INTERIM REPORT FROM

The Public Administration and Appropriations Committee (PAAC)

EXAMINATION OF

The response of Public Authorities to the COVID-19 pandemic in Trinidad and Tobago, First Session, Twelfth Parliament.

Office of the Parliament
Parliamentary Complex
Cabildo Building
St. Vincent Street Port of Spain
Republic of Trinidad and Tobago



Public Administration and Appropriations Committee

The Public Administration and Appropriations Committee (PAAC) is established by Standing Order 102 and 92 of the House of Representatives and the Senate respectively. The Committee is mandated to consider and report to Parliament on:

- (a) the budgetary expenditure of Government agencies to ensure that expenditure is embarked upon in accordance with parliamentary approval;
- (b) the budgetary expenditure of Government agencies as it occurs and keeps Parliament informed of how the budget allocation is being implemented; and
- (c) the administration of Government agencies to determine hindrances to their efficiency and to make recommendations to the Government for improvement of public administration.

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Publication

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Members of the Public Administration and Appropriations Committee



Mrs. Bridgid Mary Annisette-George Chairman



Dr. Lackram Bodoe Vice-Chairman



Mr. Wade Mark **Member**



 $\begin{array}{c} \text{Mr. Clarence Rambharat} \\ \textbf{Member} \end{array}$



Mrs. Ayanna Webster-Roy **Member**



Mr. Hassel Bacchus **Member**



Ms. Amrita Deonarine
Member



Mr. Stephen Mc Clashie **Member**



Mrs. Lisa Morris-Julien **Member**



Ms. Yokymma Bethelmy **Member**

EXECUTIVE SUMMARY

This Report of the PAAC for the First Session, Twelfth Parliament contains the details of the examination into the following:

- i. the response of the Public Authorities to the COVID-19 pandemic in Trinidad and Tobago (T&T); and
- ii. the preparedness and response of public authorities to the COVID-19 pandemic in T&T with regard to the procurement and distribution of COVID-19 vaccines.

In conducting this examination the Committee employed three (3) mechanisms:

- i. Written Submissions;
- ii. Review of current news; and
- iii. Public Hearing.

Written Submission were requested and received from the following Ministries and Department:

- i. Ministry of Youth Development and National Service;
- ii. Ministry of Labour and Small Enterprises Development;
- iii. Office of Disaster and Preparedness Management; and
- iv. Ministry of Social Development and Family Services (MSDFS).

The Committee conducted a review and analysis of the written submissions made by the MSDFS and subsequently conducted a Public Hearing on January 13, 2021. Based on reports in the media and in the public domain, the Committee also conducted a Public Hearing with the Ministry of Health (MOH) on March 31, 2021.

The Committee made recommendations related to the issues identified. The Committeee's Observations and recommendations are presented in Chapter 3.

1. INTRODUCTION

THE COMMITTEE

The Public Administration and Appropriations Committee (PAAC) is established by Standing Order (S.O.) 102 and 92 of the House of Representatives and the Senate respectively. The Committee is mandated to consider and report to Parliament on:

- a) the budgetary expenditure of Government agencies to ensure that expenditure is embarked upon in accordance with parliamentary approval;
- b) the budgetary expenditure of Government agencies as it occurs and keeps Parliament informed of how the budget allocation is being implemented; and
- c) the administration of Government agencies to determine hindrances to their efficiency and to make recommendations to the Government for improvement of public administration.

In the 12th Parliament the Members of the Committee were appointed by resolutions of the House of Representatives and the Senate at sittings held on Friday November 9, 2020 and Tuesday November 17, 2020 respectively.

Chairman & Vice-Chairman

By virtue of S.O. 109(6) and 99(6) of the House of Representatives and the Senate respectively, the Chairman of the Committee is the Speaker and at its First Meeting held on November 25, 2020, Dr. Lackram Bodoe was elected the Vice-Chairman.

Quorum

Additionally, in order to exercise the powers granted to it by the House, the Committee was required by the Standing Orders to have a quorum. A quorum of three (3) Members, inclusive of the Chairman or Vice-Chairman, with representatives from both Houses, was agreed to by the Committee at its First Meeting.

2. METHODOLOGY

Determination of the Committee's Work Programme

At an in-camera meeting of the Committee held on Wednesday, November 25, 2020, the Committee agreed to conduct an examination into the response of Public Authorities to the COVID-19 pandemic in Trinidad and Tobago.

Review of Documents

The Committee deliberated on the following documents, namely:

- i. Written Submissions; and
- ii. Current news.

The Inquiry Process

The Inquiry Process outlines steps to be taken by the Committee when conducting an inquiry into an entity or issue. The following steps outline the Inquiry process followed by the PAAC for its inquiry into the response of Public Authorities to the COVID-19 pandemic in T&T:

- i. Identification of entity to be examined: MSDFS and MOH;
- ii. Preparation of an Issues Paper which identified and summarised matters of concern with the MSDFS regarding its response to the COVID-19 pandemic in T&T;
- iii. Based on the recommendations and the issues identified, the Committee agreed to conduct the Public Hearing. The relevant witnesses were invited to attend and provided evidence on January 13, 2021;
- iv. Following the Public Hearing, a request for further details was sent to the MSDFS on February 3, 2021;
- v. In March 2021, the Secretariat prepared an Issues Paper which identified and summarized matters of concern with the MOH preparedness and response of public authorities to the COVID-19 pandemic in T&T with regard to the procurement and distribution of COVID-19 vaccines;
- vi. Based on the issues identified, the Committee agreed to conduct the Public Hearing with the MOH. The relevant witnesses were invited to attend and provide evidence on March 31, 2021;

- vii. Following the Public Hearings, a request for further details was sent to the MOH on February 18, 2021;
- viii. Report Committee's findings and recommendations to Parliament upon conclusion of the inquiries;
- ix. Request for Ministerial Responses. Review responses; and
- x. Engage in follow-up.

3. ISSUES, OBSERVATIONS AND RECOMMENDATIONS

ISSUES

Ministry of Social Development and Family Services

1. Restructuring the Ministry's mandate in light of the COVID-19 pandemic

The MSDFS continues to be the lead Ministry charged with the responsibility of providing social protection to the most vulnerable citizens of T&T. At the public hearing, held on January 13, 2021, officials informed the Committee that the Ministry was undergoing significant changes in its organisational structure and mandate as a result of the pandemic. Officials stated that they planned to focus on reducing the rate of the increase in persons entering the social safety net (SSN) and encourage early recovery or graduation out of receiving social programmes, rather than maintaining persons in the SSN, which works against lifting persons out of poverty. Officials further explained that there will be greater focus on the needs of the elderly, single parents, children, persons with a disability and other disadvantage groups. These goals will be achieved via the following initiatives:

- the implementation of the Integrated Social Enterprise Management System (ISEMS)
 (Digitization of the core services of the Ministry);
- integrated service delivery through the establishment of the Social Services and Empowerment Unit (the consolidation of several delivery unit into one); and
- implementation of the STEP UP developmental model for clients of the Ministry to enable them to graduate from depending on receipt of grants.

These initiatives will be supported by a change management plan and training and development of existing human resources. Moreover, the Committee learnt that the Ministry's main initiative since the start of the pandemic in T&T was the disbursement of COVID-19 related grants to citizens who are vulnerable.

Observation:

• The Committee noted the changes made to the Ministry's mandate in light of the COVID-19 pandemic to provide assistance to the country's most vulnerable.

Recommendations:

- The MSDFS should provide a status update to Parliament by January 31, 2022, on:
 - ✓ change in its management plan;
 - ✓ training and development of existing human resources;
 - ✓ its plans to focus on reducing the rate of the increase in persons entering the SSN to assist in preventing and lifting persons out of poverty and to encourage early recovery from the dependency on social programmes; and
 - ✓ The methodology to be implemented for the measuring and reporting on these changes.

2. Social Protection Response to the COVID-19 Pandemic

i. Grants administered

In an attempt to assist with the effects of COVID-19 pandemic on the financial stability of the population, the Ministry provided the following grants and support:

➤ Food Support:

- i. Additional food support to existing beneficiaries;
- ii. Food and Income Support Retrenched/terminated/income reduced for an initial period not exceeding three (3) months;
- iii. Provision of food and support to households that received meals from the School Feeding Programme which are not current beneficiaries of food support;
- iv. Food support to persons who applications for Senior Citizens Pension were pending; and
- v. Food support to persons whose applications for Senior Citizens Pension or Disability Assistance Grant were pending.
- Emergency hampers provided to families in urgent need during the stay at home period. This project was executed in collaboration with the fourteen (14) Municipal Corporations.
- ➤ Food Vouchers Food Vouchers/Market Boxes provided to families, in collaboration with the Ministry of Agriculture during the stay at home period and continuing. This

- includes a basket of fresh produce, two chickens, and a grocery voucher. This initiative aims to provide support to thirty thousand (30,000) families.
- ➤ Income Support to current beneficiaries of the Public Assistance and Disability Assistance Grant
- ➤ Rental Assistance to a family in which a member was retrenched/terminated/reduced

Observation:

• The Committee recognises the various forms of grants offered to the citizens of T&T during the COVID-19 pandemic.

Recommendations:

- The MSDFS should submit the following to Parliament by January 31, 2022:
 - ✓ an evaluation (with supporting data and facts) of the success of the grants in meeting the needs of vulnerable groups such as women and girls, the elderly, persons with disabilities and persons residing in rural communities;
 - ✓ an evaluation (with supporting data and facts) on how various forms of grants received by the citizens of T&T during the COVID-19 pandemic assisted in avoiding persons from entering the poverty line; and
 - ✓ a report assessing whether the objectives of the respective grants were met including the extent to, which the grants contributed to the achievement of Sustainable Development Goals 1, 2, 5 and 10.

i. Process for disbursements

Specific guidelines were established for the disbursements of the grants offered by the MSDFS such as:

- Food support Payments were disbursed via direct deposit for applicants who provided a bank account number and by a debit card for those applicants who did not. The Debit card was facilitated by First Citizens Bank. Due to inordinate delays in creating and the delivery by debit cards by the bank, payments were made by cheque for applicants who did not supply a bank account number in July 2020 after inordinate delays;
- Food Support to households with children receive meals A listing of eligible households with children on the School Feeding Programme (SFP) was received from the Ministry

of Education (MOE). The listing was crossed checked with the MSDFS's database of clients in receipt of grants and once the households were not already in receipt of a grant, food support was provided through the offices of the Members of Parliament. Disbursements were done via a debit card to access food only at groceries and supermarkets;

- ➤ <u>Disbursements were made via cheques delivered by TTPost</u> for support to current beneficiaries of the Public Assistance and Disability Assistance Grant and persons who applied for Senior Citizens Pension or Disability Assistance Grant but their matters were not determined;
- Food support to families disbursement was done via food vouchers/temporary food cards together with a hamper containing fresh produce. This was executed in collaboration with NAMDEVCO and Members of Parliament;
- Emergency Food Hampers This was done using a hamper containing grocery items in collaboration with the disaster Management Unit of the Municipal Corporations and the Supermarkets Association. Persons were invited through notices in the newspapers and social media to contact the Ministry's call centre, which was set up for this purpose and were interviewed using a standard set of questions. The information would be checked with the Ministry's database to ensure that the persons were not in receipt of grants from the Ministry. Once deemed eligible, the hamper was provided.

Given the processes used by the Ministry, the Committee questioned whether disbursements were made in a timely manner. Officials informed the Committee that some citizens experienced delays in the delivery of their grants due to incomplete application forms with the relevant supporting documents. This was compounded with inaccurate or no contact information in some cases and failure to answer or return calls/text messages in other cases. Officials further stated that the delivery of grants also posed a challenge due to incomplete addresses. There were also instances where persons provided inaccurate banking information.

Additionally, given the large numbers of applications received, the system was overburdened at some points, which delayed processing.

Observation:

• The Committee noted the processes used for the disbursement of grants and the challenges faced.

Recommendations:

- The MSDFS should:
 - ✓ implement proper monitoring and oversight procedures to be utilized for the administering of the COVID -19 initiatives;
 - ✓ Create a digitalization strategy geared towards improving internal processing to avoid delays from large number of requests;
 - ✓ identify the lessons learnt from these challenges with details of the concrete actions taken to ensure the challenges are not repeated, especially in the roll out of the grants; and
 - ✓ Develop a business continuity plan in the event another national emergency occurs.
- A status update should be submitted to Parliament by January31, 2022.

ii. Social Support Expenditure

In the written submission to the Committee dated January 6, 2021, officials indicated the following costs were incurred for the grants stated in **Table 1: MSDFS Social Protection COVID-19 summary expenditure**.

INTERVENTION	DESCRIPTION	EXPENDITURE
Food Support	Additional support to existing beneficiaries of food support	\$17,144,100.00
	Food and Retrenched/terminated/income reduced for an initial period not exceeding 3 months.***	\$80,445,870.00
	Income Support-Retrenched/terminated/income reduced for an initial period not exceeding 3 months.***	\$157,019,250.00
	The provision of Food Support to households that receive meals from the School Feeding Programme but who are not current beneficiaries of food support.	\$31,360,410.00

	Food support to persons who applied for Senior Citizens Pension but their matters were not determined	\$ 12,681,000.00
	Food Support to persons who applied for Disability Assistance Grant but their matters were not determined	\$1,464,000.00
Hampers	Emergency hampers were provided to families in urgent need during the stay at home period. This project was executed in collaboration with the 14 Municipal Corporations.	\$500,000.00
Food Vouchers	Food Vouchers/Market Boxes provided to families, in collaboration with the Ministry of Agriculture during the stay at home period and continuing. This includes a basket of fresh produce, inclusive of two chickens, and a grocery voucher. This initiative aims to provide support to 30,000 families.	\$6,249,750.00
Income Support	Support to current beneficiaries of the Public Assistance and Disability Assistance Grant	\$22,520,250.00
Rental Assistance	Rental Assistance to a family where a member was retrenched/terminated/reduced	\$22,544,255.00
		\$351,928,885.00

Table 1 identifies the total sum of the grants processed and paid as at November 30, 2020.

Additional information dated February 3, 2021 from the Ministry provided data indicating the number of beneficiaries per category regarding the expenditure as stated in Table 1: Social Protection COVID-19 Summary Expenditure above and **Table 2: Beneficiaries per category of Social Protection** below:

INTERVENTION	DESCRIPTION	No. of
		Beneficiaries
Food Support	Additional support to existing beneficiaries of food	25,101
	support	
	Food Support-Retrenched/terminated/income reduced	52,579
	for an initial period not exceeding 3 months.	

	The provision of Food Support to households that receive	20,497
	meals from the School Feeding Programme but who are	
	not current beneficiaries of food support.	
	Food support to persons who applied for Senior Citizens	2818
	Pension but their matters were not determined	
	Food Support to persons who applied for Disability	488
	Assistance Grant but their matters were not determined	
Hampers	Emergency hampers were provided to families in urgent	1,400
	need during the stay at home period. This project was	
	executed in collaboration with the 14 Municipal	
	Corporations.	
Food Vouchers	Food Vouchers/Market Boxes provided to families, in	24,999
	collaboration with the Ministry of Agriculture during the	
	stay at home period and continuing. This includes a basket	
	of fresh produce, inclusive of two chickens, and a grocery	
	voucher. This initiative aims to provide support to 30,000	
	families.	
Income Support	Support to current beneficiaries of the Public Assistance	42,451
	and Disability Assistance Grant	
	Income Support-Retrenched/terminated/income	50,696
	reduced for an initial period not exceeding 3 months.	
Rental Assistance		4.000
Rental Assistance	Rental Assistance to a family where a member was	4,332
Rental Assistance	retrenched/terminated/reduced	4,332

The Committee learnt that the Ministry was awaiting an additional twenty-three (23) million Dollars to settle the applications that were still awaiting to be processed. The Committee queried whether these payments were outside the original period as initially reported i.e March, Apil and May 2020 which was assumed to be a fixed period. Officials clarified that once an application was received and the applicant was eligible, the payment would be made even if the application was made outside this period, which was not fixed. Thus, an applicant could have applied for the grant

payment outside the month of March to May and still receive a three (3) month period support. This was also facilitated because of the continuous receipt of applications. However, at the time of the public hearing held in January 2021, officials indicated that the intake of applications had ended. The Committee was informed that the applications that were still being processed were received during the period March 20, 2020 to December 4, 2020.

Observation:

• The Committee recognises the social support protection offered by the Ministry as well as the number of beneficiaries that were in receipt of support.

Reccommendations:

- The MSDFS should submit to Parliament by January 31, 2022:
 - ✓ the total sum expended on the Social Protection Responses to COVID-19 pandemic, as well as the number of beneficiaries per category to date;
 - ✓ a breakdown of any additional funds allocated and number of beneficiaries per category to complete the remaining applications that were awaiting payments; and
 - ✓ The duration of time from receipt of an application to approval and disbursement of grant.

ii. Monitoring and Evaluation (M&E)

'Monitoring and Evaluation' is an important part of a Ministry's duty and is essential in safeguarding funds disbursed. In the Ministry's written response, funds were disbursed to applicants as follows:

- Rental Assistance Once the applicant successfully met the validation criteria for rental assistance, funds were paid directly to the landlord, by the Ministry, on behalf of the tenant (applicant).
- ➤ <u>Income and Food Support</u> Food support was provided in the form of a debit card to allow for use in groceries/supermarkets for food items only or raw food items. Citizens had a personal duty to utilize the funds responsibly.
- Food Cards were distributed to persons directly affected by COVID-19 pandemic, cards were pre-loaded with only one thousand five hundred and thirty (1,530) dollars representing three months food support at five hundred and ten (510) dollars per month.

The Ministry's M&E Division was responsible for monitoring and evaluating the performance and success of the Ministry's initiatives and provide additional checks and balances to promote transparency. Additionally, the Ministry stated that they were on the point of implementing an Integrated Social Enterprise Management System (ISEMS). This system would be utilised to track and receive real-time data on the position of the Ministry. It would also electronically facilitate the tracking of all key performance indicators. The timeline for the completion of the ISEMS would be one year and aligned to the Sustainable Development Goals (SDGs) and the National Development Plan. At the time of the hearing, the Ministry had recruited a consultant and the ISEMS was in the discovery phase. Officials indicated that it was hopeful that the ISEMS would be completed in a few months.

i. M&E Framework

The Committee learnt that in May 2020, the Ministry recruited a Director for the Monitoring and Evaluation Division and was developing a M&E Framework. At the time of the public hearing, the Ministry was utilising a Draft M&E Framework to measure overall performance. Also, the Ministry's M&E Division was working in collaboration with the Heads of Division to strengthen and complete the draft framework by refining indicators and ensuring targets were realistic and achievable.

The Committee requested a completion date for the implementation of the M&E Framework. The Ministry stated that they were collating additional data to input into the M&E Online Platform throughout the various Units/Divisions. This information comprises of outcome indicators and targets, baseline data and alignment of programmes and projects to the National Development Goals from the National Development Strategy (Vision 2030) and by extension the SDGs. The Ministry also stated that the Framework was results based and will comprise results from the output level to the outcome level. This framework will be developed by the end of June 2021, with full implementation of the online solution and training for all staff by the first week in July 2021.

Recommendations:

- The Ministry should submit a status update to Parliament by January 31, 2022 on:
 - ✓ the Integrated Social Enterprise Management System;

- ✓ the completion of the M&E Online Platform and the M&E Framework; and
- ✓ a plan setting out how it will achieve its new target over the next three years.

3. Challenges to the response to the COVID-19 Pandemic

The Committee inquired whether any challenges were faced in undertaking its COVID-19 pandemic response. The Ministry stated that its major challenges were the existing human resource limitation and the payment system, which was not configured to treat with such large numbers of payments at any one time. For example, the Ministry informed the Committee that over sixty thousand (60,000) applications were processed in less than six (6) months while maintaining its obligation to one hundred and seventy thousand (170,000) core beneficaires as part of its usual social support mandate.

There was also the clogging of the system with persons who were not eligible for the grants. In some instances, multiple applications for one (1) person or for persons in one (1) household were received. As a solution to this challenge, the Ministry adopted an all of Government approach whereby staff from various Ministries/State Agencies assisted with the implementation of the measures. These included assistance with printing of application forms, downloading and printing completed applications, data entry and review and verification of information. The Ministry also stated that at the start of the process, challenges were faced with regard to technology e.g the online application method used to fill out forms which created issues for both the Ministry and applicants.

Additionally, the Ministry outsurced some of its services to the private sector partners, namely, BPTT, SWMCOL, Massy, Scotiabank, United Way, ILan Outsource Limited and Supermarkets Assoiciation of Trinidad and Tobago on a volunteer basis. As a result of these challenges communication and sensitisation were heightened to enable persons to better understand-who would be eligible for the grants.

Recommendations:

- The MSDFS should provide details to Parliament by January 31, 2022 on:
 - ✓ improvements made to the processes and current systems in place;

- ✓ revision of its staffing needs going forward to determine the adequate number of staff needed to efficiently carry out its mandate;
- ✓ the areas which require strengthening, and routine monitoring and evaluation;
 and
- ✓ any new development and implementation strategies that would avoid these challenges from re-occurring in the future.

4. Fraudulent activities regarding the provision of Social Protection Support

In the written submission provided, the Ministry indicated that there were instances of fraudulent activities occurring with regard to the provision of social protection support. The Ministry informed the Committee that thirty-seven (37) fraudulent applications were detected from persons applying for Rental Assistance as at November 30, 2020.

To remedy this, an existing Unit was given the mandate to follow-up on all applications to eliminate invalid applications and ensure compliance. The Ministry explained that once fraud was detected/suspected such matters were submitted to the Fraud Squad of the Trinidad and Tobago Police Service for further investigation and necessary follow-up action. The Committee also questioned the possibility of staff engaging in fraudulent activities. The Ministry indicated that up until the public hearing no such incidents occurred.

Recommendation:

The MSDFS should identify the lessons learnt from this issue and submit to Parliament by January 31, 2022, details of the concrete actions taken to ensure incidents of fraud are not repeated, especially in the roll out of any social protection services.

Ministry of Health

1. Lack of clarity in the process for the Procurement of vaccines

The Committee was concerned by the widely reported availability of vaccines during the COVID-19 pandemic. Officials explained the process for the procurement of COVID-19 vaccines, which was different from procuring vaccines for the MOH's Expanded Programme on Immunization. On January 30, 2021, the MOH published a media release announcing the receipt

COVID-19 vaccines and its plan to take a three-pronged approach to securing COVID-19 vaccines through the following:

- COVAX Facility;
- Bilateral discussions with vaccine suppliers; and
- Caribbean Community (CARICOM) COVID-19 Vaccine initiative.

On March 30, 2021, the MOH received thirty-three thousand (33,600 doses) of its first allocation of Oxford-AstraZeneca vaccines via the COVAX facility. The COVAX Facility is co-led by the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi and the World Health Organization (WHO) in collaboration with key delivery partner UNICEF. The aim of this facility is to accelerate the development and manufacture of COVID-19 vaccines, and to guarantee fair and equitable access for every country in the world.¹

At the public hearing held on March 31, 2021, officials informed the Committee that they were successful in attaining firm commitments for a total of two hundred and forty thousand, eight hundred (240,800) doses as follows:

- One hundred thousand (100,000) doses from China; and
- Forty thousand (40,000) doses from India.

Regarding the African Medical Supply Platform, the MOH indicated that negotiations were ongoing and indicated the requirements and stated that it was awaiting commercial documents to enter into a firm contract.

The Ministry stated that it had not yet accessed vaccines from the CARICOM Vaccine Initiative. Furthermore, the MOH reiterated that there were global constraints regarding the WHO approved vaccine manufacturers in trying to satisfy a high global demand coupled with the short expiry dates for vaccines. MOH further stated that this scenario added a greater level of complexity to the vaccination process. To address this situation, the following steps were taken:

- bilateral discussions with various vaccine manufacturers; and

¹ GAVI website, What is COVAX?. Accessed on July 23, 2021: https://www.gavi.org/covax-facility?gclid=CjoKCOjw0emHBhC1ARIsAL1QGNdr48jr_092YL3f9sJ5cjZA5hNTxtqoxo5Ffv9NuYHIMq_NG8_8ZJcaArtMEAL_wweB

- NIPDEC will be used as the procurement agency, as well as the CARICOM initiative of the African Medical Supply Platform.

Observation:

• The Committee recognises the actions taken by the MOH to procure COVID-19 vaccines.

Recommendation:

• The MOH in collaboration with the Ministry of Foreign and CARICOM Affairs should provide an update to Parliament upon reviewing the lessons learnt in relation to the Government's efforts to effectively and efficiently procure and distribute vaccines by January 31, 2022. This should include details on the roles and responsibilities of key stakeholders for the procurement and distribution of vaccines across the health care system.

2. National Vaccination Deployment Plan

Effective planning and execution structures are critical for good decision making in any ongoing emergency. The National Vaccination Deployment Plan was developed by the MOH to provide explicit guidance for the introduction of the COVID-19 vaccine throughout T&T. The plan seeks to address the following components:

- identifying the priority populations using the WHO criteria;
- identifying the initial batch of health facilities at which the MOH will commence its vaccination;
- the issue of vaccine cold chain and logistics which will speak to shipment, storage and movement of the vaccines:
- strengthen HR capacity to ensure that there is adequate coverage for the administration of vaccines; and
- develop an IT solution to track and monitor vaccine administration which includes inventory management as well as patient management.

Officials indicated that the plan takes into account vaccine availability. The actual execution of the plan would be continuously monitored and adjusted based on the expiry date and the quantities received of WHO approved COVID-19 vaccines. The MOH planned to implement the National COVID-19 Vaccine Deployment using two parallel pathways:

- the first managed directly by the Public Health Sector; and
- the second managed by the Private Sector with oversight by the MOH.

The plan also identifies a COVID-19 Vaccine Taskforce. The Committee learnt that this TaskForce is an internal management structure implemented to treat with the issues of the supply chain i.e. procurement, receipt of vaccines, vaccine administration and managing the involvement of internal and external stakeholders.

Recommendation:

- The MOH should provide a report on the challenges faced in the implementation of its vaccination plan, the lessons learnt and the actions to be taken from the lessons learnt;
- The MOH should conduct an assessment on the COVID-19 Vaccine Taskforce measuring:
 - ✓ The performance of the Taskforce;
 - ✓ Challenges (if any) faced in carrying out its duties; and
 - ✓ The lessons learnt.
- To ensure a sustainable health care system, the MOH should provide a detail plan to return to the 'new normal' going forward and submit to Parliament by January 31, 2022.

3. Security plans for vaccines at the Vaccination Sites/Facilities

The Ministry identified twenty-one (21) public health facilities for future vaccination sites with plans in place for the creation of four (4) mass vaccination sites. The Committee questioned the security at the facilities and highlighted the importance and purpose of the COVID-19 vaccines. As such, the Committee queried whether the MOH was enhancing its security measures as it relates to storage, transport and distribution at the respective sites. Officials indicated that due to its experience with the receipt and distribution of vaccines via the public healthcare system, it had a well-established transportation system in place. Regarding the security concerns, officials

explained that each of the twenty-one (21) health facilities had undergone an assessment process to determine its suitability and met the necessary requirements. Officials informed the Committee that all twenty-one (21) health facilities (**See attached Appendix I**) chosen would have had the appropriate security arrangements in place.

Additionally the Committee questioned whether the designated facilities inclusive of the selected sites, had the necessary infrastructural support i.e. adequate power, backup power, proper temperature control and operational cooling units, to avoid disruptions that would interfere with the viability and integrity of the vaccines e.g. the breakdown of refrigeration. Officials explained that at the central level, there were backup power measures in place e.g. generators. In terms of support at distribution sites, officials indicated that the sites had the necessary security and storage requirements. To ensure the success of the vaccination programme, a team was assigned to visit each of the selected sites to ensure that security, the physical environment and equipment and human resources needed were satisfactory. The MOH assured the Committee that it was comfortable with the security and infrastructural arrangements in place to maintain the integrity and security of the vaccines.

Observation:

• The Committee noted the efforts taken to ensure the security of the COVID-19 vaccines.

Recommendation:

• The MOH should submit to Parliament by January 31, 2022 the lessons learnt particularly in the securing and storage of the COVID-19 and other vaccines.

4. Monitoring and Evaluation

i. Vaccinated patients

The Committee questioned the Ministry's monitoring and evaluation measures for patients who have been administered the vaccine. Officials explained that a patient will fill out the registration form, which includes the standard demographic information as well as the person's medical history. After having received the vaccine at the health facility, the patient will be actively monitored for thirty (30) minutes in the first instance by health staff.. Subsequent to leaving the health facility, there are two (2) forms of monitoring thereafter:

- ✓ The active monitoring by the health staff at the County Medical Officer of Health (CMOH) through a telemedicine programme. The Ministry indicated that it hoped to continue this for a projected period upwards to a year to monitor long-term side effects; and
- ✓ the passive way allowing a patient to call in or return to a health facility in the event there were side effects to that vaccine.

Observation:

• The Committee noted the steps taken to monitor the vaccinated patients.

Recommendations:

- The MOH should provide the following and submit to Parliament by January 31, 2022:
 - ✓ details of the number of persons monitored through the telemedicine programme by the RHAs, vis a vis the number of persons vaccinated by that RHAs;
 - ✓ details of the number of persons monitored through the passive system vis a vis the number of persons vaccinated by the RHA;
 - ✓ details on the sufficiency of human and other resources to carry out the monitoring of persons receiving vaccinations by RHAs;
 - ✓ details on the data collection and computerization of data on vaccinated persons
 - ✓ lessons learnt from the on site monitoring immediately post-vaccination; and lessons learnt from the application of each systems and steps taken or recommendations made for the improvement for each system.

ii. Monitoring and Evaluation (M&E) Unit

The Committee questioned whether the Ministry's M&E Unit will be responsible for the oversight of the securing of vaccines. Officials explained that it does not have a dedicated M&E Unit. However, the function of M&E is carried outwithin the organisation. Officials explained that its M&E plan consisted of various stakeholders including the Regional Health Authorities (RHAs) and the MOH's internal team. Officials also informed the Committee of its three tier model to monitor and check the operations of the vaccination process. The Ministry plans to monitor by assessing health facilities, weekly operational reports from the RHAs as well

as the audit team. The M&E function reports bi-weekly to the Expanded Immunization Programme (EPI) Unit to ensure the vaccines were administered properly via the necessary guidelines, protocols and tools for monitoring and evaluating the vaccination deployment plan.

