

2015

NATIONAL SCHOOL NUTRITION POLICY

for GRENADA

Prepared by
The Ministry of Education
and the Grenada Food and Nutrition Council
in collaboration with
The Pan American Health Organization (PAHO/WHO)
and
The Caribbean Public Health Agency (CARPHA)

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ACRONYMS

BMI	-	Body Mass Index
CARPHA	-	Caribbean Public Health Agency
CBOs	-	Community Based Organizations
CDC	-	Centers for Disease Control and Prevention
CFNI	-	Caribbean Food and Nutrition Institute
GFNC	-	Grenada Food and Nutrition Council
Hb	-	Haemoglobin
HFLE	-	Health and Family Life Education
ICT	-	Information and Communication Technology
MDG	-	Millennium Development Goals
MNIB	-	Marketing and National Importing Board
NCDs	-	Non-communicable Diseases
NGOs	-	Non-governmental Organizations
PA	-	Physical Activity
PAHO	-	Pan American Health Organization
PE	-	Physical Education
RDA	-	Recommended Dietary Allowances
UWI	-	University of the West Indies
UWIOC	-	University of the West Indies Open Campus
WHO	-	World Health Organization

PREFACE

The School Nutrition Policy for Grenada was deemed a necessary response to the ever growing burden of non-communicable diseases affecting the health of school aged children in Grenada, Carriacou and Petit Martinique. A coordinating committee comprising, persons from Grenada Food and Nutrition Council, Ministries of Education and Health initiated the development of the National School Nutrition Policy.

Multisectoral involvement, from various other government sectors and civil society, was ensured, as the implementation requires their participation and the outcomes of a school nutrition policy will be of benefit to several sectors. A series of consultations and workshops were held to facilitate the process. Technical support was given by the Pan American Health Organization (PAHO/WHO) and Caribbean Public Health Agency (CARPHA).

The Policy will embrace the goals, and programmes of the relevant stakeholders charged with ensuring that the children of Grenada, Carriacou and Petit Martinique embrace a healthy lifestyle that will empower them to develop values, attitude, life skills and behaviour that will contribute to sustaining a vibrant and healthy workforce.

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Minster for Agriculture, Lands,
Forestry, Fisheries and the Environment

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The participants of the working groups were willing and enthusiastic in this venture and for this we especially thank them.

1. BACKGROUND AND RATIONALE

The Nutritional status of children and adolescents in Grenada is of concern because of the problem of increasing overweight and obesity. At the same time there are reports of hunger among some students. The Grenada Food Insecurity and Vulnerability Assessment Mapping 2013 states that St. Andrew, St. George and St. Patrick account for 74.5% of persons vulnerable to food insecurity, with the next three parishes (St. David, St. John and St. Mark) accounting for an additional 23.4%. Together, these six parishes account for 97.9% of persons who are vulnerable to food insecurity.¹

The national school nutrition policy is in keeping with the Food Utilization Pillar Grenada Food and Nutrition Security Policy and Plan of Action, and supports the policy statement of the Government of Grenada “...to promote the consumption of good quality and affordable food in adequate amounts to meet nutritional requirements throughout the life cycle of all” and objectives 1-6 (see Appendix VIII).

Healthy eating patterns during childhood and adolescence promote optimal childhood health, growth, and intellectual development; prevent immediate health problems, such as iron deficiency anaemia, obesity, eating disorders, and dental caries; and may prevent long-term health problems, such as cardiovascular disease, diabetes and some types of cancers.

Students spend a significant part of the day in school, and schools frequently offer social service systems that reach children more easily and provide much greater community outreach than health clinics. Skilled personnel are available in the form of trained teachers, who can contribute their expertise to nutrition education. Additionally, schools provide opportunities to practice healthy eating, and provide the opportunity where students can be taught and assisted to resist social pressures that would otherwise influence healthy eating behaviour. Parents are potent role models for children and they provide opportunities for children to practice healthful eating behaviours and reinforce those behaviours in the home.

This policy seeks to develop and implement school-based programmes that can impact children’s nutrition and health which go beyond classroom education and alter the school environment to affect the quality of school meals, physical activity programmes and the availability of healthier food options. It will also impact on parents and the wider community through educational activities and linkages with small farmers.

¹Source: Global School Health Survey conducted in 2008, preschool survey 2014, Daycare survey 2012 &2014). Grenada Food Insecurity and Vulnerability Assessment Mapping 2013- Ballayram

2. SITUATIONAL ANALYSIS

2.1 Country Background

Grenada is located in the Caribbean and is the southern most of the Windward Islands located just north of Trinidad & Tobago at latitude 12° N and 61° W. The state of Grenada is comprised of the Islands Grenada, Carriacou and Petit Martinique, as well as several small islands which are for the most part, uninhabited. The main island, Grenada, where most of the population lives, has an area of 344 km² (133 square miles). The capital town is St. George's; other major towns are Grenville and Gouyave. The country's economy is dependent on agriculture, tourism, remittances, and exports of agricultural produce.

Grenada's population was estimated at 108,580 in 2013, with 54,926 males and 53,654 females, 8,489 of the total population being between 0-4 years, 15,620 5-14 years and 20,624 15 – 24 years. The population structure is young with 21.3% of the population below the age of 15 years and 10.7% are 65 years and over. With life expectancy currently estimated at 70.7 years, the population group aged 60 years old and above is expected to increase over the next decade. This will put a great burden on the health systems with regards to supportive environments and senior-friendly goods and services.

With increased focus on health and wellness and healthy lifestyles the challenge is to get our people to eat more of the natural and nutrient dense foods such as fruits and vegetables that are more nutritious and healthy and are produced locally.

2.2 Food and Nutrition Situation

Food availability data indicate that the availability of energy (calories), fat and sugar has been increasing and is now above that required to meet the population nutrient intake goals. Based on FAO's Food Balance Sheet for Grenada (updated July 29, 2012), total food caloric availability (calories/caput/day) in Grenada averaged 27% above the RDA during the period 2005 to 2009 with an average annual growth rate of about 1%. (Appendix III). During that same period protein availability averaged 41% above the RDA with average annual growth of 2%; there was a slight rise in availability between 2005 and 2006, with overall availability outweighing food goals for protein (Appendix IV); and availability of

fats averaged 32% above the RDA with an average annual growth rate of 4% (Appendix (V)). Sugar availability was more than double the recommended amount: this has been a steady trend from 2000 to 2009 (Appendix VI).

Over the past twenty years or more, Grenada has been faced with a shift in the food consumption patterns of its people. Traditionally the consumption pattern was based on foods grown on their land or backyard garden such as corn, peas, cassava and ground provision some of which was saved for the dry season. Though part of this tradition is still being observed in some rural parishes, there has been a change the traditional diet made up of mostly complex carbohydrates and locally produced fruits and vegetables to a diet high in imported refined products, resulting in increased in the consumption of sugar, salt and fats. This is reflected in some of the top food items imported by Grenada; namely: Chicken (Protein and fat), baked goods (fats, sugar and refined flour) and fats and oils.

