

PROMOTING HEALTHY LIVES

1.0 - MATERNAL MORTALITY

GOALS

- Reduce the maternal mortality ratio by at least one third
- Access by all pregnant women to prenatal care, trained attendants during childbirth and referral facilities for high-risk pregnancies and obstetric emergencies

STRATEGIC OBJECTIVE	STRATEGIES	RESPONSIBLE AGENCIES	DIVISION	MEASURABLE INDICATOR	STATUS / ACHIEVEMENTS	MEANS OF VERIFICATION
a) Ensure ready access to essential obstetric services, including emergency obstetric care especially in Tobago	1)Employ adequate staff to provide maternal health care					MOH, RHA, THA reports
	2) Provide facilities for diagnostic services e.g biochemical and ultrasound services					Fixed assets reports of RHAs
	3)Provide funding for private investigations, where necessary					RHA reports
						RHAs budget reports
	4) Provide modern and functional equipment at all maternal health facilities					Fixed assets reports of RHAs
	5) Provide contracted trained personnel for operational and preventive maintenance of equipment					RHA reports
	6) Provide routine and emergency delivery and post partum care in outreach areas in the primary level of care					MOH/RHAs reports
b) Increase skilled attendance for delivery outside of hospitals	1)Increase the number of trained district nurses/community midwivesdistrict health visitors					MOH/RHA, THA reports

1.0-MATERNAL MORTALITY-CONT'D

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STRATEGIC OBJECTIVE	STRATEGIES	RESPONSIBLE AGENCIES	DIVISION	MEASURABLE INDICATOR	STATUS / ACHIEVEMENTS	MEANS OF VERIFICATION
c) Implement effective referral and transport to higher level of care where indicated	1) Implement transport protocols for patients between/within Trinidad and Tobago with emphasis on improved linkages					Policy in RHA
	2) Ensure adequate and safe transport and, telecommunication system to support maternal services					RHAs report
d) Strengthen antenatal system especially for the indigent and adolescents	1) Establish adolescent pre-natal clinic with emphasis on counseling services and social support for teens					Health Service reports
	2) Promote public education awareness on the need for early antenatal care by 16th week of pregnancy					Reports, brochures, leaflets
	3)Develop standard protocols for identification and management of high-risk pregnancies in all health facilities					Documented standards and protocols
	4) Provide counseling services as part of antenatal care					MOH/RHA staff report
	5) Conduct research into the adequacy of service provision					Report of research results
	6) Conduct research into the extent to which maternal deaths may be linked to age and social class					Report of research results

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d) Strengthen antenatal system especially for the indigent and adolescents	6) Update maternal and child health manual					Revised manual
	7) Analyze the cause of maternal deaths with a view to addressing preventable factors					Reports
	8) Implement recommendations					Reports
e) Implememment measures to ensure protection of pregnant women and babies from infectious disease	1) Ensure early detection of HIV/AIDS in pregnant mothers					Health Services reports
	2)Ensure immunization against Rubella and Tetanus					EPI reports
f)Implement a system to ensure proper documentation to safeguard against under-reporting of deaths related to pregnancy in public and private health facilities	1) Establish a national surveillance system for both private and public health institutions					Maternal mortality statistics
	2) Institute training for staff at the CSO in death coding, especially maternal mortality					Report on training conducted
	3) Implement an effective medical records system					Report of Medical Records committee
						Progress report

2.0 INFANT AND UNDER-FIVE MORTALITY

GOALS:

- By 2010, reduce infant and under-five mortality rate by at least one-third
- By 2010, reduce deaths due to diarrhoea in children under the age of five years by 50%
- By 2010, reduce diarrhoea incidence rate by 25%
- By 2010, reduce perinatal mortality by at least one-third
- By 2010, attain 100% immunisation coverage for children entering primary school (five years old)