The Committee questioned whether the aforementioned guidelines and protocols were already in place. Officials confirmed that the assessment tools, reporting functions and M&E targets critical to the vaccine deployment were in place. Officials stated that a dashboard was in place for the IP solution to capture real time information. For example, in any given timeframe, a week or a day the MOH will be informed of operations of the twenty-one (21) sites, the number of vaccines administered, utilised on a weekly or daily basis and the coverage rate of those sites and the population.

Recommendation:

- The Ministry should provide a lesson learnt document to Parliament by January 31,2022 clearly setting out and communicating the range and extent of health services that are available to the public, what patients can expect in terms of access and waiting times, and what it is doing to encourage patients to access services; and
- The Ministry should report on the M&E function evaluating the successes of and weaknesses of the strategy, lessons learnt and the corrective measures to improve these measures.

Written Submissions

As part of its deliberations, the Committee via a request for written submissions examined the following Ministries and Departments regarding its response to the COVID-19 pandemic:

- Ministry of Youth Development and National Service;
- Ministry of Labour; and
- Office of Disaster and Preparedness Management

Ministry of Youth Development and National Service (MYDNS)

1. Adaptations to the impacts of COVID-19 pandemic

COVID-19 was declared a pandemic by the World Health Organization (WHO) on March 11, 2020.COVID-19 pandemic has exerted different impacts on people. As the pandemic continues to rage, effective adaptations have been implemented to address the new normal life. Moreover, the COVID-19 pandemic has exacerbated operational risks as Government entities were required to respond and react to changing circumstances rapidly to minimise economic losses and to continue to safeguard the health and social well-being of citizens.

The MYDNS updated and implemented the 'Return to Work Guidelines'. These guidelines were prepared under the former Ministry of Sports and Youth Affairs and adopted under the current Ministry. The Guidelines was updated to include the: -

- a. Standard Operating Procedures in handling positive Covid-19 cases; and
- b. Employee Notification Procedures of Covid-19 Positive.

Observation:

• The Committee endorses the actions taken by the MYDNS to assist with the adapting to the 'new normal' as a result of the COVID-19 pandemic.

2. Challenges faced

As the COVID-19 pandemic is an unprecedented crisis, whereby its duration cannot be determined in view of the various factors influencing its spread, measures were implemented at different stages of the pandemic to address strategic and operational issues.

i. Impacts of COVID-19 pandemic

The MYDNS stated that the COVID-19 pandemic significantly impacted its operations in the following ways:

- Youth Development Officers were restricted from "field work" which would have been previously conducted via face to face interaction with persons from various youth groups;
- All youth facilities were closed to the public and youth based programmes were held online, where appropriate, to minimize the gathering of persons; and
- Contemporary educational based programmes that required face to face interaction such
 as the Civilian Conservation Corps (CCC), the MILAT and MYPART Programmes had
 a delayed start and at one time were halted temporarily. The Ministry indicated that CCC
 Programme had restarted and the entire remaining Orientation Programme was
 conducted online.

Recommendations:

- The MYDNS should submit to Parliament by January 31, 2022:
 - ✓ an update on the steps taken to resolve the challenges faced in light of COVID-19 pandemic; and
 - ✓ The new measures implemented to ensure business continuity with respect to its mandate relating to strategic and operational issues.

ii. Implementation of the COVID-19 Response Plan

The following challenges were encountered in the implementation of the COVID-19 Response Plan: -

- The orientation of staff to the 'New Normal' and compliance with the Ministry's COVID-19 rules and guidelines as outlined in the response plan; and
- ii. keeping abreast with the MoH updates and ensuring that the information and subsequent changes are disseminated to staff in a timely manner.

Recommendations:

The MYDNs should submit to Parliament by January 31, 2022:

- ✓ an evaluation of the efficacy of the steps taken to implement the COVID-19 Response Plan; and
- ✓ the steps taken to overcome the challenges faced in the implementation of its COVID-19 Response Plan

iii. Addressing the impact of COVID-19 pandemic on young people of T&T

With the onset of the COVID 19 pandemic, the MYDNS stated that it recognized the need for a faster pace of digitalization of its service delivery systems to the young people. The global crisis brought on by the COVID-19 pandemic has forced citizens into a digital world, which are likely to have lasting effects, thus, the Ministry understands the need to help the younger population embrace a more digitized existence.

The Ministry explained that the inequality in digital readiness was viewed as a risk factor that impedes young people from optimizing the full potential to be derived from a digital economy. The Ministry proposed in its Draft Estimates of Expenditure for 2021-2022 significant upgrades to its Youth Training Centers and Facilities located in communities throughout Trinidad. One component of this upgrade will be investment in digital technologies (digital networking infrastructure, computers, multimedia systems and software) which will provide digital solutions, tools and services to promote learning and education systems remotely to young people despite the socio-economic status or geographical location.

Additionally, the Ministry explained that the investment in this technological upgrade will allow the establishment of online services to address sensitive developmental challenges that compromise the life trajectory of young people battling challenges such as numeracy and literacy. The use of technology to address these sensitive learning challenges facing young people will allow for a less humiliating and more empowering approach to resolving these challenges.

Observation:

• The Committee notes the plans taken by the MYDNS to react to the impacts that COVID-19 pandemic has on young people.

Recommendation:

- The MYDNS should submit a status update to the Parliament by January 31, 2022 on:
 - ✓ the timeline for the upgrade of digital technologies at Youth Training facilities in communities upon approval of the proposed budget;

✓ the plans to address any inequalites found to exist in the availability of digital tools to different vulnerable groups of youth such as young women and girls, youth with disabilities, youth belonging to low income families, youth at risk.

Ministry of Labour (MOL)

1. Adapting to the impacts of COVID-19 pandemic

The MOL, with the assistance of the MOH, the Chief Personnel Officer (CPO) and the Ministry of National Security (MNS), developed and implemented the 'National Policy Guidelines on Preparing Workplaces in Trinidad and Tobago for COVID-19'. These guidelines were geared towards minimizing the spread of the coronavirus by keeping employees safe and well in the workplace. Following the implementation of this National Workplace Policy, the MOL stated that it planned to undertake an E-Sensitization campaign titled 'Combat COVID-19, Toolkit Series for Employers/Employees.'

Observation:

• The Committee notes the actions taken by the MOL to assist with adapting to changes at the workplace.

Recommendation:

• The MOL should submit a status update to Parliament by January 31, , 2022 on the delivery of the E-Sensitisation Campaign and an evaluation of its implementation and compliance by employers in the workplace.

2. Relief Support provided in light of COVID-19

In June 2020, the Government of Trinidad and Tobago announced a thirty million (\$30,000,000) dollar Grant Facility to assist micro and small enterprises earning less than one million (\$1,000,000) dollars per annum to recover from the effects of the COVID-19 pandemic. The National Entrepreneurship Development Company Limited (NEDCO) under the MOL was mandated to operationalize the facility and the Company launched the Entrepreneurial Relief Grant facility in partnership with the Ministry of Finance (MOF) on July 27, 2020. NEDCO collaborated very closely with the MOF to establish operating procedures, parameters, application processes, monitoring and evaluation and post

disbursement impact assessments. The first tranche was remitted in the sum of ten million (\$10 million) dollars in September 2020.

It was noted that the responsibility for NEDCO was removed from under the portfolio of the MOL via Gazette No. 158², Volume 59 dated September 9, 2020, and placed under the purview of the MYDNS. The MOL's oversight of NEDCO ended on September 30, 2020. As at September 2020, NEDCO received four thousand one hundred and forty four (4,144) applications for the Grant Facility via its online portal. NEDCO approved six hundred fifty –three (653) applications valued at \$5,859,500.00 as at September 30, 2020.

Observation:

• The Committee noted the assistance provided by the Ministry to assist small and micro enterprises.

Recommendation:

• The Ministry should conduct an assessment of the efficacy of the Grant Facility and provide an update to Parliament by January 31, 2022 on the lessons learnt in relation to the relief support.

3. MOL's role in the economic impacts of COVD-19

The Committee questioned whether assessments would be conducted to determine the impact of the pandemic. The Ministry stated that it was involved in the following initiatives to determine the impact of the pandemic on the job market:

- i. Report on the Impact of COVID-19 on the Labour Market in T&T. The objectives of this report were to:
 - assess the impact of COVID-19 on employment levels in T&T through a gender lens; and
 - provide policy recommendations to improve the resilience of the labour market.

The Report will analyze data from the following avenues:

- total recipients of Salary Relief Grants from the National Insurance Board of T&T, MOF;
- total recipients of Income Support Grants from the MSDFS;
- total recipients of the Entrepreneurial Relief Grant from the MOF in collaboration with NEDCO;
- total recipients of the Cultural Relief Grants from the Ministry of Tourism,
 Culture and the Arts; and
- other data that directly and indirectly shows an impact of COVID-19 pandemic on the labour market.
- ii. A research project entitled 'From Disaster to Recovery: Securing Employment through the Empowerment of Small and Medium Enterprises in Post COVID-19 T&T'. The objectives of this research are to:
 - assess the impact of COVID-19 on the employment levels, supply chain, inventory and sales/revenue of Small and Medium-Sized Enterprises (SMEs);
 - identify the major types of support that is most needed by SMEs Post COVID-19; and
 - estimate the economic contribution of the SME Sector to the labour market in T&T.

Recommendations:

- The MOL should submit the following to Parliament by January 31, 2022 the findings of:
 - i. the analysis of the data conducted; and
 - ii. the research project.
- Identify the lessons learnt and develop a business continuity plan.

Office of Disaster and Preparedness Management (ODPM)

1. Adapting to the impacts of COVID-19 pandemic

The ODPM took the initiative to develop and promote a COVID-19 'Home Readiness Action Plan' in an effort to support the MOH Communications Unit's messaging as there seemed to be a dearth of information on safety guidelines for persons to follow, while at home and on entering/leaving their homes. The strategy behind the Readiness Plan's promotion was to

provide the public with a complementary message to the Department's core message, encouraging persons to develop the habit of having a 'grab and go bag' in the event evacuation became necessary. Both products were promoted using the website, other agencies' websites and via various WhatsApp groupings, where persons were encouraged to re-share the information provided.

Observation:

• The Committee notes the actions taken by the ODPM to assist with the adapting to the 'new normal'.

Recommendation:

• The ODPM should submit a report to Parliament by January 31,2022 on its evaluation of the reach of this initiative and the lessons learnt.

2. Challenges faced as result of the COVID-19 pandemic

In the written response provided, the ODPM indicated that a number of challenges were encountered. Such as:

- The office's inability to conduct in-person, team, disaster response exercises and drills, due to the health restrictions. ODPM stated that it saw this challenge as an opportunity and quickly pivoted to online platforms, placing emphasis on blended, tabletop, simulation exercises.
- The online solution created additional challenges which required employing collaborative technologies. While previously the ODPM had a Polycom system and used Skype for online collaboration, health guidelines and our 'All of Society' approach to disaster management, caused an explosion in the number of agencies that had to be trained using the online platform.
- The organisation needed a platform with greater functionality that will allow for effective, online preparedness training. ODPM explained that this was remedied through the generosity of one of its members who offered the use of his MS Team's account. This provided a short-term solution, until the office was able to obtain a longer-term resolution through the Ministerial system.

- Need for increased bandwidth. Taking into consideration the number of agencies that
 were required to be online, initially, the ODPM did not have the required capacity.
 Therefore, communications during online collaboration were at times unstable.
- Restrictions severely hampered the office's ability to procure disaster stores and other items. As a consequence of the lockdown, suppliers were unavailable or constrained to provide the necessary items and products.
- Community outreach activities geared towards engaging, educating and increasing awareness of disaster prevention and preparedness were also stymied.
- The ODPM Volunteer Programme also felt the negative effects of the Pandemic. The programme was re-established in 2020 to primarily provide specialist support and surge capacity in times of crises. While some online training was conducted, other elements best delivered in-person still has to be delivered, when the environment becomes safer.

Recommendation:

• The ODPM should submit to Parliament by January 31, 2022, an update on the steps and long term measures taken to address the challenges identified and any lessons learnt, including the.

3. Preparation to deal with the Hurricane Season of 2021, alongside the negative impacts of the COVID-19 pandemic

The ODPM stated that it was ready for the 2021 Hurricane Season. The ODPM explained that despite the challenges of COVID-19 pandemic the office continued to undertake activities that would strengthen the nation's disaster resilience. The ODPM implemented a National Disaster Prevention and Preparedness Month (NDPPM) initiative in the month of May which provided an excellent platform for the national community to be prepared ahead of the 2021 Wet and Hurricane season. This year's theme "Disaster Preparedness Starts with You. Let's Prepare Together" was a 'national call to action' involving all communities of interest and placed special attention to the vulnerable population, who were also able to participate in a number of virtual prevention and preparedness activities. These activities were promoted through traditional and digital platforms across agencies.

During this period, several activities were implemented to help strengthen individual's, families' and community's resilience against meteorological and hydrological hazards. For example, these activities helped to engage and educate the citizenry on the seven things to do before the Wet and Hurricane season, using a multi-media approach. In the event of a catastrophic impact, there were regional and international arrangements in place, should the country's resources prove inadequate to cope. The ODPM recently tested these systems on three (3) occasions, when national appeals were made in support of St. Vincent and the Grenadines, Guyana and Suriname. These tests took the form of national relief collection drives that strengthened many aspects of national preparedness and response, within the COVID-19 pandemic environment.

Recommendation:

• The ODPM should provide an update on the success and the challenges faced in the implementation of the NDPPM initiative by January 31, 2022.

4. Shortage of Staff and Volunteers

In the written submission received, the ODPM stated that Cabinet in 2020 designated the ODPM as the focal point and implementing agency for the Sendai Framework for Disaster Risk Reduction (SFDRR) (2015-2030), which is the global strategy Governments agreed for reducing disaster risks. The SFDRR is the successor framework to the Hyogo Framework for Action and focuses on disaster risks versus disaster losses. In addition, the ODPM is the proponent agency for the regional strategy, the Comprehensive Disaster Management approach (2014-2024), which too has evolved since its initial introduction in 2001.

Consequently, given the ODPM's expanded mandate under the above-mentioned frameworks, the emergence of new hazards such as COVID-19 and its variants; climate change; global warming; as well as scientists' predictions that disasters would increase in frequency and intensity, the ODPM stated that there was need to increase its staff and volunteer complement.

In the interim, the office found a temporary solution through support provided by the MOL's On-the-job training (OJTs) Programme. For the longer term however, the office indicated that it was in the process of developing a National Comprehensive Disaster Management

Policy/Strategy and a supporting Country Work Programme (CWP). These initiatives will inform the need for a revised organisational structure and by extension, the necessity to recruit additional staff. Similarly, the need for greater volunteer support has been identified already and in anticipation of this requirement, in 2020, the ODPM relaunched its Volunteer Programme.

The office also indicated that the process of developing a Comprehensive Disaster Management Policy/Strategy had started, which for the first time will set a strategic direction for Disaster Risk Reduction and Management (DRRM) in T&T. This strategy will consider the threat posed by COVID-19 pandemic as well as other new and traditional risks.

Recommendations:

- The ODPM should provide to Parliament by January 31,2022 a timeline for:
 - ✓ development of the National Comprehensive Disaster Management Policy/Strategy and a supporting CWP;
 - ✓ revision of the organizational structure; and
 - ✓ the recruitment of additional staffing.
- The ODPM should provide a status update on the development of a Comprehensive Disaster Management Policy/Strategy that will consider the threat posed by COVID-19 pandemic as well as other new and traditional risks; and
- The ODPM should also implement new strategies to encourage a greater response for volunteerism by citizens of T&T and provide a status update to Parliament by Janaury31, 2022.

CONCLUSION

On March 11, 2020, the WHO officially declared the COVID-19 outbreak a pandemic. This pandemic has generated negative impats across various sectors. The Government of T&T had to act urgently to minimize the impact of the COVID-19 pandemic on livelihoods and businesses. This report aims to identify the measures undertaken by the Government to mitigate the socioeconomic effects of the pandemic which include the COVID-19 expenditures.

Additionally, the COVID-19 pandemic brought a slowdown in the economy which resulted in the increase in unemployment and contraction of key sectors. Therefore, a number of measures were introduced by the Government via the MOL, MYDNS and ODPM to cushion the effects of the pandemic. Also, the Government focused on social support which was provided by the MSDFS. For example, the disbursement of grants and monitoring and evaluation systems. Furthermore, the Government through the MOH implemented measures to deal with the procurement and disbursement of COVID-19 Vaccines.

The Committee is of the view that the adoption of its proposed recommendations will lead to greater preparedness to handle the impact of the COVID-19 pandemic which must not delay the necessary transformational processes by Ministries and Departments and for future disasters. Moreover, the Committee intends to monitor the progress made in the implementation of the recommendations proposed in this Report.

This Committee respectfully submits this Report for the consideration of the Parliament.

Mrs. Bridgid Mary Annisette-George Dr. Lackram Bodoe Chairman Vice-Chairman

Mrs. Ayanna Webster-Roy Ms. Yokymma Bethelmy

Member Member

Mr. Hassel Bacchus Mr. Wade Mark

Member Member

Mr. Stephen Mc Clashie Mr. Clarence Rambharat

Member Member

Ms. Amrita Deonarine Mrs. Lisa Morris-Julien

Member Member

APPENDIX I

The COVID-19 vaccination sites have been listed as follows: Eastern Regional Health Authority (ERHA)

- Cumana Outreach Centre
- Mayaro District Health Facility
- Rio Claro Health Centre
- Sangre Grande Enhanced Health Centre

North Central Regional Health Authority (NCRHA)

- Arima District Health Facility
- · Chaguanas District Health Facility
- La Horquetta Health Centre
- St Joseph Enhanced Health Centre

North West Regional Health Authority (NWRHA)

- Barataria Health Centre
- Diego Martin Health Centre

South West Regional Health Authority (SWRHA)

- Couva District Health Facility
- Freeport Health Centre
- La Romaine Health Centre
- Marabella Health Centre
- Point Fortin Health Centre
- Princes Town District Health Facility
- Siparia District Health Facility

 St Madeleine Health Centre

Tobago Regional Health Authority (TRHA)

- Canaan/Bon Accord Health Centre
- Roxborough Health Centre
- Scarborough Health Centre

APPENDIX II

The Inquiry Process

The Inquiry Process

The Inquiry Process outlines steps to be taken by the Committee when conducting an inquiry into an entity or issue. The following steps outlines the Inquiry process followed by the PAAC:

- 1. Identification of entity to be examined;
- 2. Preparation of Inquiry Proposal for the selected entity. The Inquiry Proposal outlines:
 - Description
 - Background;
 - Overview of Expenditure
 - Rationale/Objective of Inquiry; and
 - Proposed Questions.
- 3. Consideration and approval of Inquiry Proposals by the Committee and when approved, questions are forwarded to the entity for written responses;
- 4. Issue of requests for written comment from the public are made via Parliament's website, social media accounts, newspaper and advertisements;
- 5. Preparation of an Issues Paper by the Secretariat for the Committee's consideration, based on written responses received from the entities. The Issues Paper identifies and summarises any matters of concern in the responses provided by the entity or received from stakeholders and the general public;
- 6. Review of the responses provided and the Issues Paper by the Committee;
- 7. Conduct of a site visit to obtain a first-hand perspective of the implementation of a project (optional);
- 8. Determination of the need for a Public Hearing based on the analysis of written submissions and the site visit (if required). If there is need for a public hearing, the relevant witnesses will be invited to attend and provide evidence. There is usually no need to examine the entity in public if the Committee believes the issues have little public interest or the Committee believes that the written responses provided are sufficient and no further explanation is necessary.
- 9. Issue of written request to the entity for further details should the Committee require any additional information after the public hearing.

- 10. Report Committee's findings and recommendations to Parliament upon conclusion of the inquiry.
- 11. Engage in follow-up.

APPENDIX III

Minutes of Meetings

I. Ministry of Social Devlopment and Family Services

THE PUBLIC ADMINISTRATION AND APPROPRIATIONS COMMITTEE FIRST SESSION, TWELFTH PARLIAMENT MINUTES OF THE SECOND MEETING HELD VIRTUALLY ON WEDNESDAY JANUARY 13, 2021 AT 1:32 P.M.

Present were:

Mrs. Bridgid Mary Annisette-George - Chairman

Dr. Lackram Bodoe - Vice-Chairman

Ms. Amrita Deonarine Member Mr. Hassel Bacchus Member Mr. Wade Mark Member Member Mrs. Ayanna Webster-Roy Mrs. Lisa Morris-Julian Member Member Ms. Yokymma Bethelmy Member Mr. Stephen Mc Clashie Mr. Clarence Rambharat Member

Ms. Keiba Jacob - Secretary

Ms. Hema Bhagaloo - Assistant Secretary
Ms. Khisha Peterkin - Assistant Secretary

Ms. Rachel Nunes - Graduate Research Assistant

COMMENCEMENT

1.1 At 1:32 p.m. the Chairman called the meeting to order and welcomed those present.

EXAMINATION OF THE MINUTES OF THE FIRST MEETING

- 2.1 The Committee examined the Minutes of the First (1st) Meeting held on November 27, 2020.
- 2.2 There being no omissions or corrections, the Minutes were confirmed on a motion moved by Mrs. Ayanna Webster-Roy and seconded by Ms. Amrita Deonarine.

MATTERS ARISING FROM THE MINUTES OF THE FIRST MEETING

3.1 As per item 5.3 (ii), the Chairman invited Members to review the Committee's Work Programme with regard to the order in which the inquiries are considered. A discussion ensued.

- 3.2 The Committee agreed to the following inquires in this order:
 - An examination into the efficiency of the delivery of services to the public by the Regional Health Authorities;
 - An examination into the implementation of the 2021 budget with emphasis on the "Green Economy" in the following areas:
 - i. Trade;
 - ii. Energy;
 - iii. Digital Transformation;
 - iv. Agriculture; and v. Tourism
 - An inquiry into the realignment and operations of the following Ministries:
 - Ministry of Tourism, Culture and the Arts
 - Ministry of Public Administration and Digital Transformation
 - Ministry of Sport and Community Development
 - Office of the Prime Minister former Ministry of Communications
 - An examination into the Ministry of Youth Development and National Services;
- 3.3 The Chairman informed Members that a request for the Statements of Expenditure for the fourth quarter of fiscal 2020 was sent to Ministries and Departments on November 26, 2020 with a deadline of December 11, 2020. Thus far, 19 repsonses were received and 19 responses remain outstanding.
- 3.4 As per item 6.1, the Chairman informed Members that the Financial Scrutiny Workshop was scheduled for January 20, 2021 at 12 noon.

PRE-HEARING DISCUSSION: AN INQUIRY INTO THE RESPONSE OF THE PUBLIC AUTHORITIES TO THE SPREAD OF COVID-19 IN TRINIDAD AND TOBAGO - MINISTRY OF SOCIAL DEVELOPMENT AND FAMILY SERVICES (MSDFS)

- 4.1 The Chairman invited Members to review the Issues Paper on the Ministry of Social Development and Family Services based on the written submission received from the Ministry.
- 4.2 The Chairman outlined the remit of the inquiry.
- 4.3 The Committee discussed the approach for the conduct of the hearing.

SUSPENSION

5.1 There being no further business for discussion in camera, the Chairman suspended the meeting at 2:36 p.m., to reconvene in public.

EXAMINATION OF THE THE RESPONSE OF THE PUBLIC AUTHORITIES TO THE SPREAD OF COVID-19 IN TRINIDAD AND TOBAGO - MINISTRY OF SOCIAL DEVELOPMENT AND FAMILY SERVICES (MSDFS)

- 6.1 The Chairman called the public meeting to order at 2:36 p.m
- 6.2 The following officials joined the meeting:

MINISTRY OF SOCIAL DEVELOPMENT AND FAMILY SERVICES

Ms. Sheila Seecharan - Permanent Secretary (Ag.) Mr.
Vijay Gangapersad - Deputy Permanent Secretary (Ag.)
Ms. Esther Pilgrim-Soanes - Director of Finance and Accounts

Ms. Patricia De Leon-Henry - National Director, National Social
Development Programme

- 6.3 The Chairman welcomed the officials.
- 6.4 The Chairman outlined the mandate of the Committee and the purpose of the hearing. Introductions were exchanged.

6.5 Key Issues Discussed:

- 1. The significant changes undertaken to the Ministry's mandate in order to address the public assistance needs due to the fall out of the COVID-19 pandemic;
- 2. Clarification on the monies spent to date and the number of persons who accessed the different COVID-19 relief grants presented by the Ministry
- 3. The number of beneficiaries in receipt of food support;
- 4. The time-period for the intake of applications for relief grants;
- 5. The number of beneficiaries in receipt of relief grants;
- 6. Discussion on the inefficiencies experienced in the registration process and distribution of grants;
- 7. Details on the plans to implement a new database at the Ministry;
- 8. Details of the means test administered to applicants by the Ministry;
- 9. The mechanisms used to measure the success of the Ministry's implementation of Sustainable Development Goal (SDG) 10;

- 10. The relationship between the Ministry and the United Nations Development Programme (UNDP) with regard to SDG 10;
- 11. A status update on the Social Services Client Management System and the Integrated Social Enterprise Management System;
- 12. The overall performance of the Ministry throughout the pandemic;
- 13. The challenges faced managing the administration of COVID relief measures; 14. The occurrence of fraud during the administration of COVID relief measures; and
- 15. The lessons learnt throughout the provision of COVID relief measures.
- 6.6 The Chairman thanked officials for attending and they were excused.

SUSPENSION

7.1 At 5:08 p.m., the Chairman suspended the public meeting to resume in camera for a post-hearing discussion with Members only.

POST-HEARING DISCUSSION

- 8.1 The Chairman sought Members' views on the public hearing.
- 8.2 The Committee agreed that additional questions would be sent to the Ministry of Social Development and Family Services. [Please see Appendix 1]

ADJOURNMENT

- 9.1 The Chairman thanked Members for their attendance and the meeting was adjourned to Wednesday February 10, 2021 at 1:30 p.m.
- 9.2 The adjournment was taken at 5:37 p.m.

We certify that these Minutes are true and correct.

CHAIRMAN

SECRETARY

Questions to the Ministry of Social Development and Family Services

General Questions:

- 1. Who at the Ministry is responsible for monitoring the Social Protection COVID-19 expenditure listed in the table above?
- 2. What were some of the challenges experienced by the Ministry when monitoring this expenditure?
 - a. How were these challenges addressed?
 - b. Who is responsible for the making of suggestions/recommendations to address these challenges?
- 3. What type of information was collected to ensure that clients in receipt of grants and assistance benefitted from the initiatives stated above?
- 4. How was this information used to determine the efficiency and effectiveness in the delivery of these services?
- 5. Are there measures in place to account for the sums of expenditure listed in the table above?
 - i. If no, how were checks and balances conducted by the Ministry to account for the money expended?

Process used for the Disbursements of Grants

- 1. How efficient was the delivery of grants to households under this programme?
 - i. What checks and balances were conducted to ensure the households in receipt of the SFP grant were suitable?
 - ii. What challenges did the Ministry face in the distribution of grants to households?
- 2. What was the timeframe between dispatch and delivery of grants via TTPOST?

- 3. How frequently is the Ministry's database utilised to document persons in receipt of grants reviewed and updated?
- 4. What measures were implemented to ensure that the database is up to date?
- 5. Has an internal audit exercise been conducted to ascertain the correct information on the Ministry's database?
- 6. How many persons were in receipt of emergency food hampers?
- 7. What type of questions were asked in order to qualify for food hampers?
- 8. Is the Ministry satisfied with its reach with regard to the number of hampers distributed?
 - i. If no, why not?

Monitoring and Evaluation Framework

Questions:

- 1. When will the monitoring and evaluation framework be implemented?
- 2. What are some of the outcomes and targets to be realised from the Monitoring and Evaluation Framework? Provide an example.

Sustainable Development Goals (SDGS)

- 1. With regard to 'SDG 10 speaks to reducing inequalities to ensure no one is left behind as an integral part of achieving the Sustainable Development Goals', how did the Ministry assess whether the provision of the following grants satisfy the achievement of SGD 10?
 - senior citizens pension;
 - public assistance;
 - disability grants; food cards etc.
- 2. What were the difficulties faced with regard to the provision of senior citizens pensions, public assistance, disability grants and food cards?

Challenges

Questions:

- 1. What framework was used to implement the following as "the Ministry adopted an all of Government approach" whereby staff from various Ministries assisted with the implementation of its measures'?
- 2. Were any private sector service provider/s involved?
 - i. If yes, what system of procurement was used to hire these private sector service providers to assist in the delivery of the services and the cost?
- 3. Were there elements of the process contracted out?
 - i. If yes, to whom was this contracted and the associated cost?
 - ii. Which level of staff is responsible for the delivery of these services?
- 4. Who is responsible for the making of suggestions/recommendations to address these challenges?
 - i. Were the staff utilised to alleviate the large numbers trained to carry out this process efficiently?
 - ii. If yes, provide brief details on the training offered.
- 5. How did the Ministry measure the performance of staff from other Ministries throughout this process?
- 6. Where any further challenges encountered in the utilisation of non-Ministry staff?

Assessment of the Ministry's service delivery

- 1. As at December 31, 2020, how many households were in receipt of a market box?
- 2. What is the status of the "move along with system"?
- 3. What is the sum of funds allocated to NGOs for this initiative?
- 4. Is the Society of St. Vincent De Paul the only NGO in receipt of funds under this initiative?
 - i. If yes, why? ii. How were street dwellers in other parts of the country assisted?

- 5. With regard to the implementation these intiatitives of the Ministry: -
- i. the Integrated Social Enterprise Management System (ISEMS);
- ii. integrated service delivery through the establishment of the Social Services and Empowerment Unit

the STEP UP developmental

model

Advise the Committee on the following:-

- 1. The status of each initiative stated abovy
- 2. When will the changes in the management plan and training begin?
- 3. In light of the various implementations stated above, how will this affect the day-to-day activities of the Ministry? What is the time-frame for the implementations of the initiatives stated above?
- 4. What is the estimated cost of each initiative highlighted?

