

The Republic of Trinidad and Tobago

Ministry of Health

**COVID-19 Emergency Response Project
(P173989)**

**STAKEHOLDER ENGAGEMENT PLAN
(SEP)**

October 17, 2021

ABBREVIATIONS AND ACRONYMS

CBO	Community Based Organization
CDC	Centers for Disease Control and Prevention
CEI	Citizen Engagement Indicator
COVAX	Vaccine Pillar of the Access to Covid-19 Tools (ACT) Accelerator
CSO	Civil Society Organization
ESCP	Environmental and Social Commitment Plan
E&S	Environmental and Social
ESF	Environmental and Social Framework
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
FBO	Faith based Organizations
GBV	Gender Based Violence
GRM	Grievance Redress Mechanism
GRS	Grievance Redress Service
HCW	Health Care Workers
IDB	Inter-American Development Bank
IOM	International Organizaton for Migration
LMP	Labour Management Procedures
MoH	Ministry of Health
MPA	Multiphase Programmatic Approach
NGO	Non-Governmental Organization
NVDP	National Vaccine Deployment Plan

PAHO	Pan American Health Organization
PAI	Project Area of Influence
PDO	Project Development Objective
PIU	Project Implementation Unit
RHA	Regional Health Authority
SAGE	Strategic Advisory Group of Experts on Immunization (WHO)
SEP	Stakeholder Engagement Plan
WB	World Bank
WBG	World Bank Group
WHO	World Health Organization

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1.0 Introduction/Project Description

The illness of COVID-19 which is caused by the virus named SARS-CoV-2 was declared a Public Health Emergency of International Concern on 30 January 2020 and by 11 March 2020 the World Health Organization (WHO) had announced COVID-19 as a global pandemic. The following day on March 12th Trinidad and Tobago announced its first confirmed case of COVID-19. As of October 17, 2021 there have been 54,114 confirmed cases and 1,600 deaths.

The Trinidad and Tobago: COVID-19 Emergency Response Project aims to detect and respond to the threat posed by COVID-19 and strengthen systems for public health preparedness in Trinidad and Tobago. An initial Stakeholder Engagement Plan (SEP) for the original project was prepared in 2020 but this has been updated to take the funding of vaccines into consideration as part of the project's restructuring.

1.1 Project Components

The Project would finance critical medical and laboratory equipment, personal protective equipment (PPE), medical and laboratory supplies, WHO approved vaccines for COVID-19 or medicines for its treatment and the training of medical staff on the appropriate use of equipment and supplies, where needed. The Project is anticipated to finish by December 2022. The Project aims to strengthen disease detection capacity through the provision of laboratory equipment and supplies to ensure prompt testing and diagnosis. This will be achieved by procuring the equipment and medical supplies needed for the provision of intermediate and intensive care services in response to COVID-19. The Project will support critical aspects of health service provision to enhance surge response capacity. The Project will support a flexible procurement approach to maximize chances of success in procuring items that are hard to procure in strained global supply chains. The Project will use the Pan-American Health Organization (PAHO) as the primary procurement agent to act on behalf of the GoRTT.

The Project has two components to support the Government's capacity to detect and respond to the threat posed by COVID-19. Specifically, it will support the identification and treatment of patients with COVID-19 to minimize disease spread, morbidity, and mortality. The Project would include climate change adaptation and mitigation measures, when possible, and address gender issues by ensuring nondiscrimination and wide access to COVID-19-related health care services.

1.1.1 Component 1: Emergency Response to COVID-19 (US\$11.70 million).

This component will provide immediate support to respond to the COVID-19 pandemic through the procurement of key medical equipment and supplies for the detection and treatment of COVID-19. This component will finance critical inputs for infection control in health facilities as well as the investigation of suspected cases (see the description under the Sub-Components). This component will finance safe working conditions for health staff treating COVID-19 patients through the provision of PPE, training on their safe use and disposal, training on the safe operation of equipment for the treatment of COVID-19 patients, pharmaceutical products for the response to COVID-19, and vaccines. The activities under this component will prioritize energy-efficient goods and services and ensure the use of climate-smart technologies in medical supplies and medical devices to treat COVID-19 cases.

There are two sub-components. These are:

Sub-Component 1.1: Strengthening Case Detection and Recording (US\$0.5 million).

This sub-component will finance laboratory equipment, training on the correct use of lab equipment, as well as supplies, test kits, and reagents for the diagnosis of COVID-19. The activities and items financed under this sub-component will allow scaling up the testing capacity of the country's public laboratory network. Procurement under this subcomponent will prioritize, when possible, the use of climate-smart technologies.

Sub-Component 1.2: Strengthening Case Treatment (US\$11.25 million).

This sub-component will support efforts to strengthen the health care system's capacity to provide a comprehensive range of services for the treatment and care of COVID-19 patients, in accordance with WHO clinical practice guidelines. This subcomponent will finance as needed:

- (i) Essential equipment for disinfection and sterilization procedures including medical supplies, and supplies to ensure safe hospital waste management practices
- (ii) Key health care delivery inputs, including personal protective equipment and other medical supplies for frontline health workers involved in patient case management
- (iii) Training of health staff on appropriate clinical care for COVID-19 patients and the safe disposal of medical waste
- (iv) Medicines

- (v) Equipment for the treatment of COVID-19 patients. Procurement under this subcomponent will prioritize, when possible, the use of climate-smart technologies.

In addition, the following activities have been added.

1.1.2 Component 2: Support to COVID-19 Vaccination Campaign (US\$8.05 million).

- (i) The procurement of vaccines through the COVAX facility (using the PAHO Revolving Fund) and any vaccines approved for use by the World Health Organisation (\$8.0 Million USD)
- (ii) Technical assistance for demand generation, tailored communications, and reporting on compliance with the National Vaccine Deployment Plan (NVDP) to support the implementation of the NVDP (\$0.05 Million USD).

Notably, the details on the allocation and use of the funds under this technical assistance component to be agreed upon by the MoH/MoF technical team and the WB team based gaps and/or areas for improvement for the vaccination programme.

1.1.3 Component 3: Project Management and Monitoring (US\$0.25 million).

This Component will finance the recurrent operational costs of strengthening the Project Implementation Unit (PIU) established under an existing IDB-financed health project¹ at the Ministry of Health, to facilitate the implementation of the World Bank Bank-financed Project. The main functions of the additional PIU staff to ensure successful implementation of the Bank-financed Project include:

- (i) Project management (including monitoring and evaluation)
- (ii) Procurement (through PAHO)
- (iii) Financial management and reporting
- (iv) Compliance with environmental and social framework requirements
- (v) Project Administration

¹ Project Number: TT-L1039. The objective of the Health Services Support Program (HSSP) is to strengthen the organizational and institutional capacity of the health system in a structured cohesive manner to address the challenges of the health sector. For more information please see: <https://www.iadb.org/en/project/TT-L1039>

The proposed Project's components will support the government's capacity to detect and respond to the threat posed by COVID-19. Specifically, it will support the identification and treatment of patients with COVID-19 to minimize disease spread, morbidity and mortality. The Project will also finance the purchase of vaccines through the COVAX facility. The proposed Project will implement climate-change adaptation measures when possible, and address gender issues, as necessary.

The Emergency Response Project is being prepared under the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard ESS 10 Stakeholders Engagement and Information Disclosure, the implementing agencies should provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.

1.1.3 Objectives of the Stakeholder Engagement Plan

The overall objective of this SEP is to present the program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The involvement of the local population is essential to the success of the project to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases.

For COVID-19 vaccination programs, stakeholder engagement is key to communicating the principles of prioritization of vaccine allocation and the schedule for vaccine rollout, reaching out to disadvantaged and vulnerable groups, overcoming demand-side barriers to access (such as mistrust of vaccines, stigma, cultural hesitancy), and creating accountability against misallocation, discrimination and corruption. The SEP is a living document and will be updated, as needed, throughout the project life cycle.

1.1.4 Summary of Previous Stakeholder Engagement Done during Project Preparation

Table 1 below outlines stakeholder engagements to date.

Table 1: Summary of Stakeholder Consultations

GROUP	STATUS	TOPICS DISCUSSED	OUTCOMES
Media	Completed	The Road to the COVID-19 Vaccination & Approval T&T Vaccination Tactical Roll Out Psychological impact of reporting during a Pandemic The war against misinformation: 10 steps to COVID-19 Reporting	Media to promote and encourage approved COVID19 response messaging. Media to utilize official sources to facilitate credible publications Media to support public engagement strategies through adopting ads etc.
Medical and clinical staff	Ongoing	Appropriate use of PPE, Vaccine hesitancy	Development of use of PPE guidelines Vaccine acceptance and promotion
Vulnerable Groups (Section 3.3 for further details)	Ongoing	Vaccinations and vaccination plan	Concerns of the group re: access and getting vaccines were addressed
Public	Ongoing	COVID response mechanisms, Vaccine acceptance	Through public health education campaigns and ongoing advertisements.

2. Stakeholder identification and analysis

Project stakeholders are defined as individuals, groups or other entities who:

- (i) are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as 'affected parties'); and
- (ii) may have an interest in the Project ('interested parties'). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.

