



MINISTRY OF HEALTH

**JAMAICA
MOVES**



Jamaica Moves

April 2018 – March 2019

A PROGRAMME OF THE MINISTRY OF HEALTH
HEALTH PROMOTION AND PROTECTION BRANCH

Non-Communicable Disease Unit

Nutrition Unit

Health Promotion and Education Unit

INTRODUCTION: JAMAICA MOVES

The Jamaica Moves programme is a comprehensive health promotion campaign that embraces the Ottawa Charter for Health Promotion and utilizes all its tenets to create a vibrant sustainable behaviour change model to tackle the risk factors for Non Communicable diseases.

The programme corrals a variety of activities that makes conditions favourable for behaviour change through advocacy for health and providing access to information to enable all people to reach their fullest health potential by taking control of those things that determine their health, while, bearing in mind the responsibility of the Ministry of Health to mediate between differing interests in society for the pursuit of health.

The programme cuts across all sectors of society, targeted at the individual, interpersonal, organizational, community and national levels.

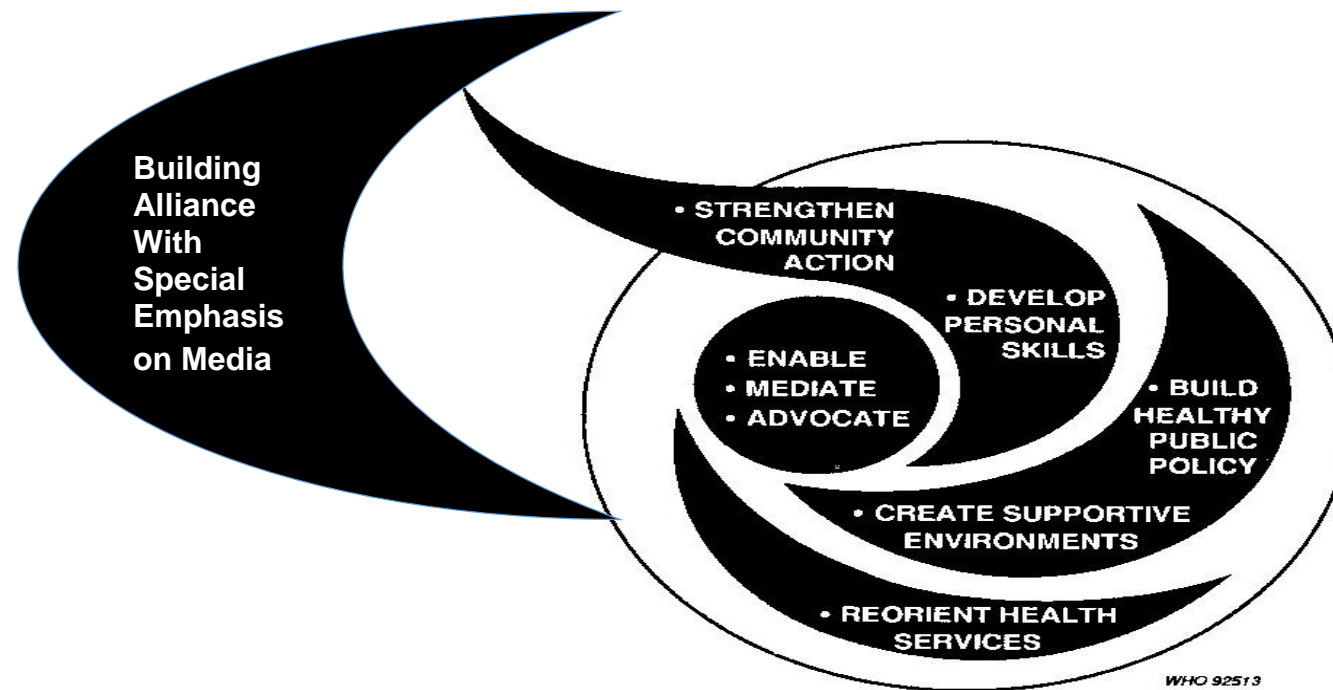
Jamaica Moves started at a national level, aiming at changing behaviour in the general public towards increasing the level of physical activity. Since implementation, the initial concept has been expanded to target three main areas: Physical inactivity, healthy nutrition and promotion of routine health checks for the general population.

Health is created and lived by people within the settings of their everyday life; where they learn, work, play and live. Health is created by caring for oneself and for others, and by enabling the individual to take decisions and have control over one's life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its constituents.