Fraud

Questions:

- 1. On average how long, will it take an employed or self-employed person to receive a response from the Ministry once their application is received?
- 2. How efficient was the use of the Social Services Client Management System in the entry of data and payment files?
- 3. Were there any challenges when utilising this system?
 - i. If yes, provide further details?

In the case of rental assistance, an existing Unit of the Ministry was given the mandate to follow up on all application to eliminate invalid applications and to ensure compliance. Standard guidelines for interacting with applicants were developed and the requisite training was done with staff.

1. Which Unit was given the responsibility of following up on all applications?

- 2. How did this affect their regular duties
- 3. What was the duration of the training given to staff?
 - i. What did the training entail?

Provide the following:

- 1. The number of beneficiaries per category in the Table 1: Social Protection COVID-19 summary expenditure provided in your response;
- 2. The elements and components that encompass a standard means test administered by the Ministry;
- 3. Deatails on the exisiting system used to ensure the accountability of the expenditure of funds;
- 4. The demographics of persons in receipt of COVID-19 relief grants;
- 5. The names of the non-governmental and faith-based organisations in receipt of grants as well as the amounts received and the number of citizens who benefitted;
- 6. Details surrounding the relationship between the Ministry and the United Nations Development Programme (UNDP) with regard to the Sutainable Development Goal 10;
- 7. Any recommnedations that the Ministry can propose / suggest to the Committee that may assist the Ministry's with its efficiency and effectiveness; and
- 8. The lessons learnt from the processes used during the COVID-19 pandemic.

Minutes of Meetings

II. Ministry of Health

THE PUBLIC ADMINISTRATION AND APPROPRIATIONS COMMITTEE FIRST SESSION, TWELFTH PARLIAMENT MINUTES OF THE FIFTH MEETING HELD VIRTUALLY ON WEDNESDAY MARCH 31, 2021 AT 1:39 P.M.

Present were:

Mrs. Bridgid Mary Annisette-George - Chairman
Dr. Lackram Bodoe - Vice-Chairman

Mr. Hassel Bacchus - Member
Mr. Wade Mark - Member
Mrs. Ayanna Webster-Roy - Member
Mrs. Lisa Morris-Julian - Member
Ms. Yokymma Bethelmy - Member
Mr. Stephen Mc Clashie - Member
Ms. Amrita Deonarine - Member

Ms. Keiba Jacob - Secretary

Ms. Hema Bhagaloo - Assistant Secretary
Ms. Khisha Peterkin - Assistant Secretary

Ms. Rachel Nunes - Graduate Research Assistant

Ms. Kelly Cipriani - Parliamentary Intern

Absent was:

Mr. Clarence Rambharat - Member

COMMENCEMENT

1.1 At 1:39 p.m. the Chairman called the meeting to order and welcomed those present.

EXAMINATION OF THE MINUTES OF THE FOURTH MEETING

- 2.1 The Committee examined the Minutes of the Fourth (4th) Meeting held on March 10, 2021.
- 2.2 There being no omissions or corrections, the Minutes were confirmed on a motion moved by Mr. Wade Mark and seconded by Mrs. Ayanna Webster-Roy.

MATTERS ARISING FROM THE MINUTES OF THE FOURTH MEETING

3.1 As per item 3.2: the Chairman informed Members that the responses to the request for additional information from the Ministry of Health with regard to the efficiency of the delivery of services to the public by the Regional health Authorities were received by the Secretariat on March 17, 2021 and uploaded to the rotunda (e-repository).

- 3.2 As per item 4.2: Member Deonarine volunteered to champion the Quarterly Statement of Expenditure inquiry.
- 3.3 As per item 5.1: the Chairman informed Members that the responses to the request for written submission from the Ministry of Energy and Energy Industries with regard to the "Green Economy" were received by the Secretariat and uploaded to the rotunda (erepository).
- 3.4 As per item 10.2: the Chairman informed Members that questions for additional information were sent to the Ministry of Finance, Ministry of Planning and Development and the Environmental Management Authority with a deadline of March 31, 2021.

OTHER BUSINESS

- 4.1 The Chairman reminded Members of the upcoming United Nations Masterclass on the Sustainable Development Goals for Parliamentarians on April 26th and 28th, which will be critical to the Committee's 'Green Economy' Inquiry.
- 4.2 The Chairman proposed an inquiry topic into the implementation of Public Sector Investment Programme (PSIP) which will examine the following areas:
 - i. Achievement of the Government's targets;
 - ii. Special borrowings; and
 - iii. Grant funding.

A discussion ensued .The Committee agreed to the Inquiry topic.

PRE-HEARING DISCUSSION: AN INQUIRY INTO THE PREPAREDNESS AND RESPONSE OF PUBLIC AUTHORITIES TO THE COVID-19 PANDEMIC IN TRINIDAD AND TOBAGO WITH REGARD TO THE PROCUREMENT AND DISTRIBUTION OF COVID-19 VACCINES

- 5.1 The Chairman reminded Members that this meeting would be an inquiry into the preparedness and response of public authorities to the COVID-19 pandemic in Trinidad and Tobago with regard to the procurement and distribution of COVID-19 vaccines.
- 5.2 The Chairman invited Members to review the Issues Paper prepared by the Secretariat.
- 5.3 The Chairman invited Members to raise any issues or concerns they may have.
- 5.4 The Chairman also invited Members to identify any specific areas they wished to focus on. A discussion ensued.

SUSPENSION

6.1 There being no further business for discussion in camera, the Chairman suspended the meeting at 2:12 p.m., to reconvene in public.

AN INQUIRY INTO THE PREPAREDNESS AND RESPONSE OF PUBLIC AUTHORITIES TO THE COVID-19 PANDEMIC IN TRINIDAD AND TOBAGO WITH REGARD TO THE PROCUREMENT AND DISTRIBUTION OF COVID-19 VACCINES

- 7.1 The Chairman called the public meeting to order at 2:32 p.m.
- 7.2 The following officials joined the meeting:

MINISTRY OF HEALTH

Mr. Asif Ali - Permanent Secretary
Ms. Melanie Noel - Deputy Permanent

Secretary

Ms. Brenda Jeffers - DeputyPermanent Secretary

Dr. Roshan Parasram - Chief Medical Officer

Mr. Lawrence Jaisingh - Director, Health Policy, Research and

Planning

Ms. Anesa Doodath-Siboo - Principal Pharmacist (Ag.)

Mr. Salim Pegus - Project Manager

Ms. Candice Alcantara - Manager, Corporate Communication

- 7.3 The Chairman welcomed the officials.
- 7.4 The Chairman outlined the mandate of the Committee and the purpose of the hearing. Introductions were exchanged.

7.5 Key Issues Discussed:

- 1. The clarification on the acronym and meaning of 'EUL' and 'EUA';
- 2. The difference between receiving 'EUL' or 'EUA' and a full licence;
- 3. The number of doses of the vaccine and the percentage of the population to receive the vaccine per immunity;
- 4. The expiration date of the 33,600 vaccines received from the COVAX Facility;
- 5. The category and number of persons targeted to receive the vaccines;

- 6. The timeframe for the administering of the second dose of the vaccines to the persons in receipt of the first dose of the vaccines received from Barbados;
- 7. The number of persons in the healthcare system;
- 8. The role of the private sector in the procurement of the vaccines;
- 9. The challenges in procuring the vaccines;
- 10. The estimated vaccine rollout cost;
- 11. The details of the vaccine rollout in Tobago;
- 12. The total cost of contracted services to deliver the COVID-19 vaccines;
- 13. The status of the bilateral discussions as it relates to the procurement of vaccines;
- 14. The number of Astra-Zeneca vaccines administered regionally and internationally;
- 15. The recommended timeframe as stated by the World Health Organisation for administering the second dose of vaccines;
- 16. The arrangements in place to minimize the theft of vaccines;
- 17. The security measures in place at the storage facilities;
- 18. The plans in place to ensure there is no interference with the integrity of vaccines when received;
- 19. The measures in place to prevent counterfeit vaccines from entering the borders;
- 20. The details of the twenty-one vaccine distribution centers;
- 21. The persons who should not be administered the vaccine;
- 22. The status of the planning strategy for advance purchasing of vaccines;
- 23. The number of vaccines needed to ensure adequate coverage of the population to be brought back to normalcy;
- 24. The development of Information Technology (IT) Solution;
- 25. The information to be published on the IT Solution;
- 26. The lessons learnt and remedial actions taken with regard to the theft and loss of pharmaceuticals at the pharmacy at North West Regional Health Authority;
- 27. The stages of transportation, storage and distribution of vaccines;
- 28. The process for persons not registered in the Public Health Care System to receive vaccination;
- 29. The consideration of medical students training in the health care system to be vaccinated;
- 30. The revision of the information published in the media and on the Ministry's website;
- 31. The communication plan in place to address misinformation published on social media;
- 32. The plan going forward with regard to children's safety and attendance at schools;
- 33. The status of town hall public sensitization activity and the tentative date of meeting;
- 34. The development of an App to use as a tool for disseminating information to the public;

- 35. The status of the negotiation of vaccines from Africa;
- 36. The status of revisiting the quarantine policy for returning nationals given the receipt of the vaccines;
- 37. The manpower available at the Ministry to monitor the selected vaccine distribution centers;
- 38. The status of the ongoing studies of antibody testing for post vaccination events;
- 39. A description of the online appointment process for vaccination;
- 40. The measures in place to prevent 'favouritism' in the administering of vaccines;
- 41. The details of the COVID-19 Vaccine Task Force;
- 42. The availability of consumables to satisfy the receipt of 140,000 vaccines; 43. The process for vaccinations at the Health Centres and clinics; and
- 44. The process for vaccinating non-nationals.
- 7.6 The Chairman thanked officials for attending and they were excused.

SUSPENSION

8.1 At 5:18 p.m., the Chairman suspended the public meeting to resume in camera for a posthearing discussion with Members only.

RESUMPTION

9.1 At 5:19 p.m. the Chairman resumed the meeting.

POST-HEARING DISCUSSION

- 10.1 The Chairman sought Members' views on the public hearing.
- 10.2 The Committee agreed that additional questions would be sent to the Ministry of Health.

[Please see Appendix 1]

ADJOURNMENT

- 11.1 The Chairman thanked Members for their attendance and the meeting was adjourned to Wednesday April 14, 2021 at 1:30 p.m.
- 11.2 The adjournment was taken at 5:48 p.m.

We certify that these Minutes are true and correct.

CHAIRMAN

SECRETARY

March 31, 2021

Appendix 1

Questions to the Ministry of Health (MOH)

Provide in writing:

- 1. The number of Pfizer-BioTech COVID-19 vaccines administered worldwide;
- 2. A copy of the Ministry's Communication Plan;
- 3. The status of the bilateral discussions with the respective agencies;
- 4. The details of the contributions, grants and loans provided by lending agencies in relation to funding for COVID-19 vaccines;
- 5. Details of the possibility of donations of COVID-19 vaccines from the United States;
- 6. The plans in place in the medium term upon approval and arrival in Trinidad for the distribution of the 140,000 vaccines; and
- 7. The timeline for the development of an application to assist with the dissemination of information with regard to COVID-19 vaccine.

Information presented by the Minister of Health in the House of Representatives

Provide in writing:

- 1. Further details on the other manufacturers approached for the supply of COVID-19 vaccines.
- 2. Briefly explain the phases of vaccination.
- 3. The status of the further donations of COVID-19 vaccines by the COVAX Facility.
- 4. The approaches to securing the COVID-19 vaccines and a status of each approach.
- 5. The other strategies currently being implemented to source vaccines and the estimated cost of each strategy.

Distribution of the vaccines

Questions:

- 1. Has any analysis been conducted to assess the capacity needs of the public, particularly for distribution?
- 2. How will the two (2) parallel pathways meet these capacity needs?
- 3. What guidelines are in place to ensure the deployment of the vaccines via the parallel pathways?
- 4. Will there be a cost to the MOH for the use of the Private Sector with regard to the vaccine deployment? If yes, please state.
- 5. Despite the MOH's responsibility for the oversight of vaccines, which entity will be directly responsible for the deployment of the vaccine to ensure accountability?
- 6. What measures will be implemented to ensure accountability and transparency throughout the disbursement of vaccines?

Phase 1 of vaccination

- 1. Provide a detailed review of the first day of Phase 1 of vaccinations underlining the following:
 - i. The category of persons to be vaccinated;
 - ii. The number of persons vaccinated per category at each site;
 - iii. The efficiency of the COVID-19 appointment system;
 - iv. The challenges faced during the Ministry's process of vaccination;
 - v. The solutions to these challenges; and
 - vi. The lessons learnt.
- 2. The Minister of Health in a media breifing on April 7, 2021 provided the following information:
 - As at 6:00 p.m. on April 6, 2021, 1153 citizens across Trinidad and Toabgo were vaccinated.
 - Number of vaccines at the following Regional Health Authorities:
 - i. North West Regional Health Authority 80 citizens
 - ii. South West Regional Health Authority 471 citizens
 - iii. Eastern Regional Health Authority 171 citizens iv. North Central Regional Health Authority – 280 citizens
 - v. Tobago Regional Health Authority 151 citizens
 - a. What are the reasons for the disparity in figures between each Regional Health Authority especially the North West Regional Health Authority?

- 3. Given the report by CNN that a European Agency discovered that the AstraZeneca shot can cause rare blood clots³,
 - i. What is the status of this development?
 - ii. Has any research been conducted by the Minstry to provide further clarification to the public?
 - iii. What steps will be taken by the Ministry's Communications Unit to address the concerns of the public?

³ CNN Health website, European agency finds AstraZeneca shot can cause rare blood clots but benefits outweigh risk. Accessed on April 4, 2021: https://edition.cnn.com/2021/04/07/health/astrazeneca-coronavirus-vaccine-europe-uk-ema-intl/index.html

APPENDIX IV Additional Information Requested

Questions to the Ministry of Social Development and Family Services

General Questions:

- 1. Who at the Ministry is responsible for monitoring the Social Protection COVID-19 expenditure listed in the table above?
- 2. What were some of the challenges experienced by the Ministry when monitoring this expenditure?
 - a. How were these challenges addressed?
 - b. Who is responsible for the making of suggestions/ recommendations to address these challenges?
- 3. What type of information was collected to ensure that clients in receipt of grants and assistance benefitted from the initiatives stated above?
- 4. How was this information used to determine the efficiency and effectiveness in the delivery of these services?
- 5. Are there measures in place to account for the sums of expenditure listed in the table above?
 - i. If no, how were checks and balances conducted by the Ministry to account for the money expended?

Process used for the Disbursements of Grants

- 1. How efficient was the delivery of grants to households under this programme?
 - i. What checks and balances were conducted to ensure the households in receipt of the SFP grant were suitable?
 - ii. What challenges did the Ministry face in the distribution of grants to households?
- 2. What was the timeframe between dispatch and delivery of grants via TTPOST?
- 3. How frequently is the Ministry's database utilised to document persons in receipt of grants reviewed and updated?
- 4. What measures were implemented to ensure that the database is up to date?
- 5. Has an internal audit exercise been conducted to ascertain the correct information on the Ministry's database?
- 6. How many persons were in receipt of emergency food hampers?

- 7. What type of questions were asked in order to qualify for food hampers?
- 8. Is the Ministry satisfied with its reach with regard to the number of hampers distributed?
 - i. If no, why not?

Monitoring and Evaluation Framework

Questions:

- 1. When will the monitoring and evaluation framework be implemented?
- 2. What are some of the outcomes and targets to be realised from the Monitoring and Evaluation Framework? Provide an example.

Sustainable Development Goals (SDGS)

Questions:

- 1. With regard to 'SDG 10 speaks to reducing inequalities to ensure no one is left behind as an integral part of achieving the Sustainable Development Goals', how did the Ministry assess whether the provision of the following grants satisfy the achievement of SGD 10?
 - senior citizens pension;
 - public assistance;
 - disability grants;
 - food cards etc.
- 2. What were the difficulties faced with regard to the provision of senior citizens pensions, public assistance, disability grants and food cards?

Challenges

- 1. What framework was used to implement the following as "the Ministry adopted an all of Government approach" whereby staff from various Ministries assisted with the implementation of its measures'?
- 2. Were any private sector service provider/s involved?

- i. If yes, what system of procurement was used to hire these private sector service providers to assist in the delivery of the services and the cost?
- 3. Were there elements of the process contracted out?
 - i. If yes, to whom was this contracted and the associated cost?
 - ii. Which level of staff is responsible for the delivery of these services?
- 4. Who is responsible for the making of suggestions/recommendations to address these challenges?
 - i. Were the staff utilised to alleviate the large numbers trained to carry out this process efficiently?
 - ii. If yes, provide brief details on the training offered.
- 5. How did the Ministry measure the performance of staff from other Ministries throughout this process?
- 6. Where any further challenges encountered in the utilisation of non-Ministry staff?

Assessment of the Ministry's service delivery

Questions:

- 1. As at December 31, 2020, how many households were in receipt of a market box?
- 2. What is the status of the "move along with system"?
- 3. What is the sum of funds allocated to NGOs for this initiative?
- 4. Is the Society of St. Vincent De Paul the only NGO in receipt of funds under this initiative?
 - i. If yes, why?
 - ii. How were street dwellers in other parts of the country assisted?
- 5. With regard to the implementation these intiatitives of the Ministry:
 - i. the Integrated Social Enterprise Management System (ISEMS);
 - ii. integrated service delivery through the establishment of the Social Services and Empowerment Unit
 - iii. the STEP UP developmental model

Advise the Committee on the following:-

1. The status of each initiative stated above;

- 2. When will the changes in the management plan and training begin?
- 3. In light of the various implementations stated above, how will this affect the day-to-day activities of the Ministry? What is the time-frame for the implementations of the initiatives stated above?
- 4. What is the estimated cost of each initiative highlighted?

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- 2. How efficient was the use of the Social Services Client Management System in the entry of data and payment files?
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In the case of rental assistance, an existing Unit of the Ministry was given the mandate to follow up on all application to eliminate invalid applications and to ensure compliance. Standard guidelines for interacting with applicants were developed and the requisite training was done with staff.

- 1. Which Unit was given the responsibility of following up on all applications?
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- 3. What was the duration of the training given to staff?
 - i. What did the training entail?

Provide the following:

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- 5. The names of the non-governmental and faith-based organisations in receipt of grants as well as the amounts received and the number of citizens who benefitted;

- 6. Details surrounding the relationship between the Ministry and the United Nations
 Development Programme (UNDP) with regard to the Sutainable Development Goal 10;
- 7. Any recommnedations that the Ministry can propose / suggest to the Committee that may assist the Ministry's with its efficiency and effectiveness; and
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- 5. Details of the possibility of donations of COVID-19 vaccines from the United States;
- 6. The plans in place in the medium term upon approval and arrival in Trinidad for the distribution of the 140,000 vaccines; and
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- 4. Will there be a cost to the MOH for the use of the Private Sector with regard to the vaccine deployment? If yes, please state.
- 5. Despite the MOH's responsibility for the oversight of vaccines, which entity will be directly responsible for the deployment of the vaccine to ensure accountability?
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 - iv. The challenges faced during the Ministry's process of vaccination;
 - v. The solutions to these challenges; and
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 - iv. North Central Regional Health Authority 280 citizens
 - v. Tobago Regional Health Authority 151 citizens

- a. What are the reasons for the disparity in figures between each Regional Health Authority especially the North West Regional Health Authority?
- 3. Given the report by CNN that a European Agency discovered that the AstraZeneca shot can cause rare blood clots⁴,
 - I. What is the status of this development?
 - II. Has any research been conducted by the Minstry to provide further clarification to the public?
- III. What steps will be taken by the Ministry's Communications Unit to address the concerns of the public?

Provide in writing:

- 1. The days and hours of operation of health centres.
- 2. The number of health centres that were opened on Saturday April 10th, 2021 including the following:
 - i. The hours of operation; and
 - ii. The number of vaccines administered on this day, at each health centre.
- 3. The number of vaccines administered to health care workers and citizens including the following:
 - i. A detailed description of the process for selection, registration and the administering of vaccines;
 - ii. The number of citizens who visited each health centre on Saturday April 10th, 2021 but were not selected for vaccination; and
 - iii. A breakdown or disaggregation of citizens by category over sixty (60) with non-communicable diseases and otherwise. State the qualifiers for otherwise.
- 4. The waiting time for vaccination between registration and appointment at the Regional Health Authorities.
- 5. Whether there were any instances where a batch of vaccines was opened and not used.

⁴ CNN Health website, European agency finds AstraZeneca shot can cause rare blood clots but benefits outweigh risk. Accessed on April 4, 2021: https://edition.cnn.com/2021/04/07/health/astrazeneca-coronavirus-vaccine-europe-uk-ema-intl/index.html

If yes, state what was done with the vaccines not utilised.

Questions:

- 1. What is the current vaccination rate?
- 2. In light of recent reports⁵ that 8,638 citizens have been vacaainated as at Monday April 12, 2021, will the Ministry be on track to have 16,000 citizens vaccinate by Tuesday April 20, 2021? If no, why not?
- 3. In a recent report⁶ by a top health official that the Chinese vaccine efficacy is 'not high'. How will this affect the receipt of the donation of 100,000 vaccines from China?
 - i. What is the Ministrys plan going forward?

⁵ Trinidad and Tobago Newsday, 37 new covid19 cases, 8,638 vaccinated so far. Accessed on April 13, 2021: https://newsday.co.tt/2021/04/12/37-

new-covid19-cases-8638-vaccinated-so-far/
6 CNN website, Chinese Covid-19 vaccine efficacy is 'not high,' top health official admits. Accessed on April 13, 2021: https://edition.cnn.com/2021/04/12/china/china-vaccine-efficacy-intl-hnk/index.html

Appendix V

Verbatim Notes

Ministry of Social Development and Family Services

VERBATIM NOTES OF THE SECOND VIRTUAL MEETING OF THE PUBLIC ADMINISTRATION AND APPROPRIATIONS COMMITTEE HELD (IN PUBLIC) ON WEDNESDAY, JANUARY 13, 2021 AT 2.35 P.M.

PRESENT

Mrs. Bridgid Annisette-George Chairman

Mrs. Ayanna Webster-Roy Member

Mr. Stephen Mc Clashie Member

Mrs. Lisa Morris-Julian Member

Dr. Lackram Bodoe Member

Ms. Yokymma Bethelmy Member

Mr. Clarence Rambharat Member

Mr. Hassell Bacchus Member

Mr. Wade Mark Member

Ms. Amrita Deonarine Member

Ms. Keiba Jacob Mottley Secretary

Ms. Khisha Peterkin Assistant Secretary

Ms. Hema Bhagaloo Assistant Secretary

Ms. Rachel Nunes Graduate Research Assistant

MINISTRY OF SOCIAL DEVELOPMENT AND FAMILY SERVICES

Ms. Sheila Seecharan Permanent Secretary (Ag.)

Mr. Vijay Gangapersad Deputy Permanent Secretary (Ag.)

Ms. Esther Pilgrim-Soanes Director of Finance and Accounts

Ms. Patricia De Leon-Henry National Director, National Social

Development Programme

Madam Chairman: Welcome to the listening public and welcome to the officials

of the Ministry of Social Development and Family Services. And I take this opportunity to wish you all a happy and bright and resilient 2021.

My name is Bridgid Mary Annisette-George and I am the Chairman of the Public Administration and Appropriations Committee of the Parliament of Trinidad and Tobago. The Committee on Public Administration and Appropriations, the PAAC, has the mandate to consider and report to the Houses on:

- a. The budgetary expenditure of government agencies to ensure that expenditure is embarked upon in accordance with parliamentary approval.
- b. The budgetary expenditure of government agencies as it occurs and keeps
 Parliament informed of how the budget allocation is being implemented;
 and
- c. The administration of government agencies to determine hindrances to their efficiency and to make recommendations to the Government for improvement of public administration.

The purpose of this meeting is to examine the responses of the Ministry with regard to the COVID-19 pandemic in Trinidad and Tobago. The Committee intends to attain the following: the expenditure related to the cost and distribution of COVID-19 support measures, and the challenges faced by the Ministry with regard to the roll-out of COVID-19 related initiatives and the solution to these challenges.

The role of the Committee is to assist the stakeholders in achieving the efficient delivery of services while ensuring that expenditure is embarked upon in accordance with parliamentary approval. This meeting is being broadcast live on Parliament's Channel 11 and radio 105.5 FM and the Parliament's Channel *ParlView*. Participants are advised that their microphones should remain muted until recognized by the Chair.

I now take this opportunity to invite the representatives of the Ministry of

Social Development and Family Services to introduce themselves, and thereafter I will ask the members of the Committee to introduce themselves. So I turn the mike over to the Acting Permanent Secretary.

[*Introductions made*]

Madam Chairman: Thank you very much. And may I ask the members of the Committee to introduce themselves.

[Introductions made]

Madam Chairman: And I think Dr. Bodoe, you are the only one left.

[Technical difficulty]

Madam Chairman: May I then therefore I will ask member Mark to introduce himself. [*Pause*] Okay. So that member Mark could you kindly introduce yourself.

[Introduction made]

Madam Chairman: And, Dr. Bodoe, if you could hear me, I invite you to introduce yourself. [*Technical difficulty*] Okay. It appears that we may be having a little technical difficulty, so the last member of the Committee is Dr. Lackram Bodoe who is the Vice-Chair of this Committee.

I thank you all. I therefore at this stage will invite the Acting Permanent Secretary to make an opening statement if she so wishes. Madam Acting PS.

Ms. Seecharan: Yes, Chair, thanks. Chairman, other members of the Committee, good afternoon once again. I would like to thank you for allowing me the opportunity to say a few words.

Within the past several months, the Ministry of Social Development and Family Services underwent significant changes in its mandate. Notwithstanding, my Ministry continues to be the lead Ministry charged with the responsibility of providing social protection to the most vulnerable citizens of our country. My Ministry is cognizant of the consequences of the prevailing economic conditions and

other challenges, especially the impact of COVID-19 on those in society who are considered as the less fortunate. The devastating impact of this virus, as we have seen across the world, and more specifically here at home, presents an additional and daunting challenge for those already being poor and vulnerable.

It is for this reason that my Ministry is grateful to have been invited to attend and contribute to today's enquiry into the response of public authorities to the spread COVID-19 in Trinidad and Tobago so as to meaningfully contribute to the desired outcomes for those persons who have come to depend on us. It is hoped that this meeting will help to bring about clarity where there may be some areas of uncertainty to responses which we have submitted. We look forward to assisting the Committee in its enquiry. Thank you.

Madam Chairman: Thank you very much, Madam PS. And I would like to kick off the conversation by saying that we received your submission, and I think it is laudable that your committee led this initiative to really assist our several citizens who were considered the vulnerable citizens affected by the impact of this COVID-19.

Now, I observed in your opening statement you spoke about significant changes to the mandate of your Ministry, and I would really be interested for you to develop that somewhat to tell us what were the significant changes to your mandate that you experienced in the last several months.

Ms. Seecharan: Thank you, Madam Chair. The significant changes I referred to relate the Ministry's main initiative as to the dispersing of grants to citizens who are vulnerable. The various forms of grants that we did, the entire mission of the Ministry during the past several months concentrated on that initiative.

Madam Chairman: Okay. Because your Ministry as it is, as my understanding, is that you are involved in distributing grants in any event. But the significant change

that you referred to would be COVID-19 specific grants. Yes?

Ms. Seecharan: Yes, Chair.

Madam Chairman: Okay. All right. So to lead off the conversation, we have seen your breakdown in your submission with respect to the various grants which were specific to COVID-19, and you have listed food support, hampers, food vouchers, income support, rental assistance. And this would be the expenditure up to the 30th of November, 2020, at a figure of \$351,928,855. Yes? Madam PS, I think you need to unmute.

Ms. Seecharan: Yes, Chair.

Madam Chairman: The two questions I wanted to ask are, would this figure that you have here as the total, would that have changed between the 30th November and today?

Ms. Seecharan: Yes, it would in that we do have a number of grants that are already processed but we are awaiting releases from the Ministry of Finance to pay those grants.

Madam Chairman: Okay. So if I understand it is that, would this total figure, what does this total figure represent? Just grants that have been processed?

Ms. Seecharan: Yes. Grants that have been processed and paid to date.

Madam Chairman: All right. So those are grants that have been processed and paid. Yes?

Ms. Seecharan: Yes.

Madam Chairman: And under—let us take, for example, under food support—

Ms. Seecharan: Yes.

Madam Chairman:—where you have 17,144,100. What does this figure represent?

Ms. Seecharan: Okay. This figure represents persons who were on our database as food recipients. Apart from COVID our general clients who are in receipt of food

payments, they were given a top up.

Madam Chairman: All right. So this represents [No audio]—

Ms. Seecharan: Yes.

Madam Chairman: Yes? This represents payments to persons on your database.

Ms. Seecharan: Yes, our normal routine recipients.

Madam Chairman: Okay.

Ms. Seecharan: Clients.

Madam Chairman: And this \$17 million plus—

Ms. Seecharan: Yes.

Madam Chairman:—these are moneys that have already been processed and paid? Or is this the allocation for that purpose?

Ms. Seecharan: No. These were moneys that have already been paid.

Madam Chairman: These are moneys already been paid. And would I be correct in saying that, all of these figures—so you have food and income support, retrenched, terminated, income reduced for an initial period not exceeding three months where you have expenditure \$237,465—465,120. Are these moneys processed and paid?

Ms. Seecharan: Yes, they are moneys processed and paid.

Madam Chairman: All right. So if that is the case, the \$351,928,885 which is the total, I think, according to what you have shown under expenditure.

Ms. Seecharan: Yes.

Madam Chairman: I think I understood you to say that this expenditure would have changed?

Ms. Seecharan: It will increase.

Madam Chairman: Okay. So as of the 20th of November, 2020, this total of \$351,928,885 is moneys that have been processed and paid—

Ms. Seecharan: Yes.

Madam Chairman:—under these various grants.

Ms. Seecharan: Yes.

Madam Chairman: Okay.

Ms. Seecharan: That is true.

Madam Chairman: So might I ask if this, in fact, adds up to \$351,928,885?

Ms. Seecharan: It should, yes. Yes, it does up to that.

