

# Terms of Reference for an Individual Consultant (National) for the Costed Social and Behavior Change Communication (SBCC) Strategy for Adolescents and Youth in Mongolia

Hiring Office:	United Nations Population Fund (UNFPA) Country Office, Mongolia.
Purpose of the consultancy	<p>The United Nations Population Fund (UNFPA) is committed to promoting public health and well-being through effective Social and Behavior Change Communication (SBCC). Evidence shows that well-designed communication interventions play a critical role in shaping positive behaviors related to sexual and reproductive health (SRH), mental health, substance use, bullying, and gender-based violence (GBV). However, existing gaps in knowledge, attitudes, and practices continue to pose barriers to optimal health outcomes in these areas.</p> <p>To address these challenges, UNFPA seeks an Individual Consultant to develop a comprehensive, Costed SBCC strategic Plan that is evidence-based, culturally relevant, and aligned with both national policies and global priorities. This plan will aim to influence behaviors and foster positive social norms among target populations, with a particular focus on adolescents and youth in Mongolia.</p> <p>The primary purpose of this consultancy is to produce a concise, evidence-based, and financially viable Costed SBCC strategic Plan that effectively enhances knowledge, shifts attitudes, and drives sustainable behavioral changes among adolescents and youth in Mongolia. Drawing on the findings of the Adolescent and Youth Health Behavior research and Youth Situational Analysis studies—and aligning with the Government of Mongolia’s Youth Development Policy and national health priorities—the consultant will design a costed SBCC framework that:</p> <ol style="list-style-type: none"> <li><b>1. Targets key health issues</b> Focuses on SRH, mental health, substance use, bullying, and GBV—ensuring all recommended interventions address the priority health challenges faced by adolescents and youth.</li> <li><b>2. Facilitates positive behavior change</b> Translates research findings into practical, evidence-based interventions with clear communication objectives and culturally sensitive, audience-specific messages—guided by UNFPA’s mandate to ensure universal access to SRH and promote gender equality.</li> <li><b>3. Leverages innovative communication channels</b> Identifies and utilizes a mix of traditional and digital media, community outreach methods, behavioral nudging techniques, and peer-led initiatives to engage diverse target audiences effectively.</li> <li><b>4. Empowers youth participation</b> Actively involves young people, including those from marginalized and hard-to-reach groups, in designing, implementing, and monitoring the plan to foster youth ownership, inclusivity, and long-term impact.</li> <li><b>5. Ensures financial sustainability</b> Includes a detailed costing, resource allocation plan, and potential funding strategies to operationalize recommended SBCC interventions and maximize their reach and impact.</li> <li><b>6. Incorporates a Monitoring and Evaluation (M&amp;E) framework</b> Defines indicators and data collection methodologies to measure the plan’s effectiveness over time, and proposes adaptive learning mechanisms for continuous improvement.</li> </ol>

<p>Scope of work:</p> <p>(Description of services, activities, or outputs)</p>	<p><b>Background</b></p> <p>Adolescents and youth constitute a significant portion of Mongolia’s population, positioning them as key drivers for the country’s future socio-economic and cultural development. Government efforts—led by the Ministry of Health (MoH), Ministry of Education (MoE), and Ministry of Culture, Sport, Tourism and Youth (MOCSTY)—are supported by UNFPA, civil society organizations, youth-led networks, and other development partners to implement the Youth Development Strategy, and commitments under the Sustainable Development Goals (SDGs).</p> <p>However, Youth Situational Analysis and Adolescent and Youth Health Behavior research reveal that young people face persistent barriers in the following areas:</p> <ul style="list-style-type: none"> <li>• <b>Health-related behaviors:</b> Low medical service-seeking behavior due to financial constraints, limited facilities, and low awareness regarding balanced diets, regular exercise, and stress management.</li> <li>• <b>Sexual and Reproductive Health (SRH):</b> Judgmental service environments, stigma, and confidentiality concerns impede access to accurate information on STIs, contraception, and other SRH services.</li> <li>• <b>Mental health:</b> High stress levels, low self-esteem, and limited psychological care contribute to vulnerabilities, including suicidal ideation.</li> <li>• <b>Substance use:</b> Peer pressure, social norms, and misinformation fuel rising trends in alcohol consumption, vaping, and smoking.</li> <li>• <b>Bullying and GBV:</b> Entrenched attitudes, inadequate reporting mechanisms, and social acceptance of violence perpetuate harmful behaviors in schools and communities.</li> </ul> <p>These challenges—aggravated by urban-rural disparities and weak support networks—underscore the urgent need for an evidence-based, multi-level SBCC approach. By placing adolescents and youth at the center of intervention design and tailoring communication to their developmental stages and contexts, the Costed SBCC strategic Plan will:</p> <ul style="list-style-type: none"> <li>• Promote healthy behaviors and service uptake.</li> <li>• Address social norms that condone violence and reinforce stigma.</li> <li>• Strengthen stakeholder collaboration, engaging key ministries, NGOs, and community leaders in a cohesive effort.</li> <li>• Incorporate monitoring and evaluation, ensuring evidence-driven adjustments and long-term sustainability.</li> <li>• Support UNFPA’s mandate to advocate for universal access to SRH, youth well-being, and gender equality.</li> </ul> <p>By integrating financial feasibility into a comprehensive SBCC roadmap, the final plan will enable stakeholders—including government bodies, NGOs, youth networks, and community leaders—to effectively address these critical health issues. In doing so, it empowers Mongolia’s young population to make informed decisions, build resilience, and actively shape their futures—contributing to the country’s broader youth development and public health goals.</p> <p><b>Scope of work</b></p> <p><b>3.1 Desk Review</b></p> <ol style="list-style-type: none"> <li>1. <b>Document Review</b> <ul style="list-style-type: none"> <li>○ Analyze findings from all relevant studies (e.g., Adolescent and Youth Health Behavior research, Youth Situational Analysis), review national policies (e.g., Youth Development Law).</li> <li>○ Examine global best practices on SBCC for adolescents and youth to identify behavioral determinants, misinformation trends, communication gaps, and service delivery challenges.</li> </ul> </li> <li>2. <b>Contextual Analysis</b></li> </ol>
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- **Stakeholder consultations:** Conduct participatory consultations with MoH, MoE, MOCSTY, NGOs, youth networks (including marginalized groups), and community leaders to gather insights on current SBCC initiatives and potential areas for collaboration.
- **Mapping of existing channels and programs:** Identify and document current SBCC activities, communication channels, and community-based programs implemented by government entities and NGOs. This mapping will prevent duplication and highlight opportunities for synergy and youth engagement.