In addition, there has been an increase in the number of food outlets within that same time frame indicating the consumption of meals away from home. The meals are largely based around four of the six food groups, but the proportion of vegetables to a standard serving is very small and they are usually high in starch and fat. In households where there are limited funds, the funds are used to purchase low cost imported items such as flour, rice, pasta and chicken that are easier to prepare and have a higher yield per dollar.

This shift away from traditional to a diet high in energy, protein and fat, coupled with a sedentary lifestyle, lends itself to an increase in nutrition related non-communicable diseases such as diabetes, hypertension, stroke, heart disease and cancer. Obesity, a major risk factor for non-communicable diseases (NCDs), has also been on the increase. A large excess of energy and fat availability, as observed, are factors in the development of obesity and NCDs, such as diabetes, hypertension, stroke and some cancers. ²

Source:² WHO STEPS Chronic Disease Risk Factor Surveillance Survey report 2011

The 2010-2011 STEPS survey identified cause for concern in the risk factors for NCDs. Fruit and vegetable consumption was low, on average 2.1 daily servings of fruit and 1.4 servings of vegetables instead of five as recommended. A majority of adults (59.5%) were usually physically inactive. The prevalence of overweight was 69.2% including 36.6% who are obese. Approximately 65% of deaths between 2006-2010 were due to NCDs. ³

Another health issue affecting Grenada to some extent is anaemia, which remains a public health problem in young children. Food borne illness, which though not a major problem, occurs seasonally and sporadically. ⁴

Nutrition in Children

Over the past three to four decades, there has been a decline in prevalence of under nutrition in children under five years. However; there is an increasing problem of overweight and obesity. The pre-school survey conducted by the Grenada Food and Nutrition Council (GFNC) in 2014 among 2483 children found that 3.9% of pre-schoolers, ages 3-5 years were overweight or obese. This was an increase from 2% in the previous survey in 2010. Another 8.9% in the current survey were at risk for overweight, 2.5% were wasted and 1.8% were stunted. The prevalence of overweight and obesity was greatest in St. George and Carriacou.

The 2015 Day Care Survey which assessed 786 children 6 months to 3 years old showed 3.4% were wasted; 3.4 % were stunted, indicating chronic undernutrition. The survey also found that 4.7% were overweight and/or obese and 16.3% were at risk for overweight/obesity. When compared to a similar survey in 2012, there was a decrease in wasting from 8.2% to 3.4% and an increase in overweight/obesity from 2.7 % to 4.7%. According to the findings of the Global School Health Survey conducted in 2008, 7% of students 13 to 15 years old go hungry sometimes because of a lack of food at home. The percentage of students who were sedentary was 42.7% and only 15.2% were active.

Source:³ Grenada Food & Nutrition Security Situation Analysis 2012

Source:⁴ Ministry of Health epidemiology unit

Data collected for an intervention project in four secondary schools revealed that consumption of food from animals was two times higher than that of fruits and vegetables (30% and 34% respectively). Less than one quarter of students were consuming peas,⁵ beans and nuts and almost half were having milk and/or milk products at school.

Assessment of the haemoglobin (Hb) levels revealed 53.5% of 1 year olds screened for anaemia were anaemic in 2012; 43.6% in 2013 and 52.3% in 2014.

Dental caries also posed somewhat of a problem, since in 2010, the decay missing and filled (DMF) index was eight. The School Dental health programme, which was launched in 2010, now provides oral health services to children and teachers, including a free fluoride mouth rinse programme. Water in Grenada is not fluoridated, neither is there a fluoridation programme for salt. However, full participation by children in the free dental care programme is not fully utilized, particularly among very young or underprivileged children and also in outlying areas.⁶

2.3 Education System

The education system comprises pre-primary, primary, and secondary school levels, as well as tertiary options. Pre-school education caters to children 3 to 5 years old and is not compulsory. Primary school education is universal, and children enter at age 5 years. This level includes kindergarten and grades 1 to 6. Secondary school includes grades 7 to 10, also referred to as forms 1 to 5. In the 2013/2014 school year, primary school enrolment was as shown in Table 1.

Source:⁵ Preventing Diabetes and Other Chronic Diseases through a School-based Behavioural Intervention
WDF Project Grenada

Source:⁶ Grenada National School-Based Oral health Program report, 2014

Table 1: School Enrollment in Grenada, 2013 – 2014

School Type	Male		Female		Total
	n	%	n	%	n
Pre - Primary	1358	53.0	1203	47.0	2561
Primary	5899	51.1	5652	48.9	11551
Secondary	4875	51.2	4638	48.8	9513
Total	12132	51.4	11493	48.6	23625

Source: Statistical Unit, Ministry of Education and Human Resource Development.

2.4 School-Feeding Programme

The National School Feeding Programme aims to ensure that all pre- schools, primary schools and secondary schools provide a nutritionally adequate meal to children with a socio-economically disadvantaged background.

The specific objectives of the National School Feeding Programme are to:

- a) Improve an awareness of the nutritional value of local foods thereby making maximum use of these foods in the preparation of school meals.
- b) Help improve school enrollment and regular attendance therefore minimizing drop out and repetition rates.
- c) Increase local food production at school level for utilization in the programme.
- d) Refurbish and upgrade school kitchens and dining facilities to accommodate an expanding programme.

The School Feeding Programme in Grenada has been in operation since 1950 when milk and crackers or cookies were given to children at primary schools. Over the years the programme has been conducted with governmental, international funding agencies and local non-governmental organizations' support. The programme provides a hot meal for children not only at the primary school level but also pre-schools (including some day care

institutions) and some secondary schools. The programme currently includes all primary schools, preschools which are attached to primary schools, some un- attached pre- schools and fourteen of the twenty two secondary schools. The meals are normally prepared in schools. The table below shows the participation in the school feeding programme.

Table 2: Participation in school feeding programme 2013 - 2014

SCHOOLS	BOYS	GIRLS	TOTAL
PRE-PRIMARY (includes attached pre-schools)	396	384	760
PRIMARY	3870	3888	7758
SECONDARY	342	373	760
TOTAL	4608	4645	9253

The government of Grenada provides support in the form of cash and basic food stuffs such as: chicken, fish, turkey, dried peas, powdered milk, oil, flour, rice, sugar, macaroni, onions and tomato ketchup. These items are delivered to schools once a month.

Although the School Feeding Programme aims to serve needy students, in actuality over 60% of the school population benefit. Meals are subsidized at the cost of \$1.00 in pre-primary and Primary schools and \$2.00 at the secondary level, of which \$0.25 of every dollar is to be remitted to the Ministry monthly. Although there is no written policy up to now the school feeding mandate is no child should be left hungry.

The programme aims for local food inputs to be 80% and foods produced by schools and micro-businesses are incorporated. The focus is said to be on healthy eating not money making.