Madam Chairman: Yes, it does add up to that. Okay. So let me ask you another question. In terms of the expenditure under all of these grants that you have listed in the table, is there a cap on those expenditures?—so that you will know what the total expenditure should be or the total allocation is?

Ms. Seecharan: Well, the expenditure is based on applications received. So there is no cap. Once the process was opened for the intake of applications, we would have received applications and processed.

Madam Chairman: Okay. So there is no cap and therefore once somebody qualified under your various Heads—

Ms. Seecharan: Yes.

Madam Chairman:—you paid whatever the specified sum was?

Ms. Seecharan: Yes, that is true.

Madam Chairman: So that as we speak you have no idea with respect to what this total will be?

Ms. Seecharan: We do have an idea in terms of what is processed. Right now we are awaiting releases for payments so we have an additional 23 million there.

Madam Chairman: You have an additional 23 million processed—

Ms. Seecharan: And awaiting payment.

Madam Chairman:—and awaiting payment.

Ms. Seecharan: For payment. Yes.

Madam Chairman: Okay. All right. So I am just going to stop at this time because I want to invite member Deonarine because I believe she would have a question based on the computation of these figures.

Ms. Seecharan: Okay.

Ms. Deonarine: Thank you, Madam Chair. Good afternoon, again to everyone. Madam PS, I ran a quick calculation on the figures that you have provided on table one, and based on my computation the figure actually adds up to \$509 million. Could you verify that the sum is indeed \$351.9 million or whether it is \$509 million in total? And also the additional 23 million, how come—is that additional 23 million—does it still fall within the three months of support that was provided due to COVID-19? Or is this in excess of the three months that was communicated to the public by the authorities?

Ms. Seecharan: Okay. In fact it is the first three months. What happened is we have new applications, so each application that comes in is a new application. No one got in excess, payments in excess of three months.

Ms. Deonarine: Okay. So it is a continuation of processing of payments from since the onset of the pandemic for that March, April, May period? Yes, is that true?

Ms. Seecharan: Yes. Because applications keep coming in.

Ms. Deonarine: Okay. And just to reiterate. There is no limit in terms of the amount of applications, no dollar-value limit in terms of the applications that you all are processing and approving, once persons are deemed eligible?

Ms. Seecharan: No. There was no limit as per the Cabinet Minute, and we were just processing. Once applications come in and they were approved, they satisfied the criteria for payment, they got, they were paid or they are lined up for payment. However, we have stopped the intake of applications.

2.55 p.m.

Ms. Deonarine: Okay, so these are applications that would have been received during what period?

Ms. Seecharan: March 20th until December the 4th, 2020. So we still have applications that are not yet processed as well.

Ms. Deonarine: Okay. All right. And could you verify the total figure for me on table 1, please?

Ms. Seecharan: Okay, just give me one second. Let me just run my calculator.

Mr. Gangapersad: Good afternoon. I am really trying to get my hand up to provide some clarity as it regards to table 1. I am sorry but—

Madam Chairman: Okay.

Mr. Gangapersad:—I still have some technical difficulties.

Madam Chairman: Just one minute, Mr. Gangapersad. And therefore, Madam PS, at this stage, I would just invite Mr. Gangapersad because it appears that he is in a position, and this is the Deputy Permanent Secretary in a position to assist with the question asked by member Deonarine, and this is with respect to the computation of the figures, yes?

Mr. Gangapersad: That is correct. And I must apologize, the table has an additional 157,000,019; the second to last row that marks "Income Support to Retrenched, Terminated and Income Reduced". That column there actually should not be there. It is picked up underneath—the total income for that was picked up on top where you see 237,000,465. Are you seeing that? That 237,000,465 should have been broken down with food, 74,000,850. That should have been broken down further—sorry, food, 80,445,870, and income, 157,019,250; that is what came up to the 237,000,465. You would notice that it was amalgamated food and income supports, and in error, it was included again on top. So the expenditure really was 351,928,885.

That 157 in the second to last column—sorry, the third to last column is a repeat of what is under "food support" and included in the 237 million.

Madam Chairman: Okay. So, Mr. Gangapersad, if I get you correctly, what you are saying is the question raised by member Deonarine, there is an admission that there has been a double counting?

Mr. Gangapersad: Yes, that is correct.

Madam Chairman: And the double counting is about 157,019,250, yes?

Mr. Gangapersad: That is correct.

Madam Chairman: And in fact, the intervention, which is described as "Food and Income Support to Retrench, Terminated Income Reduced" for an initial period not exceeding three months, there is a total figure of \$237,465,120. That is broken down into the two components: one is food and one is income?

Mr. Gangapersad: That is correct. The food component of that is 80,445,870 and the income component is 157,019,250.

Madam Chairman: So that, in effect, what you are submitting is that the total of \$351,928,885, as of November 30, 2020, is a correct figure?

Mr. Gangapersad: That is correct.

Madam Chairman: Okay. I just wanted to—and maybe between you, Mr. Gangapersad and the Acting PS, if you could give some clarification because this says for a period not exceeding three months, and I am a bit confused by the discussion thus far. Because on the one hand, I get the impression that the three months were fixed. On the other hand, I am understanding, which would have been, I think, April, May, June, or March, April, May, but fixed at three months, which is gone? But I seem to be understanding from the discussion that any time prior to the 4th of December, one could have applied for these grants and get them coming forward for a three-month period? So that, you could have applied on the 1st of

December, 2020, and therefore qualified to get a grant for December, January, February 2021— December 2020; January, February 2021? Is that so?

Ms. Seecharan: Okay.

Mr. Gangapersad: So—

Ms. Seecharan: Sorry. Okay, Vijay, if you want to go ahead, I would—

Mr. Gangapersad: Okay. So, yes, the clarity is that we had an effective date of 1st of March, 2020, for the payment of our grant. The grant per se was—would be paid for a period of three months. Whenever you applied for the grant, it would be paid for a period of three months. We did not fix to a period, for instance, April, May and June. If you applied for the grant any time before, as you indicated, the 4th of December, and payment is made, it would be made for a period of three months. A three-month period, you would receive the support for a three-month period.

Madam Chairman: Okay, thank you very much. Member Bodoe.

Dr. Bodoe: Thank you, Madam Chair. Welcome again to PS and just to thank you for the great job that you have been doing through very difficult times. I just wanted to tie my question into table 1 again and to ask if you would be in a position for each of the categories listed. Now, we have the totals but we do not have number of beneficiaries, so whether you are in a position to provide that information now, or if not, in writing. So, that is my first issue.

Ms. Seecharan: Yes, we are in a position and we will provide those figures in writing.

Dr. Bodoe: Okay, and the second point, Madam PS, is that, as a Member of Parliament and I am sure all Members of Parliament, we are always concerned, especially that it has become more obvious and acute in this time in terms of how we service our constituents. Now, we have been engaged by the Ministry with regard to some of these distributions and so on, but my concern is that although the State is

providing a certain amount, as MPs, we try to, you know, source other resources and so on. But my concern would be that I do not know who has benefited. Many times I will not know who has received benefits and so on, so I just wanted to make a suggestion for consideration as to whether the Ministry can look at implementing a mechanism whereby those persons who have benefited, whether that can be broken down by constituency and forwarded to MPs, so that we would be in a better position when we are approached by constituents to know, okay, listen, constituents A, B, C and D have received some relief, and therefore we can direct those resources to others who might be in need? I am not sure if you understand the point I am making here, Madam PS, and I would value your comments on this.

Ms. Seecharan: Okay, what happened is that our database is not catered in such a way that we have constituencies. We do have addresses of persons but not by constituents.

Dr. Bodoe: Right, and I agree. But is it something that you feel might be useful, bearing in mind the point I just made?

Ms. Seecharan: Yes, I agree that it would be useful and we are in the process of implementing a new database, or a new management system, and we would take that—we are considering that into account actually.

Dr. Bodoe: Okay. Thank you, Madam PS, thank you, Madam Chair.

Ms. Seecharan: You are welcome.

Madam Chairman: Okay, so I just want to go back, Madam PS, to the grant you spoke about, which is the additional support to existing beneficiaries of food support, which up to the 30th of November was amounted to some 17 million. Could you say how many people were beneficiaries under this grant?

Ms. Seecharan: Yes, Chair. In terms of persons, it is 14,737 persons. And it was a one-off payment, in that the top-up was—it was for three months, but we actually

gave them, the payment was made in a one-time payment to those persons.

Madam Chairman: Is that the same 510 figure?

Ms. Seecharan: No, sorry. It depended on the existing—remember, I told you this related to existing clients of ours. So, persons with a family of maybe one or two household members would have gotten an additional \$150 per month for three months. Persons with up to five members in the household would have gotten an additional 300 per month for three months, and above that, would have gotten \$450 per month for three months.

Madam Chairman: Okay. Did this 14,000-plus people represent all the persons on your client base, or is this just part of the persons on your client base?

Ms. Seecharan: No, they were all the persons who were in receipt of food grants on our database at the point in time.

Madam Chairman: Okay. Thank you very much. Mr. Gangapersad, I saw your hand. Did you want to add something?

Mr. Gangapersad: Sorry. I am just struggling a bit with the technology, sorry, to raise my hand. I just wanted to clarify that the 17,144,100 actually was paid to 25,101 persons, and what PS indicated there is that 14,737 persons would have received a value of 150—sorry, 150 per month, meaning that they would have gotten 450; 7,731 persons would have received an additional \$300 per month, and 2,633 persons would have received an additional 450 for the month. So, it was a total of 25,101 persons who are food card beneficiaries at the time, who would have received that top-up.

Madam Chairman: And therefore, if I want to ask the question then, this 25,101 persons would be all the persons on your database for food cards?

Mr. Gangapersad: At that point in time, exactly. That is correct.

Madam Chairman: And the point in time is what point in time?

Mr. Gangapersad: That was April 2020.

Madam Chairman: As of April 2020.

Mr. Gangapersad: That is correct, Chair.

Madam Chairman: Okay. All right. Thank you. So, I recognize member Mark.

Member Mark, could you unmute, please?

Mr. Mark: Are you hearing me, Madam Chair?

Madam Chairman: Most clearly.

Mr. Mark: Right. Thank you. I just wanted to ask the Deputy Permanent Secretary whether the number of 25,000 or thereabouts, that I understand existed up to April of 2020, can we be advised what has been the additional numbers up to December 31st? May I?

Mr. Gangapersad: Member Mark, if you— I can give you that figure. I know the figure has risen, and I can give you that figure momentarily.

Mr. Mark: Okay, or you can put it in writing, Deputy PS. Right? Now, I just wanted to clarify, again, this concept of social protection. One of the elements would be dealing with the whole issue of poverty nutritional intake, et cetera. I am sure that that would be featuring somewhere in your assessment of granting a certain sum of money, whether it is a 150, whether it is a max of 510, as the case may be. Can you share with us whether the Ministry has been able to determine a poverty rate, in the context of what would be required in terms of dollars and cents, for a person to have the appropriate nutritional intake given the quantum that they would be receiving from the Ministry of Social Development and Family Services to deal with their daily needs? Is there any kind of mechanism within that framework that would be guiding the Ministry of Social Development and Family Services? Can you clarify?

Ms. Seecharan: Yes, there is. In terms of—we will do a standard means test, and the standard means test takes into account the Survey of Living Conditions. Unfortunately, we are using that data from 2005, which would have told us what is

the poverty line and what is the vulnerability line. There was a survey that was conducted in 2014 that there were reasons why it was not accepted. So, unfortunately, we are using the 2005 figures.

Mr. Mark: So, we are currently—we are now utilizing, as you said PS, the 2005 Survey of Living Conditions? But would that not place the personnel who has to access these various grants and various social packages from the Ministry, would that not place those recipients at a disadvantage, having regard to the fact that we are living in 2021, now leaving 2020, but yet still we are looking at conditions in 2005? Would you not agree with me that something has to be done for us to update the Survey of Living Conditions so that you can get a more accurate measurement of the state of poverty in T&T?

Madam Chairman: May I ask member Gangapersad to take that question, please? **Mr. Gangapersad:** Sure. Thank you very much, Chair. And just to answer the previous question, the figure as at December now stands at 29,261 families/households who are in receipt of the Food Support Programme, 29,261. In terms of the standard means test that PS spoke about, the Ministry, notwithstanding the limitation as it relates to updated poverty reports, we did use the retail price index to inflate the figures that were provided to us in the last report so that we can get an updated figure. We are expecting that the 2021—there should have been an SLC in 2020, but because of the COVID-19, it did not commence, and I know it is expected to take place in 2021. However, we would usually use the retail price index to inflate the prices that were in those reports to give us a more realistic point in time estimate of the levels.

Mr. Mark: Can you provide us in writing the elements or the components that would go into arriving at the standard means test, so that we, at the level of this Committee, will have an appreciation of what are the elements or components that would be

guiding the Ministry?

Ms. Seecharan: Sure, we would do that.

Mr. Mark: All right. The other thing, Madam Chair, if I may ask, is this: Is there a cap? I want to go back to the Chairman's question, because we live in very, very difficult times and resources are very scarce. So even though we are in a COVID period and we have to focus on the vulnerable, the weak and the poor, the Government does not have an open bottomless pit of moneys to just make available. So, is there or was there ever a cap on what the Ministry cannot go above as it relates to these various social services and/or packages that we have on page 2 of your report? Because right now, as you said, it is open. It is open. It is now 352 at the moment in terms of the total expenditure. But we are being told by the Deputy Permanent Secretary, April, it was 25,000, now it is 29,000 and rising. Is there a figure that the Ministry works with, or is it just open season, anybody could apply and anybody will get? I am trying to understand that arrangement.

Madam Chairman: Mr. Gangapersad.

Mr. Gangapersad: Thank you. Through you, Chair, what I spoke to earlier on was our food card database. In the month of April we had 25,101 persons, and there was a decision to give these families a top-up. The food card programme that I am referring to is our permanent food card programme. The increase that I indicated a while ago was the increase to our permanent food card programme beneficiary listing, which has grown from April2020 to January 2021 to 29,261 persons. There is no cap on that. Once persons out there meet the requirement and come before us and they satisfy all of the documentary requirements, we would give the grant. As it relates to COVID, this figure that I spoke to you about is not related to COVID. That 29,000 is our permanent food card holders. I just wanted to make the distinction.

Madam Chairman: Okay. And therefore, just to follow on, I think, what member

Mark asked, I want to ask it in another way. The PS has said, and you too, Mr. Gangapersad, that, okay, up to the 30th of November, you spent about 351 million-plus on all the grants. The PS says that those would be moneys processed and paid. The PS says there is another 23million being processed. Does that relate to all of the COVID grants?

Mr. Gangapersad: Okay. I thought I heard the PS say \$23 million. So sorry, actually—[*Interruption*] So sorry, actually the outstanding numbers to be paid up to the period that is in question, is 4,721 persons; 4,721 persons. That is the outstanding numbers to be paid income and food support. Persons who would have applied and to be paid.

Madam Chairman: Yes, okay. But what I am asking, and I heard \$23 million also. The 351 million, okay, does not refer to, if I understanding the conversation, to food support. The 351 million-plus, okay, the almost 352 million, my understanding is it relates to all your COVID grants, and that figure is as of the 30 November, 2020. I think I understood the PS to say there is another \$23 million to be processed and paid. I am asking if it relates to all of your grants, so that your 352 million will now end up to be something like 374 million or 75 million.

Mr. Gangapersad: All right.

Ms. Seecharan: [*Inaudible*]—and there may be a bit more as well, because as I said, those figures—

Madam Chairman: Just before we go to the little more, I just want to understand if I have got you correctly.

Ms. Seecharan: Yes, you have.

Madam Chairman: Okay. Because, you see, we are trying to get an idea because you say there is no cap, or there was no cap. Okay? You have said though, the gates are now closed.

Ms. Seecharan: Yes.

Madam Chairman: Okay? So, it means while you had no cap, we could now sort to come to a sort of parameter of what your total spend is likely to be. And that is what we are trying to follow from the information that we have before us. Okay? So, as of today, it is likely you have spent about \$375 million on all of your grants, and the grants we are talking about are the COVID grants. We are not talking about what Mr. Gangapersad has told us would be your usual food support, your usual food card.

Ms. Seecharan: Yes, that is true.

Madam Chairman: Okay? So, having regard to the fact that you have spent \$375 million or thereabouts, we would like to know if you can give us an idea of the number of persons per category who would have been beneficiaries under these grants that came up to \$375 million or thereabouts, yes?

Ms. Seecharan: Certainly, we can do that. We would provide that information.

Madam Chairman: Yes. Mr. Gangapersad, I am seeing you too.

Mr. Gangapersad: Sorry, I was going to answer and I was going to provide you with the numbers.

Madam Chairman: If you can, please.

Mr. Gangapersad: Right. So, the persons who we provided an additional top-up to for food were 25,101; the persons who would have received food support are 52,579 persons; the persons who would have received income support are 50,696 persons. We also provided a top-up to existing public assistance and disability assistance beneficiaries, that was 42,451 persons. We also provided a grant to persons who would have applied for pension but whose case was not determined, that was 2,818 persons. We also provided assistance to persons who would have applied for disability assistance but their grant was not determined, that was 488 persons. We have provided emergency hampers through our HEARD Project, 1,400hampers.

Food vouchers, this would have been done in collaboration with the Ministry of Agriculture, Land and Fisheries and the MPs, 24,999 persons would have benefited from those. We also provided rental assistance to 4,322 persons.

Madam Chairman: I thank you very much.

Ms. Seecharan: In addition to that, Chair, we also provided 20,497 cards for children of the School Feeding Programme through the MPs. Food cards.

Madam Chairman: Okay. Thank you. [Inaudible]

Ms. Deonarine: Madam Chair, you are on mute.

Madam Chairman: Thank you. You have a provision here for food support to households that receive meals from the School Feeding Programme but who are not current beneficiaries of food support. Okay? If I could get some clarification of what that is? Because I thought it was children who got—who were the beneficiaries of the School Feeding Programme, so that three or four children in a family may have qualified for the School Feeding Programme. You are not dealing with a household, you are dealing with individual children. But now you are telling me that the food support went to the household. So, what I am trying to find out is, was the figure given to those households related to the number of children within the household who are beneficiaries of the School Feeding Programme?

Ms. Seecharan: Chair, what happened was that, when we got the database from the Ministry of Education for children who are registered under the School Feeding Programme, we ran it against our data—for the parents of the children that is, we ran it against our database, and where the household was already in receipt of a food card, those children would not have gotten a card. That household would not have gotten a school feeding card.

Madam Chairman: Okay, and was there any other benefit given to that household?

3.25 p.m.

Ms. Seecharan: Those households would have already been on our food support programme. Some of them would have been getting public assistance, some senior citizens' pension, some disability grants. So they were our existing clients, those

households.

Madam Chairman: Okay. In terms of the whole idea that you were premised on leaving no one behind, no child behind, how would it have been rationalized that these children—Let us say there was a household with six children going to school. So the six of them are getting under school feeding, their parents are still getting a grant—this is pre-COVID. The parents are still getting a grant through you for some sort of income support, food support or whatever grant, but then when it comes to COVID, if it is that the household was already on your database, the support that is given, intended for children who were beneficiaries of the school feeding and not getting, do not qualify, how does that tie in with the concept of leaving no one behind, no child behind and the SDG Goal 10 that you said that your programme

Ms. Seecharan: Okay. It tied in to the—remember we told you that we give our current clients top-ups?

Madam Chairman: Yes.

was premised?

Ms. Seecharan: Right. So that is where they would have gotten the top-up in terms of food or public assistance. They would have gotten depending on the number of persons in the households.

Madam Chairman: All right.

Ms. Seecharan: They got under that programme, the existing clients.

Madam Chairman: Thank you very much. Member Deonarine.

Ms. Deonarine: Thank you, Madam Chair. I just want to ask some follow-up

questions on what would have been asked by member Mark and also by Madam Chair. Now, in the budget, during the budget discussion we heard—in the budget discussion, the hon. Minister in the Ministry, your Ministry, indicated that, and I quote:

The provision of the following grants and services cost taxpayers approximately \$5.1 billion.

And she went ahead to categorize them as senior citizens' pension, public assistance grants, disability grants, food cards, et cetera, right.

Now, based on the information that you would have provided in your written response, so far we have a number of 351 million, plus about 32 million with respect to the food cards given to the MPs and the additional 23 million that you said that is still being processed, right. Could you explain to me—and that actually sums up to less than \$1 billion. Could you explain to me where the following \$4 billion comes from?

Ms. Seecharan: Five point one billion, Chair, refers to our normal grants, our usual clients who get senior citizens' pension, public support, not COVID. That 5.1 billion is approximately what we spent for our normal regular clients.

Ms. Deonarine: Right. Okay, so that is understood. Then in that case would it be possible for you to provide us in writing the categorization according to senior citizens' pension and disability grants, so that we could allocate; we could have an idea of exactly how that 5.1 billon was allocated?

Ms. Seecharan: Sure, we can do that.

Madam Chairman: Mr. Gangapersad?

Ms. Deonarine: Mr. Gangapersad, I think you are on mute.

Mr. Gangapersad: Thank you very much and sorry about that. Chair, through you, I just wanted to provide the information rather than have you all waiting for it. The

senior citizens' pension, we spent \$350 million on the monthly basis, 350 million; the disability assistance grants, \$47.9 million on a monthly basis; the disability assistance grant for children, \$4 million on a monthly basis; the public assistance grant, \$27.8 million on a monthly basis and food support, \$16.7 million on a monthly basis. That is around, close to probably \$475million on a monthly basis on those core services of the Ministry, not COVID, the core services at the Ministry.

Ms. Deonarine: Okay. All right. That is understood. Madam Chair, through you, I would like to follow-up on a question that member Mark would have asked with respect to the poverty rate and the use of the 2005 SLC to determine, I believe the \$1,530 for the three months on food support. Now, Mr. Gangapersad you indicated that you all inflated the poverty line and I know you would have indicated that to us in a previous meeting that we would have had. And in that meeting you did indicate that the inflated poverty line then was \$1,435, I believe it was per month. Is it per month or on an annual basis?

Mr. Gangapersad: One thousand, four hundred and thirty-nine dollars and two cents on a monthly basis. That is correct.

Ms. Deonarine: And is that the same inflated poverty line that you ended up using when the \$1,530 was determined as the amount for the COVID-19 food support relief?

Mr. Gangapersad: Now, those grants—so, there are two concepts I just want to explain. The poverty line, that \$1,439.02 is a person, a single person. That line would go up as members—as you have more members in the household. We would have used the adult equivalency scale to calculate household poverty. That is only for a single person. And just to explain, what we did in the Ministry was use our existing grant structure. So, for instance, 510 is the amount of money we would pay to a family of a particular size. So we use the existing grant structure to make those

payments. So as it relates to the public, the food card, we have an emergency food card in the Ministry. The value of that card is \$510.

Ms. Deonarine: Right. What determines that \$510?

Mr. Gangapersad: That was a fixed sum. It was an approval and I would imagine it was based on affordability, but it was a fixed sum and it is there. In terms of trying to establish whether or not the poverty line is what directed that figure, the answer to that is no. The understanding here is that our grants are not meant to be supporting fully but it is really meant to supplement what persons can earn for themselves. So, for instance, a family can qualify for public assistance grant of \$1,900 from this Ministry and by virtue of qualifying for the public assistance grant, would also qualify for a food card of \$800. So it is a combination of things that could probably lead up to a family being able to sustain themselves.

Ms. Deonarine: So, what you are saying is that at any one point, one household would have been—could possibly be beneficiaries of more than one of the grants that you all have available?

Mr. Gangapersad: That is correct, more than one. You can have a household receiving a disability assistance grant. That same household could be receiving a public assistance grant based on the circumstances and also receive a food card.

Ms. Deonarine: Okay.

Mr. Gangapersad: And there are other variables inside of there which would possibly result in other services of the Ministry.

Ms. Deonarine: So just to verify, the determination of the \$510 per month had nothing to do with the Ministry of Social Development and Family Services going and speaking to the CSO or looking at the updated food prices index and so on, to determine the amount of—that it would cost to sustain a family for basic survival.

Mr. Gangapersad: And that is correct. We did not—the discussion with the CSO

was in establishing the poverty line and in establishing that line, that line is used to determine entry into the normal programme. This is not COVID. COVID was, once you are retrenched, terminated. In our normal entry programme requirement, we use those lines as calculated by the document provided to us by CSO.

Ms. Deonarine: Okay. All right. Thank you. I have one more question with respect to—a general question, right, with respect to—so in total, you all would have received applications for various grants as a result of COVID and obviously not everyone was eligible and not everyone qualified and not everyone would have received these grants because for the reasons you all would have outlined in the submission. So, could you give us an estimate of the number of person who were deemed ineligible through this application process for COVID-19 grants?

Mr. Gangapersad: Again, Chair, through you, member—and I would probably give you a little more than that. The Ministry, on record, we had 62,645 applications processed and the question you are asking is 4,889 was rejected.

Ms. Deonarine: How much? Could you repeat that, sorry?

Mr. Gangapersad: Four thousand, eight hundred and eighty-nine applications were rejected.

Ms. Deonarine: Okay. So, is there a mechanism in place for how you all dealt with these 4,800 and something persons?

Ms. Seecharan: When you say dealt, is it that you are asking if they were notified? **Ms. Deonarine:** Yes. Were they notified that they were disqualified or deemed not eligible?

Ms. Seecharan: Yes, we would have sent them a text message telling them that their grant was not approved.

Ms. Deonarine: Okay. So then, in that case—now, could you remind me of the reasons why persons would have been deemed ineligible? I know you have it written

but just for the listening public, could you remind us?

Ms. Seecharan: Okay. We use the effective date of retrenchment, termination or reduction of income as March the 1st. So if you were retrenched or terminated or unemployed before March the 1st, you would have been disqualified. We also have at household threshold total income of \$10,000. So if your household was earning in excess of \$10,000, you were also not qualified. So those are some of the—for instance, if you did not provide all the documents as you were required, because first of all, to qualify for a grant, you needed to be a national. A lot of persons who were non-nationals applied for grants so we had requested a copy of your ID card. In the case of an unemployed person, we wanted evidence that you were employed. So we wanted a letter from the employer, a pay slip, you know, something to indicate that you were employed.

In the case of a self-employed, we did accept evidence of self-employment. For instance, if you have a taxi badge to show that you have evidence of trade, you have a certificate of registration for your business or in cases, we also relied on the references. We ask persons of a particular category to provide—be shown as a reference, to certify that you were in the area of employment that you claimed to be in. So those are the things. And if, for instance, some of those documents were not provided, especially your National Identification Card and we would have communicated with you on several instances to provide it, because we did a lot of—we called persons, we even sent letters to persons for whom we did not have contact numbers and when we eventually got no response, I mean, we had no choice but to classify these applications as rejected.

Ms. Deonarine: Just one question with respect to that. Were there actually instances where you all would have followed-up with persons and they did respond saying that—to give you the correct information that we would have wanted or asked for?

Ms. Seecharan: Yes, yes, we got a lot of—we were able to process a lot by getting the additional information we needed.

Ms. Deonarine: Okay. All right. Madam Chair, I would pause there now.

Madam Chairman: Yes, member, thank you very much. Mr. Gangapersad, I think I recognized that your hand was raised to lend further assistance.

Mr. Gangapersad: Thank you, Chair. Through you, again, just for the purposes of completeness, I just wanted to explain that we also—when I provided the figures about the 4,889 there, it was for those persons who would have applied for either retrenched, terminated or reduced income. We also processed the rental assistance grant, and I know my colleague is here, but we received 7,354 request for rental assistance grant and for completeness, just to answer your question, 1,450 of those were rejected. Yeah? So we received 7,354; 1,450 were rejected.

And just to add to what the PS was saying, as it relates to and to answer the question on persons getting the opportunities to have redress, persons—we actually set up an entire unit in the Ministry that was dedicated to calling persons. So our first response was not to reject applications for—because it was not completed. Applications, once it was vetted and we realized that there were missing documents or there was probably something just wrong with the application, we set up a unit that called these persons individually to ask them to complete their application. Persons did not have to come in. We had WhatsApp, so you could WhatsApp a picture of your ID or your pay slip or whatever it is, or you could email those documents, or of course you could have walked in. So a number of people, through our queries unit, would have gotten their application rectified and then it would have been approved and passed through the system and persons would have gotten pay.

Madam Chairman: Okay, thank you. Member Bacchus.

Mr. Bacchus: Yes, PS or Deputy PS. So, yes, I saw that and I am very thankful, Mr.

Gangapersad, for the clarification for the other categories because in reading the written submission what I found is that it was limited to one specific segment or what it was. So I am glad that you were able to expand it and I am sure there would have been rejections if you go straight across the board for all. What would have been useful I think as well would have been a breakdown of that or if not, just simply the mode, what was the most popular form of rejection, so that it can guide us going forward as to where we stand. Some of this may be linked to the fact that maybe people just did not understand where we were. Some of it may be linked to the deliberate attempts at fraud, which maybe where it is. But the idea is we needed to understand what was the most popular form that related to some level of rejection and/or some level of recommunication with—so that we can then establish or further guide our processes as we go forward, because this will not the only occasion where we would need to do that.

Madam Chairman: Thank you. Madam PS.

Ms. Seecharan: We would provide that information.

Madam Chairman: Member Bodoe.

Mr. Mark: May I, Madam, when you are ready?

Madam Chairman: If you are ready, member Mark, yes, please proceed.

Mr. Mark: Yeah. I would just like to ask the PS, again, under this heading of social development or Sustainable Development Goals. I wanted to ask the PS if there is any way or any mechanism that they have been able to use to measure the efficacy of their various social facilities having regard to the alignment between the SDG No. 10 and their efforts at dealing with poverty and inequalities? Is there any mechanism that we have in place to measure where we—how effective we have been in achieving Sustainable Goal No. 10? Either the PS or Mr. Deputy Permanent Secretary.

Ms. Seecharan: DPS, you want to take this one?