Cooperation and negotiation with stakeholders throughout the Project development will involve the identification of persons who are legitimate representatives of stakeholder groups. Community representatives, faith groups, and non-government organizations may provide helpful insights into the issues experienced by vulnerable groups and act as conduits for dissemination of the Project-related information. Verification of stakeholder representatives (i.e., the process of confirming that they are legitimate and genuine advocates of the community they represent) remains an important task in establishing contact with the community stakeholders.

Due to current restrictions for gathering of persons, stakeholder identification will largely occur through virtual platforms telephone calls and emails or other non-traditional forms of communication through Non-Governmental Organizations (NGOs) networks and faith groups. Working closely with women's groups would also be useful as women are critical stakeholders and intermediaries in the deployment of vaccines as they are familiar with vaccination programs for their children and are the caretakers of their families.

2.1 Methodology

To meet best practice approaches, the project will apply the following principles for stakeholder engagement:

- *Openness and life-cycle approach*: public consultations for the project(s) will be arranged during the whole lifecycle, carried out in an open manner.
- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analysing and addressing comments and concerns.

- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communications and build effective relationships. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, youth, elderly persons with disabilities, displaced persons, those with underlying health issues and the cultural sensitivities of diverse ethnic groups.
- *Flexibility*: because social distancing is currently making traditional forms of engagement impossible, the methodology will adapt, see Section 3.2 below on the proposed approaches. *Closing the Feedback Loop*: Closing the feedback loop (i.e., a two-way interaction providing a tangible response to citizen feedback) is required to meet stakeholders' expectations created by their engagement, use their input to improve project design and implementation, and justify the cost of engaging with them.

For the purposes of effective and tailored engagement, stakeholders of the proposed project(s) are divided into the following three (3) categories:

Affected Parties – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures

Other Interested Parties – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way

Vulnerable Groups – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status² and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project. See section 2.4 for the relevant vulnerable groups for this project.

² Vulnerable status may stem from an individual's or group's race, national, ethnic or social origin, language, religion, political or other opinion, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

2.2. Affected parties

Affected Parties include local communities, community members and other parties that may be subject to direct impacts from the Project. Specifically, the following individuals and groups fall within this category: Healthcare workers inclusive of doctors, nurses and allied healthcare professionals

- Persons infected with COVID-19
- Persons, their households and communities under quarantine and home isolation
- People detained in prisons and detention centres
- Local government units where isolation/quarantine/screening facilities will be located
- Communities around proposed isolation/quarantine/screening facilities
- Workers involved in waste collection and management
- Workers/professionals
- Returning nationals and non-nationals
- Business entities and individual entrepreneurs supporting and/or supplying key goods and services for prevention of and response to COVID-19.
- Government Ministries directly involved in COVID-19 prevention and response
- Members of the general public who wish to be vaccinated

2.3. Other interested parties

The projects' stakeholders also include parties other than the directly affected communities, including:

- General public who are interested in understanding the Governments prevention and response to COVID-19.
- Government officials, permitting and regulatory agencies at the national, regional, and community levels, including environmental, technical, social protection and labour authorities.
- Civil society organizations at the global, regional, and local levels that may become partners of the project.
- Business owners and providers of services, goods and materials that will be involved in the project's wider supply chain or may be considered for the role of project suppliers in the future.

- PAHO/WHO, Centers for Disease Control and Prevention (CDC), international Organization for Migration (IOM)
- Mass media and associated interest groups, including local, regional, and national printed and broadcasting media, digital/web-based entities, and their associations.

2.4. Disadvantaged / vulnerable individuals or groups

It is particularly important to understand how the project impacts will disproportionately fall on disadvantaged or vulnerable individuals or groups, and how they might be excluded from the projects benefits and then to consider ways to mitigate this.

Vulnerability may stem from a person's origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community. Engagement with vulnerable groups and individuals requires the special consideration to their situation and tailored outreach so they are not harmed and so they benefit from the project.

Within the COVID-19 context, the vulnerable or disadvantaged groups will include:

- The Elderly and those living in long stay communities
- Persons with Non-Communicable Diseases
- Persons living with HIV/AIDS
- Persons with disabilities including physical and mental health disabilities (and their caretakers):
- Economically marginalized
- Socially displaced (including homeless persons)
- Social groups unable to physically distance (e.g., prisons and detention facilities)
- Groups living in dense urban neighbourhoods
- Groups living in multigenerational households
- Groups particularly asylum seekers and others without clear legal status
- Women headed households or single mothers with underage children
- Groups that face language barriers
- Other vulnerable/minority groups that are identified during project implementation and not explicitly mentioned here who may need additional measures to ensure they are included

2.4.1 Considerations for vulnerable groups

The project will be inclusive to ensure that socially displaced vulnerable groups will have equitable access to project benefits. Additionally, the project will engage with NGOs who deal with different categories of vulnerable groups to ensure that the subjects of their work have access to all project information which will allow them to access its benefits. With respect to the vaccination process, no one will be denied a vaccine regardless of, inter alia, their ethnicity, race, gender, socio-economic standing, religious or cultural beliefs.

2.5 Summary of project stakeholder needs

Considering the constraints to public consultation meetings related to the COVID-19 pandemic, the SEP will consider the relevant World Bank technical guidance³, WHO guidance, and relevant national guidelines on COVID-19 transmission prevention.

- Online formal meetings (e.g., Microsoft Teams)
- One-on-one interviews through phone or mobile apps (i.e., Messenger, WhatsApp)
- Telephone consultations
- Where possible in person consultations
- Outreach through third parties (e.g., Civil Society Organizations (CSOs), Community Groups) specifically for communicating with vulnerable populations

The following will be considered as part of the communications strategy to be adopted.

- Public gatherings will be avoided (this so that the Project remains in alignment with existing public health regulations and restrictions).
- Should smaller groups be permitted, small group sessions such as focus group meetings will be considered
- Maximum use of virtual and online platforms will be adopted for both stakeholder engagements and information dissemination.
- Traditional modes of communications such as television, newspaper, radio, fixed telephone lines, and mail will be used to target those with limited or no access to virtual or online channels.
- Direct engagement activities such email and text messaging campaigns along with knowledge operators.

³ World Bank - Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings, March 20, 2020

- Will be utilized as required. Civil Society groups, NGOs, Community based organizations (CBOs) and Faith based organizations (FBOs) will also be utilized where targeted messaging with vulnerable populations are critical.

All aforementioned mechanisms will ensure feedback mechanisms are included as part of their strategies.

3. Stakeholder Engagement Programme

The Project will emphasize citizen engagement aspects building on mechanisms already in place in the health sector.

Measures will include:

- A grievance redress mechanism with stipulated service standards for response times,
- Support to development of materials for risk communication campaigns to strengthen the flow of information by daily reporting the COVID-19 status in country and the education and awareness of risks and protective actions.
- Translation of targeted materials for the benefit of specific vulnerable groups.
- A Citizen Engagement Indicator (CEI) has been included in the results framework which is related to the risk communication campaigns in local languages⁴.

For future consultations during the project cycle, the stakeholders will be notified about how their feedback was taken into consideration. This will be done through disclosing the report of the consultations. The report on stakeholder consultations completed so far have been included as Annex II. Future consultations will be included here too. Stakeholders will be notified about how their feedback was included in the project during consultations as well.

A National Deployment and Vaccination Plan (NDVP) was developed in March 2021 and updated in June 2021. This was completed with input from relevant divisions (COVID-19 Vaccine Task Force, National Immunization Programme, national regulatory authorities, and other relevant groups including the private sector). The NDVP was developed in line with PAHO/WHO guidance and SAGE recommendations.

Updated versions of the SEP, ESCP and the ESMF will be disclosed on the same websites during project implementation and no later than 30 days after effectiveness.

3.1. Proposed strategy for information disclosure

In order to meet best practice approaches, the project will apply the following principles for stakeholder engagement and information disclosure:

⁴ There is a robust quality assurance and monitoring mechanism in place and the CEI will draw on this.

- Openness and life-cycle approach: public consultations for the project(s) will be arranged during the whole lifecycle. Consultations would be carried out in an open and transparent manner.
- Informed participation and feedback: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analysing and addressing comments and concerns.
- Inclusiveness and sensitivity: stakeholder identification will be undertaken to support better communications and build effective relationships. Sensitivity to stakeholders' needs will be the key principle underlying the selection of engagement methods. Special attention will be given to vulnerable groups, in particular women, youth, elderly and the cultural sensitivities of diverse ethnic groups;
- Flexibility: because social distancing is currently making traditional forms of engagement impossible, the methodology will adapt based on the proposed approaches.

Information about the consultation process, along with information about the project will be posted in advance in the MoH website, and MoH social media. The objective of the consultations will be to obtain feedback from stakeholders on the project's risks, impacts, and possible mitigation measures proposed by them and the PIU. The PIU will consult/communicate with the stakeholders on the risks, and impacts identified in the ESMF and LMP. Considering that risks, and impacts can impact and affect differently each stakeholder groups, special attention will be given to identify risk and impacts per stakeholder group. Therefore, consultations will be held separately depending on the group of stakeholders. Consultations/communications will be held throughout the life of the Project.