The Jamaica Moves Programme employs a settings approach will seek to tackle NCD prevention (primary and secondary) in 3 environments (i.e., where people are born, live, grow, work and age):

- Schools
- Workplaces
- Communities

The World Health Organization (WHO) defines a setting as “the place or social context in which people engage in daily activities in which environmental, organizational, and personal factors interact to affect health and wellbeing” (1). The settings approach to health promotion considers the multiple, interacting components that make up a whole system and adopts interventions that integrate these components to minimize risk factors and conditions that contribute to disease (1-5). The goal of the settings approach is to create supportive environments for optimal health (4). The model’s key principles include flexibility, community participation, partnership, empowerment and equity (1). These are the guiding principles used in the development of this programme and the Ottawa and Caribbean Charter for health promotion provides the strategic framework.



OTTAWA & CARIBBEAN CHARTER FOR HEALTH PROMOTION

In the Caribbean, Health Promotion initiatives rely heavily on partnerships and like the rest of the world, the use of media is critical in promoting key messages to a wide audience in a short period. As such, in 1996, the Caribbean Charter built upon the Ottawa Charter and added one more strategy – the building of alliance especially with the media.

This strategy is aligned to the National Policy for the Promotion of Healthy Lifestyles in Jamaica 2004 and will support the implementation of the National Strategic and Action Plan for the prevention and control of NCDs 2013 – 2018 targets to reduce the prevalence of insufficient physical activity in adolescents and prevalence of obesity by 5% over a five-year period.



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Jamaica Moves in Schools Initiative

April 2018 – March 2019

JAMAICA MOVES IN SCHOOLS

INTRODUCTION

Non-communicable diseases such as cardiovascular disease, diabetes, chronic respiratory diseases and cancers are one of the major threats to sustainable development in the 21st century. These four major NCDs account for 67% of all deaths and 24% of premature deaths (occurring between 30 to 70 years of age) in 2015 [6]. It is projected that the NCD epidemic will inflict 17.22 billion US dollars in economic loss over the period 2015 to 2030 [7].

The prevalence of obesity in adolescents 13-15 years increased by 68% and doubled in boys over the past seven years. Overweight increased by 29% mainly due to an increase in overweight in boys. Obesity levels in boys surpass girls and the rate of increase of obesity/overweight is higher than girls [8]. Research in Jamaica tracking body mass index at 7 – 8 years and then at 11 – 12 years revealed obesity rates for study participants increased from 3.5% to 9.5% representing an increase of 171% [9]. This is in keeping with the trend world-wide in similar middle-income countries [10].

Obesity occurs in children due to exposure to an unhealthy or obesogenic environment and the inadequate behavioural and biological responses to that environment [7]. The decline in breastfeeding rates, unhealthy eating, sedentary lifestyle, marketing of unhealthy diets are some of the main factors contributing to the obesity epidemic in Jamaica. Research in Caribbean has found “that consumption of sweetened beverages, limited fruit vegetable and water intake and low physical activities levels is significantly associated with obesity” [11].

Jamaican adolescents are physically inactive and consume an unhealthy diet that includes too many sugar sweetened beverages and low vegetable intake. A recent national study reported that Jamaican adolescents 13-15 years old, 72.5% consume one or more soft drinks per day and 27.5% three or more times per day, 27.7% are physically inactive, 53.4% spent three or more hours per day doing sitting activities, 22.1% eat fast food three or more days per week and 14.1% did not eat any vegetables [12].

In Jamaica, energy dense, ultra-processed and nutrient poor foods and sweetened beverages are cheap and readily available. Many of our children are exposed to or included in the marketing of these foods and beverages in the school, community and home setting influencing their choices.

The health consequences of childhood obesity are serious and long-term which are physical and psychological. Obesity begets obesity and childhood obesity is associated with adolescent obesity and is a strong predictor of adult obesity. Obesity is a direct cause of accelerated onset of cardiovascular disease and type-2 diabetes, sleep apnoea, asthma, muscular skeletal complications, and gallstones. It is also associated with psychological problems such as depression, anxiety and poor self-esteem [7][13].

Obese children can face social problems such as bullying, stigma, poor socialisation and reduce educational attainment [14]. Research has shown that childhood obesity will leave a permanent imprint on adult health.

The lifetime cost of treatment of treatment and care of adults who will suffer from NCDs due to childhood obesity can have a devastating impact on the Jamaican economy and families. The projected impact on the GDP of Non-communicable Diseases and Mental Health is huge equivalent to 18.5 times the level of health expenditure in 2013 or 106% of Jamaica's 2013 GDP. The economic impact on the GDP of diabetes and cardiovascular disease alone is 5.89 billion US dollars [14].