Mr. Mark: Yes, thank you

Mr. Gangapersad: Sure. Again, Chair, through you, member, the Ministry has its Monitoring and Evaluation Division which has been or which is in the process of developing the framework within which all of our services will be evaluated. In fact, we not too long ago developed our strategic plan which we brought in alignment with the National Development Plan, as well as, you probably would be aware of our National Social Mitigation Plan. And we are currently in the process of ensuring, through our Monitoring and Evaluation Division, we not too long, probably under a year or less than a year. It was in fact, it was during COVID, probably around April or May, we brought on the Director of Monitoring and Evaluation Division and we are currently developing the framework that will allow us to not only measure but to predict where we are supposed to be in the next few years.

Additionally, we are also at the cusp of implementing what we call ISEMS, the Integrated Social Enterprise Management System and that system is going to be—the key indicators that we have to track would be built into that system, into a strategy that will allow us to get real-time data as to where we are. So within the next, I would say probably within a year or probably less, we will have the monitoring and evaluation framework ready, properly aligned to the SDGs, as well as our National Development Plan, to be able to report on where we are in terms of meeting our developmental objectives.

Mr. Mark: You have any time frame for the implementation of these initiatives—because apart from the ISEMS, you have the STEP-UP developmental model and you also have the integrated service delivery through the establishment of the Social Services and Empowerment Unit as well. Any idea as to when these very important initiatives will be implemented and the time frame? And what about the cost that

these initiatives will generate?

Mr. Gangapersad: So, Chair, through you, again. Member, in fact, just this morning I was out into one of the regions where we were doing some sensitization as it relates to four matters in the Ministry, which is the integrated model, STEP-UP, the Social Services and Empowerment Unit and ISEMS. ISEMS, we already have a consultant on board and they are doing, at discovery phase right now and in fact, just before Christmas, they presented a prototype of what they came up with so far. So ISEMS is a few months away. I just want to put it like that, a few months away.

In terms of STEP-UP, we have to understand that the way in which we deliver social services is not the best way. We are probably missing the mark often times. This Ministry has been providing grants and as you are aware, we are providing grants to probably more than 150,000 persons out there. But in terms of assisting these families to move out of the situation that they are in, it has been sporadic, limited and STEP-UP is intended to bridge that gap. With everything that we are talking about, the integrated model, ISEMS, SSE and STEP-UP—STEP-UP and the integrated model, we are expecting at least a pilot by probably sometime April or May. STEP-UP being one of the major initiatives in terms of working with families, not as single persons who come for a grant, but as households that have some strength that we could capitalize and build on to help them graduate from the programmes that we have. So in the long term, I want to probably say that the intention really is for the Ministry to start to reduce clientele by helping them to graduate from these programmes and into sustainable livelihoods.

Mr. Mark: Can you tell us—

Madam Chairman: Member Mark, if you would just permit me, I just would like to ask Mr. Gangapersad about something he just said with respect to ISEMS. Is that programme behind in terms of time?

Mr. Gangapersad: No, it is not behind in terms of time and PS might be able to help me here. That contract was signed. I think what kept it back at some point in time was the whole issue of COVID and the fact that we could not group, but it has since started. It is not behind as far as I am aware. As I indicated, the prototype, the consultant already showed us what they have gotten so far in terms of the system. So it is not behind and what we are using in the interim is something called the SSCMS. It is something that was built in-house and we are using it right now to track in terms of beneficiaries, expenditure. So most of the data that I am rattling out here or calling out to you is extracted from the SSCMS right now.

Madam Chairman: Okay. And the reason why I ask that is that when you all appeared before us in March, ISEMS was expected, anticipated to be operational within nine months, and that is why I ask if it was behind. And therefore, now that you have inputted COVID, I wonder when you say it is a few months away, whether that few months mean next two months or whether it means a further nine months aware. Okay? Because the very system with which you are operating and which you are saying you have relied upon, that is your SSCMS, in your enquiry in March, we learned of all the deficiencies with that system and your client captured data information and so on. So that, if that is what you are still working with, I would want to ask, having regard to your significant change in your mandate to which your PS referred to, what in-house systems were taken to strengthen your SSCMS system and/or to mitigate the challenges that COVID would have incurred?

Mr. Gangapersad: Chair, just to indicate that I can assure you that it is not nine months away. I would be really disappointed if it was, you know, because it is really something that is going to revolutionize the way that the Ministry does business and ISEMS is not only something for this Ministry. It will allow us to inter-operate with several entities, Ministries and agencies out there. In terms of the SSCMS, over time

some of the limitations that we have had in the SSCMS have been aggressively pursued by our IT. I know that we would have signed on to an MOU with the National Insurance Board of Trinidad and Tobago so that we could inter-operate or at least to share information. We also have an MOU with the Registrar General where we could share a register of births and death.

Recently also, and this is one of the key things that I think that we need to have some discussion on. We recently also had a meeting with the Elections and Boundaries Commission. So that at least we can verify that the persons who are applying by us, that their identity, at least their identity from that standpoint is accurate. And just to add, Madam Chair, some of the other features of the SSCMS between the time we last met in March to now, I am certain that we can prepare a document and submit something in writing so that you can get an idea of where, how we are using the existing system to ensure accountability for the funds of the State as well as to service our population as best as we can.

Madam Chairman: Thank you. And I assure you in the recommendations, that has been asked for, so it should be with you at this time. Okay. So might I invite member Rambharat to join the conversation.

Mr. Rambharat: Thank you very much, Chairman. Thank you, Permanent Secretary and Deputy Permanent Secretary and other officials. I have been following. We have gotten off to a lot of details but I wanted as my first question to ask you, Deputy Permanent Secretary, two questions. The first is, what is your overall assessment of the management so far by the Ministry of these COVID obligations, I would call them? What is your overall assessment? And the second question I would ask you is, what do you consider to be the main challenge in managing these COVID obligations by the Ministry? Thank you.

Mr. Gangapersad: "Ah" almost go to say, PS you want to take this one, but it was

directed to me. I think that the Ministry—my honest view is that the Ministry did a highly commendable job. The Ministry usually is accustomed to processing around 20,000, probably not more than 25,000 applications all told, all of the grants that we have in a year. And here we were asked in March to process in excess of 60,000 as they come in, in a very rapid manner.

3.55 p.m.

I do not think we ever planned for something like that, and I think it required us to think quickly. In fact, the executive of this Ministry, since the announcement that we had to play a crucial role in terms of supporting families out there, we were here from Monday to Sunday, and our pre-occupation was really how can we do it better. What to do and how can we do it better? So I think that—and we were not fixed. We were willing to in terms of change the way we were doing business at the initial stages, we—because of COVID I think we said it was only online application to avoid contact. We recognized that this was going to be a challenge. Some families would not have had the ability to send online applications, and we set up a parallel system in all our regional officers including our central office.

Firstly, of course, we said we were going to do payment by debit cards as well. We had to rethink that idea and we eventually went direct deposit as well as through cheque. So it was a constant review and analysing what we were doing to respond to the citizens and their cry for support out there. I would give the Ministry a passing grade notwithstanding the challenges. We did well. We processed over 60,000 applications in less than six months and that was highly commendable in terms of what we would usually have to do. And I would say in processing that, we also maintained the payment, our obligation to 170,000 of our core beneficiaries.

Over 100,000 pensioners out there depended on us on a monthly basis and we never for once paid them late or in an incorrect amount. The disability assistance

grant recipients, public assistance, food card beneficiaries, we continued to pay those persons. So I think we did pretty well in the circumstances. There were challenges as I indicated. Our main challenge at the time was, of course, the technology. We relied on technology to help us and they even downloaded an application which caused a serious challenge for us. And we actual—

Mr. Rambharat: Downloading by the—sorry to interrupt. But downloading by the applicant or—

Mr. Gangapersad: On both ends because we recognized as well that the applicants had issues. That form that we used started off with multi-page form that probably—it is probably seven or eight pages long because we wanted to make sure that we could—the accountability is there, so we wanted to ask persons all kinds of questions, as well we had the need for collecting data. And eventually because of the cries of the population of the length of the form, that form was cut down to just two pages but still ensuring the robustness of the system. But on our end, these persons scanned the documents and sent it in; and then they had multiple documents and they used various forms of scanning either taking a picture, jpeg, all of these different things and sending in and that posed a challenge because sometimes downloading one application with 20 documents, it was a challenge and you could well imagine that we required these documents to ensure that the application is in order.

Mr. Rambharat: I just want to follow-up with the obvious questions based on all that had gone before. Would you say that there would have been some double and triple dipping, in other words, where you already have an existing layer of benefits being paid to your traditional clientele, and then we introduced on account of COVID some new benefits including things specific to school children and other things? Would you say that there was the risk of double, and triple, and quadruple dipping, and we may have had some of that in the system?

Mr. Gangapersad: In answering the question I want to say it is not double dipping, but some sort of additional support was given to persons who are existing beneficiaries. As I indicated, all of our disability assistance grant or recipient, public assistance and food card all received additional support. The system—yes, there were persons who were trying to beat the system, hence the reason why we were strict on the fact that we were using only the ID card. The ID was the sole piece of unique identifier that allowed us to always crosscheck on our database to ensure that persons were not already receiving a grant if that was one of the requirements for receiving a COVID grant.

We also would have consulted the database heavily in terms of when the Ministry of Education sent their names for us. We ran those names against our database before we sent it out to MPs, that the MPs would know that at least these families are not in receipt of a food card so you can proceed to give them a card. We tried as much as possible to reduce excessive leakage of State funds. I would admit though that there were instances and we still need to examine how much, but there would have been instances. But I know in terms of the number of grants processed, it would have been minimal in terms of persons who would have received based on attempting to double dip.

Mr. Rambharat: Okay, thank you. And I want to thank the Permanent Secretary and yourself and the public servants in the Ministry. I would give you more than a passing grade. You started off by giving yourself a very high grade and then you dropped to passing, but I think that it is a commendable effort in the circumstances. Thank you very much.

Madam Chairman: Thank you. Member Bethelmy. Member, you need to unmute. **Ms. Bethelmy:** Sorry. Thank you so much, Madam Chair. Good afternoon members, good afternoon Deputy Gangapersad and Ms. Seecharan. My question goes to go

Mr. Gangapersad: Do you believe satisfactory interventions were available to young persons and young families during this time?

Mr. Gangapersad: Satisfactory. The Ministry did well. I think we would have delivered to all persons out there on the mandate we were given. I want to also indicate that we also provided the softer side of the Ministry which was counselling support. Families who were unable to cope, we did have our national family services available via our walk-in services as well. We also provided assistance through mobile. We got mobile phones and they were allocated to officers so that calls could be made. So probably to answer your question, I think we delivered on our mandate. The research is yet to show whether or not there were gaps in the service, and whether or not going forward—as a member alluded to earlier, this would not probably be the only time and how we can fill those gaps. But certainly as it relates to our mandate I specifically made reference to the grant, but more so supporting children who were registered with the School Feeding Programme as one of the major cohorts that we would probably be making mention of.

Ms. Bethelmy: What were some of the technology improvements identified for or during this COVID period?

Mr. Gangapersad: We took a system called the SSCMS that was really built to manage our client database and "upscaled" that. As I indicated earlier on we would probably send a paper to you so that we could probably—especially in terms of the language that the IT people in the Ministry would speak to be able to give you those upgrades. Now in my layman, we took a system that was built to manage our normal day-to-day client and escalate that system, use that system to do data entry to allow us to verify information on that system, to allow us to crosscheck information with other entities; to allow us to inter-operate with the banks so that we could make sure that cards are done and direct deposit is made; to inter-operate with the NIBTT

through that system to ensure that cheques for COVID applicants are processed and payment. As well as everything in terms of my utterances here in terms of numbers came out of that system, and we made a commitment to provide, in terms of the persons who might put it better, those advances or those upgrades that we would have done to facilitate during the time of COVID.

Ms. Bethelmy: Coming out of those technological advances, do you see opportunity for new skill sets specifically for young people to assist with this new way of life and the way in which you have to do business moving forward; and also what are some of the training opportunities available for persons who may not be tech savvy? Mr. Gangapersad: Well, to answer your question the answer to that is yes, they have many opportunities. We saw it. And just to indicate to you that many of the persons who were assisting on the SSCMS and those technological development that you talk about—and kudos to those persons—were OJTs. They were here and they fell smack in the middle of our response to COVID, and they did not hide their responsibility. They came out. They were the ones who were doing all of those little technological changes that we needed. They were the ones who are doing support and making that happen.

So they are here. We had probably 10 or 15 of those who came in just before COVID, and I think in terms of—it is not a rude awakening, but I think they got an opportunity to learn and to learn quickly. But there is always opportunity for more learning in terms of those areas, but this Ministry is not only a Ministry that provides. They have the technology that will drive the way we do business, but the Ministry is also about providing other types of services that would not really require such—Ms. Bethelmy: Technology.

Mr. Gangapersad:—technology. But the reality is that persons would have to become familiar. It is no longer going be—even after COVID the world is not going

to be the same place as we know it. So having that slang saying we are going back to normal, I do not think that we will ever go back to normal. It is just the way we will have to do business now, and persons would need to know where I need to fit in and how do I upgrade my skill if I have to upgrade my skill. Because even a number of services that people out there need is going to be available online, and they may have a significant gap if they themselves do not upgrade their skills to start to navigate online services.

Ms. Bethelmy: Thank you so much, PS Seecharan and Deputy PS Gangapersad. And all OJTs who made this as smooth as possible, we appreciate your efforts.

Madam Chairman: Member Deonarine.

Ms. Deonarine: Thank you, Madam Chair. Madam Chair, through you, I have a couple other questions that I would like to ask both the Acting PS and Mr. Gangapersad. Now, I am looking at the criteria for approving social support measures due to COVID-19. That is the appendix that you all would have provided us with. And before I ask the question, just confirm for me that the Ministry of Social Development and Family Services was responsible for the income support grants to those persons who fall in the informal economy—right?—while Ministry of Finance was providing income support for those persons who would have been NIB registered or registered with the National Insurance Board?

Ms. Seecharan: That was the intent at first. In terms of persons who have NIS numbers, we would not pay the grants, but eventually when we realized the NIB did not pay some of them, we crosschecked in terms of data and saw what they had paid and then we would have paid some of those.

Ms. Deonarine: Okay. So with respect to persons who would have been applying who are part of the informal partake, the informal workers, persons who would have probably been operating a nail salon at the bottom of their house or some simple

type of business, maybe private taxi drivers and so on. Now I see one of your requirements under the general conditions was that a certificate of registration or incorporation of business for a company was required. Now if these persons form part of the informal economy, they would not have those documents in their possession. Now I know this is for employers or employees, and that is the Form A that you all provided us with, but what if those businesses would have hired the persons and therefore these employees would have been laid off and not able to provide documentations to you all that, for example, the business registration, and so on, because that person that they worked for is not registered?

Ms. Seecharan: Okay. What we ask for is a letter. They could have gotten a letter from the employers on a letterhead or they could have a payslip which suffice, and other instances where these persons were unable to provide that we relied on a recommender from a class, the class that say Immigration would have used long ago like a manager and a senior public servant and so on.

Ms. Deonarine: Right. So now I saw that the self-employed persons who applied, who were self-employed, those persons were offered the option of using a recommender, however, persons in Form A who are employed by a business or by a person did not have that option under the general conditions. So is it that you are saying that in instances where a business registration was not available they were able to provide an alternative as, for example, a payslip or employer stamp or letterhead and so on?

Ms. Seecharan: Yes, that was the case.

Ms. Deonarine: Okay. All right. Thanks. My other question is with respect to—now I saw in your written submission that you all drew reference to the fact that you all advertised a lot in terms of the types of grants that were available. You all used all means available to you all in terms of social media, website, TV advertisements,

radio advertisements and so on, and I have to admit and commend you all because I did hear it a lot. I did see it a lot on my Facebook feed. However—and I know everyone is aware of this—what initiatives you all adopted to reach out to persons who are somewhat disconnected from exactly what was happening because of maybe not being able to have adequate supply of electricity, not having—in such extreme poverty that they really do not know what is going on and what is being offered and available?

And I ask this question because if we—and I think up to now if we look at the news on a daily basis a lot of these situations were highlighted on a daily basis as a result of the COVID-19 pandemic. So in seeing this was there any sort of outreach to those persons who really probably would not have been aware of what was being offered by the Government and what they could qualify for, et cetera?

Ms. Seecharan: In terms of the COVID grant we were doing outreaches up to, I think it is April, in terms of our normal outreaches. But because of COVID and the restrictions, we were unable to actually have outreach caravans as we call them. But in terms of grants you would not believe how quickly word spread. I mean, persons in every, as you would call it, nook and cranny, knew that we had grants to give and they did apply for them.

Ms. Deonarine: Okay. So then in that case persons who found it difficult to fill out forms and so on, you all had a unit dedicated towards helping those persons?

Ms. Seecharan: Yes. Those persons would have visited all of our 10 local boards and they would have gotten assistance to fill out/complete forms and so on because we actually did have applications forms there for them.

Ms. Deonarine: Okay. So tell me something, on average and I think Mr. Gangapersad did provide a figure but I just want to confirm, is it that a total of 4,889 persons in the informal economy were beneficiaries of the income support grant?

Ms. Seecharan: No, I think that that figure relates to the rejections. A lot of persons were beneficiaries of the grants, informal or formal.

Ms. Deonarine: Could you provide me with the figure if it is available?

Ms. Seecharan: We can tell you in terms of employed and self-employed.

Ms. Deonarine: Okay, yes.

Ms. Seecharan: You see what happen our system, because of the quantum of grants and the delay in processing, we eliminated some of the data encaptured on the application forms. Like, for instance, the job positions, and so on, we were not able to capture all that data in our system. But we will provide it in terms of employed and self-employed.

Ms. Deonarine: Okay. Mr. Gangapersad—

Madam Chairman: Just one minute, member Deonarine. I think if we could just allow Mr. Gangapersad to intervene here with respect to that question and the numbers. Yes?

Mr. Gangapersad: Thank you, Chair. Member, through you, Chair, I just wanted to give you all—PS did indicate that what we did is we left our offices open. We did not close our offices. So we ensured that what we did is that COVID support we did this as broadly as possible in terms of Government intervention by including NGOs and faith-based organizations hoping that we could reach as many people who are affected as possible. Yeah? So it was not as if the Ministry was here alone. It was multiple strategies to get to persons inclusive of MPs, Members of Parliament, and the churches and those organizations. But just to give you so that you can have an idea, we had 29,851 applications coming through our offices. In fact, we had 53,229 persons who walked through our offices during the time of COVID enquiring about COVID support. Those were just walking through our offices. I am not talking persons who came online. We took 29,851 applications, out of that 17,062 of those

were self-employed persons. The forms, if you are familiar, was a Form A and a Form B. The Form A was for persons who would have had employment and the Form B was self-employment. So 17,062 of those forms were actual self-employed persons, and the majority of applicants through our offices were self-employed.

So if you take that data, just that data, out of that 29,851 and do some calculation, you would probably get a rough idea because it is a huge enough sample to be able to discern how much persons in the self-employed category we may have assisted.

Ms. Deonarine: Okay. Then Mr. Gangapersad then a follow-up question. Tell me something, have all these grants been processed or does it form part of those who are still awaiting receipt of these grants?

Madam Chairman: Mr. Gangapersad, you have to unmute. A reminder to unmute. **Mr. Gangapersad:** Sorry. We received 62,645 applications and I indicated earlier on the number of persons who would have been paid and who would have been rejected in terms of service; and I also indicated that it is only 4,721 persons that are outstanding. So we would have paid the majority of those persons.

Ms. Deonarine: Okay. Thank you, Mr. Gangapersad. Now a follow-up question that member Bethelmy asked. She did ask about the youth and the receipt of support by the youth who would have been affected due to COVID-19. Now, through the Monitoring and Evaluation Unit that you all have there, you all could give us some idea of the demographic distribution of individuals who would have received support? Maybe you could submit those in writing. But what I am referring to in terms of gender, age, persons who would have—in particular location, persons who would have been probably already been unemployed. Is that data available and something that is being tracked on a regular basis?

Mr. Gangapersad: We can provide you with that data. I know it was done. We, in

fact, had disaggregated the persons we paid because we have their ID card number and we did disaggregate the persons by age category. So we would be able to provide that information.

Ms. Deonarine: Right. And my final question before I pause, Madam Chair, through you, is that I know you mentioned in your written submission the inordinate delays that existed and you did explain that you all had to boycott using one means of payment and resort to an alternative means of payment and so on, but since March to now a lot of time has passed and we know this pandemic is an ongoing situation that could easily explode at any minute. From since then, has there been any improvements in terms of the payment system that is currently being used? I am not talking about plans for the upgrade of the data management system that is foreseen in the medium-term. I am talking about in the short-term what improvements have been adopted to reduce these inordinate delays that occur because we are talking that this pandemic happened in March and payments are supposed to be for March, April, May, but we have \$23 million that is still pending for disbursement. So tell me what improvements to the payment system have been made so far?

Ms. Seecharan: Okay. The delays are not in terms of the payment system or processing. As I said we have already processed quite a bit of applications. The delay is in the release of funds to make those payments. So in terms of those applications that are processed already, which is quite a few, we are up to date in our processing. There is no backlog or delay.

Ms. Deonarine: Okay.

Ms. Seecharan: The only delays is the release of funds.

Ms. Deonarine: Okay. And what would solve that problem in terms of the release of funds?

Ms. Seecharan: Well, if we get the releases from budget. We have requested the

release. It is just to get the moneys to make the payment.

Ms. Deonarine: Okay. Madam Chair, my last question—and I promise—with respect to—now that you mentioned Ministry of Finance, and Mr. Gangapersad you did mention the number of persons in the informal economy who would have received grants, is there any plans to liaise with the Ministry of Finance to have these informal persons who would have come through you all to receive these grants to incorporate them into the formal economic system, in terms of those self-employed persons, those 29,800 self-employed persons? Are there any plans to have those persons, for example, register their businesses, apply for BIR numbers, registered with NIB, and so on?

Ms. Seecharan: In terms of our Ministry, no, we do not have plans. But we can if the Inland Revenue Division requests the information we should be able to share it with them.

Ms. Deonarine: Okay. All right. Thank you, Madam Chair.

Madam Chairman: Mr. Bacchus? And thank you for being so patient, Mr. Bacchus. **Mr. Bacchus:** No, no problem at all. I understand the quest for knowledge. Couple things. One, and either PS or Deputy PS could take this. In the challenges identified and Sen. Deonarine and Ms. Soanes alluded to one aspect of it which was really specific to the payment. In my way which I want to work with a lot of the system to make sure that all of the things that we do lead to an improvement of the service regardless of what condition we find ourselves in. I would like to build resilience.

The thing that came up in the challenges that I understood that I think I would like to hear how you managed it and whatever you think we can to make it better going forward is relative to the fact that you ran into a human resource challenge as it is related to the processing of what you have; and the fact that you were able to in some ways employ what I met half term a whole-of-Government solution but the

way you described it as there is an all-of-government accrued in various Ministries and implementation to some. Could you, either of you or both, speak to where that went and how it went and the results of that; and how you would like to see it improve or otherwise?

Ms. Seecharan: Okay. In terms of human resources, actually we got assistance from volunteers and from other Ministries in terms of helping us to process some of the grants. As DPS had mentioned, even the downloading of the forms proved quite a challenge and we did get assistance from other agencies for that, and even—

Madam Chairman: PS, you are now muted.

4.25 p.m.

Ms. Seecharan: Or sorry. At the point in time as I said, we got assistance from other Ministries and Government agencies, we got assistance from the private sector. They helped us in terms of accessing the forms, downloading and printing forms. So even lately we had to get a simple thing as additional paper, lots of paper, we rented photocopy machines, we hired staff on short term and we also got some volunteers. So it was an all of Government approach in that the other Ministries assisted us with those challenges.

Mr. Bacchus: How do you see this adjusting going forward? The way in which you are describing this speaks to a fairly analogue process, it speaks to additional hands on deck to assist in things and specifically it speaks to a lot of paper. How are the technological changes that you are going to make going to address this going forward in terms of efficiency and the ability to manage and produce within these types of scenarios going forward?

Ms. Seecharan: Okay. The system that we are currently implementing, which is ISEMS, the Integrated Social Enterprise Management System, we are looking at applications being online and processed online as well. So we are looking down the

road, even in terms of our senior citizens' pensions and so on, we are looking to automate those processes. So people can apply online, they will be processed online and then the payment. Even the payment system, we want to be able to come out of that system as well so funds could probably go directly to their bank accounts which is what we are trying to encourage as opposed to cheque payments.

Mr. Bacchus: Okay, thanks.

Ms. Seecharan: You are welcome.

Madam Chairman: Madam PS, I just wanted a little clarification in terms of something you had stated in response to member Deonarine earlier. My understanding was that you all took up some of the remit of payments which were supposed to be made via the Ministry of Finance and NIB. Okay. Is that correct?

Ms. Seecharan: Yes but what we did, we had on a weekly basis, we would have exchanged information. So if somebody had applied to us and when we checked, the payments they would have made up to date at that point in time, they did not receive payments, we would have paid them. And we also shared our payment information with the Ministry of Finance to avoid duplication and double dipping.

Madam Chairman: So do you have the number of persons whom you would have paid on behalf then of the Ministry of Finance?

Ms. Seecharan: Well when you say on behalf, remember the Ministry of Finance had certain categories of persons they paid. They were not paying every person who had an NIS number. The Minute had said they were paying certain categories of persons only.

Madam Chairman: And what were those categories? Because as member Deonarine stated and that was my understanding too, if you were employment and you were on the database of NIB which means you were paying NIS, you did not fall under the remit of the Ministry of Social Development and Family Services. So

you may have been employed but for some reason, you are not on NIB's database, either because your employer is not remitting NIS or you are not paying NIS or whatever the story is, you then went to the Ministry of Social Development and Family Services. Once you were on NIB's database, that was Ministry of Finance.

So I think there may be some misunderstanding on my part and therefore if you could clarify that. So to tell me that Ministry of Finance did not pay all categories, I do not think helps to give me the clarification which I think I need.

Ms. Seecharan: Okay. I cannot recall all of the categories that they paid but I know they were paying certain persons in the service industry, like persons with bars, you know, casinos, those sorts of thing, but like say the taxi drivers did not fall in a category in which they would have paid or the nuts vendor, the person selling nuts on the street.

Madam Chairman: But would those not be self-employed persons? Those would not be the people in employment, a nuts vendor?

Ms. Seecharan: A lot of self-employed persons have NIS numbers.

Madam Chairman: Okay.

Ms. Seecharan: And that is what we came to realize. Apparently at some time in the past, they were employed.

Madam Chairman: Okay. So then could you give us some clarification of that in writing and an idea of the number of people who initially you all helped under the Ministry of Finance who you all paid, if you could give us an idea of the numbers and the quantum?

Ms. Seecharan: Sure, we will provide that.

Madam Chairman: Thank you very much. Okay, member Deonarine.

Ms. Deonarine: Thank you, Madam Chairman. Now, I have a question with respect to the data management system and plans to upgrade the data management system

through the STEP UP and the Social Services Empowerment Unit and the ISEMS that we have before speaking a lot about. Now in order to make this happen, I see that you need to have this supported by your change management plan and training and development of existing human resources. Do you foresee that you may need additional human resources?

Ms. Seecharan: In terms of change management yes, because we do not have that particular skill within the Ministry right now, so yes, we would change managers. We are looking at using our existing social welfare staff and staff at our National Family Services, our National Social Development Programmes. We are seeing within the new structure that we are designing that staff can—with minor changes in terms of what they do or you know—that they can fit into the new model that we are looking at which is the SSE because our existing say, social welfare advisors, they already have a degree in social work.

Ms. Deonarine: But with respect to the digitization of the core services, you do not foresee that you may need additional human resources or that could be done within the Ministry itself?

Ms. Seecharan: That can be done within the Ministry because it will make the work simpler and easier for persons because now anyone can access same. If I were on the system, my account from any of the local boards and as you update whatever information is there, it is for anyone to see or authorized persons to have access to.

Ms. Deonarine: Okay. Mr. Gangapersad, I see you are raising your hand.

Mr. Gangapersad: Chair, through you, I just wanted to make a distinction. The SSCMS is going to be upgraded to ISEMS. The SSCMS is not going to be upgraded with STEP UP. Those are some ways of doing business. So SSCMS is moving into ISEMS and I just wanted to inform the Committee that we are being heavily supported in this project by iGovTT. They are with us all of the way and they have

been managing the procurement and as well as they are still with us and they are going to be with us long after implementation and we have been having a really good relationship. We have a history with iGovTT and we continue to have a good relationship with them and guiding us through this project right now.

Ms. Deonarine: Okay. Thank you. I am glad that you clarified that because I was just wondering if the temporary freeze in the hiring in the public service would affect you all in any way, however, the collaboration with iGovTT, I see it being able to facilitate the transition. Thank you, Madam Chairman.

Madam Chairman: Member Mark.

Mr. Mark: Thank you, Madam Chair. I have a few questions. I know time is racing by so I want you to help me to get these questions in. And the first question I would like the distinguished Deputy PS to clarify. He did raise, Madam Chair, that NGOs were involved in the exercise as well as faith-based organizations. Now, I would like to ask him if he can put in writing for this Committee all the names of the NGOs that were involved, all the names of the faith-based organizations that were involved and the respective allocations given to all of them as well as the number of citizens who would have benefited from their efforts as a result of their grants that were allocated. Can we get that in writing, Mr. Gangapersad?

Mr. Gangapersad: Sure, member. Through the Chair, I would just like to indicate that the question I answered was to demonstrate that it was not only one sort of or one strategy that was being used to reach persons out there, it was multiple strategies. The faith-based organization was really engaged by another Ministry but the information, I am certain we can provide it. Okay?

Mr. Mark: The second thing I want to ask you and I want to compliment you like my colleague Clarence Rambharat, you all, you know, given the fact that you all actually in an age of the bullet train but you know, you were really saddled with

some old technology and you all have done wonders, almost like the horse-andbuggy period.

But I would like to ask you whether—citizens have approached many of us, including myself, and particularly those who work in private and preschool settings, saying that they have submitted their applications and they have yet to receive any responses from the Ministry as it relates to income support. I do not know if you are aware of this but a lot of complaints have been coming as it relates to that sector of the economy.

