February 5, 2014

VACANCY

Non-communicable Disease Prevention Program Design Consultant/Firm

PSI-Caribbean (Population Services International – Caribbean) is currently seeking suitable applicants to develop the modules for a 36 week Non-communicable Disease Prevention Program focused on physical education and nutrition targeting youth aged 10-19. The Terms of Reference for the consultancy can be found below.

Proposals must be submitted by: October 26th 2015. All submissions should be sent to: Ms. Kerry Parris kparris@psicarib.org. Only selected applicants will be contacted.

TERMS OF REFERENCE

Time Non-communicable Disease Prevention Program Design Consultant/Firm (One 1 Month)

BACKGROUND

Since 2005, PSI-Caribbean (PSI-C) has worked to empower individuals by providing them with key health information in ways they can understand and linking this to easy, affordable access to life-saving services. Headquartered in Trinidad, with sub-offices in Jamaica and Suriname, PSI-Caribbean currently manages country programs in Antigua and Barbuda, Barbados, Belize, Dominica, Grenada, Jamaica, St Kitts and Nevis, St Lucia, St Maarten, St Vincent and the Grenadines, Suriname and Trinidad. PSI-Caribbean’s initial work focused primarily on HIV prevention by promoting condom use and availability among youth at risk and more recently among other groups including males and females at risk and members of the military through its branded Got it? Get it. campaign. The organization has since expanded to address sexual and reproductive health, gender-based violence prevention efforts and the growing burden of non-communicable diseases in the region.

NON-COMMUNICABLE DISEASES

The Trinidad and Tobago Ministry of Health’s Chronic Non-communicable Disease Risk Factor Survey (Pan American STEPS, 2012) revealed that the twin island nation has one of the highest prevalence, morbidity and mortality rates for chronic Non-communicable Diseases (heart disease, stroke, diabetes, cancer) in the Caribbean, and these rates have been steadily increasing over time. In Trinidad and Tobago, Non-communicable Diseases account for over 60 percent of premature loss of life (death before 70 years). The prevalence of diabetes in Trinidad and Tobago is one of the highest of all the countries in the region of the Americas (PAHO). This is likely due, in part, to the high carbohydrate intake, urbanization mostly due to the shift from manual labour and agriculture to a highly technological service sector resulting in low levels of physical activity

Non-communicable Diseases share common risk factors, including modifiable biological risk factors such as high blood pressure, high cholesterol, and behavioural risks such as unhealthy diets and obesity, tobacco use, alcohol abuse and physical inactivity.

The statistics show a definite need to upscale prevention efforts, and in 2014, PSI-C began developing stand-alone programming using a Life Course Approach, to focus prevention efforts on youth between 10-19 years of age with the aim of increasing their physical activity, improving their diet and reducing...
tobacco and alcohol use to prevent the development of chronic diseases through the organisation’s hallmark approaches of behaviour change communication (BCC) and social marketing.

JB FERNANDES MEMORIAL TRUST I
In 2014 PSI-Caribbean approached the JB Fernandes Memorial Trust I to support a 3 year pilot project to address the four main NCDs that affect Trinidad, namely cardiovascular disease, diabetes, cancer and chronic respiratory disease, by using a multi-pronged approach to achieve key behaviour change among youth, their families and other influencers by reducing the behavioural risk factors associated with each of these diseases: tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol.

Named after famed Trinidad and Tobago entrepreneur and philanthropist, JB Fernandes, the Memorial Trust I supports charitable causes in Trinidad & Tobago. Among the hallmarks of the Fernandes’ philanthropic legacy are:

- Support to charitable organizations working with the poor, children, the elderly and families by providing much needed direct services.
- Long-term support for building the management and program capabilities of charitable organizations serving the disadvantaged.
- Efforts to engage the public and non-profit sectors in solving some of society’s most vexing problems.

The JB Fernandes Memorial Trust I is administered by the Rockefeller Philanthropy Advisors.

For the past year (year one of the project), PSI-C has been in the process of conducting a desk review of existing literature on NCDs, existing policies and identifying lessons learned and promising practices from NCD programming that involve youth. Key informant interviews have also been conducted. A focus group discussion will be conducted in this quarter with youth ages 10-19 from county St George to gain a better insight into the behavioural risk factors and social determinants of the four main NCDs among this target population. Data collected will be used to compile a report that will enhance the landscape view of NCDs affecting youth in Trinidad and will also be used to inform program design and key messages used in social marketing, mass media campaigns and interpersonal communication interventions.