### 3.2 Development of the Costed SBCC Strategic Plan for 2025-2030

1. **Objective setting**
  - Based on the desk review and stakeholder consultations, define clear objectives and priority interventions aligned with national and international frameworks.
2. **Segmented key messages**
  - Develop culturally appropriate, gender-sensitive, and audience-specific messages tailored to different demographic segments (e.g., age, gender, socio-economic status). For instance, messages targeting adolescents (15–17) may address peer influence and basic SRH information, whereas those for older youth (20–24) could include advanced topics like contraceptive options and mental health self-care strategies.
3. **Channel selection**
  - Propose a mix of communication channels—digital media, community outreach, school-based activities, peer education—to effectively reach distinct age groups and geographic contexts (urban, peri-urban, and rural).
4. **Youth-Centered approach**
  - Integrate participatory methods that actively involve adolescents and youth in content creation, peer education, and decision-making processes.
5. **Collaboration framework**
  - Identify and propose mechanisms to coordinate SBCC efforts among government bodies, UN agencies, NGOs, youth networks, and community leaders.
6. **Inclusive participation**
  - Ensure the involvement of marginalized youth (e.g., rural, low-income, minority groups, youth with disabilities) to capture diverse perspectives, needs, and communication preferences.

### 3.3 Implementation Roadmap

1. **Detailed work plan**
  - Outline an actionable plan with timelines, milestones, responsible entities, and required resources for rolling out the SBCC plan at national, provincial, and soum levels.
2. **Costing and resource mobilization**
  - Provide a detailed costing of each recommended intervention (human resources, materials, operational expenses).
  - Propose potential funding sources and partnerships for financial sustainability.
3. **Integration with existing systems**
  - Identify opportunities to link the SBCC Plan with ongoing programs (e.g., adolescent-friendly health services, school health initiatives) to ensure sustainability and avoid duplication.

### 3.4 Monitoring and Evaluation (M&E) Framework

1. **Indicator development**
  - Propose clear, measurable indicators (qualitative and quantitative) aligned with the SBCC objectives and national health targets.
2. **Data collection and analysis**
  - Recommend data collection methodologies (surveys, interviews, and digital analytics) and frequency to assess reach, engagement, and impact.

