

**PHG Needs Assessment Calculator**  
**Trinidad and Tobago**  
**Fetal Alcohol Spectrum Disorder**

Welcome to the PHG Health Needs Assessment Calculator for Fetal Alcohol Syndrome. The contents of this file are listed below.

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**Please note:** Throughout the Tool and Calculator we have asked for epidemiological data in relation to Fetal Alcohol Syndrome (FAS) only. This is due to paucity of data and the fact that FAS is the most clinically recognisable form. Please be aware that FAS is the severe presentation of the spectrum of FASD and it is likely that FAS data will be underestimates if you are considering all forms of FASD. You may use the same template to compile data on FASD; however, please be aware that comparability with other data sets will be affected if differing diagnostic criteria have been used.

**Trinidad and Tobago****Shared Data****Demographic, maternal health and socio-economic indicators**

Please read first! If you have already completed a needs assessment for a different topic in this country, you will be able to copy the Demography information from that Calculator into here. The information should be the same.

By default, the Toolkit contains information at the national level.

If you would like to use a different population, then replace country information with that of your specific population of interest.

Number of persons by age-group and sex	Estimates			Your estimates			Chosen estimates		
Age group	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4 years	43501	42771	86272			0			0
5-9 years	55286	52744	108030			0			0
10-14 years	65242	63254	128496			0			0
15-19 years	64835	61016	125851			0			0
20-24 years	60316	56597	116913			0			0
25-29 years	54735	53235	107970			0			0
30-34 years	51124	50974	102098			0			0
35-39 years	50435	52434	102869			0			0
40-44 years	47403	46650	94053			0			0
45-49 years	39595	40401	79996			0			0
50-54 years	30951	31037	61988			0			0
55-59 years	23125	25290	48415			0			0
60-64 years	16917	17780	34697			0			0
65+ years	37449	48766	86215			0			0
Total	640914	642949	1283863	0	0	0	0	0	0
Female population aged 15-44 years		320906			-			-	
Data year	1999 reported in 2005								
Source, Year	UN 2011								

**Ethnicity.** Please enter data for the main ethnic groups if you are working with a population that is different from that of the country.

Ethnic group	Number	% population

<b>Fertility and mortality</b>	<b>Estimate</b>	<b>Source, Year</b>	<b>Your estimate</b>	<b>Source, Year</b>	<b>Chosen estimate</b>	<b>Source, Year</b>
Crude birth rate: live births (LB) / year / 1000 population	14.59	Unicef, 2013				
Still birth rate: still births (SB) / year / 1000 total births	8.51	WHO, 2009				
Total births in 1000s (LB+SB) per year	20	Unicef, 2013				
Infant mortality rate: infant deaths / 1000 LB / year	24.5	Unicef, 2013				
Under-5 mortality rate: U5 deaths / 1000 LB / year	27.7	Unicef, 2013				
Percentage births in women >35 years						
Life expectancy at birth (yrs)	70.12	Unicef, 2013				
% of marriages consanguineous						

<b>Maternal health</b>	<b>Estimate</b>	<b>Source, Year</b>	<b>Your estimate</b>	<b>Source, Year</b>	<b>Chosen estimate</b>	<b>Source, Year</b>
Prenatal visits – at least 1 visit (%)	95.7	Unicef, 2013				
Prenatal visits – at least 4 visits (%)	–	Unicef, 2013				
Births attended by skilled health personnel (%)	97.8	Unicef, 2013				
Contraception prevalence rate (%)	42.5	Unicef, 2013				
Unmet need for family planning (%)						
Total fertility rate	1.64	Unicef, 2013				
% home births						
% births at health care services	97.40	Unicef, 2013				
<b>Newborn health</b>	<b>Estimate</b>	<b>Source, Year</b>	<b>Your estimate</b>	<b>Source, Year</b>	<b>Chosen estimate</b>	<b>Source, Year</b>
Number of neonatal examinations by SBA / trained staff						
% neonatal examinations by SBA/ trained staff						

<b>Socio-economic indicators</b>	<b>Estimate</b>	<b>Source, Year</b>	<b>Your estimate</b>	<b>Source, Year</b>	<b>Chosen estimate</b>	<b>Source, Year</b>
Gross national income per capita (PPP int. \$)	24940	Unicef, 2013				
% population living on < US\$1 per day		Unicef, 2013				
Birth registration coverage (%)	95.8	WHO 2006				
Death registration coverage (%)	90-100	WHO, 2006				

LB = live births

PPP = purchasing power parity

SBA = skilled birth attendant

**Trinidad and Tobago**  
**Shared Data**  
**Health Services Data**

**Please read first!** If you have already completed a needs assessment for a different topic in this country, you will be able to copy the Health Services information from that Calculator into here. The information should be the same.

