

## TERMS OF REFERENCE

# EVALUATION OF THE CAPACITY OF CIVIL SOCIETY ORGANISATIONS TO IMPLEMENT CHILDHOOD OBESITY PREVENTION INTERVENTIONS

## 1 BACKGROUND

### General Background

1.01 The Healthy Caribbean Coalition Inc. (HCC) was formed in 2008, arising from the 2007 Declaration of Heads of Government of the Caribbean Community (CARICOM) on non-communicable diseases (NCDs). The HCC is a registered not-for-profit regional network and alliance, and works closely with regional and international leaders in NCD prevention to leverage the power of civil society by strengthening and supporting its membership in the implementation of programmes aimed at reducing the morbidity and mortality associated with NCDs.

1.02 The HCC 2017-2021 Strategic Plan has five strategic pillars:

- (a) Accountability;
- (b) Advocacy;
- (c) Capacity Development;
- (d) Communication; and
- (e) Sustainability.

The goals of the pillars are to:

- (i) ensure consistent demonstration of shared ownership, transparency, and accountability for commitments, resources, and results, as well as management of conflicts of interest that may arise;
- (i) develop and implement advocacy strategies to drive national, regional, and global political and policy momentum towards multi-sectoral action – including the critical role of civil society organisations (CSO) – for an effective NCD response, reduction of health inequities, and wellness;
- (ii) strengthen the capacity of members and the secretariat to effectively perform key functions, to influence policies, and to develop and implement programmes that contribute to national and regional NCD responses;
- (iii) enhance networking among HCC members, key external stakeholders, and the secretariat, and increase communication and communication products related to NCDs, their risk factors, the social determinants of health, successful NCD interventions, and HCC’s work; and
- (iv) strengthen and sustain HCC’s capacity to undertake targeted, effective, civil society-led actions that contribute to national, regional, and global objectives for NCD prevention and control.

These five strategic pillars reflect that the HCC is a regional alliance with the expressed purpose of adding value to civil society in the Caribbean, and empowering people, specifically in the response to NCDs. It further reflects the HCC’s mandate to encourage and foster the execution of NCD projects and programmes in-country, undertaken and led by regional CSOs.

## Specific Background

1.04 In April 2016, the HCC held a strategic planning meeting with member organisations providing them with an opportunity to feed into the development of the HCC Strategic Plan 2017-2021. Against the background of an emerging epidemic of childhood obesity in the Caribbean, the participating member organisations identified childhood obesity as a priority action area for the strategic period 2017-2021. In support of this, the HCC has developed an HCC Civil Society Childhood Obesity Action Plan (HCC CSAP) to support civil society led action in this area. The Plan contains seven priority areas which will underpin the activities targeting the prevention of childhood obesity over the next five years. These seven areas are:

- (a) trade and fiscal policies;

- (b) nutrition literacy;
- (c) early childhood nutrition;
- (d) marketing of unhealthy foods and beverages to children;
- (e) school and community-based interventions;
- (f) resource mobilisation; and
- (g) monitoring and evaluation.

The Plan is meant to support national, regional and global action and complements regional childhood obesity plans developed by Pan American Health Organisation and the Caribbean Public Health Agency; and the international recommendations such as those found in the World Health Organisation Final Report on the Commission for Ending Childhood Obesity. In order for civil society to effectively support the regional implementation of the HCC CSAP, capacity-building is needed to ensure that non-governmental organisations are fit for purpose and priority capacity gaps as identified through the HCC 2015 Membership Mapping Report: 'Capacity and Information Needs Assessment of Healthy Caribbean Coalition Civil Society Organisation Members Working in the Prevention and Control of Non-communicable Diseases'<sup>1/</sup>, are addressed.

1.05 In 2017, the Caribbean Development Bank (CDB) approved grant funding to support capacity-building of CSOs to address childhood obesity in select Borrowing Member Counties (BMCs). The grant will be used to strengthen the capacity of national CSOs to promote programmes and policies aimed at creating environments supportive of healthier lifestyle choices for children and youth. The grant will fund:

- (a) Consultancy services to: (i) provide capacity-building for CSOs in BMCs; (ii) develop CSO-led action plans on childhood obesity; and (iii) facilitate the CSOs' implementation of select priority interventions from the CSO-led action plans;<sup>2/</sup>

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<sup>1/</sup> Capacity and Information Needs Assessment of Healthy Caribbean Coalition Civil Society Organisation Members Working in the Prevention and Control of Non-communicable Diseases. HCC 2016.  
<http://www.healthycaribbean.org/wp-content/uploads/2016/11/cso-mapping-report-parts-1-and-2.pdf>

<sup>2/</sup> CSO-led interventions will be drawn from HCC CSAP's key actions geared at strengthening: (a) advocacy by CSOs for national taxation on sugar-sweetened beverages (SSBs) and/or EDNP products, and/or subsidies on healthy foods; (b) CSO capacity for, and contribution to, improving nutritional literacy among key stakeholders, including policymakers, parents, caregivers, and children; (c) CSO

- (b) Convening of a regional meeting on CSO-led childhood obesity prevention with participants from BMCs; and
- (c) Consultancy services to: (i) evaluate the capacity of the targeted CSOs to effectively implement the childhood obesity prevention interventions; and (ii) HCC's dissemination of evaluation findings.