STRATEGIC OBJECTIVE	STRATEGIES	RESPONSIBLE AGENCIES	DIVISION	MEASURABLE INDICATOR	STATUS / ACHIEVEMENTS	MEANS OF VERIFICATION
a) Intensify emphasis on high-risk pregnancies and newborns requiring special care	1)Promote Health Education and Public Awareness including family planning to all women of child bearing age	MOH/RHA, THA, COMDEV, MOE, NGOs, media		By the end of 2006, Health Education Policy updated and in use		Updated policy document
				By end of 2006, prevention of smoking, alcohol and drug abuse included in HFLE curricula		Curricula document
	2) Promote the need to access prenatal care by 16th week of pregnancy					Hospitals and community health reports
	3) Improve plan of action for high-risk mothers by increasing access to ultrasounds					RHA Annual Reports, and Fixed Asset Report
	4) Introduce standardized perinatal guidelines in health facilities					Documented guidelines
	5) Update standards and protocols for the certification of personnel in neonatal resuscitation					Documented standards and protocols
						Health Reports

2.0 INFANT AND UNDER-FIVE MORTALITY-CONT'D

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STRATEGIC OBJECTIVE	STRATEGIES	RESPONSIBLE AGENCIES	DIVISION	MEASURABLE INDICATOR	STATUS / ACHIEVEMENTS	MEANS OF VERIFICATION
b) Ensure 100% immunisation of children by 5 years of age	1) Implement mechanisms for the Ministry of Education/Health to ensure that school principals comply with law in relation to all children	MOH/RHA, MOE, THA, MSD, NGOs		By end of 2006, all primary school Principals trained in EPI standards and protocols and a policy developed for the ongoing training of Principals		EPI Training Reports
				By end of 2006, protocols established and implemented		Protocol document
	2) Upgrade the immunization surveillance programme	MOH/RHA, MOE, THA, MSD, NGOs		From 2006, measures introduced for improvement of EPI surveillance in all health institutions		National surveillance report
	3) Improve system of collecting data on immunisation from private medical doctors					Immunization Reports
c) Reduce child injuries due to accidents or other causes through the development and implementation of appropriate preventive measures	1) Increase media campaigns on injury prevention and management related to children	MSD, MOH/RHA, THA, MOE, media		Between 2006 and 2008, media slots on the topic of child injury prevention increased by 50%		Print, radio and television advertisements
	2) Develop policies on injury prevention	MOH/RHA, THA, MSD, MOE		By 2007, policy ratified by Ministry of Health		Policy document
	3) Increase education of community on injury prevention and management related to children	MOH/RHA, THA, MSD, MOE		By end of 2006, information on child injury prevention and management available at all public and private health facilities		Brochures, posters and other health promotional material
	4) Increase and enhance training of injury management for parents, children, teachers and health professionals	MOH/RHA, THA, MSD, MOE		By end of 2006, targeted educational materials developed and in use for schools, parents, teachers and health professionals		Injury management manuals/training reports
				By end of 2006, training sessions conducted		Training reports

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d) Improve data collection in order to effectively plan, implement and evaluate care for infants and children, especially high-risk babies	1) Enhance documentation system and maintenance of records in all health institutions					Revised medical record forms and new procedures manuals
	2) Train doctors to follow the proper procedures with respect to recording of cases of infant mortality					Seminar reports
	3) Standardize reporting procedures for stillbirths and births below 28 weeks	MOH/RHA, MOE, MSD, THA, MPD		By end of 2006, national standards for reporting of stillbirths and births below 28 weeks developed		Reporting guidelines and CSO reports
	4) Establish child health surveillance committee at the MOH and at the level of the RHAs	MOH/RHA, MOE, MSD, THA, MPD		By end of 2006, Child Health Surveillance committees established and functioning		Minutes of meetings of committee
	5) Implement the child health surveillance system at the MOH	MOH/RHA, MOE, MSD, THA, MPD		By 2007, child health surveillance system implemented at the MOH		Child health surveillance reports
	6) Train health personnel in recording of morbidity related to child abuse (disaggregated by gender and age)	MOH/RHA, MSD, MOE, THA		From 2006, training sessions held annually in each RHA health personnel to recognize and accurately record child abuse-related morbidity		Child abuse morbidity reports