This section provides health-service-related information for your country.

**By default, the Toolkit contains information at the national level.**

**If you would like to use a different population, then replace country information with that of your specific population of interest.**

<b>Health Expenditure</b>	<b>Estimate</b>	<b>Source, Year</b>	<b>Your estimate</b>	<b>Source, Year</b>	<b>Chosen estimate</b>	<b>Source, Year</b>
Per capita total expenditure on health (PPP int. \$)	1487.8	WHO 2011				
Total expenditure on health as percentage of GDP	5.7	WHO 2011				
Per capita government expenditure on health (PPP int. \$)	787.2	WHO 2011				
External resources for health as percentage of total expenditure on health	2.1	WHO 2011				
General government expenditure on health as percentage of total expenditure on health	52.9	WHO 2011				
Out-of-pocket expenditure as percentage of private expenditure on health	81.8	WHO 2011				
Private expenditure on health as percentage of total expenditure on health	47.1	WHO 2011				
General government expenditure on health as percentage of total government expenditure	8	WHO 2011				

<b>Health Workforce</b>	<b>Estimate</b>	<b>Source, Year</b>	<b>Your estimate</b>	<b>Source, Year</b>	<b>Chosen estimate</b>	<b>Source, Year</b>
Number of nursing and midwifery personnel	4677	WHO, 2007				
Nursing and midwifery personnel density (per 10,000 population)	35.6	WHO, 2007				
Number of physicians	1543	WHO, 2007				
Physician density (per 10,000 population)	11.75	WHO, 2007				
Number of obstetricians						
Number of paediatricians						
Number of paediatric surgeons						
Number of paediatric cardiac surgeons						
Number of paediatric neurosurgeons						
Number of clinical geneticists						
Number of genetic counsellors						
Number of community health workers						
Number of skilled birth attendants (SBA)						
Density of SBA						
Number of lab staff providing cytogenetic testing						

Number of lab staff providing molecular genetics						
Number of lab staff providing biochemical tests for genetics						
Number of skilled health attendants						

<b>Infrastructure</b>	<b>Estimate</b>	<b>Source, Year</b>	<b>Your estimate</b>	<b>Source, Year</b>	<b>Chosen estimate</b>	<b>Source, Year</b>
Number of maternity units						
Number of services providing specialised care for people with CD						
Number of family planning services						
Number of preconception services						
Number of services providing prenatal care						
Number of services providing newborn care						
Number of facilities providing genetic services						
Number of laboratories providing cytogenetics						
Number of laboratories providing molecular genetics						
Number of laboratories providing biochemical tests for genetics						
Number of facilities for safe terminations of pregnancies for fetal defects						

PPP = purchasing power parity

GDP = gross domestic product

SBA = skilled birth attendant

CD = congenital disorders

**Trinidad and Tobago**  
**Fetal Alcohol Spectrum Disorder**  
**FAS Epidemiology 1.1: Country epidemiology**

Epidemiological indicator	Your estimates	Range	PHGDB minimum estimates	Chosen estimates	Range	Source
<b>Year of estimate</b>						
<b>Prevalence at birth and by age-group (/1000)</b>						
Live birth prevalence (LB)						
Stillbirth prevalence (SB)						
Total birth prevalence (LB+SB)						
All age groups						
<1 year olds						
1-4 year olds						
5-14 year olds						
15-44 year olds						
45+ year olds						
<b>Number of cases by age group</b>						
Annual live births						
All age groups						
<1 year olds						
1-4 year olds						
5-14 year olds						
15-44 year olds						
45+ year olds						
<b>% cases by level of impairment</b>						
No or minor disability						
Moderate disability						
Severe disability						
<b>Mortality and morbidity</b>						
Mean life expectancy (yrs)						
No. deaths < 1yr						
No. deaths 1-4 yrs						
No. deaths < 5 yrs						
Infant mortality / 1000 LB						
Under-5 mortality / 1000 LB						
Years of life lost						