The schools should follow a four week cycle menu but can make changes based on seasonality and availability. Some schools develop weekly menus.

Challenges being faced include transportation, poor condition of some kitchens, financial system, insufficient accountability, low and un-even salary of cooks, delays in timely replacement of equipment, staffing, schools with no cooking facilities and inadequate servicing of equipment.

Nutrition and physical activity in the Curriculum

Nutrition is infused into Health and Family Life Education and also taught as a separate subject under home economics at primary and secondary level.

Physical Education is one of the main subject areas on the school curriculum from primary school through tertiary level. At the pre-schools physical development and health is a structured part of the curriculum. Physical Education is also offered as a subject by the Caribbean examination Council. It is a compulsory subject, and students are only exempted if a doctor's certificate is provided.

2.5 School Nutrition Interventions

From 2007 to 2011 a school based intervention was conducted in four schools (two intervention schools and two control schools) in Grenada. The project was funded by the World Diabetes Foundation and implementation was overseen by the Caribbean Food and Nutrition Institute (CFNI/PAHO). The project's objectives were to improve the diet and physical activity patterns among students and to determine the effectiveness of the intervention in improving the students' diet and physical activity behaviours.

A behavioural curriculum was developed, incorporating diet and physical activity concepts into different subject areas. Other strategies over three years included school-wide promotional activities; and creating supportive environments for healthy eating and physical activity in the schools, homes and communities.

Although the success of the project in changing the behaviours of the students was variable, there was a significant reduction in percentage of children who were overweight or obese

in the schools where the intervention was implemented, from 31.2% to 22.6%. It was advocated that working as a team, the various sectors (public, private, NGOs), with the Ministry of Education playing a key role, can support students in achieving health and wellness and preventing obesity and associated conditions such as diabetes.

The Food Consumption and Food Frequency Survey done in mid-2005 at two schools – one rural (St. Andrew’s Anglican Secondary School) and one urban (Happy Hill Secondary School) revealed the following.

- Participants followed eating patterns that do not meet current dietary guidelines. Current dietary guidelines recommend the intake of low fat, low sodium and low sugar foods with large amounts of fruits and vegetables and encourage daily physical activity. However, the survey results showed the opposite. Mostly energy-dense nutrient-poor foods were consumed, by teenagers and physical activity did not appear to be a consistent part of their daily lives.

73.5% of the students participating in the survey indicated that they liked carbonated beverages but if they were given a choice between carbonated beverages and fresh fruit juices, they would choose the fresh fruit juices.

2.6 Health and Family Life Education

Life skills-based Health and Family Life Education is a subject on the school’s curriculum, at both the Primary and Secondary levels. This program/subject area has been institutionalized within the education system since the 1990’s.

The health and well being of the nation’s children has been of grave concern to the Ministry of Education, especially in the wake of the rise of chronic non-communicable diseases, such as hypertension, diabetes, etc. As such the HFLE Program has been developed from four broad themes: Self and Interpersonal Relationship, Sexuality and Sexual Health, Eating and Fitness and Managing the Environment.

The issue of good eating habits, balanced/nutritious meals is infused into/addressed through the HFLE program, as an intervention to positively effect change in lifestyle and eating behaviours. This area is taught through interactive and participatory teaching strategies and assessed using more non-traditional methods.

Other programs/initiatives are also included within other relevant schools' activities that enhance/bring greater awareness of our students' nutrition and their complete well-being. Such activities include the:

- Health Promoting/Schools Health Program(s)
- Oral/Dental Care Program (include teeth brushing, application of fluoride varnish etc.)
- FIFA 11 for Health Physical Education Program (a health program using the activities of football to address/prevent chronic diseases)
- Ask Listen Learn Program (an initiative that seeks to address underage drinking) presently piloted in six schools

Since the start of the 2015 -2016 school year, a FIFA sponsored health education programme has been implemented in fifteen primary schools in collaboration with Grenada Football Association and the Ministries of Education and Health. This is an initiative to reduce the incidence of non - communicable diseases. This is a nine month pilot project using the football skills and activities to infuse eleven health messages.

The Zero Hunger Challenge Initiative will also support the strengthening of the school feeding programme in three primary schools and one pre-primary in the first phase.

Interventions include:

- Revision of existing menus within the school feeding programme to reflect foods from all the food groups and the recommendations of the FBDGs in accordance to the nutritional needs of the population.
- Development of nutrient standards and meal plans based on the RDA, and recipes in line with menus
- Training of meal service staff
- Contribution to the development of the School Nutrition Policy
- Strengthening nutrition education through school gardening activities by incorporating it into the classroom curriculum
- Health screening and surveillance in pilot schools

3. PURPOSE, GOALS AND OBJECTIVES

PURPOSE

The purpose of the National School Nutrition Policy is to support the achievement of national development goals for a healthy population, particularly for children and adolescents and to improve linkages with the agricultural sector through increased utilization of local foods

GOAL

The goal of the policy is to provide an enabling environment (school, community, home) that fosters the development of lifelong healthy lifestyle practices, (physical activity and healthy eating behaviours) of students in Grenada, Carriacou and Petite Martinique.

OBJECTIVES

1. To empower students to make healthy lifestyle choices re dietary habits and physical activity.
2. To contribute to improving the physical activity of all students at school.
3. To provide wholesome dietary options for students.
4. To foster a relationship between the school, parents and the wider community to support healthy eating habits.
5. To increase the consumption of local foods in school and at home
6. To contribute to the creation of sustainable livelihoods for local small farmers

4. PRIORITY AREAS

The six main priority areas of the policy are:

1. Food preparation and services environment
2. Physical activity environment
3. School curriculum
4. Health promotion for staff and students
5. School health service
6. School recognition

Policy Area 1: Food Preparation and Services Environment

Having healthy school meals in a friendly atmosphere with clean and comfortable surroundings can have several benefits. Healthy meals can give children an opportunity to enjoy different types of food, and to experiment with new foods. It is also a way for children to learn and practice healthy eating behaviours and social skills. Building supportive environments in schools involves providing support to the school through working with parents, tuck shops operators, vendors and teachers to make changes in the food choices available to the students.

Policy Statement: An environment will be created that will encourage healthy eating by students through: the implementation of standards and regulations applicable to all food service and; through developing capacity of providers.

Strategies

- 1.1. Regulate foods offered to students by parents, school canteen, tuck shops and vendors.

- 1.2 Ensure that all foods offered in schools, including sponsorships, adhere to the Grenada FBDGs and the nutrition standards.
- 1.3 Encourage the utilization of locally produced foods including fruits, vegetables and animal products.
- 1.4 Enhance the knowledge and skills of parents and cooks through practical and theoretical training.
- 1.5 Ensure foods are stored, prepared and served in a clean and safe environment.
- 1.6 Ensure that the children have a safe, adequate, clean eating environment.