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d) Improve data collection in order to effectively plan, implement and evaluate care for infants and children, especially high-risk babies	7) Improve protocols for the monitoring, collating and evaluating of diarrhoea and treatment with oral rehydrating salts in children under 5					Documented protocols and NSU reports
	8) Improve protocols for the monitoring of acute respiratory infection in children under 5 years					Documented protocols and NSU reports
	9)Develop information system network to facilitate timely data exchange	MOH/RHA, MSD, MOE, MPD(CSO), THA		By 2007, information systems networks developed to facilitate timely data exchange		Standardized data collection instruments; and Health Service reports

3.0 - CHILD MALNUTRITION AND LOW BIRTH WEIGHT

Goals:

- By 2010, reduce severe and moderate malnutrition among children under five years of age by at least one-third, moving progressively to one-half, with special attention to children under two years of age
- By 2010, reduce the rare of low birth rate by at least one-third the current rate or below 10%
- By 2010, place special attention on improving the health and nutrition of pregnant and lactating mothers
- By 2010, empower all lactating women to breastfeed exclusively for six months, with complementary feeding up to the second year
- By 2010, ensure that growth promotion and monitoring are institutionalized
- By 2010, ensure household food security by adequate dissemination of knowledge and supporting services to increase food production

STRATEGIC OBJECTIVE	STRATEGIES	RESPONSIBLE AGENCIES	DIVISION	MEASURABLE INDICATOR	STATUS / ACHIEVEMENTS	MEANS OF VERIFICATION
a) Intensify proven and cost-effective actions against malnutrition	1) Conduct research to determine the level of malnutrition and the link between malnutrition and infection	MOH/RHA, MOE, MSD, THA,NPTA, UWI, TTANDI		By 2009, nutrition survey conducted		Survey report
	2) Develop strategic plan of action following research					Strategic Plan
	3) Develop programmes for care and prevention of malnutrition at all health facilities	MOH/RHA, THA, MOE, MSD		By 2007, programmes developed for care and prevention of malnutrition at all public health facilities		Community Health reports
b) Protect, promote and support exclusive breastfeeding of infants for six (6) months and continue with safe, appropriate and adequate complementary feeding up to two (2) years of age	1) Adopt and implement the National Breastfeeding Policy					MOH annual reports
						RHA reports
	2) Promote the establishment of facilities at workplaces to facilitate breastfeeding					MOH/RHA reports
	3) Intiate and implement continuing breastfeeding promotion programmes					MOH/RHA reports

3.0 - CHILD MALNUTRITION AND LOW BIRTH WEIGHT - CONT'D

STRATEGIC OBJECTIVE	STRATEGIES	RESPONSIBLE AGENCIES	DIVISION	MEASURABLE INDICATOR	STATUS / ACHIEVEMENTS	MEANS OF VERIFICATION
c) Ensure that basic amenities and necessities are affordable and accessible, particularly in highly marginalised areas of the population	1) Strengthen and expand social programmes targeting highly-marginalized areas					Reports
	2) Establish nutritional programmes targeting homeless and street children					MSD reports
d) Improve the nutrition of all mothers and children, including adolescents, through household food security, access to basic social services and adequate caring practices	1) Establish an NGO-based nutrition programme targetting: a) Home-case management and cooking skills; b) Mothers of pre-schol children involved in meal preparation; and c) Community councils - with focus on cooking skills	MOH/RHA,COMD EV, MSD, MOE, THA, NGOs		By end 2007, nutrition programmes developped and implemented		MOH reports
	2) Expand the breakfast component of the school Nurition Programme	MOE, THA		By 2007, breakfast component of the school Nutrition programme implemented in all government and assisted schools		MOE reports
	3) Train facilitators to work in communities with regard to health education and dissemination					MOH reports
	4) Encourage pregnant and lactating mothers to access proper ante and post natal care (incl. lifestyle habits e.g. no smoking, alcohol drinking, etc.)					Hospital and Community Health reports