**Trinidad and Tobago**  
**Fetal Alcohol Spectrum Disorder**  
**FAS Epidemiology 1.2: International comparison**

Epidemiological indicator	Your chosen estimates	Comparison		
		Country	Region	World
Prevalence at birth and by age-group (/1000 people)		(Caribbean)		
Live birth prevalence (LB)				
Stillbirth prevalence (SB)				
Total birth prevalence (LB+SB)				
All age groups				
<1 year olds				
1-4 year olds				
5-14 year olds				
15-44 year olds				
45+ year olds				
Number of cases by age-group				
Annual live births				
All age groups				
<1 year olds				
1-4 year olds				
5-14 year olds				
15-44 year olds				
45+ year olds				
% cases by level of impairment				
No or minor disability				
Moderate disability				
Severe disability				
Mortality and morbidity				
Mean life expectancy (yrs)				
No. deaths < 1yr				
No. deaths 1-4 yrs				
No. deaths < 5 yrs				
Infant mortality / 1000 LB				
Under-5 mortality / 1000 LB				
Years of life lost				

**Trinidad and Tobago****Fetal Alcohol Spectrum Disorder****FAS Epidemiology 2.1: Data on affected pregnancies: Research studies**

Study author, year, site	Sample size	Study quality and representativeness	Main findings

Based on the studies listed above (or in section SYPH-E2.1 of the Tool), enter the best estimates for the prevalence of affected births and stillbirths in the country, and a range of values to reflect uncertainty or within-country variation.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

Estimates for the total country/territory	Number of affected live births	LB prevalence / 1000 TB	Comments
Best estimate			
Lower estimate			
Higher estimate			
Estimates for the total country/territory	Number of affected stillbirths	SB prevalence / 1000 TB	Comments
Best estimate			
Lower estimate			
Higher estimate			

TB = total births (live births + stillbirths);



**Trinidad and Tobago****Fetal Alcohol Spectrum Disorder****FAS Epidemiology 2.2: Data on affected pregnancies: Surveillance**

Based on surveillance data, enter the best estimates for the prevalence of the condition in live births and stillbirths. Give a range of values to reflect uncertainty and within-country variation, and use comments for information on data quality, uncertainty and representativeness.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

Estimates for the total country/territory	Number of affected live births	Birth prevalence / 1000 TB	Comments
Best estimate			
Lower estimate			
Higher estimate			

Estimates for the total country/territory	Number of affected stillbirths	Stillbirth prevalence / 1000 TB	Comments
Best estimate			
Lower estimate			
Higher estimate			

TB = total births (live births + stillbirths)

**Trinidad and Tobago****Fetal Alcohol Spectrum Disorder****FAS Epidemiology 2.3: Data on affected pregnancies: Other sources**

	Source 1:	Source 2:	Notes
Enter year and source of data – use last year with information available.			
<b>Basic Numbers</b>			
Number of affected live births / year, from data source			
Total number of live births / year, from data source			
Number of affected still births / year, from data source			
Total number of stillbirths / year, from data source			
Total number of affected births / year (live and still)	0	0	Number of affected live births + Number of affected still births
Total number of births / year, from data source	0	0	Total number of live births + Total number of still births
Total number of women aged 15-44			
<b>Live birth prevalence: recorded and estimated</b>			
Recorded live birth prevalence (affected recorded live births / 1000 recorded total births)	#DIV/0!	#DIV/0!	
Estimated completeness of recording: what proportion of true affected live births in your data source were recorded?			Range: 0 to 1
Estimated coverage of recorded live births (number of recorded live births / total live births in country or territory)			Range: 0 to 1
Estimated live birth prevalence (recorded prevalence / completeness)	#DIV/0!	#DIV/0!	
Estimated true number of affected live births in data source (number of recorded affected live births / completeness)	#DIV/0!	#DIV/0!	
Estimated number of affected live births in total population (number of affected live births from data source / (coverage x completeness))	#DIV/0!	#DIV/0!	
<b>Stillbirth prevalence: recorded and estimated</b>			
Recorded stillbirth prevalence (affected recorded still births / 1000 recorded total births)	#DIV/0!	#DIV/0!	
Estimated completeness of recording: what proportion of true affected stillbirths in your data source were recorded?			Range: 0 to 1
Estimated coverage of recorded stillbirths (number of recorded still births / total still births in country or territory)			Range: 0 to 1
Estimated stillbirth prevalence (recorded prevalence / completeness)	#DIV/0!	#DIV/0!	
Estimated true number of affected stillbirths in data source (number of recorded affected still births / completeness)	#DIV/0!	#DIV/0!	
Estimated number of affected stillbirths in total population (number of affected still births from data source / (coverage x completeness))	#DIV/0!	#DIV/0!	