Activities

- 1.1.1 Develop nutrition standards for foods offered in schools.
- 1.1.2 Conduct sensitization sessions with students, parents, school canteens, tuck shop operators, and vendors.
- 1.1.3 Enforce food badge regulation.
- 1.1.4 Train vendors in healthy options and food preparation techniques.
- 1.1.5 Establish linkages to increase healthier food options eg. MNIB, 4-H etc.

- 1.2.1 Educate teachers and students on the Grenada FBDGs by including it in the teachers training collage and school curricula.
- 1.2.2 Sensitize the general public through mass media on the National School Nutrition Policy and the Grenada FBDGs.
- 1.2.3 Develop and implement guidelines for sponsorships.

- 1.3.1 Prepare easy to read materials, in the form of pamphlets and brochures with recipes
- 1.3.2 Hold discussions with MNIB, Farmers and 4-H Clubs to supply the school feeding programme, tuckshops and vendors with local products.

- 1.4.1 Conduct training and food demonstration sessions with cooks, tuck shop operators, parents and teachers.
- 1.5.1 Prepare guidelines for:
- storage
 - preparation
 - transportation
 - serving of food
 - safe handling of utensils and foods
- 1.5.2 Establish a monitoring team to ensure that food safety and hygiene guidelines are implemented and maintained.
- 1.5.3 Provide standardized
- equipment
 - work surfaces
 - hand washing sinks
 - attire (coats, head coverings and footwear)
- 1.6.1 Provide a clean physical space for children to have their meals
- 1.6.2 Have safe drinking water in all schools
- 1.6.3 Make available hand-washing sinks and liquid soaps at schools.

Policy Area 2: Physical Activity Environment

Physical activity can have an enormous impact on improving a child's physical and emotional well-being. Research has shown that increased exercise and sports participation can simultaneously help children maintain a healthy body weight and enhance their self-confidence. Physical activity offers opportunities for social contact, improves mood, and boosts endurance, it combats health conditions and diseases and assists in the prevention of depression and stress-related illnesses. Physical activity interactions also offer opportunities for nurturing and guidance toward maturation.

The physical environment at schools therefore plays a significant role in determining whether interventions to promote healthy eating and physical activity will be effective and sustainable. The school environment should facilitate Physical Education classes and extracurricular physical activity with the availability of safe facilities and the necessary equipment.

Policy Statement: Students will be facilitated in becoming physically active, with the provision of safe, clean facilities and spaces for physical education and extracurricular physical activities, and adequate opportunities for activity available to students.

Strategies

- 2.1. Encourage the enforcement of the MOE policy for students to partake in Physical Education activities throughout the school life.
- 2.2 Encourage more students to include physical activities into their daily lifestyles
- 2.3 Ensure that schools have appropriate space and equipment for physical activities applying adequate safety precautions to prevent injuries
- 2.4 Support the growth in physical activities in schools by increasing the availability of skilled/trained coaches.

Activities

- 2.1.1 Finalize the physical education policy draft
- 2.1.2 Collaborate efforts with Ministry of Sports to support and strengthen personnel in the delivery of physical education activities.
- 2.1.3 Monitor the adherence to the physical education policy
- 2.1.4 Conduct sensitization sessions for both teachers and parents

- 2.2.1 Implement play breaks at pre schools
- 2.2.2 Mandate all school based clubs to include a physical activity component in their activities

- 2.2.3 Create programmes with a variety of activities that would provide greater choices and accessibility and motivate the children in becoming more active.
- 2.3.1 Review all available facilities and seek ways to improve them in line with expectations
- 2.3.2 Collaborate efforts with Ministry of Sports, parents and the community to assist schools with no physical space for physical activity
- 2.4.1 Build capacity among sports officers and officials
- 2.4.2 Employ trained PE teachers

Policy Area 3: School Curriculum

Concepts of nutrition and physical activity should be included throughout the curriculum to enable students to develop the knowledge and skills necessary to make informed decisions on healthy eating and physical activity. These concepts should reinforce the target behaviours that are being promoted. This process should preferably be done in such a way that all schools have the same systematic, deliberate and synchronized practical approach to promoting healthy eating and physical activity. Consistently accurate information must be provided. Subjects such as home economics, food and nutrition, health and family life education (HFLE), science and agriculture can immediately be seen as lending themselves to the facilitating the teaching of nutrition. However, with some imagination and resourcefulness, infusion of nutrition concepts can be done in other subjects, for example, mathematics, languages, information technology, geography and history.

Policy Statement: Support will be given to schools to empower students with knowledge and skills to make healthy lifestyle choices.

Strategies:

- 3.1. Influence positive behavioural lifestyle changes within children of all ages by exposing them to age appropriate nutrition education in the curriculum.

- 3.2 Build capacity in schools for the delivery of the behavioral curriculum on healthy eating and physical activity.

Activities

- 3.1.1 Infuse nutrition and physical education concepts into other subject areas
- 3.1.2 Enforce the delivery of the all aspects of the HLFE
- 3.1.3 Review the curriculum for appropriate opportunities to include mass movement activities.
- 3.1.4 Create a linkage between school gardening and nutrition education and increased physical activity
- 3.1.5 Collect baseline data on health and nutrition status
- 3.1.6 Reassess annually
- 3.1.7 Develop a meal consumption log to measure food consumption patterns among preschool to grade 6
- 3.1.8 Conduct dietary assessment for students in grades 7 to 10 to measure food consumption patterns
- 3.1.9 Train the trainers for nutrition education implementation in the school

- 3.2.1 Train teachers to enhance the delivery of nutrition and physical education (e.g. UWI HFLE diploma)
- 3.2.2 Include HFLE in the teachers college curriculum
- 3.2.3 Conduct periodic in-service training for principals
- 3.2.4 Employ qualified Physical Education teachers
- 3.2.5 Implement more Physical Education competitions among schools

Policy Area 4: Health Promotion for Staff and Students

Health promotion for school personnel is important because teachers, other staff and parents need to be aware of and responsible for the messages they give as role models to students and others. Furthermore, evidence suggests that promoting the health of school staff by encouraging physical activity and healthy diet may improve staff productivity and mood, and reduce medical bills.

Promotional and extracurricular activities can reinforce the nutrition and physical activity concepts being taught in the classroom. Promotional activities can be done through observation of special events such as Fruit Days, side activities during sports days, or in after-school clubs.

There are also several important health related days/events recognized across the region and internationally which will provide an opportunity for schools to participate by showcasing and highlighting good nutrition and physical activity to the school community. These include World Diabetes Day, Caribbean Nutrition Day and Caribbean Wellness Day.

Parents and family play an all important role in sending the right messages to foster the development of healthy eating and lifestyle behaviours. Parents control most food choices available at home, so changing parents' eating behaviours may be one of the most effective ways to influence their children's eating behaviours. If community and parents are aware of nutrition and health information, children should stand to benefit.

