

MINISTRY OF HEALTH

Government of the Republic of Trinidad & Tobago

#### NATIONAL SCHOOL HEALTH POLICY

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## EXECUTIVE SUMMARY

The Government of the Republic of Trinidad and Tobago (GORTT) recognizes thatchildren and adolescents are considered as the basic and fundamental resource for human, social and economic development in the thrust to achieve developed country status in Trinidad and Tobago by 2020. Every young citizen therefore must be afforded the opportunities that will ensure that fullest potential is attained within the ability of the child.

The ability of children to develop and become productive adults is greatly influenced by their education, health, socio-economic status, among other determinants of child development. Over the past decade, issues related to improving the health and development of children have been recognized by the signing and ratification of international agreements and declarations such as the Convention of the Rights of the Child (United Nations, 1989). Common themes enshrined in these documents include:

* Promotion of good health which starts before birth
* Access to quality education
* Protection from harm
* Freedom to enjoy activities that will encourage normal growth and development

School health was identified as one of the most efficient and cost-effective ways to improve students’ health and development. Optimal health status enhances student performance and ability to learn.

The National School Health Policy seeks to give new direction to the promotion of the health of school children, from pre-school to secondary school, in Trinidad and Tobago. Many advances have been made in child health nationally, however there are still gaps and challenges that threaten children’s ability to become healthy, productive and fulfilled citizens of Trinidad and Tobago. Undetected vision and hearing problems, mental health issues, risky sexual behavoiur, poor nutrition, obesity, violence and less than supportive environments in schools and communities for the establishment of healthy behaviours, are but some of the challenges that hinder the optimal health and development of our nation’s children.

In recognition of these challenges, the Government of the Republic of Trinidad and Tobago (GORTT), is establishing the National School Health Policy which will be implemented through a partnership between the Ministry of Health, the Ministry of Education and with collaborative support from other government ministries and key stakeholders. The National School Health Policy seeks to create enabling environments that empower children and adolescents to achieve and maintain optimal health and development, through the implementation of culturally sensitive, equitable and co-ordinated school health programmes and services.

The National School Health Policy shall be implemented within the framework of a Co-ordinated School Health Program (CSHP) consisting of eight components: Health Education; Physical Education; Health Services; Nutrition Services; Counselling; Psychological and Social Services; Healthy School Environment; Health Promotion for Staff; Family and Community Involvement.

**1. Introduction**

The Government of the Republic of Trinidad and Tobago (GORTT), recognising the importance of its human capital to the development, continued viability and growth of the country, has placed major emphasis on promoting and securing the health of the people of Trinidad and Tobago. The mission of the GORTT is to create a nation of individuals, families and communities empowered to achieve and sustain the highest standards of health and well-being through the provision of efficient, effective, equitable and collaborative services that support good health. A major emphasis in achieving this goal is that of supporting the children of the nation to achieve and maintain health and well-being, that will support optimal development and quality of life.

Health services for children are a central part of the primary health care offered by the Ministry of Health. Child health services represent a comprehensive and seamless set of health services that support the health and development of children from the pre-natal period (in utero), through to school age and links to adult health services beyond the childhood period. These services are provided by the Regional Health Authorities (RHAs) at the primary health level, along a continuum of care from the proverbial ‘the womb to the tomb’ and are linked to additional health care services at the secondary and tertiary levels, in hospitals, through a referral system.

In the ante-natal and early childhood stages up to five years old, targeted programmes and services such as Antenatal and Child Health Clinics, and the Expanded Programme on Immunization (EPI), conducted in Community Health Services, monitor and provide health promotion and preventive health interventions in support of child health. Child health problems like measles and polio have been eradicated from Trinidad and Tobago and other health issues like malnutrition have been significantly reduced through the rigorous implementation of child health services.

School Health Services are implemented in schools and Community Health Services by a team of health professionals, to children in pre-schools, primary and secondary schools. The Ministry of Health has stipulated a package of services for primary school-aged children. These include: Physical and medical assessment of primary school entrants and leavers; Immunization against certain disease, which is mandated by law and a pre-requisite for entry into primary schools (Ministry of Health, Immunization Schedule); Oral health services to primary school students; Environmental Health services for both primary and secondary schools; Hearing and vision screening of all primary school entrants; Health Education. Additionally, the National School Dietary Service Ltd, (NSDSL), provides meals for children at both primary and secondary levels, to support adequate and healthy nutrition for children.

The National School Health Policy, (NSHP), specifically applies to the children enrolled in schools from early childhood to secondary school level. It principally covers the period of child development from 3 years to 18 years, and will extend to cover persons enrolled in formal primary or secondary education institutions beyond the age of 18.

Within the National School Health Policy, health is defined as ‘a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’ (WHO, 1948). It further acknowledges that the determinants of health are varied and many of them including income, food, education, and a stable ecosystem, require support, expertise, and actions from persons and agencies outside of the health sector (Caribbean Charter on Health Promotion, 1993). As such the Ministry of Health is partnering with the Ministry of Education, the Ministry of Social Development and other public sector and Non Governmental Organisations (NGOs), for the development and implementation of the School Health Policy.