**Based on the sources above**, enter the best prevalence estimates for your population, and a range of values to reflect uncertainty of estimates and within country variation.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

<b>Estimates for the whole country/territory</b>	<b>Number of affected live births</b>	<b>LB prevalence / 1000 TB</b>
Best estimate		
Lower estimate		
Higher estimate		
<b>Estimates for the whole country/territory</b>	<b>Number of affected still births</b>	<b>SB prevalence / 1000 TB</b>
Best estimate		
Lower estimate		
Higher estimate		

TB = total births (live births + stillbirths)

**Trinidad and Tobago****Fetal Alcohol Spectrum Disorder****FAS Epidemiology 2.4: Summary of affected pregnancies**

Indicator	Your estimates	Range	PHGDB minimum estimates	Chosen estimates	Range	Source
Number of annual affected <b>live births</b>						
Annual birth prevalence / 1000 TB						
Number of annual affected <b>still births</b>						
Annual Stillbirth prevalence / 1000 TB						

If there are specific sub-types of condition, you can repeat this exercise below. However, you should consider (a) whether sub-types would have different implications for advocacy, and (b) whether a sub-type might require a full, specific needs assessment.

TB = total births (live births + stillbirths)

**Trinidad and Tobago****Fetal Alcohol Spectrum Disorder****FAS Epidemiology 2.5: Sub-population variation in affected pregnancies**

If the birth prevalence rates vary by population sub-group (e.g. geographically or by another factor), indicate any population groups with different prevalence estimates from the whole population and describe reasons for variation. If a group is substantially different from the general population, you may wish to conduct a needs assessment for that group alone.

Population sub-group	Number of affected live births	LB prevalence / 1000 TB	Reason for variation

Population sub-group	Number of affected stillbirths	SB prevalence / 1000 TB	Reason for variation

TB = total births (live births + stillbirths)

**Trinidad and Tobago****Fetal Alcohol Spectrum Disorder****FAS Epidemiology 3.1: Mortality data: Research studies**

Source, year, site	Sample size	Age group	Study quality and representativeness	Main findings

Based on the studies above, enter the best estimates for the specific mortality by age-group e.g. infant, under-5s, etc., as appropriate, and a range of values to reflect uncertainty of estimates and within-country variation.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

Mortality estimates	Number of deaths	Ratio (deaths / 1000 LB)	Comments
<b>Neonatal group (&lt;28 days)</b>			
Best estimate			
Lower estimate			
Higher estimate			
<b>Infant group (&lt;1 year)</b>			
Best estimate			
Lower estimate			
Higher estimate			
<b>Under-5 group (&lt;5 years)</b>			
Best estimate			
Lower estimate			
Higher estimate			
<b>Other age group:</b>			
Best estimate			
Lower estimate			
Higher estimate			

LB = live births

**Trinidad and Tobago****Fetal Alcohol Spectrum Disorder****FAS Epidemiology 3.2: Mortality data: Vital registration data**

Fill in the blank cells based on your vital registration data.	
Enter year and source of data	
Registered data	
Total registered live births	
Registered condition-specific neonatal deaths (first 28 days of life)	
Registered condition-specific infant deaths (first year of life)	
Registered condition-specific under-5 deaths (first 5 years of life)	
Registered condition-specific neonatal mortality ratio (condition-specific neonatal deaths / (Total registered live births / 1000))	#DIV/0!
Registered condition-specific infant mortality ((condition-specific infant deaths / (Total registered live births / 1000))	#DIV/0!
Registered condition-specific under-5 mortality (condition-specific under-5 deaths / (Total registered live births / 1000))	#DIV/0!