The updated Environmental and Social Commitment Plan (ESCP)⁵ and this updated SEP will be disclosed through the Facebook page of the website of MoH: <http://www.health.gov.tt/> They will be disclosed at the World Bank's external website. Consultations with affected and interested stakeholders on the ESCP and SEP are ongoing and further information on the approach is provided in Section 3.4. Feedback from these will be considered in the revision of the ESCP and SEP and development of the Environmental and Social Management Framework (ESMF)⁶.

⁵ The (ESCP) sets out material measures and actions, any specific documents or plans, as well as the timing for each of these

⁶ The (ESMF) enables the World Bank and Borrowers to better manage environmental and social risks of projects and to improve development outcomes. It offers broad and systematic coverage of environmental and social risks.

The PIU within MoH will follow the proposed strategy for information disclosure which aligns with the Ministry of Health’s Communication Plan - COVID-19 Vaccination (**Annex I**).

Table 2 below summarises the proposed information disclosure.

Table 2: Summary of Project Disclosure

<i>Project stage</i>	<i>Target stakeholders</i>	<i>List of information to be disclosed</i>	<i>Methods</i>
Preparation, prior to effectiveness	Different government ministries and agencies including Ministry of Health, Ministry of Communications, Ministry of Education, 5 Regional Health Authorities Hospitals and Medical Facilities General public Civil society organizations Development partners Mass media	Project objectives and activities Stakeholder Engagement Plan (SEP) and Grievance Redress Mechanism (GRM). Environmental and Social Commitment Plan (ESCP). Interim Environmental and Social Guidelines Project GRM Vaccination Plan- including vaccination priority access	Disclosure on World Bank and MoH websites Social Media Meetings-in person/virtual Ministry of Health Press Conferences Brochures/ Flyers/Posters Mobile Public Address System Digital and Static Billboards

<i>Project stage</i>	<i>Target stakeholders</i>	<i>List of information to be disclosed</i>	<i>Methods</i>
Project Implementation	<p>Different government ministries and agencies including Ministry of Health, Ministry of Communications, Ministry of Education, 5 Regional Health Authorities</p> <p>Hospitals and Medical Facilities</p> <p>Local government units</p> <p>Local communities particularly those around proposed isolation/quarantine centres</p> <p>Medical waste collection and management workers</p> <p>General public</p> <p>Civil society organizations</p> <p>Development partners</p> <p>Mass media</p> <p>Vulnerable groups</p>	<p>Updated ESF instruments including a GRM</p> <p>Feedback of project consultations.</p> <p>Information about project activities in line with the World Health Organization (WHO) COVID-19 guidance on risk communication and community engagement.</p> <p>Project GRM</p> <p>Vaccination Plan- including vaccination priority access</p>	<p>Updated ESF documents to be uploaded on MOH and World Bank websites within 30 days of project effectiveness.</p> <p>Traditional channels of communications (television, newspaper and radio)</p> <p>Social Media</p> <p>Meetings- in person/virtual</p> <p>Ministry of Health's Facebook Page.</p> <p>Information leaflets and brochures to be distributed with sufficient physical distancing measures</p> <p>Mobile PA System</p> <p>Mass text message blasts</p>

<i>Project stage</i>	<i>Target stakeholders</i>	<i>List of information to be disclosed</i>	<i>Methods</i>
			Ministry of Health Press Conferences Digital and Static Billboards Mobile LED Screens and Loud Speakers

The Government will ensure that information to be disclosed:

- Is accurate, up-to-date and easily accessible
- Relies on best available scientific evidence
- Emphasizes shared social values
- Articulates the principle and rationale for prioritizing groups for vaccine allocation
- Includes an indicative timeline and phasing for the vaccination for the entire eligible population
- Includes explanation of measures that will be used to ensure voluntary consent, or if measures are mandatory that they are reasonable, follow due process, do not include punitive measures, and have a means for grievances to be addressed
- Includes explanation of vaccine safety, quality, efficacy, potential side effects and adverse impacts, as well as what to do in case of adverse impacts
- Directs persons where they can get more information, ask questions and provide feedback
- Includes the expected direct and indirect economic costs of the vaccines and addresses measures should there be serious adverse impact on stakeholders due to the vaccine, such as adverse reactions
- Is communicated in formats considering language, literacy, and cultural aspects.
- Over time, based on feedback received through the Grievance Mechanism and other channels, information disclosed should also answer frequently asked questions by the public and the different concerns raised by stakeholders.

- Monitoring of social media platforms to clarify or debunk misinformation about vaccine efficacy, side effects, vaccine allocation and roll out. In response, the government will disseminate new communication packages and talking points to counter such misinformation through different platforms in a timely manner.
- If the engagement of security or military personnel is being considered for deployment of vaccines, the client will ensure that a communication strategy is in place to inform stakeholders of their involvement and the possibility of raising concerns and grievances on their conduct through the Grievance Mechanism

3.2. Stakeholder engagement plan

The project will carry out targeted stakeholder engagement with all groups including vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services and challenges they face at home, at workplaces, and in their communities. These approaches are captured in the table below.

Table 3 below summarizes the plan for stakeholder engagement which aligns with Ministry of Health’s Communication Plan-COVID-19 Vaccination (**Annex I**).

Table 3: Plan for Stakeholder Engagement

<i>Project stage</i>	<i>Topic of consultation / message</i>	<i>Method used</i>	<i>Target stakeholders</i>	<i>Responsibilities</i>
Preparation, prior to effectiveness	Project scope and timelines Infection and prevention control protocol Introduce the project’s ESF instruments. Present the SEP and the Grievance Redress Mechanism.	Virtual consultations	Relevant Ministries and agencies working on COVID-19 crisis management. Regional Health Authorities Hospitals and medical facilities	PIU/MoH

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
			<p>Affected people and other interested parties as appropriate.</p> <p>Relevant IPOs, NGOs and CSOs may also be included.</p>	
Implementation	<p>Updated project's ESF instruments.</p> <p>Feedback of project consultations/ Citizen's Engagement</p> <p>Information about project's activities in line with the World Health Organization (WHO) COVID19 guidance on risk communication and community engagement.</p> <p>COVID-19 Testing Strategy</p>	<p>Virtual consultations</p> <p>Correspondence by phone/email</p> <p>Satisfaction survey at vaccination sites</p> <p>Letters to local, regional and national authorities</p> <p>Small face to face meetings- formal/informal</p>	<p>Local government authorities</p> <p>Local communities particularly those around proposed isolation/quarantine centres</p> <p>Health facilities and their workers</p> <p>Medical waste collection and management workers</p> <p>General public</p> <p>CSOs and NGOs</p>	PIU/MoH

<i>Project stage</i>	<i>Topic of consultation / message</i>	<i>Method used</i>	<i>Target stakeholders</i>	<i>Responsibilities</i>
			Faith Based service Providers Development partners	

3.3. Proposed strategy to incorporate the view of vulnerable groups

The project will carry out targeted stakeholder engagement with vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services and other challenges they face at home, at workplaces and in their communities. The details of strategies that will be adopted to effectively engage and communicate to vulnerable group will be considered during project implementation⁷.

To this end, a virtual stakeholder engagement consultation was held with select vulnerable groups on Friday July 23rd, 2021. A summary of the consultation is presented in **Annex II**.

Based on the feedback from this consultation, the MoH organized transport for the Special Needs persons and their families and caretakers through PTSC. They also ensured that there was enough time allocated for vaccination and that the group numbers were small and that persons were allowed to recover in a quiet space.

3.4. Reporting back to stakeholders

Stakeholders will be kept informed about the project progress, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and grievance mechanism. This will be done by disclosing relevant consultations reports on the MoH website. Also, information relevant to Environmental and Social matters will be announced on social media and other communication channels such as television and radio. Information

⁷ Examples may include (i) women: ensure that community engagement teams are gender-balanced (ii) Pregnant women: develop education materials for pregnant women, infection precautions, and how and where to seek care based on their questions and concerns; (iii) Elderly and people with existing medical conditions: develop information on specific needs and explain why they are at more risk & what measures to take to care for them; tailor messages and make them actionable for particular living conditions (including assisted living facilities), and health status.

leaflets and brochures will be utilized as far practicable. Where necessary, key information will be translated into Spanish. In person public consultations meetings will be also taken into consideration if the situation improves and in accordance with the Government of Trinidad and Tobago measures to contain the spread of COVID-19.

3.5 Methodology to Engage Stakeholders for Vaccination Activities

The project will follow the procedures established in the Ministry of Health's Communication Plan- COVID-19 Vaccination (**Annex I**) and will utilize the following principles for stakeholder participation during the vaccination process.

1. Open engagement throughout the project life cycle
2. Informed participation and feedback from project stakeholders: information will be widely distributed to all project stakeholders in the most appropriate manner. Stakeholders will have the opportunity to provide feedback about the project and the MoH will have the opportunity to address their concerns. These will be incorporated into updated versions of the SEP and other relevant project documents.
3. Sensitivity to stakeholder needs: This will underpin the selection and execution of engagement methods. Special attention will be paid to ensure that vulnerable groups are included in the engagement process.
4. Flexibility: If established national COVID-19 transmission prevention guidelines prevents traditional forms of participation, the methodology will be adapted to include non-traditional forms of participation, including virtual communications.
5. To prevent elite capture or the misuse of vaccines, the MoH will closely monitor the vaccine registries to ensure that the vaccines reach their intended destinations and that
6. the specified target groups, as outlined in the Vaccination Plan, receive vaccines within the right timeframe.