## **2 OBJECTIVE AND SCOPE OF SERVICES**

### **Objective**

2.01 The purpose of this consultancy is to evaluate the:

- (a) capacity of CSOs post-provision of technical assistance (TA) through HCC; and
- (b) capacity applied during implementation of the interventions by CSOs to address childhood obesity prevention.

### **Scope of Services**

2.02 The consultancy services are to be conducted in accordance with generally accepted international standards and professional practices. The scope of services is understood to cover all activities necessary to accomplish the objectives of the consultancy, whether or not a specific activity is cited in these Terms of Reference. A participatory and consultative approach is to be adopted in the conduct of the services.

2.03 Specifically, the consultant will:

- (a) Review HCC documents/reports and other regional frameworks:
  - (i) [HCC Strategic Plan 2017-2021](#).

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contribution to reduction in the marketing of unhealthy foods and beverages to children; (d) CSO contribution to reduction in obesogenic environments in schools and communities; and (e) CSO monitoring of governments' and other stakeholders' fulfilment of key aspects of national and internationally-agreed commitments, policies, and plans associated with childhood obesity prevention.

- (ii) Capacity and Information Needs Assessment of Healthy Caribbean Coalition Civil Society Organisation Members Working in the Prevention and Control of Non-communicable Diseases (July 2016).
  - (iii) HCC Childhood Obesity Action Plan (2017).
  - (iv) CSO-led Childhood Obesity Action Plan for each country.
  - (v) The Design and Monitoring Framework (DMF) for the CDB/HCC project.
  - (vi) Regional frameworks including the CARPHA Plan of Action for Promoting Healthy Weights in the Caribbean: Prevention and Control of Childhood Obesity 2014-2019, CARPHA Roadmap on Multi-sectoral Action to Prevent Childhood Obesity, PAHO NCD Strategic Plan 2013-2019, PAHO Childhood Obesity Strategic Plan, and the Caribbean Cooperation in Health Phase IV (CCH-IV).
- (b) Prepare an Evaluation Plan including Evaluation Tools. The Plan must clearly define the methodology to be undertaken such as quantitative and qualitative participatory approaches to be employed, and outlines/templates for all reports to be submitted during the consultancy.
- (c) Identify specific capacities to be measured, and the change, if any, between baseline and post-project completion. Key areas to be examined will, inter alia, include the:
- (i) capacities improved vis-a-vis capacity-building TA provided in governance, management, engagement, programme implementation, and impact;
  - (ii) role of CSOs in the design, implementation and monitoring of CSO-led action plans;
  - (iii) CSOs' use of the HCC scorecard to assess the situation childhood obesity nationally;
  - (iv) demonstrated ability of CSOs to transfer TA skills gained through the implementation and monitoring of action plans necessary to achieve targeted objectives;

- (v) types of partnerships leveraged to support implementation of CSO-led action plans;
  - (vi) use of stakeholder analysis/engagement and the effectiveness of communication strategies and materials/tools for various target groups and stakeholders; targeting overweight and obesity in children according to sex (males and females), and vulnerabilities associated with disability, urban–rural location, poverty and ethnicity during project design, implementation and monitoring;
  - (vii) adequacy of available resources (human, financial, etcetera) necessary to achieve project objectives and prospects for sustainability; and
  - (viii) adequacy of support provided by the capacity-building consultant and the HCC.
- (d) Assess satisfaction/dissatisfaction and lessons learnt from the HCC project.
  - (e) Prepare draft Evaluation Report in keeping with the agreed format.
  - (f) Revise and prepare Final Evaluation Report, incorporating feedback from the HCC.

### **3 REPORTING REQUIREMENTS**

3.01 The Technical Proposal of the selected consultant shall outline a work plan and approach to the assignment, the scope and methodology, the tasks and responsibilities, and a time schedule for completion of the assignment. The following reports, one hard copy each, along with an electronic copy either by email, on CD ROM or flash drive, shall be submitted to the HCC at the times indicated below. The reports must incorporate feedback provided by the HCC.

### **4 BREAKDOWN OF DELIVERABLES**

Deliverables	Days	Timeline
Evaluation Work Plan and Evaluation Tools	2	August 2018

Draft Evaluation Report (including results from fieldwork)	14	August to September 2018
Final Evaluation Report	2	October 2018

## 5 TIMELINE AND QUALIFICATIONS

4.01 It is expected that the assignment will require a maximum of 18 professional days over 2 months.

4.02 Relevant work experience/ specific skills and knowledge:

- (a) post-graduate qualifications in public health or related discipline;
- (b) ten years' experience working in public health;
- (c) five years' experience conducting evaluations;
- (d) five years' experience with conducting surveys and qualitative research;
- (e) five years' experience working in the CSO/NGO sector;
- (f) at least one year's experience working with vulnerable groups of youth, children, and persons with disabilities, as well as gender issues affecting men and women; and
- (g) strong report writing skills.