**Adjustment for under-ascertainment of cause of death and sub-registration of deaths:** Enter estimates in the highlighted cells. It is not always possible to adjust the estimates, in which case you may give the value '1', accepting that the estimates in these cases will usually be biased towards low values. (Or you may move to the next section.)  
It is assumed that under-ascertainment is stable across age-groups; if ascertainment varies by age-group, you could use separate estimates for each age group.

Estimated completeness of recording: what proportion of deaths in affected persons were registered as such?		Range: 0 to 1
Population coverage: what proportion of the total country/territory population is covered by the vital registration?		Range: 0 to 1
Death ascertainment (population coverage x completeness)	0	
Estimated values for the total country/ territory population		
Estimated number of live births in total population (Total registered live births/population coverage)	#DIV/0!	
Estimated number of neonatal deaths in total population (number of deaths registered in neonatal period / ascertainment)	#DIV/0!	
Estimated number of infant deaths in total population (number of deaths registered in first year of life / ascertainment)	#DIV/0!	
Estimated number of under-5 deaths in total population (number of deaths registered in under-5s / ascertainment)	#DIV/0!	
Estimated neonatal mortality ratio (estimated neonatal deaths / 1000 live births)	#DIV/0!	
Estimated infant mortality ratio (estimated infant deaths / 1000 live births)	#DIV/0!	
Estimated under-5 mortality ratio (estimated under-5 deaths / 1000 live births)	#DIV/0!	

**Trinidad and Tobago****Fetal Alcohol Spectrum Disorder****FAS Epidemiology 3.3: Mortality data: Other sources**

Source, year, site	Sample size	Age group	Data quality and representativeness	Main findings

Based on data from the sources above, enter estimates for the disease-specific deaths and mortality rates in your population.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

	Neonatal mortality		Infant mortality		Under-5 mortality	
Estimates for the total country/territory	Value	Ratio/1000 LB	Value	Ratio/1000 LB	Value	Ratio/1000 LB
Best estimate						
Lower estimate						
Higher estimate						



**Trinidad and Tobago****Fetal Alcohol Spectrum Disorder****FAS Epidemiology 3.4: Summary mortality estimates**

Indicator	Your estimates	Range	PHGDB minimum estimates	Chosen estimates	Range	Source
Year of data collection						
Number of annual deaths in affected persons						
Number of annual live births (in 1000s)						
Number of annual affected neonatal deaths						
Number of affected neonatal deaths / 1000 LB						
Number of annual affected infant deaths						
Number of affected infant deaths / 1000 LB						
Number of annual affected under-5 deaths						
Number of affected under-5 deaths / 1000 LB						
Mean life expectancy at birth in affected people						
Other indicators (e.g. survival following surgical procedure, etc)						

If there are specific sub-types of condition, you can repeat this exercise (copy table and paste below). However, you should consider (a) whether sub-types would have different implications for advocacy, and (b) whether a sub-type might require a full, specific needs assessment.

**Trinidad and Tobago****Fetal Alcohol Spectrum Disorder****FAS Epidemiology 3.5: Sub-population variation in mortality**

Age group: neonatal Population sub-group	Number of deaths in affected persons	Cause-specific, group-specific neonatal mortality ratio / 1000 LB	Reason for variation

Age group: infant Population sub-group	Number of deaths in affected persons	Cause-specific, group-specific infant mortality ratio / 1000 LB	Reason for variation

Age group: under 5 Population sub-group	Number of deaths in affected persons	Cause-specific, group-specific under-5 mortality ratio / 1000 LB	Reason for variation

Age group: ..... Population sub-group	Number of deaths in affected persons	Cause-specific, group-specific mortality ratio / 1000 population	Reason for variation