4. Resources and Responsibilities for implementing stakeholder engagement activities

(The details on the allocation and use of the funds under this technical assistance component to be agreed by the MoH/MoF technical team and the WB team based gaps and/or areas for improvement for the vaccination programme).

4.1. Resources

The MoH will be in charge of stakeholder engagement activities. The budget for the SEP is estimated to be **TTD \$ 600,000.00**. This will be covered by the annual budget of the MoH. The budget requirement will be further assessed for the next version of the SEP.

The budget will be allocated as follows in Table 4:

Table 4: Proposed Budget for SEP

E&S risk management resource	
	\$200,000
<ul style="list-style-type: none">• Screening of activities.• Preparation and disclosure of activity level instruments.• Supervision, monitoring, and reporting.• Information and communication• Coordinating the Project's GRM	
Training and Communications	\$200,000
<ul style="list-style-type: none">• E&S specialist/s to travel to provide ESHS training at national level.• Consultation activities in accordance with the SEP• Translation.	
Supervision, monitoring, and reporting	\$100,000
<ul style="list-style-type: none">• E&S specialist/s to go to project areas for project supervision, monitoring and reporting.	
Consultations	\$100,000
TOTAL	\$600,000

4.2. Management Functions and Responsibilities

The MoH will have overall implementation responsibility for the proposed Project. The PIU responsible for implementing the project activities is the PIU established for the Inter-American Development Bank's (IDB) *Health Services Support Program*⁸. The PIU reports directly to the Permanent Secretary (PS) of the Ministry of Health. If deemed necessary, the PS will establish

⁸ Project Number: TT-L1039. The objective of the Health Services Support Program (HSSP) is to strengthen the organizational and institutional capacity of the health system in a structured cohesive manner to address the challenges of the health sector. For more information please see: <https://www.iadb.org/en/project/TT-L1039>

a committee/task force to provide oversight for the Project. This committee/task force will also guide the relevant departments within the MoH and the Regional Health Authorities (RHAs) which are involved in the implementation of the Project. MoH will be responsible for the implementation of the SEP, as well as the ESMF and other commitment of the Environmental and Social Commitment Plan (ESCP). The MoH has engaged a qualified environmental and social specialist with qualifications and experience acceptable to the Bank to manage environmental and social risks of the Project and the engagement with stakeholders.

The stakeholder engagement activities will be documented through minutes of stakeholder engagements, minutes of monthly and quarterly meetings with implementing partners. Consultation reports will be prepared by MoH after project-related public engagement activities have been carried out. These reports will be widely shared with the stakeholders and be included as part of the project's semi-annual reporting to the Bank.

5. Grievance Redress Mechanism (GRM)

The main objective of a Grievance Redress Mechanism (GRM) is to assist to resolve complaints and grievances in a timely, effective, and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective, and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GRM:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the implementation of project
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants
- Avoids the need to resort to judicial proceedings.

The GRM will be maintained and implemented throughout Project implementation. The project will follow the IDB funded project GRM established for the Health Sector Support Program which will be complimented by the MoH complaints handling system already in place across the country. The GRM will also receive concerns or grievances regarding the conduct of security forces. Grievances will be received, monitored, documented (taking into account the need to protect confidentiality), resolved through the Project's grievance mechanism, and will be reported to the Bank no later than 5 days after being received

The Environmental and Social Specialist will oversee the GRM implementation for the project. This specialist will be responsible for monitoring the correct implementation of the project GRM and for resolving all grievances in a timely and appropriate manner.

5.1. Description of GRM

The Ministry of Health will be responsible for oversight of the GRM. The MoH already operates a complaint handling system across health facilities to respond to issues pertaining to the quality of care received. The GRM aims to resolve the bulk of complaints at the health centre where health services are being provided. For the project, an E&S Specialist will be hired to ensure that unresolved complaints from the RHA related to the vaccination roll out are shared with the MoH on a monthly basis. The current system does not make it clear if anonymous complaints can be submitted and investigated, but the final GRM for the project will allow anonymous complaints

to be submitted. Grievances specifically related to the World Bank funded project will be flagged and recorded separately.

There are several ways to lodge a complaint. These are:

- By telephone: 627-0010 ext. 1609 (Directorate of Health Services – Quality Management)
- In person at Ministry of Health Trinidad and Tobago, #63 Park Street, Port of Spain
- On the Ministry’s Facebook Page. <https://www.facebook.com/MinistryofHealthTT>
- By mail: Directorate of Health Services- Quality Management, Ministry of Health Trinidad and Tobago, #63 Park Street, Port of Spain.

Walk-ins may register a complaint on the comment form at healthcare facility, vaccination site or suggestion box at clinic/hospitals

In addition to the national level complaints receipt, details on complaints handling at each Regional Health Authority can be found at: <http://www.health.gov.tt/>

The main steps in lodging a complaint are:

1. Document the complaint on the Ministry of Health Comment Form (see **Annex III**), then enter data on the Complaints Log Database. Use each heading as a guideline for filling out the information. (see **Annex IV**)
2. Assure the complainants that the complaint would be referred to the respective RHA within twenty-four hours (24hrs), after which the RHA would provide feedback to complainant within ten (10) working days.
3. Refer the matter to the respective RHA.
4. RHA to provide feedback on the resolution of complaint to MoH after complainant was contacted.
5. IF complaint was resolved then close complaint.
6. The resolution process at the Regional Health Authority is a three-phase process and is described below:

The GRM will include the following steps:

1. Document the complaint on the Comment Form (See **Annex III**).

2. Populate the Complaints Log Database using each heading as guideline for filling out the information (See **Annex IV**)
3. Inform the complainant that feedback would be provided within ten (10 working days and assure the complainant that necessary corrective action would be taken. Explain the process of the actions which would be taken where applicable.
4. Provide the complainant with a copy of the complaints receipt. This receipt contains pertinent information which will be required by the complainant, including the complaints reference number for traceability of complaints (see **Annex V**)
5. Conduct inquiry (interview all stakeholders involved).
6. Contact complainant and provide full explanation and corrective action which was taken to avoid reoccurrence.
7. If complainant is satisfied, then close case and enter data on the Complaints Log database. If complainant is NOT satisfied, then refer matter to the Quality Manager or designate for him/her to proceed to the Second Level

Procedure – Second Level

1. Notify the Department/Unit Manager of complaint and of investigation to be conducted
2. Refer the complaint to the Complaints Management Review Committee.
3. Conduct a full investigation (this includes statements documented by all stakeholders and may include internal audit of service if one was not conducted within the current year of the investigations).
4. Submit findings to the Quality Manager and Complaints Review Panel for appropriate actions to be taken.
5. Write an official correspondence (signed by/ for Quality Manager) to the complainant informing him/her that an investigation was completed, findings of the investigation, actions taken and convey apologies. If complainant still NOT satisfied then forward complaint accompanied by the relevant documentation to the Director of Health Services Quality Management, Ministry of Health. This is the Third Level Procedure.

Procedure: Third Level

1. Refer matter to the Complaints Authority for investigation.
2. Conciliation: provide complainant with full explanation / apology / actions to be taken.
3. Make recommendations to the Minister of Health.

The responsibilities for the various persons within the MoH and the RHA are detailed in **Annex VI**.

The E&S Specialist becomes involved in the GRM procedure if there is a complaint specifically about the project.

The procedure is summarized in Table 5 below:

Table 5: Grievance Redress Mechanism Procedure

Process	Description	Time frame	Responsibility & remarks
Receiving grievances	<p>Complaints can be filed face to face, via phone, via letter, or email, suggestion boxes, or recorded during public/community interaction.</p> <p>Health facilities have sealed suggestion boxes which will be available for the project. Complainants can also call or use social media to lodge complaints.</p> <p>The complaint is logged in the facility logbook and then transmitted to the E&S specialist in a confidential manner.</p>	<p>As soon as the SEP is disseminated until the project completion and that the time required to process all of the grievances received</p>	<p>PIU</p> <p>The PIU Environmental and Social specialist oversees receiving the complaints.</p> <p>Environmental and Social specialist</p>

Process	Description	Time frame	Responsibility & remarks
Grievance assessed and logged	<p>The Environmental and Social specialist is responsible for recording the complaints in the project's database (Annex IV). In the case of complaints received through suggestion boxes, the complaints are lodged in a complaint book at the facility level and it is then transmitted to the Environmental and Social specialist to log it in the project logbook.</p> <p>A separate GRM database would be used for project workers.</p>	1 working day upon receipt complaint	
Grievance is acknowledged	Acknowledgement of grievance to complainant. The Environmental and Social specialist contacts directly the complainant and confirms reception of the grievance and next steps.	Up to 10 working days upon receipt and recording of the complaint by the E&S Specialist.	PIU Environmental and Social specialist
Investigation	Complaints are sorted and then forwarded to the relevant department of the MoH or the RHA for investigations. Once investigations are completed recommendations made are implemented.	10 – 15 working days (depending on the level of investigation required)	PIU Environmental and Social specialist assess the complaint and forwards to the relevant department for investigation.