The NSHP and the actions recommended to support the health of school-aged children utilizes the health promotion framework of the Caribbean Charter on Health Promotion (CCHP). Health Promotion is a strategic approach to population health and development which focuses on strengthening the capacity of individuals and communities to improve and maintain physical, mental and social well-being. It will build upon the core principles of empowerment, community participation, multi-sectoral collaboration among all government ministries, public and private sector organizations, and development of partnerships with NGOs and Civil Society, which are central to the Health Promotion approach. Additionally, a child/family-centred approach and provision for children with special needs are incorporated into the policy. Children, parents, teachers and the community will be active participants in this process, since stakeholder participation in the development and implementation of school health is the most effective and cost-effective way to improve and sustain students’ health and overall development.

## 2. SITUATIONAL ANALYSIS

**2.1 Social Context**

Trinidad and Tobago is a twin island democratic Republic with an area of 5,128-sq. km. The population, based on the 2000 census, is 1,262,366 of which 95.72 % are located in Trinidad and 4.28% in Tobago. The population is ethnically diverse with an ethnic mix of 40.9 % East Indian, 40.1% African, 18.4 % of mixed ancestry and the remainder of Asian, Caucasian and other ethnicities. The society is also characterised by religious diversity with the main religions being Christianity, 60%, Hinduism, 23.8% and Muslim 5.8% (Central Statistical Office, 2000). The annual population growth has declined over the last decade from 1.7% in the period 1980-1985 to 0.5% over the period 1995-2000.

The dependency ratio for dependents 0-14 years old, was 40.5% in 1997, and was projected to fall to 36.9% by 2005 (Division of Educational Research and Evaluation, Ministry of Education, 2005). The Net Enrolment Rate (NER) at the primary level was 94.1% (Indicators of the Education System of Trinidad & Tobago, 2005). From 2000, the Ministry of Education guaranteed placement at the secondary level for all students who complete the Secondary Entrance Assessment (SEA), at the end of primary school.

**2.2 Child Health and Development**

**Children under 5 years**

Immunization and growth monitoring of children 0-5 years old is provided through the Community Health Services. Immunization coverage, in all antigens, exceeded 80% in all the counties in Trinidad and Tobago (MOH). Growth monitoring is conducted free for all children in this age group attending child health clinics at community health centers. The multiple indicator cluster survey (2000) estimated that 6% of children under 5 years old were underweight, less than 0.5% were severely underweight, 3.6% were stunted and 4.4% were wasted or too thin for their weight. Overweight in pre-schoolers in Trinidad and Tobago was estimated at 3.0% (CFNI Vol. 34, No. 3, 2001) compared to global estimates of 3.3% and regional estimates of 3-6% pre-school children being obese. In 2004, the Infant Mortality Rate was 21.1% per 1000 live births. The major health issues for this age group include infectious and parasitic diseases, and acute respiratory infection (CSO, 2000).

**School-Aged Children: 5-9 years of age**

The most frequently reported health condition in the Community Health Service Report for the 5-9 year-old population, was in the area of dental health. Dental caries were detected among 21.5% of school entrants and 5% of school leavers examined (Ministry of Health, 2001). The data however does not provide information of the percentage of school students receiving dental health services, nor does it give data on the secondary school population.

Growth monitoring and assessment of nutritional status is not routinely conducted by Community Health Services for children 5-9 years. However, there is increase observation of obesity in children in this group and, based on non-specific reports; there are pockets of nutritional deficiency although chronic malnutrition is rare among students in this age group. A 2001 study on overweight, obesity and skin fold thickness of African and Indian descent children in Trinidad and Tobago showed that those of African descent were taller for their age based on British growth reference data. Obesity was higher in older children and higher for Afro-Trinidadians, particularly girls. The report indicated that Body Mass Index (BMI), a measure of the appropriate weight for height, was significantly higher for 8-9 year olds compared to those 5-6 year olds and that children were heavier if their parents were also overweight or if they were overweight at birth.

The major causes of death in this age group were external injury and poisoning (40%); malignant neoplasms (cancers) (21%); communicable diseases (21%) and diseases of the circulatory system (3%) (Health in the Americas, 2006). The leading cause of morbidity by selected age group from 1999 to 2003 (Government Hospitals only) was injury. Diseases of the respiratory system including asthma, infectious and parasitic diseases, were the other major causes of illness in this group.

In a study on disability, identification of a disability was more evident among the 5-9years age group (UNICEF, 2000). Out of a survey population of 7,892 persons who were 0-18, the majority of disability was reported by children in the 5-9 age group, 39%. The 0-4 year age group accounted for 16% of those with disabilities, and 10-14 year-olds (29%), and 15-18 year-old (16%). The most common forms of disability were difficulty with vision (24%), impaired hearing/speech (18%) and difficulty learning (25%).

**Adolescents 10-19 years of age**

The leading causes of death in the 15-19 years age group were external causes (44%); communicable diseases (14%); diseases of the circulatory system (8%), and malignant neoplasms (7%). Injury is the leading cause of morbidity and mortality for children between the ages of 5-14 years age group.