3.0 - CHILD MALNUTRITION AND LOW BIRTH WEIGHT - CONT'D

STRATEGIC OBJECTIVE	STRATEGIES	RESPONSIBLE AGENCIES	DIVISION	MEASURABLE INDICATOR	STATUS / ACHIEVEMENTS	MEANS OF VERIFICATION
e) Improve the monitoring system for the growth and development of children.	1) Develop surveillance system to monitor low birth weight babies and breastfeeding practices from all relevant agencies/institutions					Child Surveillance reports
	2) Conduct survey on nutritional status of children and youth on a national basis					Survey report
	3) Develop mechanism for the analysis of anthropometric data					Child Health reports
	4) Update Growth Monitoring Policy					Policy document

4.0 CHILD AND ADOLESCENT HEALTH

GOAL

- By 2010, develop and implement national health policies and programmes for adolescents, including goals and indicators to promote their physical and mental health

STRATEGIC OBJECTIVE	STRATEGIES	RESPONSIBLE AGENCIES	DIVISION	MEASURABLE INDICATOR	STATUS / ACHIEVEMENTS	MEANS OF VERIFICATION
a) Provide for all children access to appropriate user-friendly and and high-quality health care services, education and information	1) Develop and implement the National Youth Health Policy	MOH/RHA, MOE, MSD, MSYA, THA		By 2007, policy developed and implemented		Policy document
	2) Broaden parental education to include health and development issues re: adolescents	MOH/RHA, MOE, MSD, MSYA, THA		By 2007, adolescent health and development module included in all parental education		MOH reports
	3)Strengthen and establish school health programmes at primary level to address physical, social and well-being needs of students	MOH/RHA, MOE, MSD, MMSYA, THA		By 2007, school health programmes strengthened and established in all primary schools		Programme monitoring and evaluation reports
	4) Conduct survey on all programmes that address adolescents (in and out of schools) from different groups and agencies	STTE, THA, MSD, MOE, COMDEV, NGOs		By mid 2007, survey of programmes addressing adolescents conducted		Survey reports
	5) Modify clinical guidelines to address health issues of youth	MOH/RHA, MOE, MSD, MSYA, THA		By 2007, clinical guidelines modified to address adolescent health issues		Revised clinical guidelines
	6)Train health personnel and other stakeholders on strategies for working with the adolescents	MOH/RHA, MOE, MSD, MSYA, THA, COMDEV, NGOs		By 2007, strategies for working with adolescents included in curriculum of training for health personnel		Revised curriculum
				Between 2006 - 2010, annual training seminars for relevant health personnel conducted in each RHA		Seminar reports

4.0 CHILD AND ADOLESCENT HEALTH - CONT'D

GOAL

- By 2010, develop and implement national health policies and programmes for adolescents, including goals and indicators to promote their physical and mental health

STRATEGIC OBJECTIVE	STRATEGIES	RESPONSIBLE AGENCIES	DIVISION	MEASURABLE INDICATOR	STATUS / ACHIEVEMENTS	MEANS OF VERIFICATION
a) Provide for all children access to appropriate user-friendly and and high-quality health care services, education and information	7) Collect data on risk behaviour/practices among adolescents	MOH/RHA, MOE, COMDEV, MSD, THA		By 2006, a National Adolescent Risk Behaviour Study conducted		Research reports
	8) Develop health promotion programmes to reduce such risks	MOH/RHA, MOE, COMDEV, MSD, THA		By 2007, findings-based health promotion interventions developed and commenced		Health promotion plan
	9) Conduct a public education campaign promoting healthy lifestyles	MOH/RHA, THA, MOE, MSD, COMDEV, media		By 2007, an integrated public education campaign promoting healthy lives conducted		Report
	9) Establish special adolescent health services in community settings to : - Review data collection instruments -Evaluate and share information with stakeholders -Involve youth when designing services	MOH/RHA, THA, MOE, MSD		By mid 2007, adolescent health clinics in at least 5 health centres in each RHA		Community health service reports
	10) Develop and/or strengthen peer counseling programmes for youths	COMDEV, MOE, MOH/RHA, MSD, NGOs		By 2007, peer counseling programmes for youths strengthen and developed		Reports
	11) Conduct study on causes of disability affecting children with a view to improve their access to suitable healthcare, education services and employment opportunities	MOH/RHAs, MSD, MOE, THA, UWI		By mid 2008, availability of findings on causes of disability in children		Research report