Process	Description	Time frame	Responsibility & remarks
Resolution and Feedback	Once a redress to a grievance has been proposed by the responsible department, this measure will be communicated to the E&S specialist of the PIU, who then will communicate the decision, to the aggravated party.	5 working days after the investigation has been completed	PIU Environmental and Social specialist
Grievances received about security forces	Grievances will be received, monitored, documented (taking into account the need to protect confidentiality), resolved through the Project's grievance mechanism	10 working days	PIU Environmental and Social specialist. The grievance will also be forwarded to the World Bank no later than 5 days of receipt.

5.2 World Bank Grievance Redressal Service (GRS)

The Grievance Redress Service (GRS) is an avenue for individuals and communities to submit complaints directly to the World Bank if they believe that a World Bank-supported project has or is likely to have adverse effects on them, their community, or their environment. The World Bank GRS can be found at the following URL link: <https://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>

Complaints must be completed in writing and addressed to the GRS. They can be submitted using the following methods:

1. Online, by completing the online form:
<https://pubdocs.worldbank.org/en/743201426857500569/Grievance-Redress-Service-GRS-complaint-form.docx>
2. By email to grievances@worldbank.org

3. By letter or by hand delivery to the World Bank Headquarters in Washington D.C., United States or any World Bank Country Office- printing and using this form:

<https://pubdocs.worldbank.org/en/743201426857500569/Grievance-Redress-Service-GRS-complaint-form.docx>

5.3 Addressing Gender-Based Violence (GBV)

The PIU E&S Specialist, as part of the GRM, will take the lead in dealing with any gender-based violence (GBV) issues, should they arise. The PIU/ E&S Specialist will maintain a list of GBV service providers, which will be defined prior to commencement of activities under the project. The GRM should assist GBV survivors by referring them to GBV Services Provider(s) for support immediately after receiving a complaint directly from a survivor.

If a GBV related incident occurs, it will be reported through the GRM, as appropriate and keeping the identity of the victim confidential. Specifically, the GRM will only record the following information related to the GBV complaint:

- The nature of the complaint (what the complainant says in her/his own words without direct questioning);
- If, to the best of their knowledge, the perpetrator was associated with the project; and,
- If possible, the age and gender of the survivor.

Any cases of GBV brought through the GRM will be documented but remain closed/sealed to maintain the confidentiality of the survivor. Here, the GRM will primarily serve to:

- Refer complainants to the GBV Services Provider; and
- Record the resolution of the complaint

The PIU will also immediately notify both the Implementing Agency and the World Bank of any GBV complaints **with the consent of the survivor**.

The E&S Specialist and PIU will receive sensitization training on the survivor-centred approach.

5.4. Grievance Redress Mechanism Awareness

The PIU Project Manager or Social Specialist will inform all project stakeholders on the GRM of the project and explain the procedures and formats to be used, including reporting procedures as part of the stakeholder engagement process. Awareness campaigns would be conducted targeting project stakeholders to inform them about the availability of the mechanism and various media will be used- as detailed in previous sections of the SEP. The GRM will also be published on the MoH websites and Facebook page. Contact information for the GRM will be posted/disseminated within beneficiary communities and in Spanish. The project GRM will also be able to manage complaints received in Spanish.

6. Monitoring and Reporting

6.1 Communication with stakeholder groups

The SEP will be periodically revised and updated as necessary during project implementation to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP.

Monthly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the senior management of the project. The monthly summaries will provide a way to assess both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders by publication of a standalone annual report on project's interaction with the stakeholders or promotion through the MoH's social media accounts. Any further details required will be outlined in the Updated SEP, prior to the first disbursement under Component 2 of the Project.

The project will involve a Citizen Engagement Indicator (CEI). This is an exit survey that will be administered by the MoH (or those assigned) at the various vaccination sites. This survey (see **Annex VII**) will measure several aspects of satisfaction by those vaccinated.

ANNEXES

ANNEX I- TTO Public Communication Plan- COVID-19 Vaccination



Government of the Republic of Trinidad and Tobago

Ministry of Health

Public Communication Plan

Phase 3:

COVID-19 Vaccination

Updated as at June, 2021

Introduction

For approximately one year and a half the Ministry of Health (MoH) has been implementing initiatives aimed at managing the impact of the COVID-19 pandemic. Through this entire process, the MoH has sought to keep the Trinidad and Tobago public updated with relevant and timely information.

The emergence of COVID-19 vaccines represents a new tool in the arsenal against the COVID-19 pandemic and provides the advantage needed to move from the management to the control of the disease.

Information relevant to the prevention of the virus, inclusive of COVID-19 vaccination should be effectively disseminated to specific target groups and to the general public in order to drive national uptake of the vaccine. It is therefore recommended that the Ministry continues its ongoing public education campaign.

A variety of communication methods will be utilised to ensure that information is adequately provided to the public.

This document covers the period April 2021 – October 2021.

It should be noted that, as with all Public Communication Plans, this document will be updated as the campaign unfolds. This is even more valid when applied to the dynamic environment created by the COVID-19 pandemic.

Goals

The primary goals of the campaign are:

To increase public trust in the COVID-19 vaccine

To encourage public uptake of the COVID-19 vaccine

To communicate the national COVID-19 deployment plan to the public in simple language with easy actionable steps.

Other

To engender the support of a range of key stakeholder groups for the national COVID-19 vaccine deployment

To counter any misinformation and false news concerning the virus and the vaccine.

To increase public awareness of the work the Ministry of Health and, by extension, the Government of Trinidad and Tobago (GoRTT) is doing to safeguard the country against COVID-19.

PILLARS

The COVID-19 Vaccination Public Communication Campaign will be based on four pillars:

EDUCATE

Highlight the present and historic importance / benefits of vaccinations e.g. small pox, MMR, Polio (stress on the devastation these diseases wreaked prior to the creation

Provide scientific data to support vaccine safety and efficacy

Describe the rigorous international vaccination review process

EXPLAIN

Demystify the myths which purport that the COVID vaccine is ineffective/dangerous (e.g. due to the perceived short time to develop for market) Refute the false negatives.

Advise of vaccination priority groups

ENGAGE

Actively meet with/engage various stakeholders to encourage buy in (e.g. Media, Medical fraternity, Business Leaders, Senior Citizen Organisations, Civil Society organisations which represent key target groups (e.g., Persons with NCDs, Disabled and Non-nationals)

Advise public of vaccination roll out plans, and the process to access vaccines.

Use various targeted mediums including emotional messaging to maximize reach and impact.

ENCOURAGE

Build Trust and assure persons that the COVID-19 vaccine is safe and effective.

Highlight trusted and influential public figures who received the COVID-19 vaccine to encourage vaccine uptake.

Reinforce the COVID-19 protocols until otherwise stated.

TARGET AUDIENCE

Primary

Frontline Healthcare workers

Persons who are at higher risk of contracting and/or dying from COVID-19 (the elderly; persons with pre-existing medical conditions {such as hypertension, diabetes}; and persons with compromised immune systems).

All persons who reside in Trinidad and Tobago, who are desirous of receiving the COVID-19 vaccine and fit this criterion will be prioritized, based on vaccine availability.

Persons working within the essential services (e.g., Police service, teachers, sanitation workers).

Internal MoH staff

Secondary

All other members of the public who are eligible

Members of the media

COMMUNICATION MESSAGING

Key Messages

- The COVID-19 vaccine is safe
- Taking the COVID-19 vaccine is voluntary
- The public health sector is ready to distribute the vaccine efficiently
- COVID-19 vaccines will be distributed fairly
- The vaccine works- it is a powerful tool in the fight against COVID-19
- We can control COVID-19 together
- Continue to follow the personal preventative measures before and after receipt of the COVID-19 vaccine:
 - Wear a mask over your nose and mouth in public
 - Stay at least 6 feet away from others
 - Stay home if ill
 - Keep hands clean by washing them or using hand sanitizer
 - Cover coughs
 - Avoid touching your faces
 - Clean then sanitize surfaces that are touched often.

Communication Activities

The following communication activities are proposed for the achievement of the outcomes previously outlined. Considerations related to age, gender, ethnicity and geographic location will continue to be factored into the decision-making process as it pertains to the specific media channels being utilized.

Communications Activities (Free and Paid)

- Television and radio interviews
- Media Conferences
- Media Releases
- Ticker Tape messages
- Internal Emails, Screen Savers, Notice Board Postings
- External Emails
- External Text Messages
- Social Media and Online Posts
- Social Media Advertisements and Boosts
- Print Advertisements
- Television Advertisements
- Radio Advertisements
- Printed Communication Materials
- Bus/Vehicle Wrap
- Alternative Branding
- Celebrity Spokespersons
- Branded Masks/Stickers
- COVID-19 Hotline
- Digital Signage - Indoor and Outdoor
- Static Billboards
- Branding at Designated COVID-19 Vaccination Facilities
- Community Intervention Activities
- Stakeholder Intervention Activities

GENERIC AND FREE MEDIA/COMMUNICATION CHANNELS

Television and radio interviews.