Results from the Global School Health Survey (GSHS 2007) found that violence and unintentional injury were prevalent among adolescents. The survey revealed that: 39.8 % of students were physically attacked and 42.0 % of students involved in a physical fight one or more times during the 12 months prior to the survey; Males were more than three times likely to experience bullying than their female peers (26.6%: 7.3% respectively); Almost half of those surveyed, 47.9% of students, were seriously injured one or more times during the 12 months prior to the survey. Most common sources of serious injury were accidents (43.6 %), playing or training for a sport (28.9 % ), falls (25.6 %). Violence emerged as a major health risk behaviour in this group as: 20.8% of students reported being bullied which involved most often being hit, kicked, pushed, shoved around, or locked indoors; 16.5% of students belonged to a violent group. In all types of accidents and injuries, males were more likely than females to be injured or involved in violent activities that can result in injuries

Suicide is the second leading cause of death among adolescents (Central Statistical Office, 1998). Information from the Child Guidance Clinic revealed that issues impacting on the mental health of children include separation from or loss of parent(s) due to divorce/separation, migration or bereavement; child abuse including sexual abuse and neglect; living apart from both parents; familial substance abuse; domestic violence; chronic family discord; and parental crime and violence (Sharpe, 1999). The GSHS (2007) revealed that mental health issues were prominent problems in adolescents. Mental health issues identified ranged from feelings of being lonely, so worried about something that they could not sleep at night to feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing their usual activities. Female students (27.3%) were significantly *more* likely than male students (15.5%) to feel so sad or hopeless almost every day for two weeks or more in a row. Almost one fifth of students, (17.9%) seriously considered attempting suicide and 17.4 % of students made a plan about how they would attempt suicide. Female students (19.6 %) were significantly *more* likely than male students (15.2 %) to plan about how they would attempt suicide. Overall, 9.0 % of students reported having no close friends.

Regarding adolescent sexual and reproductive health issues, the Adolescent Health Survey (Ministry of Health/PAHO, 1998) found that major issues negatively impacting the health of adolescents included early initiation of sexual activity, multiple sex partners and having sex with older men. The GSHS, 2007 further confirmed the pattern of early initiation of sexual activity with 32.0% of the males and 19.9 % females 13-15 years, reporting they had sexual intercourse for the first time before the age of 13. In addition 23.9 % had multiple partners during their life and 29.9% had sexual intercourse during the past 12months. Results from this survey concurs with earlier surveys which indicated that approximately 50% of adolescents were sexually active by age 15 years (Ministry of Health/PAHO, 1998; FPATT, 2000). Additionally, the Central Statistical Office (2000) reported that the 15-19 age groups were responsible for 15% of live births.

The Tobago Sexuality Survey conducted by the Family Planning Association of Trinidad and Tobago (FPATT 2000) identified some challenges faced by students regarding management of sexuality included limited counselling and guidance services, barriers to condom purchase and use, culture of silence, a perceived lack of confidentiality within the health system, lack of respect from health workers, and lack of communication between males and females in the family and with religious leaders. The studies cited all revealed that approximately 45-50% of adolescents had not yet initiated sexual activity by age 15 years.

Results from the Trinidad and Tobago Global School Health Survey (GSHS, 2007) found thatthe overall prevalence of alcohol use among students was 42.5 %, with males (47.9 %) significantly more likely than female (36.3%) to have had two or more drinks on the days they drank alcohol during the past 30 days. Regarding smoking, the Global Youth Tobacco Survey (GYTS, 2007) found that the age of initiation of smoking was between 12-13 years in Trinidad and as early as 10-11 years in Tobago.

**2.3 Organizational Capacity**

Following the passing of the Regional Health Authority Act (1994), the RHAs became responsible for the delivery of school health services. However, due to the shortage of qualified staff they have been constrained in responding to the growing demands for School Health Services to the primary and secondary school population. Health services currently provided include health assessment services to primary school entrants and leavers. Immunization Data and health education on request from school as at 2001 indicated that approximately 67-70% of students received routine health assessment. Hearing and vision screening services have been strengthened and expanded for all primary school entrants. Data from the 2005– 2006 and 2006 – 2007 indicated that over 90% of entrants had received hearing screening services. The RHAs also provide dental health services to children at the [primary school level .

School Health Services to secondary school students are accessed mainly through the health centres, based on need. A package of adolescent health services, similar to that at the primary level within the school system currently does not exist for this population. Community Health Services in the Regional Health Authorities however provide for routine monitoring of the school environment, water supply and School Feeding service providers, through Public Health Inspectors, as part of School Health Services. Health Education is facilitated by a range of health personnel on request, and adolescents requiring specific health services, can access them from the primary health centres or hospitals as the need requires.

The non-standardizedand partial reporting from Community Health Services and other health institutions in the RHAs, created difficulty in establishing the true burden and caseload of health problems among school children. Likewise, assessing the system’s response in terms of effectiveness for the cases referred from community services to hospitals is difficult due to weak referral and counter-referral practices among the network of health units.

Adolescent psychiatric and mental health services are limited. The Child Guidance Clinic at Eric Williams Medical Sciences Complex (EWMSC) provides the only full child psychiatric service for children and adolescents with mental health problems including school visits and school-based interventions through a small multi-disciplinary team. The Student Support Services Division (SSSD) offers counseling support and intervention to students in the school environment, through their School Psychologists, Guidance Officers, and Social Workers. The Family Services Division of the Ministry of Social Development also provides a level of counseling and family intervention, and have Social Workers assigned to work within counties one or two days a week. However, children in need of psychiatric and mental health services are referred by the SSSD to the Child Guidance Clinic, by the social support services indicated above.

Regarding children with special needs and disabilities, there are no specialized school health services to this group. Access too is limited to the range of health services offered to the general school population. Specialized health services may be accessed through institutions like the Princess Elizabeth Home, through NGO groups, or private health care services.