The consequences of childhood obesity can wipe out families' incomes as a Jamaican with an NCD is estimated to spend a third of their income to treat their disease and diagnosis of one NCD can wipe out an individual's income [15]. Families face a future where parents will have to find money to treat their and their children's chronic illness, such as, diabetes, and hypertension in addition to finding money to feed and send their children to school. Schools face a future of having to manage the majority of the school population with NCDs in the school setting.

In light, of the tsunami and epidemic of childhood obesity affecting our future generation the Government has a moral responsibility to act on behalf of the Jamaican children to scale up efforts to reduce the risk and unintended consequences of this epidemic. Jamaican children have a right to a healthy life in keeping with the Charter of Fundamental Rights and Freedom "the right to enjoy a healthy and productive environment free from the threat of injury or damage from environmental abuse" [16].

The **main goal** of the JAMAICA MOVES IN SCHOOLS programme is:

- To strengthen the capacity of the school community to become a healthy setting for learning and working.

The **strategic objectives** for the next 5 years are:

- 1) To increase the number of students engaging in moderate level of physical activity by 5%.
- 2) To increase the number of students that make healthier food choices by 5%.

- 3) To increase the number of schools that have integrated identification of at-risk students for NCDs and facilitate appropriate intervention by 20% from baseline.
- 4) To develop a monitoring and evaluation mechanism for Jamaica Moves in School Plan

The objectives for the first year of the programme are:

1. **Physical Activity:**

- To institutionalize measures in at least 50% of schools that facilitate increased physical activity amongst students by June 2019

2. **Healthy Eating:**

- To institutionalize measures in at least 50% of schools that facilitate healthier food options by June 2019

3. **Health Checks:**

- To identify biological risk factors for NCDs through early detection, screening and early diagnosis in at least 50% of schools by June 2019

To achieve these objectives, the Health Promotion strategies as outlined by the Caribbean Charter will be utilized:

1. Build Public Health Policy
2. Create Supportive Environments
3. Strengthen Community Actions
4. Develop Personal skills
5. Reorient Health Services
6. Building alliance especially with the media

Table 1: Strategic areas, aims and actions for the programme

Strategic Areas	Aim	Actions
<p>1. Build Public Health Policy</p>	<p>The Jamaica Moves in Schools programme puts health on the agenda of policy makers in Education at all levels, directing them to be aware of the health standards and the consequences of decisions that impact on the health of the children that are in their care.</p> <p>The aim is to make the healthier choice the easier choice for all concerned.</p>	<ul style="list-style-type: none"> • MOU between the Ministry of Education, Youth and Information and the Ministry of Health • Finalization of the School Nutrition Policy • Development of School Nutrition Standards • Commencement of establishment of criteria for the sale of sugar sweetened beverages for implementation in all schools. • Mandatory physical activity from early childhood to Grade 13 • Minimum of one hour of physical activity per week through physical activity breaks in all schools • Integration of NCD risk factor assessment into routine school medical and Child Health & Development Passport (CHDP). • Establishment of a register of children with NCDs in the school setting.
<p>2. Create Supportive Environments</p>	<p>Our societies are complex and interrelated. Health cannot be separated from other goals. Changing patterns of life, work and leisure have a significant impact on health. Learning and leisure should be a source of health for children. The way schools organize work should help in creating a healthy child.</p>	<ul style="list-style-type: none"> • Promotion of days per week that are designated as Water day, Fruit day, Vegetable days • A School Moves Day/Move your body day. • Formation of Jamaica Moves Clubs in schools • Annual Regional and National Jamaica Moves competitions • Support for management of acute events for children with NCDs by training teachers in Basic Life Support (BLS)/ First Aid/ NCD Acute event management.