Policy Statement: A healthy school environment will be promoted through empowering all partners including school staff, parents and other community members

Strategies:

- 4.1. Promote wellness programmes in schools
- 4.2 Foster increased awareness of nutrition and health issues

Activities

- 4.1.1 Sensitize key stakeholders including parent teachers associations and teachers unions and school clubs e.g. girl guides, boy scouts, on all aspects of a healthy school environment.
 - 4.1.2 Introduce the Learn it, Love it, Live it programme to teachers, parents and students through the media, and take home promotional material.
 - 4.1.3 Develop an incentive scheme to encourage continuity of the programme
 - 4.1.4 Organise exercise groups for teachers/parents and children.
 - 4.1.5 Partner with school and community clubs to promote nutrition activities
 - 4.1.6 Conduct nutritional assessment on school staff (collaborate with unions)
 - 4.1.7 Incorporate non-athletic physical activities within the school's calendar that would involve participation in physical activity by all eg. fun days. Incorporate a National Junior Walk (similar to the coop bank pump it up) during the sporting season and rotate it throughout the parishes.
 - 4.1.8 Develop age appropriate educational material
-
- 4.2.1 Incorporate the observance of national, regional and international health days into the school calendar
 - 4.2.2 Highlight good nutrition by hosting special days e.g. fruit days, water days, mounting health fairs/expositions

Policy Area 5: School Health Services

School health services are a key resource that must be utilised in determining students' health status and meeting their needs. Since, due to financial and human resource constraints, all schools may not be equipped with all the personnel needed to assess students health status at the school facility, community health facilities should be incorporated. Arrangements can be made for student health and nutritional assessments to be done when the school nurse and other members of the health team visit at the beginning of the term or students can be taken to nearby health facilities.

Policy Statement: Primary Health Care services will be extended to all schools.

Strategies

- 5.1 Foster collaboration among Ministries of Health, Education and Agriculture (GFNC) to incorporate nutrition assessment in the regular school health services and to improve monitoring of students' nutrition growth and development.
- 5.2 Strengthen the nutrition and health data management system to analyze the nutrition component for further development.
- 5.3 Ensure that food and nutrition education is included in the Ministry of Health, school health manual and policy

Activities

- 5.1.1 Implement the conditions outlined in the MOU (Health, Agriculture and Education).
- 5.1.2 Conduct assessments of children
- 5.1.3 Collect baseline and annual data on physical health indicators for all students in which schools?
- 5.2.1 Revise and implement data management system.

- 5.2.2 Collect weight, height and blood pressure of children at least upon entry to primary and secondary school.
- 5.2.3 Organize the collation, analysis, monitoring and reporting of school health data
- 5.2.4 Utilize school health information in developing evidence- based nutrition intervention
- 5.2.5 Develop an index for school nutrition
- 5.2.6 Collaborate with the Statistical Division of the Epidemiology/ Statistics division of the Ministry of Finance for data collection and analysis
- 5.3.1 Develop/Revise the Ministry of Health School Health policy
- 5.3.2 Conduct health education sessions with students
- 5.3.3 Conduct periodic nutrition training with health care professionals

Policy Area 6: School Recognition

It is important to publicly recognise and commend schools that have succeeded in creating healthier school environments through promotion of nutrition and physical activity. Grenada should consider highlighting the accomplishments of those schools that meet the conditions set out in the school nutrition policy. These schools can be accorded a special status when set goals are achieved. Upon their achievement, these schools can be specially recognised with, for example, a designation as “*nutrition friendly*”, or incentives such as equipment, facilities, technical or financial support. A school recognition policy is fairly low-cost and relatively easy to implement. This option helps to motivate stakeholders and gain support from members of government. Schools will be encouraged to promote healthy eating and physical activity and will be recognized for their efforts.

Policy Statement: A system will be established to recognize schools' progress and achievement in the implementation of the nutrition and physical activity policy.

Strategies

6.1. Establish an award programme to recognise schools that participate and do well.

Activities

6.1.1 Set up a team of persons to develop the award programme

6.1.2 Determine what resources will be needed and offer adequate training and ongoing technical assistance

6.1.3 Identify a team of persons who will visit schools with an aim of recognising and commending schools that have succeeded in creating healthier school environments

6.1.4 Develop a set of criteria to award schools.

6.1.5 Seek sponsorship for recognition awards

5. COORDINATION

For the development and implementation of a national school policy on diet and physical activity, an intersectoral team shall be established comprising:

- Ministry of Education
 - Curriculum Development Unit
 - School Feeding Unit
 - Early Childhood Education
- Grenada Food and Nutrition Council
- Ministry of Health
 - Health Promotion Unit
 - Environmental Health
- Ministry of Agriculture
- Ministry of Social Development
- Ministry of Trade, Industry and Finance
- Ministry of Sport
- Planning Department
- National Student Council
- Home Economics Association
- Chamber of Commerce
- Bureau of Standards
- St George's University

6. MONITORING AND EVALUATION

A framework for monitoring and evaluation shall be developed in tandem with the policy options. The types of evaluations employed (Process, Output, or Outcome) will be determined by the policy objectives.

A monitoring mechanism shall be established with representatives from the following institutions:

- The individual schools on the programme
- Curriculum Development Unit
- School Health
- GFNC
- Ministry of Sports
- School Feeding Programme
- Health Promotion Unit
- Environmental Health
- Bureau of Standards

This team shall determine the frequency of meetings in order to monitor the progress of the school nutrition programme. The team shall also be responsible for developing and implementing a workable tool for conducting the monitoring exercise and ensure management and security of the information from the monitoring exercise.

All information resulting from the monitoring and evaluation exercises shall reside with the Ministry of Education/Ministry of Health/GFNC and shall be shared with relevant institutions as appropriate.

7. LINKAGES WITH OTHER POLICIES AND NATIONAL FRAMEWORKS

This Policy is complementary to other national policies and frameworks that have been developed or are being drafted, namely:

- The National Food and Nutrition Security Policy and Plan of Action
- Education Policy
- Zero Hunger Challenge Initiative
- School Health Programme
- Grenada Food Based Dietary Guidelines
- School Feeding Programme

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9 APPENDICES

Appendix I: Stakeholders

Stakeholders are those who have important information about an issue or policy area who will be affected by a decision, or who may be able to affect a decision. In the development and implementation of the school policy on diet and physical activity, multisectoral collaboration is the key to success. In this policy for Grenada, Carriacou and Petite Martinique the stakeholders come from:

- The government – public sector departments
- Teachers and other school staff
- Parents and families
- Community (NGOs etc.)
- Students
- Vendors (internal and external)

i. The government – public sector departments

The responsibility for school health is usually shared between the Ministry of Education and the Ministry of Health. It is important for the government to analyze the facilitating factors as well as the possible hindrances in order to foster an effective collaboration.

ii. Teachers and other school staff

Consultation with teachers and school staff about the planning and implementation of a school policy on diet and physical activity is essential as they play a central role in improving diets and physical activity in schools. The support of school principals is crucial.

iii. Parents and families

Parents and other caregivers play a critical role in a child's life. They control most of the food choices at home and their support positively influences physical activity

among children and adolescents. By involving parents in the development and implementation of the school policy, children will be less likely to experience inconsistencies between suggestions and practices at home and at school.

iv. Community (NGOs etc.)