Mr. Gangapersad: So member, I indicated earlier there were 4,721 persons who were processed but had not been paid as yet. So if the persons you are speaking to fall into that category, then I understand. But I just wanted to make a distinction. A lot of persons, I myself received queries from various persons, Members of Parliament including, who would have related to me that a person was not paid and when I checked, the application was not with us but it was—we provided what we were calling income and food support, income support and they would have applied for the salary relief grant. There were a number of applications, those persons would have gone and made their application somewhere else, in questioning them, we would have realized. So there are some persons like that. They are coming and, you know, no fault of their own, they would have made an application at the Ministries out there so they are assuming that the application was made here. We have realized that several of these persons, application was not made here but in fact it was made for the salary relief grant. What I can say is that we have 4,721 persons who have not been processed as yet and if those that you are talking about are in there, then I understand and as PS indicated, we are making an effort to ensure that we could pay these persons.

Mr. Mark: All right. And the third area I would like to clarify, Mr. Gangapersad or

the PS is what in a normal situation where you have everything under control, all the forms are correct, the information and data verified, what is the time frame for both employed and self-employed people upon submitting their application and the Ministry issuing a cheque? Could you give us, for instance, a time frame in terms of the best case scenario and a middle kind of road scenario as well as a worst case scenario? Re: the time frame it will take between applying and you have everything correct and receiving the actual cheque for whatever support, whether it is food, income, whatever dealing with employed, persons who are what you call formally employed and they are now being retrenched and persons who were self-employed and they are no longer working.

Ms. Seecharan: Okay. I would say that in terms of us receiving the application with everything and processing it, we do run payment files weekly. However, if you did not provide a bank account, a valid bank account, those cheques or debit cards are sent to TTPost to be couriered. So that would factor in another maybe two to three weeks but best case in three weeks, one month.

Mr. Mark: All right. Madam Chair, I have two final questions and that has to do with the following and maybe the PS can answer this. Is there a link or relationship between the Ministry of Social Development and Family Services and the UNDP in the context of the Sustainable Development Goals to see how Trinidad and Tobago is in fact faring in meeting those goals that are supposed to be realized at the end of 2030? Is there a link between the Ministry, maybe through Planning and what is the status of that situation, re our standing meeting that particular requirement, particularly Sustainable Development Goal 10?

Ms. Seecharan: I would say that there is a link and I would invite the Deputy PS to elaborate on it.

Mr. Gangapersad: I just want to probably defer that we would send that but yes,

there is a definite link and it would come through our various reporting mechanisms, that is usually through the Ministry of Planning and in fact, the UN do have, I think it is a report that they provide ever so often as it relates to where countries are in terms of meeting the various goals that are outlined. This Ministry has to report to the Ministry of Planning on where we are who would then report to the UNDP. So we will be able to provide you with something in writing as to where we are and what is the nature of that type of reporting that we do.

Mr. Mark: Yeah and my final question to either the PS or Mr. Gangapersad is this. What recommendations would you like to submit to this Committee to assist and or aid your Ministry in being able to carry out its mandate in a more efficient, effective and economical way? So that for instance in this period of COVID-19 pandemic, the Ministry can step up even more than you have done so far given all the limitations that you have outlined. Would you want to put that in writing or give us a brief summary of your thinking as it relates to recommendations to assist you in becoming more efficient, effective, and efficacious as well as economical?

Ms. Seecharan: Okay. I would say that we would put it in writing, however, I can say that if you look at the Ministry of Social Development and Family Services, we are at the bottom when you look at accommodation, equipment, you know basic stuff for us to work with, we are always left out. Like for instance, we are not a Ministry that would have been allowed on Government Campus. Our accommodation is so terrible. Imagine we have at our local office in Port of Spain there, our clients have to stand on the streets in the rain and the sun and imagine we are dealing with the most vulnerable. We need to be placed at a higher rank in terms of general—how people look at us as a Ministry. Because as I said when I first came here, our offices look like our clients and I do not mean it in a bad way but I mean we need to be better accommodated and better resources in terms of dealing with our clients but

we will send it for you in writing.

Mr. Mark: Thank you. Madam Chair, thank you very much.

Madam Chairman: Mr. Gangapersad, I believe you wanted to add something to member Mark's question.

Mr. Gangapersad: Thank you very much, Chair. I think that one of—and I agree with PS, we will probably send some other recommendations. But I think that one of the things I think that we need to drive and probably at your level is the fact that this Ministry in dispensing services, we require information from some entities. Now that we are establishing ISEMS which will allow us to inter-operate with several agencies, we cannot have agencies telling us that their information is private and confidential, we know that, our information is private and confidential.

If we could establish a link between the National Insurance Board, key to the processing of our grants, the Civil Registry, key to determining when someone dies so that we can take them off the grant, the Immigration, our grants depend so much on what happens across there. The EBC. There are persons out there who are, you know, probably trying things so that we would be able to inter-operate with them and there are other entities. Then the persons who we are servicing would not have to go knocking when we require information and all of these entities, we could have the information here.

This was something that would have been discussed since 2017 and I think in 2021, we have to make that a reality where when persons apply, we would not have to ask you to send in a copy of a pay slip for us or give us information or take a piece of paper and go down to NIB or go to—we would have the information. We would be able to inter-operate with these agencies. The information will be there. Of course, we will be bounded by confidentiality but I think we will be extremely, you know, providing a higher quality service to the people who we are serving out there. So I

think that would be one of the things that I would look forward to.

Madam Chairman: Okay, thank you, Mr. Gangapersad, thank you, member Mark. Member Bacchus and then member Deonarine.

Mr. Bacchus: Yeah, just a couple things. One, again, I understand the relationships of State in that the praises heaped upon iGovTT and the work that they have been doing but this is very symbolic of the Ministry of Public Administration and Digital Transformation and its continuous quest to provide the necessary pieces to allow for a whole-of-Government solution and whole-of-Government solutions to work.

In light of the last couple statements, one specific to accommodation, I take that on board and I will deal with it, but the question as to interconnectivity and the other pieces to which DPS Gangapersad speaks, represent as they should know a significant pillar in the way in which we are going to address and we as in this case question of State will address all of the pieces that are required for digital Government to proceed and to continue. The pieces that surround security and other things associated with that type, both PS and DPS will also be managed under those philosophies in where we need to go.

The question I have though for this is how much of what is being established and it is being created by the Ministry is focused specifically on how do we manage all of this going forward in a holistic way and how much collaboration they would envisage and how much collaboration do you think is necessary to allow for autonomy of information to exist as in the case of which we speak and also for the fluidity of it to be transferred in a secured manner and how that helps you in what you are trying to accomplish. Just based on the last statements that were made.

Mr. Gangapersad: Yeah, member, in terms of the security, I would probably best leave that to the people in the IT world who could probably elaborate on that, but what I know, for instance, is that we only want to access information or to have

information, not that really, probably using the word access, I am just using this word in my layman term of those persons who we have in common. Take, for instance, Immigration. They have a database of thousands of persons who we do not have in common but the persons who we have in common, we want to have a secure way of being able to communicate with each other so that we would be able to get the information.

As it is now, member, what we have to do is to write on a piece of a paper and to give that poor 65-year-old person to go across to Immigration who are in—you know, we are all in COVID and to get the information and then go back for it on another day and then come back to us and then on top of that, if the information is taking two months, three months, four months, because of what they require, that person has to be out of pocket for quite a while.

So in terms of finding the answers in the technology world, I would leave that to the technology people. What I would ask for is a safe and secure manner to transfer or to share information on those persons who are deem to be common, not for anybody else, those persons are giving permission for you to give us the information and that will be standard practice across the board for grants that we process.

It is not only about whether or not we provide a service on a timely basis, it has the dollars and cents to it. It has savings for the State for persons who do not qualify for grants who are already in these systems, you know and as it is now dealing in this paper-based environment, it is difficult to pick up. So the inter-operability and sharing of information would all allow us to have tremendous savings. So I am not certain if I answered.

Mr. Bacchus: Thank you. No, you did. You did, you did very well. It is just to answer the questions that I want to understand that the Ministry's aspirations in terms of what it is trying to do is built around citizens support, efficient delivery of

service to the citizens and that what you are trying to be is not to be intrusive but simply to get the relevant information to allow for you to proceed to do what you need to do, give them what they could. Yes?

Madam Chairman: Thank you. Member Deonarine.

Ms. Deonarine: Thank you, Madam Chair. Madam Chair, through you, I do not know which one of the Permanent Secretaries will be able to answer but just a follow-up question to member Mark's question. I did not get an idea of what the time frame is between the dispatch and delivery of grants via TTPost. I understand that you all are very swift in terms of the processing of these grants but the time frame from dispatch to the delivery of these grants and I believe it is public assistance grants via the TTPost medium, that is I believe the cheques.

Mr. Gangapersad: I would attempt to answer that and put some clarity. Again, we have our normal product. We just want to make sure that that is not what we are talking about here but rather the COVID support.

Ms. Deonarine: The COVID support in addition to the public assistance and the disability assistance grants.

Mr. Gangapersad: Yeah. All of our grants, we have a dual system of payments either direct deposits, those hit the accounts before—grants are paid at the beginning of the month so your cheque is encashable or payment is due at the beginning of the month from the first of the month. By and large, I will be bold to say that more than 99 per cent of our beneficiaries receive either the cheque or those payments in their account before the first of the month.

The system that we have right now with TTPost, TTPost collects those cheques from us somewhere around the 23rd of the month to allow them to distribute that cheque by the last day in the month so that persons would have it in their hands on the first of the month to be able to negotiate those cheques and of course, it is in

their account. So the payment, in terms of our core services, it is really quick. There may be some challenges and those would be on the TTPost side where probably persons would have to come to the agency because TTPost does not go out to the areas but generally, I would say more than 99 per cent of those clients receive their payments before the first of the month.

Ms. Deonarine: And what about the COVID-19 grants?

Mr. Gangapersad: In terms of COVID, payments could happen the day after once you provide us with an account number and we have had that where grants that—it just so happen that your grant reach in this Ministry on time and because of how we are processing, you could be paid within a couple days with direct deposit. Those payments were taking place quite rapidly.

4.55 p.m.

With the debit card in the first instance, the debit card was produced for us by the bank, right, by First Citizens Bank. They produced the card for us. So there was a time frame in terms of ordering those cards and actually receiving those cards and then TTPost was our distribution agent through courier service. And these two entities, because of these two entities, they may have added some time to it. So it could vary between a month from ordering the card to the delivery, and we have had reports of persons after two months have not received their payment as yet. But we know it was in fact dispatched and TTPost was in possession of these cards.

As it relates to cheques, the same that applied to the cards also applied to the cheque. We have an agency that produces our cheques. We had to send the payment files so that they could produce the cheque. TTPost would collect and then they would distribute through the courier service for us. So those two added some time to the process.

Ms. Deonarine: So just to confirm, you are saying it could range from one month

to two months, or are there instances where it could happen the very next day or within a week?

Mr. Gangapersad: Direct deposit into your personal bank accounts happen—

Ms. Deonarine: I am seeing here—only here, right?

Mr. Gangapersad: But in terms of the cheque, from the time we approved an application and process a payment file, we depended on third party agencies to make that happen for us and this is where it added some time to the process.

Ms. Deonarine: Okay, and are you at liberty to give the information in terms of that third party that you referred to?

Mr. Gangapersad: I just did. It was in terms of the food card, the First Citizens Bank is our partnering agency. TTPost is our distributor. Well, they do distribution of our normal payment for us and NIB is the agency that produces our cheques.

Ms. Deonarine: Okay, and who in the Ministry is responsible for ensuring that these cheques are delivered?

Mr. Gangapersad: That will be in terms of the core grant, the Social Welfare Division is responsible for our core grants.

Ms. Deonarine: And the COVID-19 grant?

Mr. Gangapersad: And the COVID-19, that was done by various personnel in the Ministry but we process the payment. Once we issue the payment and it is done, either by a cheque or a card, it does not come in our possession unless it is not delivered by TTPost.

Ms. Deonarine: Okay.

Mr. Gangapersad: Right? They collected it and proceeded with the delivery. Only if it was not delivered, it came back to us.

Ms. Deonarine: Okay. My final question, and it is a general question, and I want to go back to linking the Sustainable Development Goals and the impact of the

COVID-19 pandemic. Now, very early on, Madam PS, you explained to us that you are working with a poverty rate based on a 2005 SLC. Given that we have had the COVID-19 pandemic happen, how is the Ministry going to be in a position to assess the extent of poverty that was derived as a result of COVID-19, if they are working with, if you all are working with the 2005 SLC?

Ms. Seecharan: DPS would have mentioned CSO is supposed to be conducting a survey. So in terms of—a survey of living conditions. So hopefully we are going to have updated figures. And we are also looking at revising the standards means test so that we could cater for additional poverty, as you would say.

Ms. Deonarine: So there is no longer any intentions to verify or to fix the challenges? Because the last time we met, you all did say that you were trying to fix the challenges that you all encountered with the 2014 SLC.

Ms. Seecharan: DPS, you want to elaborate on that?

Mr. Gangapersad: The challenge with the 2014 one is dated, we are 2019 and SLC was in fact planned for 2020 and because of COVID it sort of kept that back and that is going to be completed, hopefully in 2021. So we will rely on that empirical study to adjust or to make any adjustments in the Ministry. As it is right now, as PS indicated, we will continue, in terms of adjusting the line, using the 2005 study and using the retail price index to make any adjustment as it is right now.

Ms. Deonarine: Okay, so, but it still does not answer my question, with all due respect. Because, in order to assess the impact on poverty, which is Sustainable Development Goal 1, as a result of COVID-19 pandemic, you need to have a baseline against which you are measuring a poverty rate, and the poverty rate that we are working with is 2005. Poverty rate from 2005 to at least 2014 or 2018, would be significantly different from what is there in 2005. So is it that the baseline then we would be working with is 2005? Are there any workarounds that we are trying

to look at?

Mr. Gangapersad: CSO is responsible for the study, and part of that study would result in the creation of new lines. So it would not be as if they are going to use the 2005 line to analyze. Part of that study would require them to establish what the new line is and to be able to make a determination of the poverty rates. And certainly how COVID would affect that line, CSO would best be able to advise, based on the study.

Ms. Deonarine: Okay, thank you Mr. DPS.

Madam Chairman: I think in all fairness that is a matter for the Ministry of Planning and Development, and really the whole effect of the Sustainable Development Goals and the measurements, really, I believe, falls within the remit of that agency.

Member Mark, I believe you have one final question. It is now five o'clock and I would like to—I know we can have the Ministry of Social Development and Family Services here for the rest of the week, but unfortunately time does not allow. But we also know, members, that some of this conversation could be continued in writing. So I would allow member Mark one question. And therefore, after that I would really like to wrap up and we can—any further questions members will submit and we will send to the Ministry. Okay? Member Mark.

Mr. Mark: Yes. Thank you, Madam Chair. Are you hearing me?

Madam Chairman: Perfectly.

Mr. Mark: Yes, this question again is addressed to either the PS or the Deputy PS. I know in the past, Madam Chair, we have had instances of fraud at that Ministry, particularly when we had major flooding in the country and evidence revealed that there were irregularities, improprieties and that amounted to fraud. I would imagine that the PS and the Ministry would have put in place anti-fraud measures to

safeguard the public's interest and taxpayers' dollars. So I wanted to ask the PS or the Deputy, whether in this COVID-19 pandemic era, have we discerned or discovered any internal fraud at the Ministry, and if you have, can you share those instances with us?

And secondly, whether you have put in place appropriate robust measures to safeguard the public interest, the taxpayers' dollars, to avoid these instances as occurred in the recent past?

Madam Chairman: PS.

Ms. Seecharan: To my knowledge there are no internal—well, no evidence of internal fraud was discovered. In terms of measures put in place, our system, that is the SSCMS, the current system that we have, authority is given to different or specified persons to do different aspects of the processing. So those are the sort of controls we have in place, so no one person could input an application and approve it at the same time. So those segregation of duties are the controls that we have in place.

Mr. Mark: Are these things in writing and can you make that available to the Committee?

Ms. Seecharan: Sure, we will do that.

Mr. Mark: Thank you.

Madam Chairman: All right. So, I just wanted to follow-up on that question that member Mark asked about fraud. And in your submissions I got the impression that there were no—in fact, also Mr. Gangapersad, from what he said, I got the impression that there were no instances of fraud when it came to the food and income support because of how robust the questionnaire and your systems and processes were. Is that in fact so? Is my understanding correct?

Ms. Seecharan: Well, in terms of when you say fraud, it is if somebody sent in an

application that did not meet the criteria and we would just have rejected it. So yes, there were no instances discovered when there was fraud, in terms of fraudulent documents attached to an application or so.

Madam Chairman: So that your systems were robust enough—

Ms. Seecharan: Yes.

Madam Chairman:—that people could not fudge your system?

Ms. Seecharan: Yes, that is so.

Madam Chairman: All right. So, and maybe for the benefit of the listening public, if maybe you could explain this scenario. I believe what you said is that people who had applied for Senior Citizens' Grants and whose applications were still being processed, those people got some income relief. That is correct? That is the grant they got it under?

Ms. Seecharan: Yes.

Madam Chairman: Okay. So a member of the public indicated that she was in the system for a Senior Citizens' Grant; she was approved, it was not paid and she was told she would be qualified for the income support. However, when she was called to collect her cheque, the cheque was paid to somebody else, because of, I think, some error in the entry of her ID number. How is that resolved? This happened in Tunapuna so I do not know if it has not reached to the PS or the Deputy PS.

Ms. Seecharan: What happened is that, remember we use this—the unique identifier we use is the electoral identification card. So if, for instance as you said somebody made a mistake in punching in a wrong number, if that person is already existing in our system as say a recipient of another grant, their claim would have been denied. So they would not have gotten the income support. Like if it is a Senior Citizens' Pension ID number, that person would have been there in the system as having already receiving a grant, so their claim would have been denied. If, for

instance the person is not already in our system, it is possible that a payment could have gone out to the other person—

Madam Chairman: Yep.

Ms. Seecharan:—who has that ID number.

Madam Chairman: Right.

Ms. Seecharan: And if the person comes in and they tell us about it, we would look at it and input your application if you did not get it and then we would look at recalling that other one where an application was not actually submitted for.

Madam Chairman: Okay. So if that is the case, why has it not happened? Why have you not recalled, in this particular instance?

Ms. Seecharan: To be honest, I am not aware of the particular issue that you are talking about.

Madam Chairman: Right, and let me ask another question. If the person had applied for the Senior Citizens' Grant and they qualified, when you process it, let us say you process it six months later because you have to verify information and so on, do they get the payment from the date of their application or from the date that they are approved?

Ms. Seecharan: The date for Senior Citizens' Pension is from the date of their application, or their date of birth, whichever is the later. So someone could have applied before they actually turned 65, so they would not get it until they turn 65.

Madam Chairman: Okay. So, the person has turned 65. So that therefore, and remember we are having this discussion for the benefit of somebody who has texted some information.

Ms. Seecharan: Yes.

Madam Chairman: So therefore, the person in the particular instance who would have got the income relief in lieu of the Senior Citizens' Grant, because that was still

being processed, would it be correct to conclude that they really have not lost off, but it is just that there would have been a delay in payment?

Ms. Seecharan: But if they applied for the Senior Citizens' Grant and not the income relief, although they had gotten that, they would be qualified for that grant from the date of their application. So they will not lose out. But if, for instance, as you said they got that income support in error, we would seek to recover that from their pension.

Madam Chairman: Okay. Now, you know sometimes, Madam PS, with all due respect, "ifs" confuse people. So that, to be clear, because we are not dealing with ifs, I think I have painted a clear picture. The person applied for Senior Citizens' Pension. Okay?

Ms. Seecharan: Right. That person will be paid Senior Citizens' Pension from the date of their application.

Madam Chairman: From the date of their application. Thank you very much. Mr. Gangapersad, I think you wanted to help us out here too?

Mr. Gangapersad: No, I think PS clarified it. It is paid from the date of their application.

Just to indicate as well that there are two other requirements that must be satisfied at the date of the application. There is the residential one. They must have lived in the country for a particular time, as well as the income. So you may have applied in January, but because of counting those years that you have to be in Trinidad, you only make the time in March. You cannot go back and say well, from the date of application. So for instance a person applied in January and their income was in excess of 5,500 and up to April, it means that person is going to receive payment from May. There are some little variations.

Madam Chairman: I understand.

Mr. Gangapersad: But generally pension is paid from the date of application, once they meet all of the requirements.

Madam Chairman: Okay, at the date of the application. Yes? Okay. The second thing I wanted to ask is, in terms of fraud, the only instances of fraud that you all detected would have been those 37 instances where it came to rent application? The rent relief?

Ms. Seecharan: Yes, that is true.

Madam Chairman: Okay. And that is finite? That is definite? There is no possibility of that 37 increasing by any applications that you still have to be processed?

Ms. Seecharan: We do have a few more rental applications to process, so it could increase.

Madam Chairman: Okay. And as far as the 37 that you have discovered thus far, I believe those have been reported to the police?

Ms. Seecharan: Yes, they were forwarded to the Fraud Squad.

Madam Chairman: Apart from them being forwarded to the Fraud Squad, have you made any other overtures to recover the money, or has any of the money been recovered otherwise?

Ms. Seecharan: Those applications, when we say they are fraud, they are fraud in terms of submissions. Like, for instance, persons who were not actually renting claiming rental assistance but the payments were not made.

Madam Chairman: Okay, so there has been no loss of funds.

Ms. Seecharan: No loss, yes.

Madam Chairman: Okay. Thank you very much.

And the last thing I wanted to find out, which is basically a pet peeve of mine. These shelters or this shelter. I am not sure because in one instance you are talking about shelters, but if I read it properly I am only seeing the St. Vincent de Paul, and what it is? C19, C17?

Ms. Seecharan: C19.

Madam Chairman: Shelter. What is happening to that? And what stage is that at? **Ms. Seecharan:** Okay, well, you may be aware that we are looking at street dwelling, in terms of street dwelling in the cities. So we are looking currently, we are looking at assessing even and not just C19, it is the temporary shelter we have downstairs of the CSDP there for during the COVID period. The other floors are CSDP as what you know it to be. We also have Court Shamrock in San Fernando, another shelter there. Right? In terms of dealing with the street dwelling issue, we are currently looking at assessing the people at CSDP, so people could transition out.

Like for instance, there are a number of persons there who are employed and they just need like a transition home, maybe for a period of a year or so, with assistance and then they can really move them out. So we are looking right now in terms of doing assessment. Like persons over 65 and they require care we are looking to place them in community care, those are homes for the older persons. And we are also trying to set up, not trying, but we are looking at setting up an assessment center.

So for the persons who we have there who are assessed as drug addicts, and so on, we have our Piparo Empowerment Center, which deals with abuse, victims of substance abuse, and so on. So we will be placing persons there. But the key right now is getting the assessment centres set up and transition homes so we could move people away. And I agree with you, CSDP is not suitable. The current situations we have and the current shelters we have are not suitable. So we are dealing with that right now. And I see DPS wants to elaborate as well. So I will allow him.

Madam Chairman: Thank you.

Mr. Gangapersad: Sorry, Chair. Sorry, PS. I just wanted to indicate that there was

a question that was asked earlier on and I just wanted to just quickly provide an answer to it.

Madam Chairman: Is this with the shelter?

Mr. Gangapersad: No it is not with the shelter.

Madam Chairman: Okay. All right, I will call you in one minute. I just want to ask one thing about the shelter.

Mr. Gangapersad: Sure.

Madam Chairman: So what you are telling me is, in your response all you refer to is people who were rendered homeless as a result of COVID-19?

Mr. Gangapersad: Madam Chair.

Madam Chairman: Yes.

Mr. Gangapersad: If I may, C19 was established, the traditional shelter is at CSDP which is really the upstairs run by the St. Vincent de Paul for the Ministry. There are persons who would not access CSDP and during COVID they were all over the streets. And what we did, we established C19 for those persons who are not going to access upstairs, they are requirements to access upstairs. C19 was built for these people, so that they can come in. It is not persons who were rendered homeless as a result of COVID. They are homeless nonetheless and they were on the street and they needed a place so that they can just go there to have a meal, some sanitary—to have a shower, a fresh set of clothing, as well as they can sleep there. So C19 was established for that purpose.

Madam Chairman: All right. Okay. So let me ask, because my particular peeve is Sackville Street and another public building, which is TSTT, which must be running a shelter outside there. Okay? And the whole block of Sackville Street, just west of the Parliament building, between Edward and I would say Francis Street is becoming a home for the homeless. How does your programme deal with that? If you pass

there at 6.30, you would see people starting to bed down. How does your programme deal with that?

Ms. Seecharan: Okay. Our Ministry on its own cannot forcefully remove persons from the street. We need to get the police involved. We need to get mental health. And our initial discussions are heading in that direction. So hopefully, within the next couple of months, there will be improvements in terms of reducing the number of persons on the street.

Madam Chairman: I do not have much comfort, but I live in hope.

And the last thing I want to ask, PS is this, if you had to do this all again, God forbid, what would you do differently? What threats you see? What strengths you see that you have? What weaknesses? If you had to handle COVID-19—I do not want to be there again. If you had to handle it again, what would you do differently, given the fact you have the same lack of resources, you are in the same buildings you cried about, all of that—what you would do differently.

Ms. Seecharan: Firstly, to mobilize a bit quicker. Like for instance how we had to simplify the forms and so on after, we know we cannot deal with a three and four and five-page form. So the things like that that we learn. It is just a matter of applying it.

Madam Chairman: Okay. So then I will ask you to submit to me in writing lessons learnt. Okay? Thank you very much. I think Mr. Gangapersad has some lessons learnt to share. But in the interest of time, I would ask that you all submit that in writing. Okay?

I want to thank Madam PS, Mrs. Seecharan; Mr. Gangapersad; Mrs. Pilgrim-Soanes; and where are you?—Ms. De Leon. I want to thank you all for a very interesting conversation and I am sure the members of the public learnt a lot. I am sure there are still many questions that we the members of the Committee will

still have unanswered. But we will send those to you in writing and hopefully that will help inform us more to see how we could assist you by our recommendations.

I want to thank the members of the media, the members of the listening public for remaining with us. I wish you all a safe journey home. And to the members, I would ask you to stay tuned a little longer and good evening to everyone.

Ms. Seecharan: Thank you.

Mr. Gangapersad: Thank you very much.

5.20 p.m.: *Meeting adjourned.*

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Ministry of Health

VERBATIM NOTES OF THE FIFTH VIRTUAL MEETING OF THE PUBLIC ADMINISTRATION AND APPROPRIATIONS COMMITTEE HELD, (IN PUBLIC), ON WEDNESDAY, MARCH 31, 2021 AT 2.32 P.M.

PRESENT

Mrs. Bridgid Annisette-George Chairman

Dr. Lackram Bodoe Member

Mrs. Ayanna Webster-Roy Member

Mrs. Lisa Morris-Julian Member

Mr. Hassell Bacchus Member

Ms. Yokymma Bethelmy Member

Mr. Wade Mark Member

Ms. Amrita Deonarine Member

Ms. Keiba Jacob-Mottley Secretary

Ms. Khisha Peterkin Assistant Secretary

Ms. Hema Bhagaloo Assistant Secretary

Ms. Rachel Nunes Graduate Research Assistant

ABSENT

Mr. Clarence Rambharat Member
Mr. Stephen Mc Clashie Member

MINISTRY OF HEALTH

Mr. Asif Ali Permanent Secretary

Ms. Brenda Jeffers Deputy Permanent Secretary

Ms. Melanie Noel Deputy Permanent Secretary

Dr. Roshan Parasram Chief Medical Officer

Mr. Lawrence Jaisingh Director, Health Policy, Research and

Planning

Candice Alcantara Manager, Corporate Communication

Ms. Anesa Doodnath-Siboo Ag. Principal Pharmacist

Mr. Salim Pegus Project Manager

Madam Chairman: Good afternoon to the members of the public and members of the media, and I am pleased to welcome the officials of the Ministry of Health to the Fifth Public Meeting of the Committee on Public Administration and Appropriations of this Twelfth Parliament. I am Bridgid Annisette-George, I am the Chairman of the Committee. The Committee on Public Administration and Appropriations has the mandate to consider and report to the House on:

- (a) the budgetary expenditure of government agencies to ensure that expenditure is embarked upon in accordance with parliamentary approval;
- (b) the budgetary expenditure of government agencies as it occurs and to keep Parliament informed of how the budget allocation is being implemented; and
- (c) the administration of government agencies to determine hindrances to their efficiency and to make recommendations to the Government for improvement of public administration.

The purpose of this meeting is to examine the preparedness and response of public authorities to the COVID-19 pandemic in Trinidad and Tobago with regard to procurement and distribution of COVID-19 vaccines. The role of the Committee is to assist the Ministry in achieving the efficient delivery of services while ensuring that expenditure is embarked upon in accordance with parliamentary approval, and to determine the challenges being faced and possible solutions to these challenges.

This meeting may be broadcast live on the Parliament's Channel 11 and Radio 105.5 FM, and Parliament's YouTube Channel *ParlView*.

Participants are asked to keep their microphones on mute until recognized by the Chair. I will now ask for introductions. I will ask firstly the representatives of the Ministry of Health to introduce themselves, and this will be followed by members of the Committee. So I will invite the CEO to introduce himself and then he will set out the order for his team.

[Introductions made]

Madam Chairman: Thank you very much. And then now we can turn to the members of the Committee.

[Introductions made]

Madam Chairman: At this stage I would like to invite the Permanent Secretary of the Ministry of Health to make a brief opening statement if he so wishes.

Mr. Ali: Thank you, Madam Chair. Good afternoon members of the Committee, fellow colleagues of the Ministry of Health, members of the viewing and listening public. Madam Chair, the Ministry is very happy to be able to discuss our response to the COVID-19 pandemic in Trinidad and Tobago with particular reference to the procurement and distribution of the COVID-19 vaccine. However, I would like to first maybe just touch and recognize on the Ministry's ongoing vaccination efforts through our expanded programme on immunization, our EPI, which has allowed this country to achieve and maintain immunization coverage between 90 to 98 per cent over the last decade. This is for vaccine-preventable diseases such measles, mumps, rubella, poliomyelitis, tetanus, diphtheria, influenza. And these are important so that we recognize that administration of vaccines is not new to Trinidad and Tobago and to the population at large.