CONSULTANCY SCOPE OF WORK
PSI-Caribbean is seeking the services of a Non-communicable Disease Prevention Program Design Consultant/Firm for a one month period October 31\textsuperscript{st} to November 30\textsuperscript{th} 2015 to support in the execution of the identified project above. The specific tasks of the NCD Prevention Program Design Consultant will include:

- Support the NCD Prevention Landscape Analysis Consultant with executing the youth focus group discussion to gain insight which will feed into program development.
- Develop a health and wellness program comprised of 36 weekly interventions for youth to include take home materials, involvement of others (e.g. parents, peers, community), professional involvement (e.g. dietician) addressing:
  - Healthy behaviours: Diet, physical activity, importance of sleep/rest
  - Self-concept: Self-esteem, body image, self-efficacy
  - Practical and cognitive tools: Goal setting, problem solving, stress management
PROFILE OF PROJECT CONSULTANT
The NCD Prevention Program Design Consultant/Firm should have the following qualifications, competencies and skills:

1. Note: Preference will be granted to candidates with certifications in physical activity coaching and nutrition.
2. Knowledge and experience in program/curriculum development.
3. Knowledgeable of and experienced in working with young people to achieve fitness and wellness goals.
4. Excellent oral, analytical, writing and report skills.
5. Superior inter-personal and communication skills.
6. Knowledge of PSI, its mandate and work in the Caribbean.

WORK SETTING
The NCD Prevention Program Design Consultant/Firm should will be based in the Trinidad and work remotely and set their own schedule to complete deliverables within the one month period of the consultancy.

The NCD Prevention Program Design Consultant/Firm will work closely with the NCD Landscape Analysis Consultant, the Marketing and Communications Manager, other technical and administrative staff at PSI-C and PSI global technical advisors to ensure effective implementation, monitoring and reporting of activities.

SPECIFIC CONDITIONS
1. Reports and other written deliverables must be submitted in English.
2. All outputs will be owned by PSI-C and may not be used without expressed permission of PSI-C.

TIMELINE
The contract duration shall be (1 month, October 31st to November 30th 2015)
Appendix

CORE COMMUNITY HEALTH PROGRAMME

Aim:
To prevent the development of non-communicable diseases through the encouragement of healthy eating patterns, regular physical activity and body size perception among youth, and improve the capacity of families and (selected) communities to sustain the promotion of healthy eating and physical activity

Target area:
One community in County St George.

Target population:
A. Primary: Youth aged 10-19 years. Male and female.
B. Secondary: Primary care givers – parents/guardians/caretakers

Time frame:
Implementation: 9mths
Evaluation: 2mths
Re-assessment and adjustment for yr3: 1mth

Sessions: Once weekly

Objectives: (Need to make objectives SMART):
1. % of youth 10 to 19 years who report increased physical activity over the life of the exercise/health program.
2. % of youth 10-19 years who report consumption of at least 5 servings of fruits and vegetables per day.
3. % of youth 10-19 year who report that their parents/guardians/caretakers encourage them to eat healthy.
4. % of youth 10 to 19 years who report that they are capable of making better healthier food choices
5. % of youth 10 to 19 years who report that they feel capable of increasing physical activity each day.
6. % of youth 10-19 years who report decreased thinking that smoking is cool and helps them fit in.
7. % of youth 10-19 years who report decreased thinking that drinking alcohol is cool and helps them fit in.
Sessions:

The sessions (approx 36 sessions) including take home materials, deliverer resources, focus away from weight, involvement of others (e.g. parents, peers, community), interactive, homework, focus on behaviour, attitude and knowledge change, professional involvement (e.g. dietician) to focus around 3 themes:

I. Healthy behaviours: Diet, physical activity, importance of sleep/rest
II. Self-concept: Self-esteem, body image, self-efficacy
III. Practical and cognitive tools: Goal setting, problem solving, stress management

2 Friedemann Smith, C et al 2015 Moving focus from weight to health. What are the components used in interventions to improve cardiovascular health in children?