Community support and resources are essential for fostering healthy diets and physical activity in schools. The partners within a community can assist in creating awareness, publicity and visibility for healthy diets and physical activity. They can also contribute by endorsing, collaborating and co-sponsoring various programmes for young people.

v. Students

The inclusion of students during the planning and design of the school policy is important to ensure its feasibility and acceptability. Young people can bring creativity and innovativeness to the table for improving diet and physical activity behaviours. They provide relevant information about young persons' needs and interests; they usually give candid responses about existing services; provide more effective outreach that provides important peer-to-peer information; offer additional resources; will give greater acceptance to the policy; and the competencies and self-esteem of those involved will be greatly improved.

vi. Vendors (internal and external)

Supplies for the school feeding programme are obtained from several vendors. More established vendors often provide food credit and other services to the school. In addition, several small businesses or individuals conduct retail transactions in the school environment and significantly influence the eating habits of many students and teachers. It is therefore imperative that these vendors be sensitized and their cooperation sought to support this new venture.

Appendix II: Roles and Responsibilities of Implementers

I. PRINCIPALS

The school community is under the direct leadership of its principal and in order to implement the policy within individual schools it is a most integral step to involve the principal. The principals' responsibilities are as listed below:

Planning and Coordination

1. Identify a School Liaison Officer and school team.
2. Engage students, teachers and auxiliary staff in promoting a healthy lifestyle, and the total enhancement of the school environment.

Advocacy and Support

1. Encourage teachers to integrate nutrition and physical activity concepts into lessons, homework and special projects.
2. Collaborate with all partners to ensure achievement of goals for the main beneficiaries.
3. Take an active interest in the health of staff, e.g. utilizing team-building activities that incorporate physical activity.

Table 1: Role of Principals

SCHOOL	HOME/COMMUNITY	CLASSROOM	PROGRAMMES
<ul style="list-style-type: none">Engage school staff as to the benefits in promoting a healthy lifestyle	<ul style="list-style-type: none">Collaborate with all partners to ensure achievement of project goals for students	<ul style="list-style-type: none">Encourage teachers to integrate nutrition and physical activity concepts into lessons	<ul style="list-style-type: none">Utilize team building activities that incorporate physical activityPlan assemblies that excite students into moving

II. SCHOOL LIAISON TEACHERS

The School Liaison will lead the school team, act as a resource person in the school, so that access is maintained between the school and key stakeholders ensuring planned evaluation activities are realized.

Planning and Coordination

Guide the School Team to:

1. Help identify barriers to implementation of activities in schools, set priorities, and collaborate with stakeholders in providing alternative solutions.
2. Collectively act to provide advice to the school on aspects of the programme. Encourage stakeholder participation in school wellness efforts based on the relevance to their interests and needs.
3. Ensure that communication with schools and surrounding community stakeholders is two-way, regular, and meaningful and occurs through multiple channels.
4. Collaborate with community partners such as registered Dietitians/Nutritionists, Registered Nurses, Public Health Officers, Physicians, and other trained professionals to provide technical expertise and resources on pertinent issues.
5. Engage health and education officials, teachers, students, parents and community leaders in efforts to promote health.
6. Strive to support the programme's aims of promoting a healthy school environment, school health education, and school health services (counselling, social support and mental health) along with school/community programmes and outreach.
7. Plan and implement promotional days.
8. Collaborate with community and home to ensure and facilitate the adoption of the behaviours.

Monitoring and Evaluation

1. Maintain reporting relationship between teachers and Country Focal Point and Principal.

III. FOOD SERVICE PERSONNEL (CANTEEN/CAFETERIA /VENDORS)

The process of instilling healthy lifestyle behaviours in school children requires the input and cooperation of stakeholders both directly and indirectly associated with schools. Students' eating habits are facilitated by what is available to them, and as such personnel in the schools' canteen or cafeteria as well as vendors in the vicinity of the school should be incorporated in activities if the intervention is to be successful.

The roles of canteen/cafeteria personnel and vendors are outlined below:

Foodservice

- Provide healthy food items for staff and student.

School Activities

- Participate in training seminars and workshops on the benefits of nutrition and physical activity to health.
- Participate in the development of innovative ways of promoting healthy lifestyle behaviours through their establishments/businesses.
- Assist in disseminating healthy lifestyle messages through posters and food demonstrations.
- Facilitate home projects by providing student with healthy menu cards that can be shared with parents.

Table 2: Overview of Canteen/Cafeteria Staff Role

SCHOOL	HOME/COMMUNITY	CLASSROOM	PROGRAMMES
<ul style="list-style-type: none">• Maintain dialogue with healthy lifestyle school team	<ul style="list-style-type: none">• Share meal/menu ideas with parents	<ul style="list-style-type: none">• Conduct food demonstrations using healthy food choices	<ul style="list-style-type: none">• Develop innovative ways to promote healthy lifestyle behaviours

IV. SCHOOL TEAM

The school team should be comprised of:

- School Liaison Officer (*Leader*)
- Principal, Teachers
- Community Nutritionist/Dietitian
- Guidance Counsellors
- Food Services Staff
- Non-Governmental Organization Representative

The roles of the school team are:

Advocacy

- Under the guidance of the School Liaison Officer, collectively act to provide advice to the school on aspects of implementation of the policy.
- Work with schools to help identify barriers to implementation of activities and set priorities, and collaborate to provide alternative solutions.

Planning and Coordination

- Encourage stakeholder participation in school wellness efforts based on the relevance to their interests and needs.
- Ensure that communication with schools and surrounding community stakeholders is two-way, regular, and meaningful and occurs through multiple channels.
- Collaborate with community partners such as Registered Dietitians/Nutritionists, Registered Nurses, Public Health Officers, Physicians, and other trained professionals to provide technical expertise and resources on pertinent issues.
- Engage health and education officials, teachers, students, parents and community leaders in efforts to promote health.

- Strive to support the programme’s aims of promoting a healthy school environment, school health education, and school health services (counselling, social support and mental health) along with school/community projects and outreach.
- Plan and implement promotional days.
- Collaborate with community and home to ensure/facilitate the adoption of the behaviours.

Table 3: Overview of School Team Role

SCHOOL	HOME/COMMUNITY	CLASSROOM	PROGRAMMES
<ul style="list-style-type: none"> • Maintain communication between school, country focal point and key stakeholders • Facilitate the execution of planned evaluation activities 	<ul style="list-style-type: none"> • Encourage stakeholder participation in school wellness efforts • Ensure open communication with schools and surrounding community • Collaborate with community partners in the health profession to provide technical expertise 	<ul style="list-style-type: none"> • Provide advice on aspects of the school based behavioural intervention 	<ul style="list-style-type: none"> • Identify barriers to implementation of the programme and set priorities • Support projects aimed at promoting healthy school environment, school health education and health services • Plan and implement promotional days

V. CLASS/ SUBJECT TEACHERS

The class/subject teachers are expected to help students develop competence to choose a healthy lifestyle. The teacher should also collaborate with all partners to ensure achievement of goals for the main beneficiaries, the students.