4.0 - CHILD AND ADOLESCENT HEALTH - CONT'D

GOAL

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STRATEGIC OBJECTIVE	STRATEGIES	RESPONSIBLE AGENCIES	DIVISION	MEASURABLE INDICATOR	STATUS / ACHIEVEMENTS	MEANS OF VERIFICATION
b) Develop and implement national health policies and programmes for adolescents including goals and indicators to promote their physical and mental health that will effectively address the promotion of healthy lives, including their reproductive and sexual health consistent with the commitment and outcomes of recent UN conferences including the World Summit for Children	1) Implement Health and Family Life Curriculum emphasising: - Healthy lifestyles - Nutrition - Exercise - Communicable diseases - Drug abuse - Reproductive Health - Managing sexuality	MOE, MOH/RHA, THA, MSD, STTE, NGOs		By 2007, Health and Family Life curriculum implemented in all schools		School records
	2) Implement research/survey in adolescent health					Survey report
	3) Develop methods and linkages with the community to reach "hard-to-reach" youths (male &female), especially those out of school	COMDEV, MSD, MOE, MSYA, NGOs		By 2007, systems in place in communities to reach "hard-to-reach" youths		Reports
	4) Develop methods and linkages within and between agencies involved in supporting adolescent health to facilitate sharing of information and joint action					Committee report
						Protocol doument and programme reports

4.0 - CHILD AND ADOLESCENT HEALTH - CONT'D

GOAL

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STRATEGIC OBJECTIVE	STRATEGIES	RESPONSIBLE AGENCIES	DIVISION	MEASURABLE INDICATOR	STATUS / ACHIEVEMENTS	MEANS OF VERIFICATION
c) Effectively manage emotional/behavioural disorders by focusing on early recognition, evaluation and treatment of mental problems, assistance in management of emotional difficulties and the promotion of the mental health of children and adolescents	1) Develop policies and guidelines for standardizing treatment and support for children suffering from mental illness or psychological disorders	MOH/RHA, MOE, THA		By 2007, standardized treatment and support policies and guidelines for mentally ill children developed		Policy documents and protocols
	2) Develop policies and programmes aimed at reducing suicide among children and adolescents					Mental Health Plan
	3) Expand the paediatric asthma clinic to all the RHAs					RHA reports
	4) Hire more child/adolescent psychiatrists and psychologists					RHA reports
	5) Expand services to ensure wide availability of access to mental health services					Hospital and Community Health Services Reports
	6) Develop strategies for training professionals in adolescent health, paediatrics, child/adolescent psychiatry, etc					Training reports
	7) Establish Child/Adolescent service in each RHA					RHA reports
	8) Establish mental/psychological services in each RHA	MOH/RHA, MOE, THA		By 2009, primary mental health care services available at all health centers		RHA reports

4.0 - CHILD AND ADOLESCENT HEALTH - CONT'D

GOAL

- By 2010, develop and implement national health policies and programmes for adolescents, including goals and indicators to promote their physical and mental health

