviewers, and ensuring quality control in data collection.
- Excellent communication skills and knowledge of English.

Qualification for key experts should be submitted in the proposal with short bio and references.

### **Reporting requirements**

The Consultant is obliged to report to the representatives of the Project Coordination Unit of MoH and the Institute of Public Health of Serbia officials according to the schedule and format agreed among the three parties involved.

### **Selection**

The consultant will be selected under the provisions of the World Bank Procurement Regulations for Borrowers under Investment Project Financing” dated September 2023, based on the method of Consultant’s Qualification-based Selection with Lump-sum contract.

### **Payment arrangement:**

10% of Contract value after deliverance of the draft research protocol, including the preliminary structure of the household survey questionnaire and the thematic guide for focus groups, acceptable to the Client.

10% of Contract value after deliverance of final research protocol for quantitative and qualitative study including research instruments, developed based on the desk review and the trial focus groups and in-depth interviews, approved by the Ethical Committee.

30% of Contract value after deliverance of cleaned dataset from quantitative research ready for data analysis, acceptable to the Client.

20% of Contract value after deliverance detailed quantitative survey reports: methodological report, data analysis, key findings, acceptable to the Client.

20% of Contract value after deliverance of report for the qualitative research with the target population groups of the three cancer screening, acceptable to the Client.

10% of Contract value after deliverance of Final detailed research report, acceptable to the Client.