What makes the COVID-19 vaccine scenario different, however, has to do

with the global constraints with regard to the WHO approved vaccine manufacturers in trying to satisfy a high global demand coupled with the short expiry dates for these vaccines. That adds a level of complexity to the whole vaccination process. With regard to the procurement of vaccines, the Government has been pursuing three main options to secure WHO approved vaccines. Very briefly, these are through the COVAX facility with PAHO as the procurement agent; through bilateral discussions with various vaccine manufacturers where we have NIPDEC who will be acting as our procurement agency; and through the Caricom initiative of the African Medical Supply Platform. To date, we have been successful in having firm commitments for a total of 240,800 doses. These are 100,000 doses from China, 40,000 doses from India, and 100,800 doses through the COVAX facility of which we received 33,600 yesterday.

With regard to the actual deployment of the vaccines, the Ministry's national vaccination deployment plan seeks to address the following components: identifying the priority populations using the WHO criteria; identifying the initial batch of health facilities at which we are going to commence vaccination; the issue of vaccine cold chain and logistics which speaks to shipment, storage of the vaccines and movement of the vaccines; strengthen our HR capacity to ensure that there is adequate coverage for the administration of the vaccines; and developing an IT solution to track and monitor vaccine administration which includes inventory management as well as patient management. Our plan takes into account vaccine availability, and the actual execution of our plan is continuously monitored and it will be adjusted based on the expiry date and the quantities received of approved COVID-19 vaccines. Thank you, Madam Chair.

Madam Chairman: Thank you very much, Mr. PS. And to start off the discussion, I think I am just going to ask two questions again just maybe for context, and

therefore, then I will open it up to other members of the Committee. Now, I have read that WHO has certified the AstraZeneca vaccine as EUL. Maybe you can explain to the Committee and for the benefit of the wider public what does EUL, what does that stand for and what does it mean?

Mr. Ali: Thank you, Madam Chair. I will let CMO maybe speak to that. CMO?

Dr. Parasram: Yes. So the terms EUL and EUA mean emergency use licence and emergency use authorization representatively. Generally speaking, WHO will give this type of licence in a pandemic or an emergent epidemic situation where there is, as happened in the past with Ebola, for example, and is now happening for this particular pandemic. So it is giving an emergency use authorization based on the severity of existing disease, the spread of the epidemic, and it is usually a prelude to having full licence thereafter by WHO. But for the purposes of the pandemic and control of disease you get a EUL or EUA which is as I described before.

Madam Chairman: Okay. So thank you very much, CMO. So are there any—what makes the difference or are there any deficiencies or unknowns between the status of being EUL or EA and a full licence?

Dr. Parasram: So as I said, emergency use, meaning that you can use it during an emergent situation, something that has been around in terms of phase four. So what happens generally speaking, the EUL in these cases would have been roughly based on the phase three, phase three vaccine trials, meaning that there is a controlled group of people that would have been tested on, for example. With the Sinopharm, for example, would have been tested in a group of people from the EUA, sorry the United Arab Emirates, for about 40,000 people on a phase three, and that is done to determine safety and efficacy end points. So beyond that we go into a phase four trial. Phase four usually means "trial in use".

So what is happening now with these vaccines that are emergency use are that

they are in a real world phase four sort of setting where we are using it in the population. What happens normally is that they follow it either for a certain length of time and/or a certain number of persons being administrated the vaccines, of course, across different age groups, different criteria, so that you have that data set available to go towards a full registration beyond. So it requires, one, sometimes time. Numbers alone is not enough because what you have to do—for example, if you use a pregnancy-related case for instance, if someone is vaccinated at least you will need to have that patient deliver the baby and wait beyond that to see what would be effect on the child. Sometimes developmentally as we see with Zika it does not show up for years after.

So it requires some length of time down the line before you can have all the data that is required to license something beyond that EUA, and that is what gives us this whole perception that it has been done quickly. But really and truly waiting for phase four for the time and the number of vaccines is what gives you that extra few years before you can give a full licence.

Madam Chairman: Thank you very much. And just again for context if I understood well the opening statement of the PS, he said that so far we have confirmation of 240,800 doses which if these are two-shot vaccines this will equate to about 120,400 persons. What I wanted to find out is, what percentage of our population would need to be vaccinated for us to be considered having herd immunity; secondly—so I think I should ask that first.

Dr. Parasram: So generally, as a rule of thumb we have been using a figure somewhere between 60 per cent and 70 per cent of the population. There is no magic number. It really depends on—we have a heterogeneous population in terms of age, in terms of types of NCDs for example, uptake of the vaccine, and the way it will behave with your immune system. So we have a range rather than a specific number,

and it is based on epidemiological factors involved. So 60 to 70 is a reasonable estimate of what will be required.

Madam Chairman: And would it be fair then to say that until we get to that 60 per cent to 70 per cent we would still have to follow protocols?

Dr. Parasram: Certainly. I think that is a fair assumption that protocols will have to be followed until we get to a stage where you achieve herd immunity through immunity or through natural infection. In some instances and it happened with Zika, we saw the disappearance of a pathogen from the world or from a region in a very short space of time. That can happen as well. It does not seem to be the case with this particular COVID-19 that that will happen, but it has happened without either achieving herd immunity or otherwise.

Madam Chairman: All right. Thank you very much. Member Bodoe.

Dr. Bodoe: Thank you very much, Madam Chair, and PS welcome to you and your team from the Ministry of Health. If I may, through you, PS, to direct my first question to the CMO? CMO, I just want to say that you look well rested. I am sure last night you would have gotten your first good night of sleep following the arrival of the vaccines. But my first question would be: Can you share with us the expiration date of this batch of vaccines, 33,600 that arrived on our shores yesterday evening? **Dr. Parasram:** Yes. So it was confirmed after we got it in, it was taken to C40 and they did two things right away. They confirmed that the temperature was being held within the temperature we expected to be which was 2 to 8 degrees, and it was confirmed by looking at the charts that came to us that it was held between 2.1 and 2.3 degree Celsius for the entire duration of the journey which was very good in terms of temperature control. So there was no excursions of the vaccine, meaning that it is in a stage of ready for use basically. There is no issue at all. We did not have to go back to the manufacturer. The date of expiry was also confirmed and that is

the 31st of May, 2021.

Dr. Bodoe: Thank you CMO. So, of course, that date will drive the process forward. So the next question I want to ask: Would you be in a position to state the category and the numbers of this targeted to receive their vaccination from this first batch of 33,600, can you share that information with us?

Dr. Parasram: So the two main categories we are targeting in the first instance would be health care workers. So we continue that away from the front going. Complete the frontline that we started a month or so ago, and continue into the rest of the health care workers as a primary group because of their high level of exposure, and then we move into the persons with NCDs over 60 years of age. So both of them concurrently. Again, in this occasion we have noted that a large proportion of our deaths have occurred in this particular age group and we want to protect the most vulnerable in the first instance. So those would be our two main targets with this 33,600.

Dr. Bodoe: Are you in a position to give us numbers with regard to each category at this time?

Dr. Parasram: Yes. So the health care workforce is roughly around 17,000 persons. With regard to the NCD number, I do not have a firm—I would say through the CDAP programme we have been looking at numbers just below 200,000 as a total number of people who have been part of the CDAP for example. But those over 60, plus the CDAP will give us a higher number. So it will probably—I do not want to give a number. I am not 100 per cent sure of two of them combined what that would be like. But it will be a fair substantial proportion of the population probably getting into the region of about 400,000.

Dr. Bodoe: So CMO, I just wanted to follow-up with regard to a report that came about in Germany and they have suspended the use of the AstraZeneca vaccine due

to blood clots and so on in those under 60. Are you in a position now—what advice would you give to our citizens because our vaccines if I understand correctly is the AstraZeneca vaccine that we have at this time?

Dr. Parasram: Yeah. So the reports that we have learned so far, the European Medical Association as well as the WHO are the bodies that have been looking externally into that particular cluster of diseases in Germany. They have said for the—there was an early cluster a couple weeks ago which they have said there was no definitive link between the vaccine and that particular cluster of diseases. We have seen reports of 21 persons reporting from an embolic phenomenon in Germany as well. A causal link has not been established to say that it is related to the vaccines, bearing in mind that the 21 persons would have been out of a group of 2.2 million people that would have taken the AstraZeneca in Germany just to give an idea of the proportion.

So I think that works out to something like .00009 of that population had thromboembolic phenomenon, and, of course, it is said that the majority of them would have been in a group less than 60 years of age—predominantly female in that particular group. So it is a putative disease cluster that requires investigation before any conclusions can be drawn, but EMA and WHO has said through their safe groups that the vaccine continues to be safe and they recommend use beyond 18 years of age throughout the world at this point in time.

Dr. Bodoe: So we are going to follow that advice. This is not going to interfere with our process, CMO.

Dr. Parasram: At this time unless additional information comes forth, we will maintain our strategy of 18 years and above.

Dr. Bodoe: CMO, I just wanted to ask: Are you in a position to say how many AstraZeneca vaccines have been administered worldwide? Do you have that

information?

Dr. Parasram: Sure. So yeah. In terms of the Caribbean region because we just started, we have about 200—what I am told is that we have 268,902 vaccines in this region. In Europe there is just above 12 million. So in total there are 12,277,902 vaccines of the AstraZeneca type which has been given worldwide.

Dr. Bodoe: And our batch was received from Korea—

Dr. Parasram: South Korea.

Dr. Bodoe:—South Korea BioTech. Can you say how many of those vaccines have been administered worldwide?

Dr. Parasram: I was trying to get an idea of distribution from different sites, but we will have to reach out to the companies themselves to get that information. So we can provide that at a later date if we get a positive response from them.

Dr. Bodoe: Yeah. Madam Chair, I will just ask one more question before I give way to other members. CMO, with regard to the 2,000 that we received from Barbados, I believe that perhaps 1,000, or maybe just over 1,000 vaccines would have been administered, there are two questions: Has there been any severe adverse reactions administered? And again, this will speak to the follow-up process which you might want to elucidate on going forward. That is the first question. And the second would be: Have any of these candidates received their second dose? And let me just throw in a third one: Has the Ministry decided on a policy in terms of the interval for the second shot whether it is going to be eight weeks or 12 weeks for the AstraZeneca vaccine?

Dr. Parasram: So the majority of those who would have gotten—I believe it is about 1,128 if I remember right—what happens is that in the 10—it is a 10-dose vial, but we were able to get a little more than 10 doses in some of the vials which has been the case with yellow fever and other vaccines in the past. So we were able to

give 1,128 persons the first dose and, of course, those persons would be given their second dose. Majority of symptoms have been very mild. Some have experienced no symptoms at all. Mild symptoms: pain at the injection site, fever, a little fatigue. Most of them resolving completely within one or two days from the time of injection.

Their second dose is due to start I believe middle of April, some people around the 17th to the 19th of April. So that is when their second dose is due based on a schedule from WHO that suggests that we should use it anywhere between eight and 12 weeks. Now, if you were following the AstraZeneca in particular you would have noted that the manufacturer would have said in their early days of putting it out there into the world that they should go 21 to 28 days. That was the manufacturer's specification. And what happened is that a lot of the countries because of their high rate of infection decided to go ahead and use the entire batch as a first dose and delay the second dose to somewhere between eight and 12 weeks.

What was noted in the phase four trials is that the efficacy actually went up a little bit when they delayed the second dose beyond four weeks, and WHO has adjusted their recommendation now. So the recommendation from WHO is eight to 12 weeks for your second dose to get your best effect and we are trying to stick to eight to 12 weeks. Just to say the first dose gives you about 76 per cent protection after the first dose. Of course, you have to wait two to three weeks post your first injection to get the response, and then if you get that dose 21 to 28 days later it goes up a little bit to about just above 80 per cent. Now, if you delay it closer to 12 what happens it goes into the 90s. So the effect is slightly different based on your second dose, but our recommendation in Trinidad for now is eight to 12 weeks.

Dr. Bodoe: Madam Chair, if I could get just one more follow-up. Now, CMO you mentioned that the ampoules have 10 shots and sometimes you can squeeze in another shot of that. Now in terms of the numbers—because we are rolling out bigger

numbers now compared to the initial roll out—my concern may be with the issue of vaccine wastage. I know perhaps you might go into the process and so on that you are going to use, but can you at this point state when an ampoule is opened and towards the end of the vaccinating session so to speak, what arrangements are going to be put in place to ensure that no dose is wasted especially in view of the shortage worldwide?

Dr. Parasram: Sure. So we have as you know a tried and tested process. We have multi-dose vials being used across the health system for many, many years. So we have yellow fever which is a 10-dose vial and other vaccines come in alternate doses, some of them six in a vial and that kind of thing. So generally speaking once you puncture the ampoule you have six hours as to which to complete the use otherwise you cannot use it anymore. So the rule of thumb generally is you would not open a vial unless you can completely give to the entire population that is in the clinic at the point in time. So you open a vial at three o'clock, you will know from who is actually physically there. If you have two people sitting in the waiting room it may make more sense to have those people have an appointment for the next day, rather than opening a vial and wasting eight or nine doses. So that happens at the local level. At the health centre level they have been doing it for a long time with very little wastage from the system and we expect to use a similar approach going forward.

Dr. Bodoe: Thank you, CMO. Madam Chair, I have a few questions further, but I will give way at this point to other members.

Madam Chairman: CMO, may I ask this? In terms of, one, you are just saying that it is now recommended that the lapse between the first and second dose should be eight to 12 weeks; and I have heard the Minister of Health saying that based on your programme you all intend to have utilized the whole 33,600 by, I think about the 16th of April or something like that, or certainly within the month. So does that mean that

the 33,600 doses equates to 33,600 persons or 16,800 persons?

Dr. Parasram: What was said this morning, I think at the press conference, is that what we will do is probably use half of it in the first instance. As I said the expiry date is the 31st of May. If we begin on the 6th of April, the best case scenario for a second dose would be seven weeks which means it falls a little bit short of what we want from optimal efficiency. So what we will do is we distribute the first 16,000, and I think that is what the hon. Minister would have said. It should take about two to three weeks to do that. Hopefully by then we will have an idea of an ETA for our second supply of AstraZeneca and we can make a decision then based on that ETA as to if we can wait to get optimal efficiency or if we will have to give the second dose a little bit earlier to those individuals. So we will make that decision when we get to half of the 33,600.

Madam Chairman: Thank you very much. So I now revert to the members of the Committee. Member Mark.

Mr. Mark: Thank you, Madam Chair. Madam Chair, the first question I would like to ask the CMO is to just clarify for the population those who they should not, may I repeat, those who should not be administered with the vaccine given certain challenges, health challenges, that they may have been exposed to thus far.

Can you just reiterate and outline those individuals that ought not, that is the individuals suffering from certain health challenges, who ought not to be administered with those vaccines?

3.00 p.m.

Dr. Parasram: All right, so there are generally four big groups of people who should not have it based on the national policy and that is one, for now. Persons below the age of 18, we are not offering to those individuals. Persons who are pregnant or breastfeeding, persons with a history of anaphylaxis or an allergic type reaction to

any component of the vaccine and those who would have had an anaphylactic or an adverse reaction to the first dose when you get the first dose.

There is another broad group of people, I think this is what you are alluding to, persons with HIV for example, persons with other immunocompromised states, what we suggest is that just because you have HIV or are in an immunocompromised state, severe cancer for example, does not mean you cannot have the vaccine, it may mean that you actually should get it in preference to another person. But what has to happen is there must be a clinical assessment by your attending physician. They will make the determination whether you are in a state at present to have that vaccine administered and then of course give you the go-ahead to have it or not.

So for example, HIV again, your physician will look at your viral load, they will look at other clinical parameters and they will determine if you are in a position to receive that vaccine safely. So those fringe populations, certain populations of clinical disease, they have to have consultation with their specialist that is attending to them before they can get the go-ahead to have that vaccine, as with not only COVID but any other vaccine that they need to have.

Mr. Mark: Yeah. And CMO, as it relates to persons with allergies or being sensitive to allergies, how would you—or to put it another way, what would be their defensive mechanisms to ward off this enemy that may be coming at them that is the COVID-19 virus?

Dr. Parasram: Okay. So generally the mRNA vaccines are the ones that have been shown to have severe allergic reactions, meaning the Pfizer vaccine and the Moderna. This AstraZeneca has not been shown to really create any sort of allergic-type reaction beyond any other vaccine. So it is not a significant concern for the AstraZeneca vaccine as it would be for Pfizer or Moderna. Possibly the mRNA formulation lends itself for some reason to creating that sort of allergic-type reaction

which is listed as a possible potential side effect for those vaccines. But for AstraZeneca, having a history of allergic reactions not to the component but to anything else does not preclude having the vaccine at this point.

Mr. Mark: The other area I wanted to raise has to do with the role of the private sector in the procurement of vaccines and I raise this in the context of what we were told some time ago that one private sector organization offered to procure for the Government some one million doses of vaccines for this particular virus or to address this particular virus. I wanted to ask you in light of the raging information that is now in circulation about counterfeit COVID vaccine in some parts of the globe, what is the Ministry's recommendation as it relates to, one, the role of the private sector in procuring these vaccines and two, what mechanisms are we putting in place to ensure that counterfeit vaccines do not penetrate our borders and end up being in the arms of the vulnerable and the marginalized and the weak?

Dr. Parasram: Yeah, PS, I do not know if you would want to start and I could do the second bit.

Mr. Ali: Sure. Madam Chair, through you, so with regard to the engagement with the private sector, the Ministry is still finalizing the arrangements in terms of how we engage and to what extent we see that partnership with the private sector taking form and shape and that is where we are with the private sector engagement. So, let CMO speak to the whole issue of counterfeit vaccines and what is in place at the Ministry's end to treat with the issue of counterfeit vaccines.

Madam Chairman: PS, are you through and therefore we could go to the CMO?

Mr. Ali: Yes, I am sorry, Madam Chair. I am through, thank you. Sorry.

Dr. Parasram: Okay. Yeah. So in terms of counterfeit vaccine, we would have had—our Chemistry, Food and Drugs Division is really central to the role of ensuring that products, whether it be vaccines or medications, meet a certain

standard, one, in terms of importation and of course they have a critical role to play in post-market surveillance. With regard to the vaccines, it really relies a lot on having the Customs as well playing a role so other agencies and really Food and Drugs is our main player with regard to having that inter-sectorial collaboration occurring. They have been meeting with all the necessary sectors to ensure that we all have our eyes and ears on the ground to ensure that really—and if the vaccines do come in and that there is a process, one, to actually have a look at those vaccines to see if they are legitimate or not and then of course, really that we can detect it as early as possible.

So I think there is an all-of-sector, there is an all-of-Government, all-of-society approach that we need to take because people need to recognize, one, for now, the only people that will be administering the COVID-19 vaccine is the public sector and we will be doing so through 21 centres and we have gone to pains to ensure that those centres are up to standard to distribute and not only to distribute, to actually keep a track of what vaccines come to us, how they are distributed on a moment to moment basis. So we want to keep our controls as tight as we can. So if people are offered the vaccine outside of the public sector, a red flag should go off right away because the only vaccine for COVID-19 that is given or will be given in Trinidad and Tobago at this point in time will be through the public sector at those 21 centres.

Madam Chairman: Can I add that it is for free?

Dr. Parasram: Certainly, there is no charge.

Mr. Mark: Madam Chair, can I proceed?

Madam Chairman: Excuse me, member Mark?

Mr. Mark: No, no, I have some other questions. I just want to put two more questions before I pause and get back to another round. The question I would like to

pose to the CMO and the PS is whether the Ministry of Health dropped the ball as it relates to early forward planning. I have been doing my own research on this COVID-19 matter and in the case of a country called Israel, they begun to plan and engage in what you call advance purchasing agreements since mid-2020. That is around June. We have been advised by the authorities that in the case of the Ministry of Health, we begun to hold talks seriously around October of 2020 or thereabouts but there were some preliminary discussions, as I understand it, maybe around August, September. Can you tell this Committee why the Ministry of Health did not embark on earlier, forward-planning kind of strategy whereby we could have done some advance purchasing agreement pending WHO approval as the case may be? So that when we did get approval, those pharmaceutical companies would have been in a position to supply us with the relevant doses of vaccine that we require?

And as we are on that, Madam Chair, can I ask the CMO to indicate to this Committee how many doses of vaccine we would need to order in an effort to ensure that we have adequate coverage so that this economy can begin functioning once more? That is an addendum to what I have just asked.

Mr. Ali: Madam Chair, maybe I can start and CMO can jump in afterwards.

Madam Chairman: Okay.

Mr. Ali: So the Ministry did start—we have been planning in advance for this vaccination. The issue is in terms of our bargaining power, we are a small State so in terms of the volume we are talking about, there is a challenge, one, with regard to being able to negotiate and be in the queue with regard to the quantity of vaccines we are talking about. That is one. In fact, some manufacturers have minimum order quantities which we just do not meet that threshold. We have been working with COVAX and we have been progressing talks significantly with other bilateral arrangements, we are hoping to see some firm commitments coming out of that

shortly.

With regard to the quantity we require for herd immunity, I will let CMO speak to that please.

Dr. Parasram: Yeah, so if we go based on our previous discussion with 60 to 70 per cent of the population requiring to be vaccinated to get to herd immunity, we are speaking to close to just under a million I would say, persons that need to be vaccinated, which if you take away those persons under 18 and you take away the pregnant patients, it requires that most of Trinidad, outside of those groups need to be offered and accept the vaccine for us to get to that level.

Mr. Mark: And, Madam Chair, may I just ask a final before I pause. Can I ask the PS or the CMO as it relates to bilateral discussions with pharmaceutical companies, can we get an update, a status report as to where we are with Johnson & Johnson, where we are with Pfizer as an example and Moderna as it relates to us ordering vaccines to meet that target that the CMO has just outlined? Can we get the status report on that?

Mr. Ali: Sure. Madam Chair, through you, so those discussions are at various stages. We are looking and in terms of the quantities that we are required, we are awaiting feedback in terms of the availability of those supplies and also the commercial terms. So those discussions are still ongoing.

Mr. Mark: No, what I am trying to get at, PS, can you indicate to this Committee whether we as a country are looking at certain numbers as it relates to doses from Moderna, from Pfizer and from Johnson & Johnson to satisfy the needs of our population?

Mr. Ali: Okay, so maybe let me see if I can explain. So in terms of specific numbers from the respective manufacturers, no, we do not have a specific number we could ask manufacturer A for, manufacturer B for because it all depends on the availability.

So we have an idea of how much vaccines we need, as you said, to achieve herd immunity. So what we are looking at would be what I will call indicative orders which would be how much we require as a country and then based on those discussions with the various manufacturers, what they are able to supply, we then take those discussions further in terms of the commercial terms and the cost and delivery periods and what have you. So it is not that we are asking a manufacturer for a certain amount and breaking it up across because we do not know what the supply looks like, the availability. So we are working with our overall figure for the country.

Mr. Mark: All right. Thank you, Madam Chair.

Madam Chairman: Member Bacchus, would you like to join the discussion at this stage?

Mr. Bacchus: Yes. Thank you, Madam Chair. Couple of things. I was interested, member Mark alluded to it to a point but I am quite interested when you consider and the CMO touched on it, that the miniscule—and I am saying miniscule in terms of the amount of vaccinations that were given, 2.2 million versus 31 cases or 21 cases or 22 cases of people that had specific things that may or may not necessarily have arrived out of what happened with the vaccination. How is Trinidad and Tobago through its medical solutions able to track people who will have received these vaccinations whether for conditions that exist before they have the vaccine and whether or not things develop post them receiving the vaccine? Could somebody elaborate on that?

Mr. Ali: So, Madam Chair, through you, so maybe I can just take that first and then CMO can add to the answer. I would have mentioned during my opening remarks the development of an IT solution. So what that IT solution will do, very briefly, persons who will be taking the vaccine, we will register those persons with their

biodata, all the other relevant information and we track those persons. So that does, first of all, it lets us know who have taken the vaccine—type of vaccine, when they took the vaccine and then if, ever forbid, there are any adverse effects, that will also be recorded on that database. So that is one how we would track persons who have received the vaccine and two, in the unlikely event there are adverse events, we will have that information available also. I am not sure if that answers the question or if there is anything further.

Mr. Bacchus: So basically what you are saying is at the point of admission where you receive the vaccination, they will collect information before you store it in an IT solution and based on should you have any type of reaction and you visit any medical facility anywhere, that there is reference to that and the fact that you would have received this vaccine. I just want to make sure I understand it. If you can track 22 out 2.7 million, obviously we do not have those numbers, but localized things within any area in which the vaccine is given, is something that we have to track from a medical perspective.

I just want to make sure that if I walk into a medical facility today to receive the vaccine, and I am so authorized to do and I get it, that if I have anything that is happening within my body that you need to know about, one, would have to be disclosed, but two, should I have develop any condition subsequent to this and I walk into the Port of Spain General Hospital for example that there is a correlation between the fact that I would have had it and the fact that it may or may not be tied to the fact that this vaccination. That is the question, that is really where I was going.

Mr. Ali: Okay. Madam Chair, I will let CMO take that please. Thank you.

Dr. Parasram: Yes, so if I could walk you through what will happen? So the persons will come into the health facility, you will have your clinical assessment which is your normal assessment. You will do a registration form which will include, aside

from your normal demographics which are age and whatever else, what we normally do, we will capture whether you have a history of diabetes, hypertension, we will take all that information and will have that on your file as well as on the registration form. We will follow you up after your vaccination in the health facility for 30 minutes in the first instance which is actively monitored by the health staff in the event that you get an allergic reaction, we will deal with it at that point. When you leave the facility, you will be of course given your card so you will know when you have it.

So there are two forms of monitoring thereafter. There is active monitoring by the health staff at the County Medical Officer of Health level through a telemedicine programme which started with COVID-19. So those persons will be calling persons up periodically to find out if they do have any sort of reaction so taking signs and symptoms just like they do for monitoring quarantined patients and we hope that that can be done for a projected period upwards to a year to see if we have long-term side effects, those kinds of things and we will also tell you and give you some sort of idea of what side effects to look out for and numbers that you can call in.

So there are two things. There is the passive way where a patient can call in or come back to a health facility and we will be actively following you up as well to determine if you have side effects to that particular vaccine. And we normally report to WHO any untoward events in the event that something does happen in our population just like what we are seeing in Germany for example, we will report that upwards through our RHR mechanism to WHO as well. So there is international reporting that occurs. If there is need for WHO to launch an independent investigation, that will be done as well.

Mr. Bacchus: Thank you, CMO. Let us shift gears a bit. Let us talk about security. I am concerned that there are a number of jurisdictions worldwide that have reported,

some cases, missing things, and I would not want to say that they were stolen but they are missing, vials of vaccines. We received our vaccines last evening, it was publicized, people know exactly where they are. They are held in the 40 facilities here, some in Chaguaramas, well-guarded by the army and police from a transport perspective. But it raises the question about the security of the facilities in which our vaccines are being stored in one instance, the transport along the way of them getting to these multiple 21 distribution sites that we have and the security of the said vaccines again when they get there. I recognize of course that distribution of vaccine is something that had been going on in Trinidad and Tobago over a period of time but not necessarily this type of vaccine for this purpose that requires this level of security. How are we addressing I would expect the enhanced security requirement as it relates to storage, transport and distribution at the areas for the point of vaccination in this case?

Mr. Ali: Sure. Thank you, through you, Madam Chair, so as member Bacchus mentioned, we have been doing vaccination for a while so we have a well-established transportation system. Agreed, there are additional security concerns which is why CMO mentioned at the start, we are starting with 21 health facilities. Those sites we would have gone through an assessment process to determine which sites we start with. We have in excess of 90 sites, public health facilities in the country, we are not going with all of those. We are starting with the 21, they have meant the various requirements. One of those being security at the site. So those sites have the appropriate security arrangements in place when vaccines are there.

What we have done, we have also tried to implement as far as practical adjusting time system within reason. So in other words, we will not be placing too many vaccines at the various vaccination sites more than necessary. So we place an initial supply, there will be constant communication between our central storage

facility and those sites in terms of what their usage looks like, when is their restocking level and then we will be sending vaccines out to those sites as needed. So there will be some buffer but we do not want to put too much stock out there to minimize that risk.

The other thing in terms of the transportation, we are using our dedicated transportation for vaccine so that is in place in terms of the proper cold chain arrangements and the security arrangements for those vaccines going out there. So in terms of storage at the sites, minimizing the volume out there, those sites have the appropriate security arrangements in place. We have the transportation in place and as you mentioned at the central level, we have additional security at the central level also. So we have sought to address the very real issue of security for those vaccines. Thank you.

Mr. Bacchus: Again, thank you for that answer and lastly before, Chair, I allow other members, the 21 sites that were chosen, apart from obviously the storage facilities, the other concerns that crops up with this, particularly and again, you have been storing vaccines for a long time, some of it requires specific holding conditions. How confident are you that these sites that have been chosen, including the holding site, have all of the requisite resilience in its infrastructure support in terms of its power, in terms of its back up power, anything that is required to allow for the storage of these particular vaccines to be maintained, similar to the way we track them all the way from where they were and the CMO was quite clear in terms of looking at the temperature chart and so on, ensuring that was there?

Now that they are here and they are stored within our facilities, things like power outages occur, things like breaking down of refrigeration occur, et cetera, et cetera, not just at the holding site but also at the sites where they have to be stored, the 21 sites as you have mentioned and any others that you have. How confident are

you and what measures are there specifically to allow for the storage of these things that can be tracked to ensure that we have no breaches in terms of the integrity of the vaccine based on environmental conditions?

Mr. Ali: Thank you. Through you, Madam Chair, so let me start at the central level, there are backup power measures in place, your generators and what have you at the central level, so there is that provision in place at that point. In terms of at the distribution sites, how covered are we that those sites have the necessary security and storage requirements, we are very comfortable because without getting into the specific sites, there were some other sites that were looked at initially but they had to be taken off that grid and we replaced them because they would not have met our requirement in terms of being ready at this point in time to be used as a distribution site, as a vaccination site.

So we had a team that would have personally visited each of those sites, looking at not just the security, other aspects, the physical environment, the equipment necessary, the HR, all the other things that are needed to ensure that this is a successful vaccination programme. We looked at all those things. So to answer your question, we are very comfortable that they have in place the necessary arrangements to deal with loss of power, they have the security arrangements in place to maintain the integrity and security of those vaccines.