**2.4 Private Sector/Non-governmental Organizations**

Private sector/Non-governmental organizations play a role in complementing the activities of the health care system. A number of private sector/non-governmental initiatives have been undertaken to provide selected services and programmes in support of the health of school children, free of charge including vision screening by Atlantic LNG in St. Patrick; Hearing Screening by DRETCHI and the Rotary Club of Trinidad and Tobago; The Child Welfare League’s CHOICES programme targeting pregnant teens and providing psycho social support to teen mothers during pregnancy; Sexuality Education by FPATT, and HIV/AIDS Education by the Toco Foundation, among others. Additionally some schools have utilised resources within their school community to implement health and family life education programmes. These efforts now need to be placed in the context of a comprehensive, co-ordinated school health programme, which will provide a framework for working to achieve the goals of the Ministry of Health and the Ministry of Education in promoting the well-being and holistic development of children.

**3. POLICY SCOPE AND DIRECTION**

**3.1 Policy Context**

The National School Health Policy (NSHP) will be implemented within the context of the decentralized health sector, in harmony with the White Paper on Education, the national objectives outlined in Vision 2020, and the Ministry of Health’s Corporate Plan. The NSHP will seek to harmonize with other relevant international, regional and national public policies which impact on the health and development of children within the school setting. Under the Health Sector Reform Plan, Regional Health Authorities are responsible for the delivery of health services to school children on behalf of the MOH. The Ministry of Health will be responsible for formulating policy, setting national targets, developing strategies to operationalize policy directives, monitoring and evaluating the implementation of the strategic actions identified within the policy.

This policy will be guided by the strategic directions and guiding principles outlined in Vision 2020. Moreover, it will seek to contribute to the mission of the Ministry of Health to ‘… create a nation of individuals, families and communities empowered to achieve and sustain the highest standards of health and well-being through the provision of efficient, effective, equitable and collaborative services that support good health’(Vision 2020 Health Report). Within this context, the NSHP will outline policy objectives and directions that will support and promote the health and development of school children focusing on health promotion, early detection and prevention services and access to appropriate care and treatment services when necessary.

Trinidad and Tobago has ratified and adopted several international conventions and policies which are consistent with its national goals. In addition to these, within the local context several public policies have been developed which will impact on the development and well being of school children. Some of these conventions and policies with which this NSHP will harmonize include:

* **International:** The International Convention on the Rights of the Child; The Millennium Development Goals (MDGs); Elimination of Child Labour (ILO); Sexual and Reproductive Health Rights (ICPD)
* **Regional:** Caribbean Cooperation in Health (CCHII) adopted by the CARICOM Ministers of Health to mobilize additional resources for health; promote technical co-operation among CARICOM countries and improve health delivery systems; The Caribbean Charter for Health Promotion, that outlines six broad strategies, which when operationalized will strengthen the capacity of individuals to take control of, improve and maintain optimal physical, mental, and social health and well-being; CARICOM Multi-Agency Health and Family Life Education; Maternal and Child Health Policy Guidelines (PAHO); The Declaration of Port of Spain which emerged from the CARICOM Heads of Gov’t Summit on CNDCs.
* **National:** The Trinidad and Tobago Constitution; Vision 2020; The Public Health Nursery Schools and Primary School Immunization Act (Chp 28.03); The Education Act; The Sexual Offences Act; The Domestic Violence Act; The Children’s Authority Act; The Regional Health Authority Act; The White Paper on Education 1993-2003; National Youth Policy; National Sports Policy; Sexual and Reproductive Health Policy; Policy on Persons with Disabilities; The National Policy on Student Support Services, The Health and Family Life Education Policy; The National Plan of Action for Children; Occupational Health and Safety Act (2004); National Strategic Plan of Action for HIV/AIDS.

**3.2 Vision, Goal and Objectives**

**Vision**

The vision of the NSHP reflects the vision for the health of the population contained in Vision 2020. “Children and adolescents empowered and supported to learn, live and lead healthy, happy and productive lives”.

**Goal**

To enable children to achieve and maintain optimal health educational and overall development, through the implementation of culturally sensitive, equitable, and coordinated school health programmes and services, in an environment that supports healthy lifestyles.

**Objectives**

The objectives of the School Health Policy are to:

3.2.1 Promote the adoption of healthy lifestyles among school children, teachers, parents, community members and other key stakeholders within the school setting

* + 1. Create enabling environments which support optimal development and protect the health of children
    2. Develop and establish health services and programmes to address the health and developmental needs of children which include early detection of risk factors and disease, referral for follow up management, and health education to support adoption of healthy lifestyles.
    3. Establish a cadre of qualified personnel to provide services and initiatives within the coordinated school health programme
    4. Facilitate cooperation and collaboration among all sectors in the provision of school health services and programmes
    5. Implement, monitor and evaluate the effectiveness of the coordinated school health programme
    6. To build public, private and community partnerships to support quality school health which is responsive to the changing needs of students and communities

3**.3 Operational Strategy of the Policy:**

The School Health Policy shall be operationalized through the implementation of a Coordinated School Health Programme or CSHP. The CSHP falls within a wider context of primary health care services being implemented by the RHAs, and the Tobago House of Assembly (THA), under the direction of the Ministry of Health. It is part of the seamless health system, which provides a continuum of health services from antenatal, through childhood and adolescence, to adult health, and is linked to extended secondary and tertiary health care and referral services offered at public and private hospitals and medical facilities.