Designated Ministry officials and representatives from partner agencies will continue to be scheduled for interviews on the various radio and television talk shows to discuss the measures that are being taken to combat the virus.

Media Conferences

Virtual Media conferences are being held three times per week to update the public on COVID-19 vaccine developments. The majority of these are hosted by the Ministry of Health and others by the Office of the Prime Minister.

Media Releases and Updates

Media releases and updates are distributed daily and, where necessary, ad hoc releases are also being done to provide specific updates or advisories to the public.

Ticker Tape Messages

Ticker tape messages with tips about the COVID-19 and the vaccine will continue to be placed on free to access news broadcasts.

Internal Emails, Screen Savers, Notice Board Postings

Members of the MoH staff will continue to be emailed updated information on COVID-19 and the vaccine. Screen savers will be updated to display precautions, new information, updates and other tips relating to the vaccine and the virus.

External Emails

Public communication materials have been shared with various bodies for dissemination within their networks (staff and social media followers) including:

- Regional Health Authorities
- All Ministries, Government and State Agencies
- Donor agencies
- Business Chambers
- Associations
- Private organizations
- Civil Society

New public communication material on the COVID-19 Vaccine will also be provided to these agencies.

Text Messages

Local telecommunications organizations will again be engaged to send out text messages with information on the COVID-19 vaccine.

Social Media and Online Posts

The Ministry of Health's social media channels and website will continue to be used to deliver public communication materials. The Ministry will also continue to disseminate communication messages to Regional Health Authorities, other Public Sector Agencies and various Associations.

Paid social media advertising to targeted groups will also continue to be implemented.

A special sub-portal on the Ministry of Health's website, for all things related to COVID-19, continues to be efficiently used. COVID-19 vaccine information will also be included on a sub-page of the portal.

COVID-19 vaccine FAQs in Spanish are also included.

Other digital materials in Spanish will also be produced.

Digital Signage

Graphic artwork will continue to be placed on screens located at the major ports of entry and on screens at various Republic Bank branches. This also includes public digital screens through other members of the private sector who have donated screen time.

Visits to Communities by Health Officials

Public Health Inspectors and Health Education personnel will continue to go out into targeted communities to directly deliver community-based information at:

Commonly Used Organizations in Facilities

High Risk Communities (in collaboration with Civil society where applicable)

Homes for the Aged.

OTHER MEDIA/COMMUNICATION CHANNELS

Social media Advertisements

Social media advertisements will continue to be used to ensure the messages reach a broader audience on social media. An external company will be engaged to place and monitor ads and provide reports on the performance of ads on social media. These reports will inform further placements or revision of ads.

Print Advertisements

Standard newspaper advertisements of varying sizes and eye-catching pop-up vignettes will appear in the three main daily newspapers in Trinidad and Tobago. These will feature updates and advisories on the COVID-19 vaccine.

Television Advertisements

Television advertisements (animations and videos) that are between 30 and 45 seconds in length will be placed twice daily on key television stations during peak hours.

Radio Advertisements

Radio advertisements and Ad Libs that are between 30 and 45 seconds in length will be placed twice daily on a variety of radio stations. These radio stations will be selected based on their listenership demographics (Age, gender, cultural backgrounds). Advertisement time slots during morning drive time (6 am-9 am) and evening drive time (3 pm-6 pm) are currently being utilised as listenership is highest during these periods.

Brochures/Flyers and Posters

Flyers and brochures containing information on the COVID-19 vaccine will be disseminated (in hard and soft copies) at vaccination sites. Additional posters, brochures will be sourced to send to high foot traffic areas.

Bus/Vehicle Wrap

Buses which go to various main transportation routes will be wrapped with COVID-19 vaccine messaging.

Alternative Branding

Locations such as bus stops in key areas and grocery cash out registers will be branded.

Celebrity Spokespersons

The Ministry will engage known personalities (in the healthcare, sports, entertainment, and religious fields) to create material, both audio and video, to share relevant messages.

Branded Masks/ Stickers

A limited quantity of masks will be given to some of the initial recipients of the vaccine. Mask branding - I got the COVID-19 Vaccine. Stickers will also be provided to recipients.

COVID-19 Hotline

800-WELL (9355) and 877-WELL will be utilized as COVID-19 Vaccine hotlines. The hotline will be monitored by young medical doctors (supervised by a senior member of the clinical team) who will be trained to respond to public questions and address, where necessary, issues that may arise.

Digital and Static Billboards

Graphic animated messaging will be developed to be used on digital billboards and placed in high traffic areas across the country groups.

Messaging will also be displayed on static billboards.

Designated Vaccination Facility Signage

Standard, easy to read signage displaying COVID-19 vaccination information will be prominently displayed at vaccination locations which will re-inforce public messaging.

Community Intervention

Several high-risk communities have been identified in various counties for focused intervention to raise awareness in those specific communities as a pre-emptive measure.

Mobile PA Systems

Mobile PA Systems will be used in high density rural communities and in hard to reach rural communities and those where this mode of communications is trusted and effective.

Mobile LED Screen and loud speakers

A mobile LED screen will be engaged to take messaging in both video and audio formats to communities that are at higher risk for infection as a result of identified trends: high infection rates; excessive crowd gatherings and activity or those that have been prioritized for COVID-19 Vaccination interventions.

Stakeholder Activities

A range of interventions are being implemented for various key stakeholder groups including:

Healthcare workers – Focus groups and Healthcare Worker Symposium on COVID-19 Vaccination

Media – Workshop on Media Techniques for Reporting on COVID-19 and the COVID-19 Vaccine

Internal MoH Non-Clinical Staff – Virtual Q&A Staff Session and Focus groups

Religious bodies – Direct interventions with leaders of religious groups are being spearheaded by a senior member of the clinical team who is also a religious leader.

Non-national – As was done with previously for the general COVID-19 guidelines (New Normal Campaign), the Ministry will partner with entities that interface with the non-national communities (e.g. Living Water Community and UN International Organization for Migration,) to assist with the distribution of key COVID-19 vaccine information to these communities and, where possible, the translation of key communication materials (social media posts, brochures, flyers) into Spanish. The Trinidad and Tobago Red Cross Society (TTRCS) is also poised to support in this regard.

Monitoring and Evaluation

Engagement of Specialist Service provider

An external agency will be engaged to implement a targeted, nation-wide Knowledge, Attitude and Practices (KAP) study, which would provide baseline data for future comparison. This entity would also provide recommendations for adjustments to public communication strategies and materials and develop country specific tools for ongoing monitoring.

Focus Group

Focus groups will be used to evaluate the communications materials produced and to give insight into the effectiveness of communication campaign. Focus groups will consist of:

Public sector nurses as they are intimately aware of the workings of the MoH health care system and are therefore capable of making substantial contributions. This group regularly interfaces with several of the Ministry's publics especially patients who received the COVID-19 vaccine.

MoH messengers, administrative staff and drivers. They are expected to reflect the opinions and beliefs of the average citizen in Trinidad and Tobago.

Young adults (in partnership with the Pan American Health Organisation (PAHO))

Surveys

Results of existing surveys into vaccine hesitancy and adherence in Trinidad and Tobago will be used to guide tactics until insights via the KAP study are available.

An online survey will be conducted during the campaign to give an indication of the effectiveness of the campaign.

Online analytics

Online analytics will be used to determine the communication materials which have gained the most views and lower performing materials will be eliminated or modified, based on client feedback.

National vaccine uptake will be used to evaluate the effectiveness of the mass vaccination campaign. Vaccine uptake in various communities will also be used as a measure of the impact of targeted community messaging

Communication Activity Schedule

Pre Vaccination Deployment

January to 1st Week April, 2021

ACTION	CONTENT	FORMAT/ TACTICS	TARGET	NOTES
Information Gathering and Analysis		Surveys Focus Groups Anecdotal Observations Existing Studies on Trinidad and Tobago	Internal and External Target Groups	ONGOING
Draft Preliminary Proposal and Framework				COMPLETED
Develop Comm. Action Plan				COMPLETED
Initiate External Campaign – Development and Deployment of information and general existing materials for public	Vaccination Communication: Why vaccines are important/Their benefits Reinforce target groups for vaccination	3x week MoH Media Conferences (aired live on television) and radio interviews	External public	ONGOING
Development of <u>Internal Targeted</u> Communication Materials based on Feedback from Information Gathering phase		Digital Printed Presentations Materials Materials	Internal Target Groups - Healthcare Workers and Staff	ONGOING

ACTION	CONTENT	FORMAT/ TACTICS	TARGET	NOTES
Healthcare Worker Intro	Healthcare focused COVID-19 Information	Webinar Virtual Symposium	Healthcare Workers, TTRNA, MPATT	COMPLETED – 7 th February, 2021
1st Batch of COVID-19 Vaccination - Healthcare workers (highest risk/exposure)	Vaccine Safe Vaccine Effective Public Sector is Ready Healthcare workers a Priority	Live Media event	Healthcare Workers External public	COMPLETED – 17 th February, 2021
Partner Engagement	General info COVID-19 Vaccination and Vaccine Roll out Plans	Virtual Symposium Virtual Meetings	Business Community	ONGOING – Led by Senior Health Official
Partner Engagement	General info COVID-19 Vaccination and Vaccine Roll out Plans	Direct Meetings/Communication	Religious Leaders	ONGOING - Led by Senior Health Official
Full <u>Internal</u> Campaign Roll Out - Engage	Vaccine Basics Vaccine Dev Protocols Vaccine Roll out Plan Vaccine Safety	Digital Printed Presentations Materials Materials	Internal Target Groups - Healthcare Workers and Staff External target groups - Healthcare Workers	ONGOING