The specific roles of teachers are detailed below:

Nutrition/Diet and Physical Activity Curriculum

Provide key information in a variety of ways including didactic sessions, group/panel discussion, personal journal, case studies, real life scenarios, individual or group interview/research, personal contracts, role plays/simulations eg. bulletin boards, displays, diagrams, individual and group presentations, media – film, CD, DVD and encouraging creative dramatic presentation.

Building Supportive Environments at School

1. Help students develop skills for healthy lifestyle behaviours.
2. Provide feedback to the school team on concerns/issues relating to implementation that may enhance or minimize the promotion of healthy lifestyle behaviours.
3. Take a personal interest in the programme by being aware of the risks of poor diet and lack of physical activity and how health is affected, and keeping a personal nutrition and activity journal.

School Wide Promotional Activities

1. Motivate and encourage students to participate in lessons and extra-curricular activities at school.
2. Support students in nutrition and physical activity club activities.
3. Participate in healthy lifestyle counselling and training sessions.

Building Supportive Environments at Home and Community

1. Motivate and encourage students to participate in lessons and extra-curricular activities at home.
2. Encourage parents to take a vested interest in the health of their children.

Table 4: Overview of Teacher’s Role

SCHOOL	HOME/COMMUNITY	CLASSROOM	PROGRAMMES
Encourage students in extra-curricular activities Give school team feedback	Communicate healthy lifestyle messages to parents	Participate in training workshops Lesson Delivery Self-assessment	Use opportunities for increased learning of healthy lifestyle behaviours. Encourage students in extra-curricular activities Collaborate with all partners to ensure achievement of goals for the main beneficiaries

VI. ROLE OF PARENTS/FAMILY

Parents control most of the food choices available at home, so changing parents’ eating behaviours may be one of the most effective ways to change their children’s eating behaviours. Parents and other family members should:

1. Work with child on take home activities.
2. Seek out healthy lifestyle school team for advice and referral on healthy lifestyle-related issues.
3. Participate in family oriented activities that promote healthy eating and being active. e.g. food selection, meal preparation, community walks and outdoor games.

VII. ROLE OF COMMUNITY

The community can promote family and community health and wellbeing through their active involvement in healthy lifestyle practices. This will be facilitated by:

1. Community participation in nutrition and skills training for specific target groups.

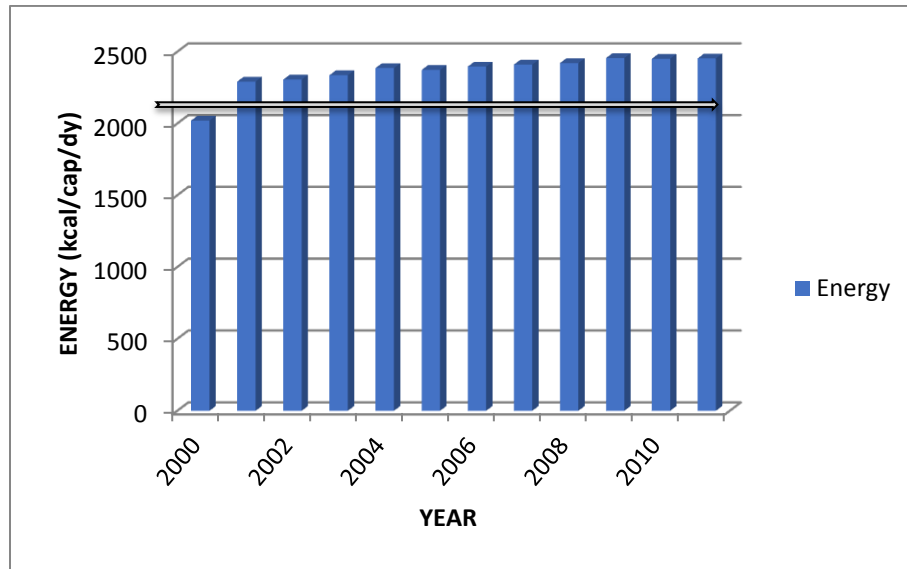
2. Participating in Training of trainers workshops.
3. The business community becoming involved in the planning and implementing of campaigns and projects to share specific health and nutritional knowledge and skills.
4. Promoting good nutrition intervention programmes in the communities through: group counselling sessions, church groups, NGO's, CBO's, and sporting organizations.
5. By creating private, public partnerships.
6. Participating in promotional activities in communities using various channels e.g. competitions, exhibitions, concerts etc.
7. Supporting physical activity mobilization initiatives.
8. Forge partnership with national sporting organizations

Individuals responsible for community and family involvement and school health councils can:

9. Work with home and school associations to implement nutrition policies, including raising funds using health foods.
10. Encourage parents and students to work together to identify stores in their communities where students can purchase healthy snacks on the way to and from school.
11. Work with family resource network coordinators and parent teacher organisations to implement healthy eating policies.

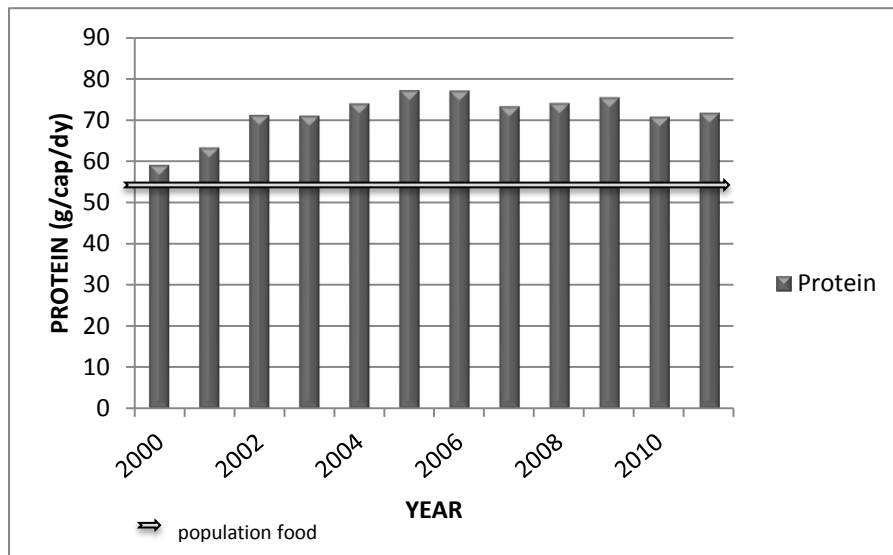
12. Help family resource networks and other school liaisons work with local organisations and agencies that provide nutrition education to youth.
13. Use nutrition education materials for literacy projects.
14. Use healthy eating initiatives to meet learning requirements.
15. Offer nutrition education workshops and screening services.
16. Offer nutrition education services that students can share with their families, such as reading and interpreting food labels, reading nutrition related newsletters and preparing healthy recipes.