The CHSP is integrated within, and supportive of the educational system, and is implemented through a partnership between the Ministry of Health and the Ministry of Education, in collaboration with Ministry of Social Development, other government ministries, international agencies , NGOs, Community Based Organisations (CBOs) and Civil Society.

**Definition of the Coordinated School Health Coordinated Programme**

The Coordinated School Health Coordinated Programme is an integrated, planned, school-based programme that is designed to promote physical, social, emotional, and educational development of students (National Centre for Health Education). It consists of eight interactive components: health education, physical education, health services, nutritional services, healthy school environment, counseling psychological and social services, health promotion for staff, family/community involvement.

Fig 1: Model of the Coordinated School Health Program (Adapted from the Centre for Disease Control and Prevention)



* ***Health Services:*** Services provided for students to appraise, protect, and promote health, prevent and control communicable and non-communicable disease and other health problems, provide emergency care for illness or injury, promote and provide optimum sanitary conditions for a safe and healthy school environment., Services which provide access or referral to primary or secondary health care services when necessary, and delivered by an interdisciplinary team of qualified professionals which include inter alia, Doctors, Nurses, Dentists, Dental Nurses, Health Educators, Medical Social Workers, Nutritionists, Public Health Inspectors and other allied health personnel.
* ***Health Education:*** A planned, coordinated programme of learning experiences, that addresses the physical, mental, emotional and social dimensions of health, and which seeks to assist students to maintain health, prevent disease, reduce risk behaviours, and facilitate early detection of health problems; Health Education will be guided by and facilitated through the Health and Family Life Education (HFLE) curriculum of the Ministry of Education, covering a variety of health and development issues such as personal health, oral health, environmental health, life skills development; sexuality education, mental and emotional health, nutrition, and physical activity prevention and control of disease.
* ***Healthy School Environment:*** Development and maintenance of a safe and healthy physical, aesthetic and psycho-social environment of the school, which supports optimal physical, academic and social development of children.
* ***Nutrition Services:*** Providing access to nutritious safe and wholesome meals that meet the health needs, of school aged children. Nutrition Services also include nutrition education for students, staff and parents, monitoring of school feeding kitchens, school cafeterias and other sources of school meals.
* ***Physical Education:*** Planned, physical education curriculum targeting all children including the differently-abled, that provide learning experiences for the development of basic movement skills, builds physical fitness, encourages participation in games, sports, dance and other forms of exercise, and builds attitudes and skills which promote physical activity and the incorporation of safety in physical activity (use of mouthguards,helmets,etc), throughout the life cycle
* ***Family Community Involvement:*** Utilize a collaborative approach to school health, involving school, parents, and community organizations and other stakeholders to promote the health and well-being of students, build support for school health programmes and utilize community resources to respond more effectively to the health and developmental needs of students.
* ***Health Promotion for Staff:*** Opportunities for school staff to improve their health status through activities such as health assessments, health education and adoption of healthy lifestyle, which contribute to their improved health status, improved morale, creates positive role modelling and a greater personal commitment to the health of students.
* **Counselling:** Psychological and social services (as are provided by the Student Support Services Division of the Ministry of Education).

3.4 Collaboration with existing programmes

The Coordinated School Health Programme shall utilize an integrated and collaborative approach with other related programmes such as the Student Support Services Division, Ministry of Education (MOE), the National School Dietary Service Ltd (NSDSL), Family Services Division, Ministry of Social Development (MSD), the School Health Programme and Child Guidance Clinic, Ministry of Health (MOH). The schools would provide the setting in which many agencies can work together in a coordinated partnership to support the well-being of children. All initiatives must become part of this coherent framework which will provide the necessary infrastructure to consolidate and facilitate the best use of resources and value for money, and ultimately contribute to the goal of improving the quality of life of children of Trinidad and Tobago.

**4. POLICY FRAMEWORK AND GUIDING PRINCIPLES**

The CSHP will utilise the six health promotion strategies outlined in the Caribbean Charter for Health Promotion:

▪ Developing healthy public policies

▪ Re-orienting health services

▪ Building and increasing personal health skills

▪ Empowering communities to achieve well-being

▪ Creating supportive environments

▪ Building alliances with traditional and non-traditional partners with an emphasis

on the media.

The main lines of action include

* Development of policies, legislation and guidelines to support the health of school children
* Re-orienting and strengthening health and social services to support health of school children and the key stakeholders of their development
* Facilitating greater involvement of parents and communities in supporting the health and development of school children
* Creating alliances and partnerships with parents and community organizations to strengthen and sustain healthy lifestyles and healthy environments for children
* Training for health and education professionals, family members and other relevant key stakeholders, such as NGOs, to facilitate health education with students
* Facilitating relevant research

**4.1 Guiding Principles**

* **Empowerment** of children, parents, and communities to support the health and development of children
* **Inter-sectoral collaboration** among relevant partners in support of the child
* **Community participation** to engender a sense of inclusion, commitment and communal responsibility for supporting actions which promote the health and well-being of children
* **Equity** The allocation of resources based on the level of assessed need
* **Accessibility** The full range of school health programmes and services, promotive, preventive, diagnostic, curative, referrals made available to all school children, inclusive of those with special needs
* **Cultural sensitivity** Programmes and services must respond to the multi-ethnic, multi-religious and multi-cultural nature of the Trinidad and Tobago society
* **Gender sensitivity** Recognizing the difference and special needs of boys and girls
* **Affordability/Sustainability** School Health programmes and services will be provided at a cost that is acceptable, affordable and sustainable
* **Quality** improvement at all levels must be an integral part of the school health programme.
* **Confidentiality** All student information shall be subject to the confidentiality policy of the Ministry of Health and the Ministry of Education
* **Evidence-based** research will facilitate evidence-based decision-making and the results will be widely disseminated and systematically incorporated into plans and programmes to improve the quality of school health. The data will be utilized to identify priority needs, monitoring trends and evaluate the effectiveness of the programme.