ACTION	CONTENT	FORMAT/ TACTICS	TARGET	NOTES
Development of Targeted External Communication Materials based on Feedback from Information Gathering phase	FAQs and Myth Busters - Vaccination Communication: Benefits of/Safety of Vaccine/Their benefits Reinforce target groups for vaccination/ Roll out plans/ Access to Vaccines	Traditional Media, Social Media and Media Conference Channels MOH Column MOH Press Conference Social Media Post Video /Animation Printed Materials/Collateral Promotional Signage Translation of Key Materials		ONGOING
Initiate External Campaign - Distribution of information and general existing materials for public	FAQs and Myth Busters - Vaccination Communication: Benefits of/ Safety of Vaccine/Their benefits Reinforce target groups for vaccination	Traditional Media, Social Media and Media Conference Channels MOH Column MOH Press Conference Social Media Post Video /Animation Printed Materials/Collateral	External public and internal target groups	ONGOING
Media Engagement	General info on Vaccination and COVID-19 Vaccination	Webinar Virtual Symposium	Media Editors and Health Journalists	COMPLETED - 26 th March, 2021

Healthcare Worker Virtual Symposium

The Ministry of Health, in partnership with the University of the West Indies (UWI), St Augustine hosted a virtual symposium for healthcare workers on Sunday 7th February, 2021. This symposium provided information on the COVID-19 vaccine and included a Question and Answer segment, which allowed the participants to pose questions directly to the panel of experts from the Ministry of Health, University of the West Indies and the Pan American Health Organisation.

While invitees were primarily healthcare workers, representatives from key organisations and business chambers were also invited.

Over 600 persons participated virtually with high positive participant feedback.

Administration of the First COVID-19 Vaccine in Trinidad and Tobago

The first COVID-19 vaccine in Trinidad and Tobago was administered to Keisha Prevatt-Gomez on Wednesday, February 17th, 2021 at the Couva Hospital and Multi-Training Facility. Keisha Prevatt-Gomez is an Infection Prevention and Control Nurse at the Caura Hospital. The second COVID-19 vaccine was administered to Dr Don Martin, Medical Chief of Staff at the Couva Hospital and Multi-Training Facility.

The Honorable Terrence Deyalsingh was in attendance.

The event was broadcast live via various media channels.

Administration of COVID-19 Vaccines to Frontline Healthcare Workers

As at 27th February, 2021 the COVID-19 vaccine was administered to 991 frontline healthcare workers who face the highest risk and the highest exposure to COVID-19. 2,000 AstraZeneca vaccines were received from the Barbados Government and were designated for the vaccination of frontline healthcare workers.

Frontline staff from the following public health facilities were vaccinated:

- Couva Hospital and Multi-Training Facility
- Caura Hospital
- Arima Hospital
- Augustus Long Hospital
- Scarborough Regional Hospital
- Scarborough General Hospital

COVID-19 Media Sensitization Workshop

The Ministry of Health (MoH), as part of its wider stakeholder communication strategy, in conjunction with the Pan American Health Organisation (PAHO), facilitated a COVID-19 Media Sensitization Workshop to provide guidance on effective media reporting during the pandemic. The 2-hour workshop was geared towards digital and traditional media across Trinidad and Tobago inclusive of:

- Editors in Chief
- News Editors
- Journalists who cover health matters (including COVID-19)

A total of 32 participants from all major news stations attended the workshop on Friday March 26, 2021. Twelve persons attended in person and 22 persons attended virtually. The agenda was created to provide attendees with an understanding of COVID-19 vaccination approval process, Trinidad and Tobago's vaccination roll out, and the role of the journalist. Topics covered included Solution Journalism and the Psychological Impact of Headlines During a Pandemic. The feedback from attendees was very positive and the workshop was viewed as both informative and useful.

Phase 1 of Vaccination Deployment

1st Week April until Phase 1 Completed

Phase 1

In Phase 1 the following groups of people will be eligible receive the COVID-19 vaccine:

healthcare workers

the elderly (60 years and over)

persons with non-communicable diseases (NCDs) such as hypertension (high blood pressure) and diabetes (high blood sugar).

Effective public health and safety messages about the vaccine will be targeted to encourage these categories of persons make informed decisions about getting vaccinated. This audience will need to know when, where, and how the vaccine is available, the potential side effects, the importance of completing both courses of vaccinations (as applicable) and the need to continue following the public health measures will also be highlighted. The wider public will also be reminded of the justification of the prioritization of the vaccination grouping as well general information

ACTION	CONTENT	FORMAT/ TACTICS	TARGET	NOTES
Main Vaccination Campaign	<p>Vaccines have arrived.</p> <p>Leaders (Govt. and Medical) are confident of the Vaccine.</p> <p>The public health system is ready.</p>	<p>Live Conference</p> <p>Media Releases</p> <p>Media Interviews</p>	General Public	<p>INITIATED</p> <p>(Highlights of Vaccine Arrival and Vaccination of Key Leaders Completed)</p>
Public Sensitization Activity	<p>Public focused COVID-19 Information</p> <p>What is a Vaccine?</p> <p>Safety</p> <p>Efficacy</p> <p>Why take the vaccine?</p> <p>How to Access Vaccine?</p>	Virtual Town Hall	PUBLIC	<p>POSTPONED</p> <p>(TBD)</p>

ACTION	CONTENT	FORMAT/ TACTICS	TARGET	NOTES
M&E for Internal Campaign	Knowledge Base Willingness to Accept Vaccine Thought Trends	Observations Survey	Internal Target Groups	UPCOMING
<u>External Campaign Roll Out - Engage</u>	Vaccination Safety, Efficacy, Vaccination Rollout Plans (locations, process) Re-inforce Personal Protective Measures Messaging	Traditional Media, Digital Media, Social Media, Promotional Signage, Materials in Groceries, Banks, Digital messages	General Public Other Ministries	INITIATED
M&E for External Campaign	External agency to be engaged to do baseline data study and develop tools for ongoing monitoring			UPCOMING

Arrival of COVID-19 Vaccines via the COVAX Facility

On 30 March, 2021, Trinidad and Tobago received 33,600 doses of COVID-19 vaccines through the COVAX Facility, a global effort between the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi, the Vaccine Alliance Gavi, UNICEF, the Pan American Health Organization (PAHO) and the World Health Organization (WHO).

The arrival marked a historic step toward ensuring the equitable distribution of COVID-19 vaccines worldwide, in the largest vaccine procurement and supply operation in history. This delivery was part of the first phase of deliveries for Trinidad and Tobago, and more vaccines are expected to arrive successively during the coming months. According to the first round of COVAX allocations, Trinidad and Tobago is expected to continue receiving doses through May until it reaches 100,800, the amount specified by COVAX.

PAHO's Revolving Fund, which is responsible for the procurement of COVID-19 vaccines for the countries of the Americas under the COVAX Mechanism, sent 33,600 doses of the AstraZeneca/Oxford vaccine, manufactured by SK Bioscience of South Korea).

The Honourable Terrence Deyalsingh, Minister of Health received the COVID-19 vaccine on 6th April, 2021. Other key senior members of the MoH team, including the Chief Medical Officer and the Nursing Administrator received the vaccine subsequently.

Since that time Trinidad and Tobago has received other deliveries of WHO approved COVID-19 vaccines from :

- Government of India
- Government of the People's Republic of China
- 2nd COVAX shipment of vaccines
- Government of St Vincent and the Grenadines
- Government of Bermuda

Phases 2 and 3 of Vaccination Deployment

Phase 2 - (currently being implemented in parallel with Phase 1, based on vaccine availability)

In Phase 2 the following groups of people have been added to the list of those who are eligible receive the COVID-19 vaccine:

- frontline essential workers e.g. teachers, national security personnel, sanitation workers).

The Ministry of Health is currently addressing both Phase 1 and Phase 2 of the national vaccination Deployment plan and is partnering with the Private Sector for roll-out activities, where applicable.

Phase 3

Thereafter the vaccine will be administered to all other persons in who it is not contraindicated (i.e. persons over 18 years of age within the recommended categories).

Effective public health and safety messages about the vaccine will be targeted to encourage these categories of persons make informed decisions about getting vaccinated. This audience will need to know when, where, and how the vaccine is available, the potential side effects, the importance of completing both courses of vaccinations (as applicable) and the need to continue following the public health measures will also be highlighted.

The wider public will also be reminded of the justification of the prioritization of the vaccination grouping as well general information.