Strategic Areas	Aim	Actions
3. Strengthen Community Actions	<p>Jamaica Moves seeks to empower communities to exercise ownership and control of their own endeavours and destinies. Community development draws on existing human and material resources in the community to enhance self-help and social support, and to develop flexible systems for strengthening public participation in and direction of health matters. This requires full and continuous access to information, learning opportunities for health, as well as funding support.</p>	<ul style="list-style-type: none"> • Nutrition training for vendors and canteen operators. • Engagement of entire school community in celebration of special commemorative days • Collaboration with Physical Education Departments of teacher training institutions • Collaboration with the Nutrition and Dietetic Programmes at tertiary institutions to provide support for healthy eating interventions in schools • Promotion of Jamaica Moves in schools in Civil Society and NGOs
4. Develop Personal Skills	<p>Health promotion supports personal and social development through providing information, education for health, and enhancing life skills.</p> <p>Enabling people to learn, throughout life, to prepare themselves for all of its stages and to cope with chronic illness and injuries is essential. This has to be facilitated in school, home, work and community settings. [17]</p>	<ul style="list-style-type: none"> • Jamaica Moves Ambassadors • New materials developed by the MOH will be disseminated to support the delivery of the HFLE curriculum. • Capacity building: Ongoing training.
5. Reorient Health Services toward prevention of illness and promotion of health	<p>The role of the healthcare provider in schools has moved increasingly in a health promotion direction, beyond the responsibility for providing clinical services. Health services in schools now embraces an expanded mandate that is sensitive to the change in epidemiology in the society and the reduction of risk factors from early. This mandate supports the needs of children for a healthier life, and opens channels between the schools and the broader health services to ensure adequate treatment and follow up for children at risk.</p>	<ul style="list-style-type: none"> • Annual measurements of Body mass index and other relevant health checks based on identified risk factors of students • Monitoring of NCD register of students • Capacity building health care professionals in all key areas of Jamaica Moves
6. Build Alliances with special emphasis on media	<p>Communities have diverse resources that will be brought together in a shared effort to promote health; Alliances will be formed and</p>	<ul style="list-style-type: none"> • Jamaica Moves Stakeholders Committee. This committee will incorporate MOEYI and MOH PR and Communication and Jamaica Information Service. • Ongoing capacity building training among key stakeholders

Strategic Areas**Aim****Actions**

	<p>strengthened among traditional and non-traditional sectors that impact health.</p> <p>It is imperative that there be a reciprocal relationship between the media and health to ensure free flow of information on matters vital to the health of the nation.</p> <p>Training will be a main strategy used at different levels in the different fields from which the allies for health are drawn.</p>	<p>with a special emphasis on media</p>
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SUMMARY OF THE APPROACH

POLICY:

- 1) Review, revise and submit MOU between Ministries of Education, Youth and Information and the Ministry of Health to Cabinet for approval
- 2) Advance the policy directives on the following:

Nutrition

- Support the finalization of the School Nutrition Policy that is being prepared for submission to Cabinet for approval.
- Development of School Nutrition Standards to guide the purchase and consumption of products within schools.
- To commence the establishment of criteria for the sale of sweetened beverages for implementation in all schools.
- Mandatory days per week to facilitate a supportive environment for healthy eating such as:
 - Water Day
 - Healthy Eating Day e.g., Fruit Day, Vegetable Day, etc.

Physical Activity

- Implement the measures that need to be in place for mandatory physical activity from early childhood to grade 13
- Promote a minimum of one hour of physical activity per week through physical activity breaks in all schools
- A School Moves Day/Move Your Body Day which will seek to engage the school population in 1 hour of physical activity per week. If it is at the end of the day, the school should find a means to strongly encourage wide participation.

Medical Assessments

- Provide training programme for teachers on Basic Life Support (BLS)/First Aid/NCD Acute event management.

- Facilitate annual measurements of students' Body Mass Index (BMI) and any other relevant health checks based on identified risk factors. This information should be kept on record.
- A register should be kept of all students identified as having Non Communicable Diseases (NCDs)
- Medical assessment of students should be in accordance with the stipulated timelines of the Child Health Development Passport (CHDP) and school medicals.

CREATIVE CONCEPTS

- A social marketing campaign will be implemented to increase the awareness around physical activity, healthy eating and NCDs.

Jamaica Moves social media campaign

- An interactive space will be created utilizing social media where schools can share information about activities that they are doing promoting healthy eating and physical activity. Information will also be creatively packaged so students can access key messages that we seek to promote.

Jamaica Moves Ambassadors

- School personnel that will be trained in delivering key messages on healthy eating, physical activity and NCDs.

Ja Moves (formerly HYPE) Clubs

These clubs are designed to tap into the creative energies of youth and equip them as agents of change for their peers. Recommendations are as follows:

- 1) Jamaica Moves Clubs be in all schools
- 2) Mandatory activities for the Jamaica Moves Clubs include:
 - Water Day
 - Healthy Eating Day e.g., Fruit Day, Vegetable Day, etc.
 - A School Moves Day/Move Your Body Day which will seek to engage the school population in 1 hour of physical activity per week. If it is at the end of the day, the school should find a means to strongly encourage wide participation.

- Institutionalize physical activity breaks e.g., within general assembly, before the first class of day, at the end of last class of the day, before lunch, etc.
- 3) Annual Regional and National Jamaica Moves Competitions – This is to excite, encourage and facilitate incentives for students and staff.

Celebrated Health Days

Spearheaded by the Jamaica Moves Clubs and the Health Advisory Committee, schools should plan activities in line with special commemorative days such as:

- Physical Activity Day (April 6 but to be commemorated by schools on the last Friday in April in order not to conflict with Easter holidays)
- Caribbean Nutrition Day (June 1)
- Caribbean Wellness Day/Week (second week in September)

Health & Family Life Education (HFLE) Curriculum

- New materials developed by the MOH will be disseminated to support the delivery of the HFLE Curriculum.