STRATEGIC OBJECTIVE	STRATEGIES	RESPONSIBLE AGENCIES	DIVISION	MEASURABLE INDICATOR	STATUS / ACHIEVEMENTS	MEANS OF VERIFICATION
c) Effectively manage emotional/behavioural disorders by focusing on early recognition, evaluation and treatment of mental problems, assistance in management of emotional difficulties and the promotion of the mental health of children and adolescents	9) Expand drug rehabilitation units in order to provide care for children and adolescents	MSD, MOE, MOH/RHA, THA, NGOs		By 2008, existing drug rehabilitation units expanded in order to provide care for children and adolescents		Reports
	10) Introduce mental health programmes in schools	MOH/RHA, MOE, THA		By 2007, mental health component incorporated in HFLE		Updated curriculum
d) Strengthen data collection systems for information on child health	1) Strengthen data collection system with regard to implementing health indicators to facilitate planning and programming					Statistical reports
e) Strengthen health services for all children	1) Increase and strengthen measures to improve the health infrastructure					Reports
	2) Improve sanitation levels throughout the country					Reports from Public Health department.
						Reports

5.0 - REPRODUCTIVE HEALTH

GOALS

- By 2010, improve access to reproductive health services for all individuals of appropriate ages
- By 2010, improve access by all couples to information to prevent pregnancies that are too early, too closely spaced, too late and too many
- By 2010, provide family planning services for adolescents, men and women and make a full range of services available through the NGO sector and all public primary health care facilities and tertiary health care institutions

STRATEGIC OBJECTIVES	STRATEGIES	RESPONSIBLE AGENCIES	DIVISION	MEASURABLE INDICATOR	STATUS / ACHIEVEMENTS	MEANS OF VERIFICATION
a) Ensure that all women, men and particularly adolescents have ready access to family planning and reproductive health services	1) Establish/strengthen special support services for pregnant adolescents (ante-natal, psycho-social, social services, counseling)	MSD, COMDEV, MOE, MOH, THA and FPA		By 2010, holistic, adolescent-friendly services available to pregnant adolescents in all RHAs		RHA report
	2) Implement the sexual and reproductive health policy					Evaluation report
	3) Develop policies and programmes on reproductive health rights and gender issues					Legal Review report
b) Strengthen health and education systems and expand the social security systems to increase access to integrated and effective health, nutrition, and childcare in families, communities, schools and primary health care facilities	1) Provide access to appropriate user-friendly and high-quality health care services, education and information to children	MOH/RHA, MSD, MOE, THA, FPA		By 2010, children/adolescent health services implemented in at least five (5) health centers in RHA		Sexual and Reproductive Health Services Annual Report
	2) Organise community meetings to educate people on health, nutrition and childcare in families, especially in rural areas	MOH/RHA, MSD, MOE, THA, COMDEV		From 2007 and ongoing, quarterly community meetings organised and conducted to educate people		Meetings report
	3) Promote healthy lifestyles through the media e.g. TV, radio, newspaper					Administrative records
	4) Expand social security to increase access to integrated and effective health care, nutrition, child care, families, communities, schools, especially for marginalized children					Act of Parliament, and RHAs records

5.0 - REPRODUCTIVE HEALTH - CONT'D

GOALS

- By 2010, improve access to reproductive health services for all individuals of appropriate ages
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b) Strengthen health and education systems and expand the social security systems to increase access to integrated and effective health, nutrition, and childcare in families, communities, schools and primary health care facilities	5) Promote policies for reproductive health education for students in schools	MOH/RHA, MSD, MOE, THA		By 2008, reproductive health education available in all schools		Sexual and Reproductive Health Services Annual Report
	6) Build capacity with NGOs and CBOs to increase awareness of reproductive health rights and gender issues	MOH/RHA, MSD, MOE, THA, COMDEV, NGOs, CBOs		By 2008, at least 50 registered community groups and NGOs offering SRH programmes		Sexual and Reproductive Health Services Annual Report
	7) Collaborate with the media on family life education					Administrative records of Ministry
	8) Establish special outreach programmes.	MOH/RHA, MSD, MOE, THA, COMDEV		By 2007, special outreach programmes established in each Health county		Community Health reports
	9) Train additional peer educators					COMDEV and RHA reports
	10) Expand peer education for youths in and out of school	COMDEV, MOE, MSD, MOH, THA		By 2008, peer education expanded for youths in and out of school		COMDEV reports