Appendix III: Trends in energy availability for Grenada from 2000-2011



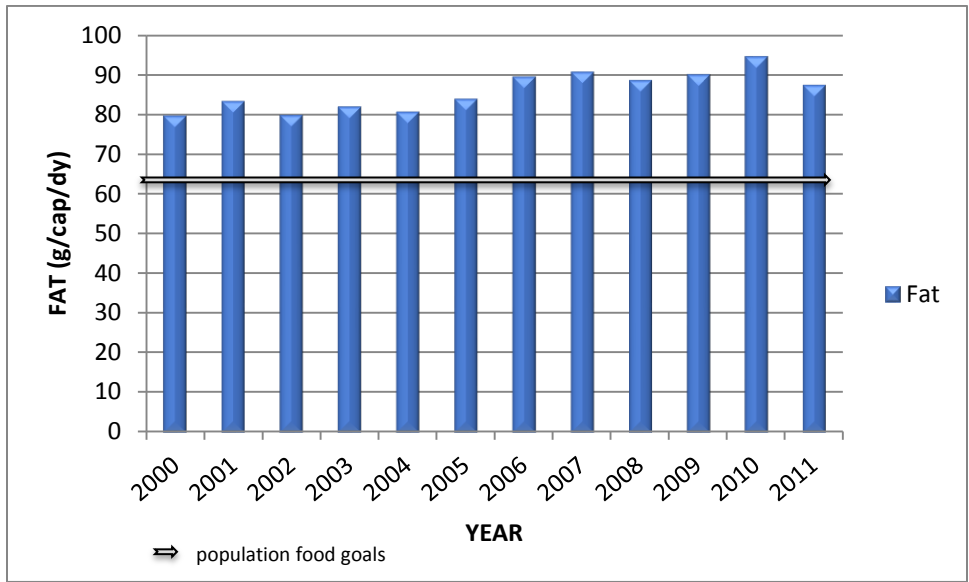
Source: CARPHA (2015)

Appendix IV: Trends in protein availability for Grenada from 2000-2011



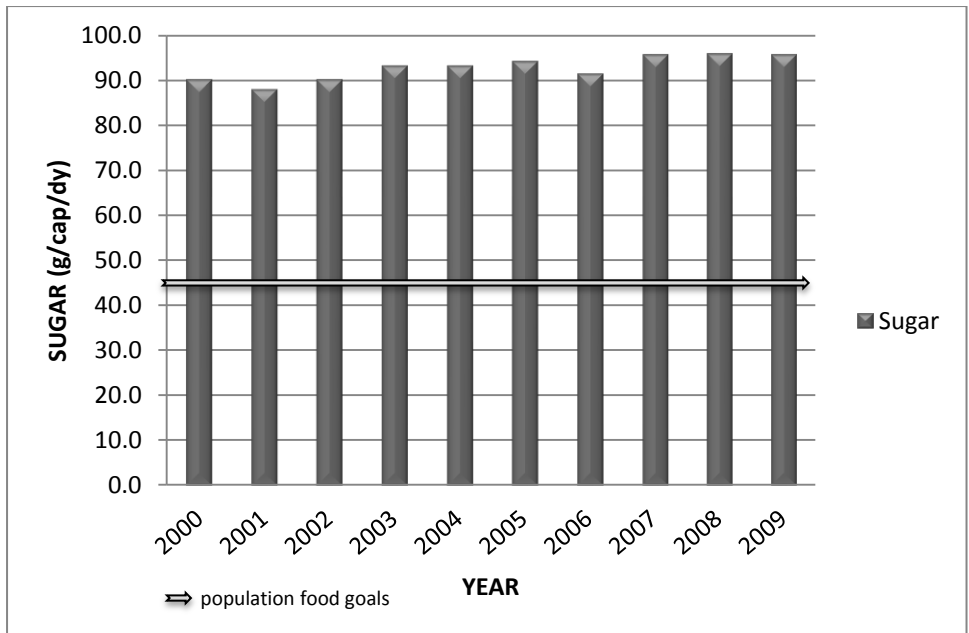
Source: CARPHA (2015)

Appendix V: Trends in fat availability for Grenada from 2000-2011



Source: CARPHA (2015)

Appendix VI: Trends in sugar availability for Commonwealth of Grenada from 2000-2011



Source: CARPHA (2015)

Special consideration will be given to schools that:

- afford opportunities that limit advertising of unhealthy foods
- advocate for the incorporating of physical activity in their building design and other recreational areas and activity centres.
- provide education and incentives to tuck shop operators and sellers who provide affordable healthy food options.
- provide increased physical education programme in varying forms eg. traditional sports, school garden etc.

Appendix VII: Considerations for school recognition

Appendix VIII Food Utilization and Nutritional Adequacy

Policy Statement: The Government of Grenada will promote the consumption of good quality and affordable food in adequate amounts to meet nutritional requirements throughout the life cycle of all

Policy Goal 1: Improve the nutritional status of all, with emphasis on those suffering from malnutrition.

Objective 1: Achieve widespread adherence to World Health Organization (WHO/PAHO) guidelines for infant and young child feeding

Strategic Areas of Action:

- Promote Breast feeding and complementary foods that are nutrient dense and iron rich
- Re-establish Baby-friendly initiative in all hospitals

Objective2: Achieve widespread adherence to WHO/PAHO guidelines on feeding for young children and teens (3-18 years)

Strategic Areas of Action:

- Develop and implement National School Healthy Lifestyle Policy using the WHO school policy Framework
- Build capacity at institutions, schools and day care centres
- Intensify awareness and public education programmes for parents and food vendors

Objective 3: Reduce the prevalence of obesity and the associated health consequences

Strategic Areas of Action:

- Promote healthy food choices and appropriate methods of preparation to preserve nutrients
- Promote the benefits of locally produced foods
- Promote the food base dietary guidelines
- Encourage and support physical activity in line with the National Policy on Sports and Physical Activity

Objective 4: Improve the efficiency and effectiveness of nutrition interventions through better targeting

Strategic Area of Action:

- Institute a coordination mechanism for data collection and analysis
- Implement procedures for collation of surveillance data between Grenada Food and Nutrition Council (GFNC) and Ministry of Health (MOH) to identify those at risk for nutrition related diseases and monitor the nutritional status of the population.

Objective 5: Policy makers act based on knowledge and understanding of the detrimental effects of nutritional related diseases and the benefits for society and the population of appropriate interventions

Strategic Areas of Action:

- Create knowledge base for transmission to policy makers
- Create a platform for continuous dialogue with policy makers

Objective 6: Change food consumption patterns and align them with national population dietary goals

Strategic Areas of Action:

- Develop National dietary goals
- Conduct public education on the importance of the National Dietary Goals emphasizing education of school aged children (3-18 years old)