CAPACITY BUILDING

Ongoing training will take place on NCDs and their risk factors, specifically Nutrition and Physical Activity with all categories of school personnel:

- Administrators/Staff inclusive of HFLE Teachers, students inclusive of club members and student leaders and parents. Nutrition will also train vendors and canteen operators

MONITORING AND EVALUATION

- Nutrition and Physical Activity audit - This will involve assessing the capacity of schools to facilitate healthy eating and physical education/activity based on selected indicators.
- Advance discussion with the MOEYI and the National Education Inspectorate re adopting Classification system to be used in the overall assessment of schools.
- Re-assess framework that was drafted to brand schools as Health Promoting Schools to now brand schools as Ja Moves Schools

- Establish 12 model schools (2 per Ministry of Education Regions – 1 primary and 1 high)

OPPORTUNITIES

- National Health Fund has a \$25,000 grant that can be accessed through Ja Moves (formerly HYPE) clubs
- National Health Fund has a currently established screening programme in schools
- Other existing Health interventions in schools
- Collaboration with Physical Education Departments of teacher training institutions will facilitate assistance with the development/strengthening of Ja Moves Club and physical activity interventions (e.g. Mico University has asked to be a part of our activities in schools).
- Collaboration with the Nutrition and Dietetic Programmes at tertiary institutions makes it possible to engage students to provide support for healthy eating interventions in schools
- The Global Prevention Obesity Project

GLOSSARY OF TERMS

Term	Meaning
Healthy Setting	The place or social context in which people engage in daily activities in which environmental, organizational, and personal factors interact to <i>positively</i> affect health and wellbeing (Health Promotion Glossary, 1998).
Physical Activity (PA)	Any bodily movement produced by skeletal muscles that requires energy expenditure. Some examples include: running, skipping walking dancing
Non Communicable Disease (NCDs)	Non-communicable Diseases also known as chronic diseases tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behavioural factors (NCD Fact Sheet, WHO, 2017). The four main types of non-communicable diseases are cardiovascular diseases (like heart attacks and stroke), cancer, chronic respiratory diseases (such as chronic obstructed pulmonary disease and asthma) and diabetes.
Body Mass Index (BMI)	A simple index of weight-for-height that is commonly used to classify underweight, overweight and obesity in adults.

JAMAICA MOVES IN SCHOOLS PROGRAMME PLAN

Objectives	Strategies	Outputs	Performance Measures/Output Indicators	Major Tasks, Targets and Cost (J\$) by Quarter				Responsibility		COST
				First Quarter April - June	Second Quarter July – Sept.	Third Quarter Oct. – Dec.	Fourth Quarter Jan. – Mar.	MoH	MoEYI	
PHYSICAL ACTIVITY										
To institutionalize measures in 50% of targeted schools that facilitate increased physical activity amongst students by March, 2019.	To advocate for the incorporation of physical activity breaks in the school day/week.	Physical activity breaks implemented	# of breaks implemented each day.	Consultations specific to the physical activity breaks				Technical Support and resource personnel	Curriculum and Support Services – facilitation of consultation sessions per QEC(63) / Parish Logistics to be guided by the Ministry	In Kind contribution
				Sensitization of the school population	Implementation of 3 physical activity breaks per day (5 minutes each)					
				Development of tool kit for the stretch breaks inclusive of music that can be played during the five minutes (1000 schools = All primary & high)				Health Promotion and Education (HPE) Unit to develop the guidelines		\$2,000,000 (Global Prevention Obesity Project)
				Preparation of MOEYI bulletin to be sent out to all school					CEO office to prepare and disseminate bulletin	In Kind contribution