**Trinidad and Tobago****Fetal Alcohol Spectrum Disorder****FAS Epidemiology 4.1: Population prevalence: Research studies**

Study, year, site	Sample size	Study quality and representativeness	Main findings

Based on the studies above, enter the best estimates for population prevalence, and a range of values to reflect uncertainty of estimates and within-country variation.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

	Prevalence / 1000 persons	Range	Comments
Best estimate			
Lower estimate			
Higher estimate			

If there are specific sub-types of condition, you can repeat this exercise (copy table and paste below). However, you should consider (a) whether sub-types would have different implications for advocacy, and (b) whether a sub-type might require a full, specific needs assessment.

**Trinidad and Tobago****Fetal Alcohol Spectrum Disorder****FAS Epidemiology 4.2: Population prevalence: Other sources**

Source, year, site	Sample size	Data quality and representativeness	Main findings

Based on data from the sources above, enter estimates for the disease-specific deaths and mortality rates in your population.

If studies are not representative of the national population you may need to weight your data (see the Guide for explanation on weighting and help with the calculations).

	Prevalence / 1000 persons	Range	Comments
Best estimate			
Lower estimate			
Higher estimate			

If there are specific sub-types of condition, you can repeat this exercise (copy table and paste below). However, you should consider (a) whether sub-types would have different implications for advocacy, and (b) whether a sub-type might require a full, specific needs assessment.

**Trinidad and Tobago****Fetal Alcohol Spectrum Disorder****FAS Epidemiology 4.3: Summary of population prevalence**

Source of estimates	Estimated total population number of affected persons	Range	Estimated total population prevalence / 1000 persons	Range
1				
2				
3				
4				
5				
PHGDB				
<b>Chosen estimates</b>				

If there are specific sub-types of condition, you can repeat this exercise (copy table and paste below). However, you should consider (a) whether sub-types would have different implications for advocacy, and (b) whether a sub-type might require a full, specific needs assessment.

**Trinidad and Tobago****Fetal Alcohol Spectrum Disorder****FAS Epidemiology 4.4: Sub-population prevalence variation**

Population sub-group	Number of affected people	Total number of people in population sub-group	Population prevalence per 1000 people	Reason for variation
			#DIV/0!	
			#DIV/0!	
			#DIV/0!	
			#DIV/0!	

If there are specific sub-types of condition, you can repeat this exercise (copy table and paste below). However, you should consider (a) whether sub-types would have different implications for advocacy, and (b) whether a sub-type might require a full, specific needs assessment.

Formula in column D: Number of affected people/ (Total number of people in population subgroup/1000)

**Trinidad and Tobago****Fetal Alcohol Spectrum Disorder****FASD Intervention 1: Effect of preconception care on fetal alcohol syndrome**

Baseline prevalence of FAS per 1000 total births (live + still)		
Baseline prevalence of unsafe alcohol consumption in women aged 15-44 per 1000		
Variables		
Proportion of women reducing alcohol consumption to safe levels before conception		Range: 0 to 1
Effectiveness of preconception intervention on the outcome		Range: 0 to 1
Results		
% prevalence reduction due to preconception intervention per 1000 total births <sup>1</sup>	0%	
Final prevalence of unsafe alcohol consumption in women aged 15-44 per 1000 <sup>2</sup>	0.00	
Final prevalence of FAS per 1000 births <sup>3</sup>	0.00	

FAS = fetal alcohol syndrome

<sup>1</sup>Prop. Women reducing alcohol consumption x Effectiveness of intervention

<sup>2</sup>Baseline prevalence of unsafe alcohol consumption - (% prevalence reduction due to intervention X baseline prevalence of unsafe alcohol consumption)

<sup>3</sup>Baseline prevalence of FAS - (% prevalence reduction due to preconception intervention X Baseline prevalence of FAS)

<sup>3</sup>Baseline prevalence of FAS – Prevalence reduction due to intervention

**Trinidad and Tobago****Fetal Alcohol Spectrum Disorder****FASD Needs Assessment 1: Quantitative baseline****Table FASD-NA1a Burden of Fetal Alcohol Syndrome in pregnancy, at birth and at population level**