**5. POLICY GUIDELINES AND POLICY STATEMENTS**

The Ministry of Health, and the Ministry of Education will be the lead agents to ensure the successful achievement of the objectives, and enforcement of the guidelines outlined in the policy.

**5.1 School Health Services**

***All children must have access to quality health services, which is a basic right of the child***

5.1.1 School Health Services shall be implemented by Regional Health Authorities through a multi-disciplinary team of health and allied health professionals. These services shall be co-ordinated by the School Nurse in accordance with the guidelines in the School Nurses’ Manual (Ministry of Health, 2009).

5.1.2 All children under five must be fully immunized in accordance with the Public Health Nursery Schools and Primary School Immunization Act (Chp. 28.03), and the Immunization Schedule of the Ministry of Health, Trinidad and Tobago, prior to entrance into primary school

5.1.3 The RHAs/Ministry of Health shall provide additional appropriate immunizations against preventable communicable diseases according to the immunization schedule or as deemed necessary

5.1.4 Complete physical/medical assessment, including monitoring of growth and development, screening for nutritional status, hearing, vision must be conducted for all children, prior to entry into primary school

5.1.5 School health services shall be provided for all pre-school, primary secondary and special school children, through multi-disciplinary health teams, with the School Health Nurse as the focal point

5.1.6 A basic package of school health services including hearing and vision screening, screening for risk factors on Chronic Non-communicable Diseases (CNCDs), physical/medical assessments, oral health services, public health monitoring of the school environment, immunization, de-worming, nutritional screening shall be provided for children within the school setting, (both private and public), and other health assessments as may be deemed necessary by the Chief Medical Officer, to identify children at risk of health issues

5.1.7 School children identified with diagnosed health problems, those at high risk of health, psychological and other developmental problems, and children with special needs shall be monitored throughout the school year and shall receive an annual health assessment

5.1.8 Appropriate management and referral services shall be provided for all school children with health problems and assessed at high risk of developing health problems, as indicated by health personnel

5.1.9 Emergency health services shall be provided by the RHAs in response to requests from schools

5.1.10 Protocols and guidelines for the management of health emergencies in schools shall be developed by the Ministry of Education in collaboration with the Ministry of Health and other key stakeholders

**5.2 Health Education and Healthy Lifestyles**

***Each school shall implement and evaluate a comprehensive health education programme, such as is outlined in the Health and Family Life Education Curriculum, with the support of the Ministry of Health, other Ministries and stakeholders***

5.2.1 Skills-based health education, focusing on empowering young people to develop and practice healthy lifestyles, and positive social skills, must be afforded to all children from pre-school to secondary school, at every level, in accordance with the HFLE curriculum, and in a manner that is appropriate to students’ developmental stages, and cultural backgrounds

5.2.2 Health Education shall include, inter alia, interventions to promote healthy lifestyles, reduce risk-taking behaviours, violence, injury

5.2.3 The comprehensive health education program should incorporate existing school health initiatives and be implemented with the support of Health Education Officers, other health professionals, teachers and other stakeholders

5.2.4 All persons involved in planning and implementing health education to students, from the public, private or NGO sectors, should possess the necessary skills, and training essential to perform their duties effectively, and should serve as positive role models by demonstrating healthy behaviours

5.2.5 All primary school teachers should receive quality professional development in health education through their pre-service preparation or through in-service training in order to support the implementation of the Health and Family Life Education curriculum in primary schools

5.2.6 All schools should provide an environment that is supportive of children engaging in healthy habits such as healthy food choices, physical activity, hand washing, toothbrushing and development of healthy social relationships

**5.3 Healthy School Environment**

***The Ministry of Education in collaboration with the Ministry of Health must ensure the provision and monitoring of healthy school environments which afford optimal conditions for learning and reduce exposure to risks***

5.3.1 All school buildings shall be inspected annually to access the integrity of the building structure, the safety of the building and the school grounds, in accordance with public health regulations and guidelines, and necessary recommendations shall be forwarded to the Ministry of Education and School Boards for action

5.3.2 Public Health personnel shall assess the school environment for factors that impact on learning, including lighting, temperature, noise, water quality and supply, sanitation at least once per term or according to public health guidelines, and necessary recommendations shall be forwarded to the District Education Office and School Boards for action

5.3.3 Each school shall provide adequate toilet facilities separate for males and females, with hand washing, and appropriate waste disposal facilities, which are maintained in clean, sanitary conditions, in accordance with Public Health Guidelines

5.3.4 Each school shall provide adequate and secure garbage storage facilities, and have access to a regular garbage disposal service

5.3.5 All school buildings shall be modified to achieve accessibility to persons with disabilities

5.3.6 School toilet facilities shall include specially designed wheel chair accessible toilets for students and staff

5.3.7 Each school must develop a disaster preparedness plan in collaboration with Office of Disaster Preparedness and Management (ODPM) and key stakeholders, which is specific to their location/environment. The plan must be shared with staff and students and practice drills must be conducted at least once per term

**5.4 Nutrition**

***Each school shall implement a comprehensive school nutrition programme which shall include: nutrition education integrated into the school curriculum at all levels from pre-school to secondary school; availability of nutritious meals and foods; and an environment that is supportive of healthy food choices by students and teachers.***

* + 1. The school curriculum shall include nutrition education as part of a

Comprehensive School Health Program, offered to all children, at all levels, as well as nutrition-related learning experiences integrated into different subject areas.