Objectives	Strategies	Outputs	Performance Measures/Output Indicators	Major Tasks, Targets and Cost (J\$) by Quarter				Responsibility		COST
				First Quarter April - June	Second Quarter July – Sept.	Third Quarter Oct. – Dec.	Fourth Quarter Jan. – Mar.	MoH	MoEYI	
				Train students to be physical activity monitors who will support the mandatory physical activity breaks (5 students from 100 schools in the first year)				Physical Activity monitors to be trained by MOH		\$2,000,000
		An hour per week dedicated to physical activity	# of schools that engage students in at least one hour per week outside of PE classes.	Consultations to determine specified time per week		Implementation of hour				
	To advocate for an appointed day in the MOEYI calendar dedicated to movement in all schools (in the same way that Jamaica Day is a school event nationally)	Last Friday in April each year implemented as National School Moves Day	# of schools doing major activities			Selection of 1 feature school and 6 focus schools (1 per MOE region)	Planning and preparation of budget	MOH to spearhead launch	CEO's Office to decide on select school	\$1, 500, 000
				Develop criteria for selection of featured/focus schools				MoH/MoEYI (Joint responsibility)		
NUTRITION										
To institutionalize measures in 50% of targeted schools that facilitate healthier food options by March, 2019	To guide the administrators of schools on facilitating healthier food options in schools	The School Nutrition Standards	Completion of School Nutrition Standards	Interim Guidelines for Beverages sold and served in school drafted.	School Nutrition Standards drafted Targeted consultations with parents, students, vendors, staff	Validation of School Nutrition Standards Targeted sensitization	Implementation of Interim Guidelines for Beverages sold and served in Schools	Nutrition Unit responsible for development of standards	Curriculum and Support Services – facilitation of consultation sessions per	\$2,500,000.00

Objectives	Strategies	Outputs	Performance Measures/Output Indicators	Major Tasks, Targets and Cost (J\$) by Quarter				Responsibility		COST
				First Quarter April - June	Second Quarter July – Sept.	Third Quarter Oct. – Dec.	Fourth Quarter Jan. – Mar.	MoH	MoEYI	
				Targeted sensitization	(principals and teachers) Targeted sensitization				QEC(63) / Parish Logistics to be guided by the Ministry	
		School Nutrition Policy Document Finalized	School Nutrition Policy document completed	Concept paper be submitted for Cabinet Approval	Stakeholders consultation & finalization of document	Stakeholder consultation & finalization of document	Finalized Nutrition Policy Document		Policy development led by MoEYI	Technical Assistance by MOH
	To incorporate practices within the school day/week	Mandatory incorporation of a Water Day and another day dedicated to healthy eating e.g. Fruit Day/Vegetable Day	Water and Fruit/Vegetable day implemented in schools	Preparation of MOEYI bulletin to be sent out to all schools	General sensitization as part of the Jamaica Moves in Schools		Provision of information regarding increasing focus on the consumption of water and other healthy eating habits	Circulation of information		\$500,000.00
	To commemorate nationally, regionally and internationally recognized days that highlight Healthy Eating	An activity that is commemorated on the day or week of: Caribbean Nutrition Day (June 1) Caribbean Wellness Day/Week (2 nd Saturday in September)	Days commemorated	Using competition to promote activity (Caribbean Nutrition Day)	Using competition to promote activity (Caribbean Wellness Day)		Provision of promotional materials (flyer, guidelines)	Circulation of bulletin Mobilization of schools		\$2,000,000.00

Objectives	Strategies	Outputs	Performance Measures/Output Indicators	Major Tasks, Targets and Cost (J\$) by Quarter				Responsibility		COST
				First Quarter April - June	Second Quarter July – Sept.	Third Quarter Oct. – Dec.	Fourth Quarter Jan. – Mar.	MoH	MoEYI	
HEALTH CHECKS										
To identify behavioural and biological risk factors for NCDs through early detection, screening and early diagnosis	Integrate screening for priority NCD risk factors into School Medicals and Child Health Development Passport (CHDP)	Screening for NCDs [e.g., BMI, blood pressure, etc. (paediatric symptom checklist, substance use tobacco, alcohol, marijuana)] integrated into school medicals (entry and exit) based on guidelines with appropriate referral in 100 primary and high schools	% students screened for priority NCD risk factors in keeping with guidelines % students referred to health care provider	Establish Technical Working Group Develop criteria/guide for NCD screening Revise school medical form based on criteria/guide developed Conduct sensitization sessions on new school medical form with Ministry of Education and Health staff Submit approved forms to Ministry of Education and Regional Health Authority	Make school medical form available online			Jointly establish group - subcommittee of JA Moves Committee Development of criteria/guide Revision of medical form Responsible for training Distribution of forms	Jointly establish group - subcommittee of JA Moves Committee	Kind \$1,000,000