Indicator	Chosen estimates			Notes
	Number (n)	n/1000 TB	Range of prevalence (/1000 TB)	
Annual affected live births (LB)	0	0	0	Drawn from sheet E2.4
Annual affected stillbirths (SB)	0	0	0	Drawn from sheet E2.4
Annual affected births (LB+SB)	0	0		Drawn from sheet E2.4
Annual affected persons (all age groups)	0	0	0	Drawn from sheet E1.1

**Table FASD-NA1b Fetal Alcohol Syndrome mortality indicators**

Indicator	Chosen estimates			Notes
	Number (n)	n/1000 LB	Range of prevalence (/1000 TB)	
Annual overall mortality	0			Drawn from sheet E3.4
Annual neonatal mortality	0	0	0	Drawn from sheet E3.4
Annual infant mortality	0	0	0	Drawn from sheet E3.4
Annual under-5 mortality	0	0	0	Drawn from sheet E3.4
Mean life expectancy at birth among affected people	0		0	Drawn from sheet E3.4

TB = total births (live births + stillbirths)



**Trinidad and Tobago****Fetal Alcohol Spectrum Disorders****FASD Needs Assessment 3: Quantitative assessment of interventions**

<b>Table FASD-NA3a</b>	<b>Estimated prevalence in the absence of interventions for Fetal alcohol syndrome</b>	
Indicator	Number (n)	Prevalence (n/1000)
Women of childbearing age consuming alcohol		
Potential live births		
Potential still births		

<b>Table FASD-NA3b</b>	<b>Current situation in relation to interventions before birth</b>		
Intervention	Coverage (%)	Cases averted (n)	Cases averted/1000 LB
Effect of family planning, education			
Universal interventions on rate and number of women of childbearing age consuming alcohol			
Targeted interventions on rate and number of women of childbearing age consuming alcohol			
Overall effect			

<b>Table FASD-NA3c</b>	<b>Target situation in relation to interventions before birth</b>		
Intervention	Coverage (%)	Cases averted (n)	Cases averted/1000 LB
Effect of family planning, education			
Universal interventions on rate and number of women of childbearing age consuming alcohol			
Targeted interventions on rate and number of women of childbearing age consuming alcohol			
Overall effect			
Intervention			

<b>Table FASD-NA3d</b>	<b>Current situation in relation to interventions during pregnancy</b>		
Intervention	Coverage (%)	Cases managed (n)	Cases managed/1000 TB
Education			
Universal interventions on rate and number of women of childbearing age consuming alcohol			
Targeted interventions on rate and number of women of childbearing age consuming alcohol			
Overall effect			

<b>Table FASD-NA3e</b>	<b>Target situation in relation to interventions during pregnancy</b>		
Intervention	Coverage (%)	Cases managed (n)	Cases managed/1000 TB
Education			
Universal interventions on rate and number of women of childbearing age consuming alcohol			
Targeted interventions on rate and number of women of childbearing age consuming alcohol			
Overall effect			

<b>Table FASD-NA3f</b>	<b>Current situation in relation to interventions after birth</b>		
Intervention	Coverage (%)	Cases managed (n)	Cases managed/1000 LB
Effect of newborn screening			
Effect of newborn diagnosis			
Effect of clinical and behavioural interventions			
Effect of social care and support			
Effect of education interventions			
Overall effect			

Table FASD-NA3g	Target situation in relation to interventions after birth			
Intervention	Coverage (%)	Cases managed (n)	Cases managed/1000 LB	
Effect of newborn screening				
Effect of newborn diagnosis				
Effect of clinical and behavioural interventions				
Effect of social care and support				
Effect of education interventions				
Overall effect				
Table FASD-NA3f	Current and desired outcomes			
	Current situation		Target situation	
Indicator	Annual number (n)	Incidence (n/1000)	Annual number (n)	Incidence (n/1000)
Estimated affected pregnancies				
Live births (LB)	0	0		
Still births (SB)	0	0		
All births (LB+SB)	0	0		
Estimated population prevalence				
All age groups				
Estimated mortality				
Neonatal deaths	0	0		
Infant deaths	0	0		
Under-5 deaths	0	0		