5.4.2 All school food service providers must offer only nutritionally healthy, wholesome and safe food, in accordance with nutrition and dietary guidelines and public health food safety standards outlined by the Ministry of Health

5.4.3 School Health Services must include nutritional screening and targeted nutritional assessment of children, in accordance with standardized guidelines set by the Ministry of Health

5.4.4 Parents, teachers, school food service providers and other school personnel shall receive on-going nutrition and food safety education, as part of the Comprehensive School Health Programme, to facilitate ongoing effective curriculum development, and maintenance of an enabling environment for healthy eating in schools

5.4.5 All pre-service teacher education programmes and in-service teacher training must include essential components of health/nutrition education

**5.5 Physical Activity**

***Each school shall have a sustained physical education programme supported by age- specific curriculum and activities administered by trained staff and other personnel who shall be encouraged and supported to demonstrate active living.***

5.5.1 Schools shall offer mandatory physical activity and physical education to students at all levels, with adaptive physical activity for students with disabilities, as part of the formal school curriculum in accordance with Ministry of Education guidelines

5.5.2 Schools shall provide additional physical activity opportunities both within and outside the formal curriculum which consider the needs and interests of all students, promote positive attitudes towards participation in physical activity and enable students to develop a wide range of physical activity skills

5.5.3 All schools shall provide safe and stimulating areas in which children can engage in self-directed play and be active

5.5.4 All pre-service teacher-training must include a component in physical education and safe play practices

5.5.5 Persons providing physical education must be appropriately qualified

5.5.6 Adequate funding and resources must be allocated to support physical education in schools

**5.6 Sexual and Reproductive Health**

***The school shall provide a range of skills-based learning experiences, developmentally-appropriate information, and support services for all students to promote healthy sexual development, reduce risk behaviours, prevent STIs, and enable them to make informed choices about family life and sexual and reproductive health issues, as part of a structured school health programme.***

5.6.1 The HFLE curriculum shall include sex education with a focus on promoting abstinence, delaying early initiation of sexual activity and promoting positive management of sexuality at all levels

5.6.2 Students shall have access to information, counseling, and referral to relevant health and social support services, in support of healthy sexual and psycho-social development

5.6.3 All pregnant students shall be afforded the opportunity to continue their academic study programme, after having their baby

5.6.4 Health and social services shall be provided for all teen parents (both males and females), during and after the birth of the baby, to support their health and psycho-social development

5.6.5 All Teachers shall receive appropriate training in psycho-social development of children, family life education, sex education and detection of abuse in children, as part of pre-service and in service teacher training

5.6.6 Any sexual offence committed against a minor (as outlined in the Sexual Offences Act No. 27 of 1986) must be reported to the police in accordance with Act. No. 31 2000 (an amendment of the Sexual Offences Act)

5.6.7 Counseling and rehabilitative services to all students who have experienced sexual, emotional or physical trauma, assault or abuse in accordance with the Ministry of Education, Student Support Services Division’s Child Sexual Abuse Policy and other relevant national policies

5.6.8 Child guidance and psychiatric services shall be provided to all sexually abused students referred by the school, Student Support Services Division or Community Health Service

**5.7 Management of Health Information**

***A School Health Information System (SHIS) shall be established as part of the National Health Information System, to manage school health records***

5.7.1 Access to student health records will be in keeping with the MOH’s Medical Records Policy and reflect the highest traditions of privacy and confidentiality

5.7.2 Limited access to student health records will be granted to designated health professionals and principals, with the written consent of parents/guardians

5.7.3 The Ministry of Health in collaboration with the Ministry of Education will establish a standardized school health information/surveillance system, and monitoring and evaluation tools for school services to facilitate evidence-based decision-making.

5.7.4 The Ministry of Health and the Ministry of Education will conduct periodic school health needs assessments, at least every five (5) years, to guide the further development and responsiveness of the Coordinated School Health Programme to the needs of children

**5.8 HIV/AIDS**

The Ministry of Education’s School Policy on HIV/AIDS shall be enforced in all schools

**5.9 Substance Abuse**

The Ministry of Education’s School Policy on Drug Abuse and Prevention shall be enforced in all schools

# 6. Roles AND responsibilities

**6.1 Role of The Ministry of Health**

The Ministry of Health shall be responsible for:

6.1.1 Establishing the appropriate mechanisms to ensure collaboration with the Ministry of Education, the Ministry of Social Development and other stakeholders on all matters related to school health

6.1.2 Including the Co-ordinated School Health Programme in the annual service agreement with the RHAs and allocating resources to support the implementation and maintenance of the programme

6.1.3 Developing national guidelines, quality standards, and protocols in support of school health, and communicating same to the relevant stakeholders.