Objectives	Strategies	Outputs	Performance Measures/Output Indicators	Major Tasks, Targets and Cost (J\$) by Quarter				Responsibility		COST
				First Quarter April - June	Second Quarter July – Sept.	Third Quarter Oct. – Dec.	Fourth Quarter Jan. – Mar.	MoH	MoEYI	
				Distribute to parents by Ministry of Education and Public Health Facilities/RHAs.					Distribution to parents	
	Train a cadre of persons to measure and track the BMI of students annually	At least 2 persons in each of the 100 pilot schools trained to conduct BMI	% of schools with at least 2 persons trained to measure BMI	Conduct training of focal points in Ministry of Education to conduct BMI measurements	BMI measured on incoming students at pilot schools			Responsible for training volunteers (training to be done on the 1 st term – September to December)	To assist in identifying volunteers	\$1,000,000
		BMI measured and tracked annually on primary and secondary school students with appropriate referral	% of overweight/obese/normal weight/underweight students in 100 pilot schools					To design the database for recording of BMI	Host database	
To provide support to children with NCDs in the school setting	To train teachers to give Basic Life Support (BLS), NCD Acute events and First Aid	Train 1 teacher per grade in the 100 schools in BLS and to manage acute events for diabetes, epilepsy,	% of schools with teachers trained in BLS	Adopt/adapt training curriculum	Conduct training of teachers	Conduct training of teachers	Submission of training report	Facilitate Training	Identify persons for training	\$3,000,000

Objectives	Strategies	Outputs	Performance Measures/Output Indicators	Major Tasks, Targets and Cost (J\$) by Quarter				Responsibility		COST
				First Quarter April - June	Second Quarter July – Sept.	Third Quarter Oct. – Dec.	Fourth Quarter Jan. – Mar.	MoH	MoEYI	
		asthma and sickle cell and on basic facts regarding common NCDs	# of teachers trained	Identify trainers and teachers to be trained						
	To keep a register of students with NCDs	Design and implement NCD register at 100 primary and secondary schools	% schools with NCD register with updated information	Develop NCD school register Distribute approved register to Ministry of Education	Training of School Focal Points in the utilisation of the use of register Implement register in the first Semester of School	Sensitization & training of school focal points	Submission of training report	Send template for Register	Ensure register is maintained and updated	\$3,000,000
GENERAL										
To facilitate collaboration for the rolling out of Jamaica Moves in Schools by September 2018	Finalize draft MOU between Health and Education	MOU finalized	MOU approved and signed off	Review & approval of MOH/MOEYI MOU				To send MoEYI comments on MOU from MOH Legal department for review and revise		In Kind
	Establish a Jamaica Moves in School committee	Committee established	TOR developed # of meetings held	TOR developed for Committee	Convene monthly/quarterly meetings of the committees	Convene monthly/quarterly meetings of the committees	Convene monthly/quarterly meetings of the committees	Submission of list of names of persons for	Submission of list of names of persons for	\$600,000 (Quarterly Meeting)

Objectives	Strategies	Outputs	Performance Measures/Output Indicators	Major Tasks, Targets and Cost (J\$) by Quarter				Responsibility		COST
				First Quarter April - June	Second Quarter July – Sept.	Third Quarter Oct. – Dec.	Fourth Quarter Jan. – Mar.	MoH	MoEYI	
			# of subcommittees meetings held	Subcommittees formed for the 3 components of JA Moves programme with other partners/ stakeholders				the committee Development of the TOR	the committee Development of the TOR	
HEALTH PROMOTION										
To create a social marketing campaign to support the Jamaica Moves in School approach by March, 2019	To establish and maintain clubs that promote healthy lifestyle in schools	Establishment of Clubs in 100 schools	% of schools that have the clubs	Develop video feature on schools with very active healthy lifestyle clubs & use on different media platforms for promotion Provide resource materials to support establishment & maintenance of club						\$2,000,000 NHF's grant of \$25,000 to school per term
		Implementation of Competition for jingles and posters that promote the club	# students entering the competition A jingle and poster that can be replicated and widely circulated.	Develop criteria for school competition Launch competition at official launch of Jamaica Moves	Select & award winner of jingle and poster			Provision of concept framework for competition in schools	Guidance and Counseling unit to collaborate with MoH	\$ 500,000
	To creatively package the key messages of Jamaica Moves	An ad developed for: <ul style="list-style-type: none"> Radio Television Print Social Media 	# ads developed # ads placed	Through partnership and sponsorship, ads will be developed and placed on different media platforms throughout year				Leading initiative		\$10,000,000