	<div>3. Feedback mechanisms</div> <div><div><div></div><div>Incorporate continuous learning and adaptive management, enabling stakeholders to refine messages, channels, and outreach strategies based on real-time data and feedback.</div></div></div> <div>3.5 Capacity Building</div> <div><div>1. Training and orientation</div><div><div><div></div><div>Develop or adapt training materials for government staff, community workers, and youth volunteers responsible for implementing SBCC activities.</div></div><div><div></div><div>Conduct training sessions or workshops to build the capacity of implementers in areas like community engagement, peer-led outreach, and M&amp;E.</div></div></div></div> <div>3.6 Final deliverables and dissemination</div> <div><div>1. Draft Costed SBCC Strategic Plan</div><div><div><div></div><div>Present a draft for review by UNFPA, government counterparts, and key stakeholders; incorporate feedback for finalization.</div></div></div><div>2. Final Costed SBCC Strategic Plan</div><div><div><div></div><div>Strategy document: Goals, objectives, target audiences, key messages.</div></div><div><div></div><div>Implementation plan: Work plan, milestones, and responsible entities.</div></div><div><div></div><div>Detailed costing and resource allocation framework.</div></div><div><div></div><div>M&amp;E framework: Indicators, data collection methods, and adaptive learning approach.</div></div><div><div></div><div>Training modules: Capacity-building materials for implementers.</div></div></div><div>3. Presentation of Findings</div><div><div><div></div><div>Organize a final workshop to share the SBCC Strategic Plan, key recommendations, and next steps with UNFPA, government partners, and relevant stakeholders.</div></div></div></div>												
Duration and working schedule:	The consultancy period is scheduled for 60 days from April 1to May 30, 2025. The consultant will work closely with UNFPA Mongolia and Government stakeholders, particularly the Ministry of Health and the Ministry of Education throughout this period.												
Place where services are to be delivered:	Ulaanbaatar, Mongolia.												
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			<ul style="list-style-type: none"> <li>- Outlines a step-by-step implementation timeline, including cost management.</li> </ul>
	Stakeholder Consultation and Training Materials	May 25, 2025	<ul style="list-style-type: none"> <li>- Prepares training materials and guides for local/provincial roll-out.</li> <li>- Reflects updated stakeholder input and local capacity needs.</li> <li>- Incorporates feedback from pilot or initial consultations if applicable.</li> </ul>
	Final Costed SBCC strategy plan	1 June 2025	<ul style="list-style-type: none"> <li>- Delivers the fully costed Social and Behavior Change Communication Strategy, including a budgeted implementation roadmap.</li> <li>- Incorporates all final feedback.</li> <li>- Provided in both English and Mongolian.</li> </ul>
Monitoring and progress control, including reporting requirements, periodicity format and deadline:	Under the direct supervision of the UNFPA Programme Analyst for Adolescents and Youth, the consultant will closely work with the Sexual and Reproductive Health (SRH) Programme team. Reporting requirements, formats, and deadlines will be finalized during the initial briefing session. The reporting process will include weekly updates provided by the consultant via email, highlighting progress made in delivering the agreed-upon outcomes, as per the jointly approved template at the commencement of the consultancy.		
Supervisory arrangements:	The National Consultant will report directly to the Programme Analyst for Adolescents and Youth.		
Expected travel:	Not required		
Required expertise, qualifications and competencies, including language requirements:	<p><b>Required Expertise, Qualifications, and Competencies:</b></p> <p><b>Education:</b></p> <p>Master's degree in Public Health, Health communication, Health Promotion.</p> <p><b>Experience:</b></p> <ul style="list-style-type: none"> <li>• A minimum of 5 years' experience in public health or health communication, with demonstrated expertise in developing behavior change communication strategies or campaigns.</li> <li>• Proven experience in designing and implementing communication strategies aimed at promoting health behavior change, particularly in areas such as sexual and reproductive health, adolescent health, or broader health promotion initiatives.</li> <li>• Experience working with educational institutions, community organizations, and government agencies, with a strong understanding of integrating communication approaches into health service delivery.</li> </ul> <p><b>Skills:</b></p> <ul style="list-style-type: none"> <li>• Strong stakeholder engagement and facilitation skills, including the ability to conduct training sessions and capacity-building initiatives.</li> <li>• Excellent written and verbal communication skills, with proficiency in both Mongolian and English.</li> <li>• Ability to analyze data and synthesize insights to inform the development of targeted and effective communication strategies.</li> <li>• Proven capacity to adapt messaging and communication tactics to diverse audiences and contexts.</li> </ul>		

<p>Inputs/services to be provided by UNFPA or implementing partner (e.g. support services, office space, equipment), if applicable:</p>	<p>It is anticipated that the consultancy will be governed by an individual consultancy contract under standard UNFPA terms and conditions. UNFPA will pay a consultancy fee according to the current UNFPA-approved schedule of rates at a level to be negotiated.</p> <p><b>Schedule of payment:</b></p> <ol style="list-style-type: none"> <li>1. The first installment of 30% of the consultancy fees will be provided upon acceptance of the inception report.</li> <li>2. The second installment of 30% of the consultancy fees will be provided after the submission draft of SBCCS and implementation plan.</li> <li>3. The final installment of 40% of the consultancy fees will be provided upon acceptance of the final SBCCS.</li> </ol> <p>Payments will be made upon satisfactory completion of deliverables, as verified by UNFPA. The consultancy fee will be negotiated based on the consultant's proposed daily rate. UNFPA reserves the right to withhold up to 30% of the total fee if deliverables are not submitted on schedule or do not meet the required standard.</p> <p>UNFPA reserves the right to withhold up to 30% of the total fee in case the deliverables are not submitted on schedule or do not meet the required standard. Copyright and ownership of all documents produced will remain with UNFPA.</p> <p><b>Logistical arrangements</b></p> <p>The UNFPA Country Office (CO) will be responsible for arranging all logistical matters related to the workshop, including venue, stationery, and refreshments. The CO will provide support in organizing meetings with key government agencies and other stakeholders.</p>
<p>Other relevant information or special conditions, if any:</p>	