6.1.4 Monitoring and evaluating the implementation of School Health Policy directives.

6.1.5 Conducting training programmes in collaboration with the Regional Health Authorities, related to school health

* + 1. Strengthening the Child Guidance Clinic and Child Psychiatry Services

6.1.7 Developing the Plan of Action for National School Health Policy

6.1.8 Conducting and supporting research on school health

6.1.9 Appointing a National Coordinator or Focal Point for School Health to monitor and evaluate the operationalization of the National School Health Programme

6.1.10 Developing and maintaining a comprehensive information system regarding school health and the health of school-aged children, as well as a mechanism for the sharing of information with authorized persons, respecting the child’s right to confidentiality

6.1.11 Developing social marketing and communications strategies to create awareness for the Co-ordinated School Health Programme

# 6.2 Role of The Ministry of Education

The Ministry of Education shall be responsible for:

6.2.1 Providing appropriate settings for the implementation of school health services in their facilities

6.2.2 Affording access to health personnel to conduct school health services

6.2.3 Providing safe, nutritious meals to students within school settings

6.2.4 Developing curricula and providing extra-curricula activities to promote the health and development of school children

6.2.5 Providing psychosocial support services for all students

6.2.6 Partnering with the Ministry of Health and other key stakeholders to develop and implement training programmes on school health, health education and health promotion for teachers, through pre-service and in-service training

6.2.7 Creating and maintaining the necessary infrastructure, and supportive environment that promote health of children and staff in the schools, in accordance with the Public Health Act and the OSH Act

6.2.8 Developing a generic disaster preparedness plan for schools in collaboration with the ODPM and key stakeholders which shall address issues inter alia, fires, mass casualties, earthquakes and hurricanes and training/drills for the school community in its implementation

6.2.9 Implementing of social marketing strategies targeting education-related stakeholders such as the Trade Union, School Boards and the Parent-Teacher Associations, in support of school health

6.2.10 Co-ordinating and communicating with parents and students to ensure their participation in and support for the programme

6.2.11 Conducting and supporting research

# 6.3 Role of The Regional Health Authorities and The Tobago House of Assembly

The Regional Health Authorities shall be responsible for:

6.3.1 Implementing of the Co-ordinated School Health Programme, in collaboration with the Ministry of Education

6.3.2 A similar structure for school health shall be created in the Tobago House of Assembly

6.3.3 Establishing the necessary infrastructure for the delivery of the school health services and initiatives

6.3.4 Employing the mix of personnel required to implement the Coordinated School Health programme, including School Nurses, District Health Visitors, Medical Officers, Dental Nurses, Health Education Officers, Nutritionists, Public Health Inspectors, Medical Social Workers, Pharmacists, School Health Screening Assistants and other relevant staff, in adequate numbers required to support the effective implementation of the Coordinated School Health Programme

6.3.5 Continuous training of staff, and key stakeholders to support school health programming, in collaboration with the Ministry of Health and the Ministry of Education

6.3.6 Providing the necessary equipment and appropriate technology to support school health services

6.3.7 Providing school health services to all school children and screening for early detection of general and oral health problems, in accordance with the Ministry of Health guidelines

6.3.8 Providing adequate and timely referral services and interventions

6.3.9 Monitoring the school environment to ensure the maintenance of a healthy school environment in accordance with the Public Health Act and the OSH Act

6.3.10 Developing social marketing strategies in collaboration with the Ministry of Education, in support of school health

6.3.11 Monitoring and evaluating of the implementation of the Comprehensive School Health Programme and submitting quarterly and annual School Health Status Reports to the Ministry of Health

6.3.12 Conducting and supporting research

**6.4 Role of Community-Based Organizations; Non-Governmental Organizations and The Private Sector**

6.4.1 Supporting school health programmes in their community

6.4.2 Partnering with the Ministry of Health, Ministry of Education, Regional Health Authorities, Tobago House of Assembly and other stakeholders, to contribute to human, material and monetary resources and the development of extra curricular programmes related to school health

**6.5 Role of Parents**

6.5.1 Assisting in the development of the scope and delivery of school health services and programmes

6.5.2 Modelling healthy lifestyles and building health skills of children in the home

6.5.3 Creating enabling environments in the home and community to make healthy choices and healthy habits, easier for children to develop and maintain

6.5.4 Ensuring their children access the school health services and programmes offered

6.5.5 Partnering with school and health personnel to support the health and well-being of children

**6.6 Role of Students**

6.6.1 Developing and maintaining healthy lifestyles

6.6.2 Actively participating in developing activities to promote their health and well-being

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**APPENDIX I**

**ABBREVIATIONS**

BMI - Body Mass Index

CCHP - Caribbean Charter on Health Promotion

CFNI - Caribbean Food and Nutrition Institute

CSHP - Co-ordinated School Health Programme

CSO - Central Statistical Office

EPI - Expanded Programme on Immunization

FPATT - Family Planning Association of Trinidad and Tobago

GORTT - Government of the Republic of Trinidad and Tobago

GSHS - Global School Health Survey

GYTS - Global Youth Tobacco Survey

NGO - Non Governmental Authority

NSDSL - National School Dietary Services Ltd.

NSHP - National School Health Policy

PAHO - Pan American Health Organization

RHA - Regional Health Authority

SEA - Secondary Entrance Assessment

SSSD - Student Support Services Division

THA - Tobago House of Assembly

UNICEF - United Nations Childrens Fund

WHO - World Health Organization