Objectives	Strategies	Outputs	Performance Measures/Output Indicators	Major Tasks, Targets and Cost (J\$) by Quarter				Responsibility		COST
				First Quarter April - June	Second Quarter July – Sept.	Third Quarter Oct. – Dec.	Fourth Quarter Jan. – Mar.	MoH	MoEYI	
		Educational materials/ Promotional Items that focus on one or more of the following areas: <ul style="list-style-type: none"> • Physical Activity • Healthy Eating • Know your health status 	# of materials designed for healthy eating # of materials designed for physical activity # of material designed on Knowing your Health status	<ul style="list-style-type: none"> • Development of artwork/logo based on new name for club • Development of key messages for children in primary school and key messages for children in high school. • Use of attractive but impactful promotional items 				Leading initiative	Dissemination of information to schools	\$10,000,000
	To create an interactive space on social media platforms for information sharing	An interactive space on facebook and twitter (The space will allow schools to share information on their healthy lifestyle activities and MOH/MOEYI to share information that are creatively packaged)	Interactive space created	Consultancy to develop and manage the interactive space	Launch of interactive space				Communications Unit to collaborate with MoH	\$1,000,000
	To host Jamaica Moves School Tour	School tour completed in each region	# of schools that participate in the tour	Collaborate with key sponsors to	Development of submission of proposal	Procurement & Logistics		Procurement and Logistics	Identify host schools and mobilize	\$10,000,000

Objectives	Strategies	Outputs	Performance Measures/Output Indicators	Major Tasks, Targets and Cost (J\$) by Quarter				Responsibility		COST
				First Quarter April - June	Second Quarter July – Sept.	Third Quarter Oct. – Dec.	Fourth Quarter Jan. – Mar.	MoH	MoEYI	
				conduct school tour					support of other schools (CREO's)	
	To strategically place signage in each school	Signs developed that promote physical activity and healthy eating messages	# of signs developed # of signs placed in schools		Development of sign	Placement of 3 signs at selected (100) schools in each MOEYI region		Leading signage	Identify the priority schools	\$20,000,000
TRAINING										
To build capacity of Key Stakeholders in the three focal areas in at least 50% of the targeted schools of Jamaica Moves by March 2019	To sensitize Administrators, Staff, Parents and Students on Healthy Eating, Physical Activity and NCDs	Sensitization sessions held	# of persons sensitized within each category	Administrators and Staff sensitized Parents and Students sensitized				Technical Support and resource personnel	Guidance and Counseling – facilitation of consultation sessions per QEC(63) / Parish Logistics to be guided by the Ministry	\$2,500,000
	To train HFLE teachers, PE teachers and Food and Nutrition teachers on the	HFLE teachers, PE teachers and Food and Nutrition teachers trained from the 100 schools	% of HFLE teachers trained from 100 schools	At least 80% of target audience trained Training takes place				Technical Support and resource personnel	Guidance and Counseling – facilitation of consultation	\$2,500,000

Objectives	Strategies	Outputs	Performance Measures/Output Indicators	Major Tasks, Targets and Cost (J\$) by Quarter				Responsibility		COST
				First Quarter April - June	Second Quarter July – Sept.	Third Quarter Oct. – Dec.	Fourth Quarter Jan. – Mar.	MoH	MoEYI	
	utilization of the Appropriate Eating and Fitness component of the HFLE curriculum								sessions per QEC(63) / Parish Logistics to be guided by the Ministry	
		10 students each from 100 schools branded as Jamaica Moves Ambassadors	Jamaica Moves Ambassadors trained	50 primary and 50 high schools identified Criteria developed for the selection of JA Moves Student Ambassadors 10 students identified from each of the 100 schools inclusive of student leaders, healthy lifestyle club members and key influencers from	Jamaica Moves Ambassadors trained			Technical Support and resource personnel	Guidance and Counseling – facilitation of consultation sessions per QEC(63) / Parish Logistics to be guided by the Ministry	\$4,000,000

Objectives	Strategies	Outputs	Performance Measures/Output Indicators	Major Tasks, Targets and Cost (J\$) by Quarter				Responsibility		COST
				First Quarter April - June	Second Quarter July – Sept.	Third Quarter Oct. – Dec.	Fourth Quarter Jan. – Mar.	MoH	MoEYI	
			student population Toolkit prepared							
MONITORING & EVALUATION										
Develop a Jamaica Moves in School monitoring and evaluation framework by August, 2018	Conduct a Nutrition and Physical Activity Audit	Audit results	Audit conducted	Development/fin alization of audit tool		Nutrition and Physical Activity Audit conducted		Leading activity	CEO to facilitate access to schools	\$2,600,000.00
	Report of JA Moves in School activities	Reports generated	# of reports received	Development of a reporting template for the programme	Implementation of the reporting template by MOEY&I and MOH			Reports submitted on a quarterly basis	Reports submitted on a quarterly basis	In Kind
	Establish 12 model schools, 2 in each MOEYI region (1 primary, 1 high)	12 model schools established	# of model schools established	12 schools selected based on agreed criteria	Resources invested in schools			Criteria to be established and schools identified	Criteria to be established and schools identified	\$6,000,000 (\$500,000 for each school)* Ideal would be at least 1 million
								Estimated Total budget:		\$90.2M

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