ACTION	CONTENT	FORMAT/TACTICS	TARGET	NOTES
Continuation of Full <u>External</u> Campaign Roll Out - <u>Encourage</u>	<p>Testimonial Reminders for vaccination follow up Encourage Vaccine Uptake</p> <p>First and Second Dose</p>	<p>Mass Vaccine Campaign Roll Out Continuation</p> <p>Media Interviews (Minister, CMO etc)</p> <p>Testimonials/Celebrity Endorsements Receiving Vaccines (Cabinet, Medical, Entertainers, Sportspeople, Influencers, Religious leaders.</p> <p>Traditional Media</p> <p>Digital Media</p> <p>Social Media</p> <p>Spokespersons/Celebrity Endorsements</p> <p>Partnership with Civil Society</p> <p>Health worker Community Visits</p> <p>PR Activities</p> <p>Signage at health centres/hospitals (inc Direction signage)</p> <p>Internal Update for staff/RHAs</p>	<p>Frontline staff of key Ministries. Frontline staff of key sectors,</p> <p>Civil Society (e.g. TTARP, Diabetes Assoc., NCD Alliance TT, Red Cross Society of T&T)</p>	<p>INITIATED</p> <p>Ramping up of public campaign from 14th June, 2021</p>
Continuous Campaign Review and Modification		<p>Surveys</p> <p>Focus Groups</p> <p>Analytics</p> <p>Vaccine Uptake</p>	<p>Internal and External Target Groups</p>	<p>UPCOMING</p>
Follow up Partner Engagement	<p>Update on COVID-19 Vaccination and Related Specific Plans</p>	<p>Virtual Symposium</p> <p>Virtual Meetings</p>	<p>TTRNA, MPATT, etc</p>	<p>UPCOMING</p>
Follow up Media Engagement	<p>Update on COVID-19 Vaccination and General Roll Out Plans</p>	<p>Webinar</p> <p>Virtual Symposium</p>	<p>Media Editor and Health Journalists</p>	<p>UPCOMING</p>

Administration of Second dose of COVID-19 Vaccine

On Monday 8th June, 2021 the Honourable Terrence Deyalsingh, Minister of Health, publicly received his second dose of the AstraZeneca COVID-19 vaccine.

This was done in the format of a media event. Reports were carried in the major news broadcasts.

ANNEX II – Summary of Consultation with Special Needs Groups

The participants were welcomed by the MoH representative Mr Lawrence Jaisingh, Director, Health Policy, Research and Planning, Ministry of Health. He discussed that on Wednesday July 28th, 2021 the MoH would be vaccinating Special Needs groups at the Paddock, Queen’s Park Savannah, Port of Spain. A form was sent to all stakeholder groups and 398 persons registered to be vaccinated. The table below summarises the points discussed.

STAKEHOLDER	CONCERN	HOW THE CONCERN WILL BE ADDRESSED
AUTISTIC SOCIETY OF TRINIDAD AND TOBAGO	A number of autistic persons are sensitive to noise and crowds and need special attention	The appointments have been staggered to ensure there is no crowding. Also caregivers, parents and siblings are encouraged to accompany the autistic person and will also be vaccinated The MoH will also have more staff members on-site to ensure that personalized attention is given
CONSORTIUM OF DISABILITY ORGANIZATIONS	Will there be sign language interpreters for the hearing impaired?	The caregivers are encouraged to accompany the hearing impaired persons and they will also be vaccinated
NATIONAL CENTRE FOR PERSONS WITH DISABILITIES	What about persons who live far?	Transport is being organized with the Public Transportation Service Corporation (PTSC) to have buses available
AUTISTIC SOCIETY OF TRINIDAD AND TOBAGO	Unsure about the international acceptance of Sinopharm	Sinopharm is WHO approved. The MoH is also trying to source other vaccines that can be used as booster shots

STAKEHOLDER	CONCERN	HOW THE CONCERN WILL BE ADDRESSED
SPECIAL OLYMPICS OF TRINIDAD AND TOBAGO	What about persons who are under 18?	The MoH is trying to source vaccines for young persons

The meeting concluded with the MoH stating that they will be updating their Communications Strategy to reflect the vulnerable groups that are targeted.

Annex III - Comments/Complaints Form



Republic of Trinidad and Tobago
Ministry of Health

INSTRUCTIONS

Client
Feedback



Step
1. Fill out Drop-card
2. Insert card into the drop boxes

CLIENT FEEDBACK DROP-CARDS

Commendation
 Complaint
 Comment / Suggestion

Comment /Suggestion:

(1) How would you rate the services at the facility? *(please tick one)*

POOR AVERAGE GOOD EXCELLENT

(2) What do you like/ dislike about our services? _____

(3) What should be improved to better serve you? _____

Thank you



Republic of Trinidad and Tobago
MINISTRY OF HEALTH

Comment Form

(To be used for comments, complaints, suggestions, recommendations or commendations)

Please provide the information listed below, to allow us to give you prompt response to your concerns:

Name: _____

Address: _____

Contact (Home): _____ (Cell): _____

Email: _____

Department/Facility/Org.

Comments

Complaints

Suggestions

Recommendations

Commendations

Please provide us with a brief description of your comment/complaint/suggestion/recommendation/commendation

FOR OFFICIAL USE ONLY

Ref. # _____

Complaint Date: _____ Complaint Taken By: _____

Suspected Cause: _____

First Response Corrective Action: _____

Corrective Action Follow-up: _____

Preventive Action: _____

Signature of person completing this form

Date

ANNEX IV – Complaints Log Database

RHA:												
Ref #	Log Date	Complainant	Date Of Complaint	Description Of Complaint	No. of Issues	Des. # Of Non-Compliance	Department Against Which Complaint Was Made	Facility Against Which Complaint Was Made	Root Cause	Corrective Action Taken	Status	Close Date
12/SW-001	Jan 01-'12	John Doe		Pharmacist refuse to give full complement of medication to cardiac patient of the COPC		Empathy (1.3)	Pharmacy	SFGH	New staff member	All new pharmacist staff was oriented by senior pharmacist	Resolved	Jan 31 - 2012

ANNEX V – Complaints Receipt

COMPLAINTS RECEIPT	
 Organization	Complaints Reference No. _____
Quality Improvement Department	Date Logged: _____
Contact Info: (868) 888-8888 / 8078 / 9096	Complainant: _____
Email Name.swrha.co.tt	Facility Name: _____
	Complaint Received by: _____
	<i>This receipt confirms that we have received a complaint from you. Your complaint will be resolved with ten (10) working days. When enquiring information on your complaint use the information provided on this receipt. Please keep this receipt until your complaint has been resolved</i>

ANNEX VI: Responsibilities

Quality Manager of the RHA

- Discuss Client Feedback System Reports on a monthly basis with Quality/Risk Management Committee of the Board
- Ensure that scheduled discussions on quality issues and findings from the Client Feedback reports are held with Senior Management and respective Heads of Departments
- Utilize findings of the Client Feedback Reports to inform their budgets to improve the system
- Sensitize Management of the Client Feedback System Policy and Guidelines
- Ensure that systems for handling complaints are monitored and audited regularly to ensure effective quality services for the patients
- Develop policies and plans congruent with RHA's strategic plans for improving service quality
- Prepare quality improvement status reports

Director of Health Services

- Plans, develops recommends and implements the Authority's health service systems policies and programme for the achievement of established goals and objectives
- Directs and controls the application and implementation of established health service systems policies and programmes to ensure the achievement of approved work targets
- Prepares draft budget proposal and administrator approved budgets
- Ensures effective planning direction and control of operational functions in the Health Service facilities and divisions so as to ensure that established work targets are achieved
- Defines, develops and recommends strategies and plans for the implementation of the Authority's Health Service Management promotions, programmes and activities

Complaints Management Review Committee

Upon receipt of the complaint, the Committee must

- assess the nature and substance of the complaint and decide how it should be handled having regard to:
 - The views of the complainant.
 - The views of the body complained about.
 - Any investigation of the complaint and any action taken as a result of such investigation, and
 - Any other relevant circumstances.

The Committee as soon as reasonably practicable will notify the complainant of its decision.

ANNEX VII: COVID-19 Vaccination Process Feedback Survey Form

Thank you for taking the time to complete this short survey. Your feedback will help us improve the COVID-19 vaccination process in Trinidad and Tobago and improve client experience at the various sites.

Vaccination Site:

Date:.....

Rate the following items on a scale of 1 to 5, with 1 meaning “strongly disagree” and 5 meaning “strongly agree”

The Registration Process to get the vaccine appointment was easy and straightforward

1	2	3	4	5
---	---	---	---	---

The Registration Form was easy to fill out

1	2	3	4	5
---	---	---	---	---

The Vaccination Process was seamless. (This includes the wait time after arrival at the Vaccination Centre, seating arrangements, assistance from security and staff)

1	2	3	4	5
---	---	---	---	---

Information about the vaccine and possible side-effects was provided at the site.

1	2	3	4	5
---	---	---	---	---

The Observation Process was explained to me clearly

1	2	3	4	5
---	---	---	---	---

The waiting room, and treatment rooms were clean.

1	2	3	4	5
---	---	---	---	---

The staff at the facility operated professionally.

1	2	3	4	5
---	---	---	---	---

Based on my experience, I would recommend using the vaccination services to family and friends.

1	2	3	4	5
---	---	---	---	---

How can the Vaccination process be improved?

Optional Information:

Name: _____ Address: _____
Telephone: _____ Email: _____