Mr. Bacchus: This includes of course the actual monitoring of the environmental condition in which it is being stored. So apart from an external thing happening like loss of power, you have them in a cooling unit, cooling units break down, things happen to them, you are monitoring even those aspects of it so as to ensure that, in other words, you leave it today, it is fine, you come back tomorrow morning and you realize the room is warm. You have all of those things catered for in your storage plans and monitoring plans for these vaccinations. Yes?

Mr. Ali: Through you, Chair, the short answer, yes. As I said, we do that for our normal vaccines so we have just enhanced that and reinforced that, that that needs to be done may be a little bit more for these vaccines but that is something we do in the course of business with regard to vaccines at our sites, yes.

Mr. Bacchus: Thank you and thank you, Chair.

Madam Chairman: So, Mr. Permanent Secretary, might I just ask you this. You spoke about the ICT solution. Was that in place when we did the first set, I think it is about the 1,128 vaccines or 1,108 of which the CMO spoke of earlier? Was that solution in place and was it used and are you satisfied that it worked well and if there were kinks that those kinks were sorted out?

Mr. Ali: So thank you, Madam Chair. Just to answer your questions: No, that system was not in place at that point in time when we did the initial thousand-odd persons. We used an interim home grown IT solution to capture the data for those persons who were vaccinated. What we are doing is we are going to be exporting that data from that solution into this solution so it will become part and parcel of that solution but at the point in time, it was not implemented at that point.

Madam Chairman: Okay, so that it is only with this current batch of vaccines that that ICT solution would be used?

Mr. Ali: That is correct, yes.

Madam Chairman: Okay. And I also want to ask member Bacchus asked about security and there was an incident in 2019 where certain stores and so were stolen from there, I think it was the North-West Regional Health Authority. And I want to ask if there were lessons learnt from that and have there been remedial action taken from that incident that will ensure further security measures, you do not have to delineate them because that in itself would impact on the security to ensure that the loss or pilferage of vaccines internally would be minimized.

Mr. Ali: So, thank you, Madam Chair. So the short answer yes, we would have learnt from that. Without getting into specifics, I could just briefly say that we would have different components that you look at within there. One will be the whole issue of inventory management and inventory recording. That is where the IT solution comes in. You look at your SOPs, your protocols and procedures in place that need to be followed and of course critical with any of that is your monitoring and oversight. You have to have oversight, you have to look at your systems, review them, make sure that what you put in place is actually working. So from all those facets, we have put things in place that I believe would address that issue.

Madam Chairman: Okay. And your M&E unit which will be charged with all of this oversight, is it adequately staffed?

Mr. Ali: So the M&E, I would not say it is a unit, it is more of a function within the organization. So in terms of how we plan to treat with the issue of M&E, I would may be let Mr. Jaisingh who is our lead in terms of M&E speak a bit about that. Mr. Jaisingh.

Mr. Jaisingh: Thank you. Chair, good afternoon. Yes, we developed an M&E plan with all different stakeholders including the RHAs and our internal team, we have about a three-fold type tier model to monitor and check the operations of the vaccines, looking at the facility itself, looking at an assessment tool for the facility, looking at weekly reports from the operational side of it, looking at operational reports from an RHA perspective and looking at an individual audit team from the Ministry perspective to overlay and oversight that whole M&E function which will report on a bi-weekly process to ensure that the vaccines are administered in the most proper—as PS indicated, with guidelines, protocols, with all the necessary tools for monitoring and evaluation in terms of the vaccine deployment plan.

3.30 p.m.

Madam Chairman: So, Mr.Jaisingh, I have to apologize with some of the audio, we are having a difficulty in here, and I think it is in here. Because I see from how other members are following, externally you all may not have this difficulty. So just in case I did not get it. You had outlined in your plan specific objectives and milestones, are those things in place, like for instance, the assessment tools, the reporting format, the reporting templates; those are all in place?

Mr. Jaisingh: That is correct. The assessment tool, the reporting function and all also the M&E targets as well, which is critical for any vaccine deployment such as coverage rate, uptick rate, wastage rate, unimmunized rate and, of course, the adverse events rate as well. So, there is dashboard in place for the IP solution to capture all the solution on real time. So in any given setting, for a week, for a day, we will know exactly of the 21 sites how many vaccines were administered, how many vaccines were used, and on a weekly basis or a daily basis looking to see exactly what is coverage rate of those centres and the population.

Madam Chairman: So who is charged with all of this data entry? Is it the 21 data entry clerks who were budgeted for in your planned budget?

Mr. Jaisingh: That is correct. Yes. It is really, as the PS indicated, enhancing the vaccine deployment programme with the additional 21 clerks who will be now in those facilities to capture the data on real time.

Madam Chairman: So these were specially hired clerks and trained for this purpose?

Mr. Jaisingh: That is quiet correct, yes, to enhance the entire programme.

Madam Chairman: So if I understand it well, it would be one clerk per distribution centre to come up with the 21.

Mr. Jaisingh: In this first phase, yes.

Madam Chairman: All right. So that one clerk would be working what—five days a week, six days a week for the duration of the opening of the centre?

Mr. Jaisingh: There are also clerks—existing clerks at these sites already as well.

So this one—

Madam Chairman: At the centres? At the centres?

Mr. Jaisingh: At the centres, yes.

Madam Chairman: Yes.

Mr. Jaisingh: So there will be a minimum of two persons at the center. So in case anything happens, there is always one person there to capture the data as well.

Madam Chairman: Okay. So if I understand you well, these 21, add to the 21 you already have, so it is 42?

Mr. Jaisingh: That is correct.

Madam Chairman: Right? So the budget only caters for those special ones that you are bringing on to buttress your service.

Mr. Jaisingh: The additional staff, yes.

Madam Chairman: Okay. And while I have you—because I do not know if you or maybe the PS could help me with the budget, I see in the plan there is a sort of summary, your estimated vaccine rollout cost. And for contracted services, which will be public awareness, print; public awareness, radio; public awareness, television; public awareness, social media and IT solution. In the summary, it is \$2,925,000. And in the breakdown, there is a variance of about \$605,000, which is \$3,530,625. Am I reading it correctly?

Mr. Ali: Madam Chair, you are and that is obviously an error. I do apologize. We did not pick that up, but that is an error. So what is actually—

Madam Chairman: Which one?

Mr. Ali: In the summary, that is the error. What we are actually looking at would be

the one under "contracted services", where it breaks it out into print, radio television, et cetera. That is the one we would be working with.

Madam Chairman: Okay. And therefore, is the total—I did not go to the addition. Is the total correct or it changes by \$605,000?

Mr. Ali: I will have to run those numbers for you, Madam Chair. I cannot tell from off the top of my head. Sorry.

Madam Chairman: Okay. All right. Okay, Sir. You will let us know.

Mr. Ali: Yes, I will.

Madam Chairman: Okay. Member Deonarine. Thank you very much.

Ms. Deonarine: Thank you, Madam Chair. Everyone is hearing me properly? Okay. Good. CMO, I just want to direct a question to you. Perhaps you would have answered it already but I just want you to run back the numbers for me. Now, you are saying that through the COVAX Facility we have already received 33,600 vaccines. From India, we are getting 40,000 vaccines and we are guaranteed from China 100,000 vaccines. Is that correct?

Dr. Parasram: Yes, I believe that is the number that the PS had indicated earlier.

Ms. Deonarine: And in total, these 173,600 vaccines would be serving 86,800 persons because two vaccines go to one person, right?

Dr. Parasram: Yes, all those vaccines that we get are two-dose vaccines. Yes, that is correct.

Ms. Deonarine: Okay. So, tell me something. Now, I saw in your submission you all would have indicated that the COVAX Facility is going to cover 33 per cent of our population. When we remove children and pregnant women, how many more vaccines do we need outside of the 33 per cent of the population that the COVAX Facility is covering?

Dr. Parasram: Okay. So if you do the subtraction, if you take out children and those

pregnant women, breast-feeding mothers, you get down to roughly about a million people left. All right? So if you have a million people left, 33 per cent is really actually covering the total of—33 per cent of the total 1.4. So we are roughly left with about 37 per cent to get to 70 per cent of the entire population. Right? So that gives—I think taking us just above 500,000 persons. So it would be just over 500,000 persons additionally beyond the 33 per cent. So somewhere between 500,000 and 600,000 persons.

Ms. Deonarine: Okay. So then tell me what timeline you are dealing with because I know other countries have tentatively by—so for rich countries, for example, tentatively by mid-June they expect to inoculate their vulnerable population. So middle-income countries are looking at the middle of 2022 to inoculate their entire vulnerable population. What is our timeline looking at, in terms of inoculating our vulnerable population?

Dr. Parasram: Well, it is two different populations, right? So the vulnerable groups are really the persons who would be over 60, those with NCDs and those who are high exposure, for example, health care workers. So that is a different group. So we cannot put a timeline on it unless we have a certain supply, in terms of—to give us that number. So we cannot really put a timeline on it. What the two unknowns really are is the delivery dates may exist for the other vaccines beyond the one you spoke about and the uptake by the citizens of Trinidad and Tobago.

So really, it is dependent on those two things and I would not want to put a timeline on it as yet until we know what those factors would be like.

Ms. Deonarine: Okay. So then—now, I know earlier on when one of the members asked about the number of persons above 60 years old who suffer from non-communicable diseases, you were uncertain of the number. What is the method that you all are using to arrive or what database are you all using to arrive at that figure

of the number of persons who suffer with NCDs above 60 years old who would be deemed—well, considered vulnerable and be first in line to receive the vaccines?

Dr. Parasram: I do not know if any other member of the Ministry has the actual number from social development. But I know we had written to social development to get the over 60s as a number. So we will take that number, of course, from social development to get—plus the number of persons. What we had done for the NCDs is that we had looked at two sources. So we had looked at the sources of persons that are in the CDAP programme and accessing CDAP, which we know to be somewhere between 180,000 to 200,000, with regard to certain disease that we are looking out to be vulnerable. So we add that to the number over 60 and then, of course, health care workers are somewhere around 17,000. So we have a rough idea of how many people we are looking as deemed very vulnerable in the population at this time.

Ms. Deonarine: Okay. Now, in this category of vulnerable people—now, there are different NCDs. There is a broad range of NCDs. In terms of severity—so like you would have some persons, for example, who are on hospital beds who would have suffered massive heart attacks, strokes, suffering with cancer, and so on. How are you all ranking the vulnerable population? Is there a further subcategorization in there or it is just once you have an NCD and over 60 years old, and you come on this list, you qualify for the vaccine?

Dr. Parasram: Yes. So, in the first instance, just for this 33,000 vaccines, which is first, first phase, as we said, it would be health care workers and those over 60 with NCDs. We do not subcategorize it beyond that. It becomes extremely difficulty, logistically, to do so. So we are using those broad categories to get persons in.

Ms. Deonarine: Okay. So therefore, if someone is hospitalized in one of the wards suffering from some sort of NCD and is considered severe, they would not receive preference to receive the vaccines?

Dr. Parasram: There are two issues there. Clinically, it is not wise to actually vaccinate somebody during their acute illness. Actually you have to recover from your acute illness before—especially if it is a febrile illness or an illness related to infection, before you can actually vaccinate them. So hence the reason we have not chosen patients who are in the hospital setting to vaccinate. We are choosing those who are stable and in the clinics as our first go, because the ones who are in the hospital are usually acutely ill and they should not be vaccinated at that point.

Ms. Deonarine: Okay. So as you mentioned those persons who are in clinics, now those are persons who are part of the public health care system. What about those persons who suffer with NCDs and do not seek public health care, or are not part of the clinics?

Dr. Parasram: Yes. So if you are outside of the public health care system, the privately only, then you make an appointment and in the coming days we will, of course, put out our list. You can either walk in, you can call the relative health centre and you can make an appointment. Once you fall into that category of over 60 with an NCD, you will be offered your vaccine at one of the 21 sites as well.

Ms. Deonarine: And what about—now, I know a lot of persons are expressing concerns about students, medical science students, especially those who are doing their internship on the wards, and so on, are they considered any part of this initial exercise, phase one of this exercise?

Dr. Parasram: Well, because the numbers are—because we only have 33,000 vaccines, we have—they may be part of phase one going forward. We have not received any indication from the university in that regard, or any queries, but we are going at our health care workers in the first instance and we have considered the students in the clinical spaces as being at risk. And in the coming—later on in phase one, of course, it would be considered, once the vaccines become available.

Ms. Deonarine: Okay. Madam Chair, I will pause for now.

Madam Chairman: Thank you. Mr.CMO, maybe you could just give me some clarification because is the category 60 and over with NCDs, or are there two categories, 60 and over and persons with NCDs? So somebody could be 30 and having an NCD and be within that phase one.

Dr. Parasram: Okay. So let me just broaden it a little bit. So when we had described phase one over the last few months, we had said to the population that phase one will be health care workers, those with NCDs and those over 60. Now, for this first tranche of vaccines that we received from COVAX, it is small tranche, 33,600, relatively, compared to what we need to do all of phase one. So we have decided for this particular 33,600, that it would be for health care workers and those persons over 60 years of age who also have an NCD, of course, putting them into a very high-risk category.

Those in the public health care system who are borderline, for example, somebody is 59 or 58, the clinicians would have some degree of—they will be able to determine whether they are at very high risk of severe disease or death, and those people who are in the public systems will also be possibly offered based on clinical assessment.

Madam Chairman: Thank you. And therefore, to the PS and the Director of Communications: Is there room for your communications to be adjusted somewhat, based on the change that one has had to make for this 33,600? Because if I go to your website now and I look at—you have one that is down with slides, you are still dealing with phase one health care workers 60 years and over, persons with NCDs. So is there room? And when I looked at your plan it appeared that your plan catered for that sort of flexibility. When is your communication going to be adjusted to meet the reality?

Mr. Ali: Madam Chair, I will let Ms. Alcantara speak to that particular matter. Candice?

Ms. Alcantara: Thank you PS, and through you, Chair, I hope everyone is hearing me well. Yes? Okay.

Madam Chairman: Yes, you are very clear.

Ms. Alcantara: Okay. Great. Thank you. So yes, you are right. We have left the information on the website as is because we are operating in phase one. From tomorrow, you will begin to see very clear information which aligns to what CMO has said. And what we are going to be communicating to the public is that we are categorizing persons based on even highest risk and highest exposure. So we will indicate very clearly that with this tranche of vaccines, we are vaccinating health care workers and persons 60 years and over with NCDs. We will be doing this starting tomorrow with print ads, media releases. We will use also all the free mechanisms possible. That means sharing to associations; that means sharing with other Ministries, with RHAs. We will be doing a series of television, radio and newspaper interviews to get the information out. As we roll out as well, we will add paid radio and paid television. Today we began the discussion in the conference on that. So tomorrow is our day for adjusting and making sure we have very clear information.

Madam Chairman: And what about your website? Charity begins at home.

Ms. Alcantara: Yes. So everything that we do goes on our website. So our releases go on our website, our ads go on our website and they go on social media as well. That is a standard part of our rollout. Thank you.

Madam Chairman: Okay. So, might I suggest you put something like "revised" or "updated" to help people, like me, with timelines? Okay? Thank you. Member Webster-Roy. Member Webster-Roy?

Mrs. Webster-Roy: Thank you, Madam Chair. You all hearing me now? Are you hearing me?

Madam Chairman: Perfectly.

Mrs. Webster-Roy: Okay. I know the PS indicated that there will be a just-in-time system for the distribution of vaccines to the 21 distribution centres and that would be based on going forward. What I wanted to know is what is the process for determining the initial number of vaccines that each of the 21 centres would receive now from this initial shipment? Also, how many vaccines from the first shipment would be sent to Tobago as well?

Mr. Ali: Thank you, Madam Chair. I will let Ms. Siboo speak to that. Ms. Siboo is in charge of the distribution of those vaccines. Anesa?

Ms. Doodnath-Siboo: Thank you very much, PS, and through you, Madam Chair—are you all hearing?

Mrs. Webster-Roy: Yes.

Madam Chairman: Perfectly.

Ms. Doodnath-Siboo: Good afternoon. All right. So with respect to the determination, we would have identified a figure of 500 doses for the initial distribution. Again, it would have been as a result of assessment in terms of what we would have assessed from the 21 sites, the persons going to the clinics. So it was a standard 500 doses. That would be going out to each of the 21 sites. Fifteen hundred doses will be going to Tobago and that is expected to go to Tobago tomorrow. So 1,500 doses would be going to Tobago in the first instance and for the rest of the 18 sites in Trinidad, it would be 500 doses will be distributed to each of those 18 sites in Trinidad. Thank you.

Mrs. Webster-Roy: Okay. Thank you very much for that information. So all centres, including the centres in Tobago, would commence their distribution on the

6th of April with the Trinidad—each center having the initial 500 and in Tobago, 1,500 to be distributed equally around the three centres in Tobago?

Mr. Ali: Through you, Madam Chair, that is correct. We want all 21 sites to start on Tuesday the 6^{th} of April. That is correct, yes.

Mrs. Webster-Roy: Okay. Great. Thanks a lot. Another question and this—we know when school reopens after the Easter break, I think, for senior students— so those children who would be doing SEA, as well as those persons doing exam would be at school. From international reports and what we would have seen locally, we know that children can become ill with the COVID-19 virus.

Additionally, when school starts back for those senior children, we would have adults commuting, mixing with children in schools, what is the plan going forward for our children? I know most of the vaccines now cater for above 18. However, we have a body of children moving around who would be under 18. What is the plan?

Mr. Ali: I could let CMO speak to that.

Dr. Parasram: Okay. Yes, as you know there was a press release that was sent out from the Ministry of Education indicating that both our Ministries, Ministry of Health and Education will meet next week to determine the way forward, with regard to schools. What we have out for now—so what the Ministry of Health education has been doing is Forms 4, 5 and 6 have been out to do practicals as well as SBAs or any other such activity that could not be done virtually, which was last term. It has gone pretty well so far with only one positive case from that setting in Tobago, if I remember right.

We have to have the discussions centered around—based on our numbers that we have seen over the last two weeks. There has been a significant increase in the number of cases. Our rolling average has gone from hovering around three to four

for a month or more, to 17 cases for a seven-day average within the space of two weeks. We are going into a period of Easter and coming out of it, we expect to see, we have to wait and see what the numbers would be like. And of course, when we meet with them next week, we would be in a position to better—they would be in a position to better indicate, that is Ministry of Education, as to what happens thereafter. But we have to wait and see what the numbers like look like post-Easter. We will meet with Education and then they will ultimately be responsible for saying what happens then.

By way of keeping the children safe outside of vaccines, they have to continue following the public health guidelines, and not only the children, all of us, to ensure that the children stay safe. The vaccination of the adult population is meant to create some sort of the herd around the vulnerable populations that cannot be vaccinated, including children. So continuing, all the public health measures is what we can do as a population. And of course, the ones that can be vaccinated, we need to get the vaccine when it is available, so that we protect the vulnerable ones that cannot do so on their own.

Mrs. Webster-Roy: Thank you, Madam Chair.

Madam Chairman: Is that all member Webster-Roy? Yes? Then therefore, can I call on member Morris-Julien?

Mrs. Morris-Julien: Thank you, Madam Chair. Madam Chair, through you, my question is directed to Ms. Alcantara and perhaps the PS with regard to the communications plan for the misinformation that would be fed to the public. We are well aware that there are segments of the public that will try to push people not to get vaccinated, use all sorts of Facebook news, I like it to call it, to justify not using the vaccine. Is there a plan to deal with this? Because the misinformation is very real and it is quite scary to me to think that normally reasonable-thinking folks might

quicker get their information off of a Facebook post than actually rely on the Ministry of Health's website, like I do, to ensure. Is there a plan? Is there a set plan to tell with something of this nature?

Mr. Ali: Madam Chair, I will let Candice answer that. Candice?

Ms. Alcantara: Thank you, PS. Through you, Chair—and thank you very much for that question. It is something that we have been addressing since the beginning of the pandemic. What we try to do is to respond as quickly as possible and via at least the same communication channels that were used to send the information out. So, for example, if something is sent on WhatsApp, we try to make sure WhatsApp is one of the mechanisms we use to push the information.

Moving forward, part of what we communicate will address some of the misinformation. For example, accurate information about the safety and side effects and the efficacy, those are very important points of communication for us. And you will see that in all that we communicate.

What we have done, we continue to have not just Ministry of Health subject matter experts on our media conference, but other persons, for example, from the University of the West Indies. We partnered with the University of the West Indies to do a conference for health care workers and we will be doing one with the University of the West Indies for the public. It will be virtual and aired live on television. We are also reaching out to the RHAs to get testimonials for our health care workers who have received a vaccine.

Studies both for Trinidad and Tobago, and internationally, indicate that health care workers are some of the most trusted persons when it comes to persons and their health care. So we did a lot of internal work with our health care workers. So that even if people are getting misinformation on one end, when they interact with their health care workers, they get the accurate information and it is a trusted source.

Those are just some of the mechanisms but, of course, as I said, in all of our communication we will include facts about safety and efficacy. I hope that answers.

Mrs. Morris-Julien: Yes. Thank you. And I agree. You all have been doing an excellent job with communications throughout this whole pandemic. I would also like to just make a suggestion that we also focus on the young people. They may not be able to take the vaccine as yet, but they tend to take the message across to their parents and their grandparents and they would be able to make sure that the actual facts are out there. Because I can tell you my 13-year-old warned me about COVID-19 long before I thought it was a reality. And I told him, "Nah, it would not reach Trinidad." Clearly, I was very wrong.

Ms. Alcantara: Thank you. I will take note.

Madam Chairman: Okay. So that while I have your ear, Ms. Alcantara, in the plan—the deployment plan, I guess we will be in phase one of vaccination deployment and I know you said that from tomorrow things will start up. You had a public sensitization activity virtual town hall meetings which are public. Is that still going to be carded from the second week of April?

Ms. Alcantara: Thank you, Chair, for that question. Actually, we adjusted the date back based on the confirmed arrival of the vaccines. So it should be the week after that. I am just confirming with the University of the West Indies and TTT who is going to stream for us live to the other television stations. So the date we are actually looking at now is the 15th of April, all things being considered.

Madam Chairman: So that virtual town hall is the meeting with UWI?

Ms. Alcantara: Yes.

Madam Chairman: Could you then—well, because I would expect by now the plan—that communication plan has been now populated with dates. Okay? Your launch of the main vaccine campaign, your engagement of an external firm, your

M&E and so on. Could you make that available to the Committee right up to your follow-up media engagement?

Ms. Alcantara: Okay. Noted, Chair. Will do.

Madam Chairman: Yes. If you can make that available to us in writing. Okay?

Ms. Alcantara: No problem, noted.

Madam Chairman: Okay. Thank you very much. Might I now invite member Bethelmy? Thank you for waiting.

Ms. Bethelmy: Good afternoon, everyone. Thank you, Madam Chair. So my question is along the lines of communications. So further to what member Morris-Julien mentioned about the fake news that we would be experiencing, you would have spoken about the different types of content that you plan on putting out to make sure that the public is well informed and to make sure that they trust the vaccination process, and all of that. But have you considered possibly developing an app—a mobile app that can provide constant updates on the vaccination as well as any and all communication coming out of the Ministry of Health? The reason why I am asking is because yes, we can use social media, we can use all of these different things but we have seen that during this pandemic, mischievous persons have used the Ministry's letterhead to push fake news. So could this be a possibility where persons can just download an application and they will constantly be updated on what is happening as far as vaccination is concerned and any kind of information coming out of the Ministry of Health? Yeah.

4.00 p.m.

Mrs. Alcantara: PS, you want me to go ahead and take that?

Mr. Ali: Yes, Candice, thank you.

Mrs. Alcantara: Okay. Thank you very much for the question. Through you, Chair, that is in the plan and the IT system would integrate back end and front end. And

one part of the front end is an application that we can use to push information and not just pull information on side effects and that type of thing. So yes, that is the plan.

Ms. Bethelmy: And just a bit of consideration to put into the application, if you can also cater to persons who may be visually impaired, as well as hearing impaired, so everyone would be able to use the application.

Mrs. Alcantara: Noted, thank you.

Madam Chairman: Member Bodoe, might I invite you now please, thank you for waiting.

Dr. Bodoe: Thank you. Thank you, Madam Chair. Madam Chair, if I can just engage Ms. Alcantara with a follow up question. And it was mentioned that doctors and so on will be utilized to encourage and assist the public. Is there any plan to engage public figures, for example, entertainers, leaders in the society, and so on to assist, encouraging the population to take the vaccination? I am directing this to the communications person, Ms. Alcantara.

Mrs. Alcantara: Thank you very much for the question. Through you, Chair, yes, that is part of the planned celebrity endorsements. What we are doing though, is based on the research, we have such a high rating for health care workers, we put emphasis on them first. But the intention, yes, is to include public figures, sports persons and celebrities in our messaging. Thank you.

Dr. Bodoe: Thank you. The reason I asked this as well and you did mention the workshop that was held with the Ministry of Health in conjunction with UWI, and I was present at that workshop. And in fact, there was a paper presented based on a survey that suggested that only 27 per cent of the population was willing to take the vaccine. So, in addition to the fake news, we have the issue of what is called vaccine hesitancy. Can you tell us whether there is—[*Technical difficulties*]

Mrs. Alcantara: Chair, I am not sure if it is just me but Dr. Bodoe—

Dr. Bodoe: Sorry. I was saying, Ms. Alcantara, could you state whether there has been any further research in that area internally by the Ministry, to get an update as to what the extent of the problem could be?

Mrs. Alcantara: Thank you very much for the question. Through you, Chair, the University of the West Indies formed a Vaccine Hesitancy/Vaccine Acceptance Committee, and we are due to receive a report from them soon. They have done some research in Trinidad and Tobago as well. And they continue to do work apart from the presentation that was made. So I should receive that very soon. And we will look at the numbers then. But I do not expect a big change at this time. The numbers kind of aligned to what we are seeing internationally at this point.

Dr. Bodoe: Thank you. Madam Chair, if I can go to the PS? PS, we have gone through the various procurement methods and so on and we have come up with a figure of 240,000. But initially, the Ministry and the Minister had indicated that the African Medical Supplies Platform would have been engaged to try and procure some additional vaccines. Yes, can you give us an update on the status of those negotiations?

Mr. Ali: Thank you. Through you, Chair, so those negotiations are ongoing. However, we have indicated to the platform what are our requirements, and we are awaiting the commercial documents to enter into a firm contract at which point we will then have confirmation of the confirm quantities and hopefully the delivery dates. So that process is ongoing.

Dr. Bodoe: So would it be correct to say that we can still expect some vaccines through that platform?

Mr. Ali: That is our expectation, yes.

Dr. Bodoe: Thank you. PS, now, you mentioned the 21 centres, three in Tobago, 18

in Trinidad and I know you would have gone through a process to identify these centres as being appropriate and adequate, and so on. I looked at these centres in terms of geographical location, and the ability of citizens to access some of these centres, there is a gap between the Siparia District Health Facility and Point Fortin, and for those who are familiar with the area, it is a long stretch of road and there is the Palo Seco Health Centre. So I am wondering whether you might want to give consideration going forward to including that particular health centre, because residents from that area may find it difficult to get to Point Fortin on one end or Siparia on the other end, and you really want to make it, make life easy, you know, for people wanting to access the vaccine. Would you care to comment on that?

Mr. Ali: Through you, Chair, member, definitely, we can look at an additional site, as I did mention, these 21 sites, what we are going to be starting with and once we have an adequate supply of vaccines, we would seek to increase the number of sites. So definitely that—we can look at that.

Dr. Bodoe: Thank you. If I may through you PS, just the CMO, just to ask—now we have been spending a lot of state funds and so on and in terms of the quarantine requirements for citizens returning to the country. So my question is, is the Ministry giving consideration to reviewing and perhaps revisiting the quarantine policy for returning citizens who would have received the vaccine? I do not know whether the CMO would be in a position to say something on this.

Dr. Parasram: Yes. So the quarantine process is always under review, is constantly under review. Looking at the new data that comes to us from time to time and the issue of, you know, having your vaccine and returning safely to your country has been raised for a few months well now. The only vaccine that has proven to decrease the transmissibility of COVID-19 definitively by doing these nasopharyngeal swabs after you have been vaccinated is AstraZeneca, which shows a 67 per cent reduction

in the actual virus being present in your nasopharynx and of course, being able to transmit from one person to the next. Notwithstanding, the policy remains the same for now, meaning that anyone who comes in, whether you have a vaccine or not, will be required to do seven days State quarantine followed by seven days home quarantine. There is an ongoing study with Pfizer as well, which is looking at the same sort of endpoint to see if there is protection by way of transmissibility. And I am not aware that the other vaccine manufacturers have gone that far, in terms of looking at that aspect of it. A lot of focus has been on decreasing the severity of disease, decreasing the risk of death for those populations that are vulnerable. So, going further down the line there may be room for amendment of the quarantine policy, but not at this point. At this point we hold our policy as it was before and continue with regard to repatriation as it was related to the policy.

Dr. Bodoe: Thank you, CMO. Now I know the global conversation has been the shortage of vaccines. But as you are aware, many of the developed countries would have ordered more vaccines than they require and you know I am an optimist and I am hoping that perhaps in the near future you know we could be in a better position in terms of being able to receive more vaccines. My question: is there preparation in that event for what is termed mass vaccination campaigns? Are you prepared, are you in the planning phase of looking at that possibility just in case—

Dr. Parasram: Yes.

Dr. Bodoe:—you know if that situation does arise?

Dr. Parasram: So we have looked and said in the public domain that we are exploring the option of having mass vaccination sites. Initially, we were looking at four to five sites spread across the country geographically, to enable persons to come in and exit the site very quickly and have large proportions of persons vaccinated in a short period of time. So those plans are well on the way, of course, we will finalize

those plans based on the availability of the vaccines in large quantities and then roll it out thereafter eventually when we do get that supply coming in.

Dr. Bodoe: Can you share with us where those sites might be, CMO?

Dr. Parasram: Just roughly what we envisioned is a site in North, South, Central Trinidad, one in possibly East and then one in Tobago. We have not confirmed those sites as yet, but we will in the near future.

Dr. Bodoe: Thank you CMO. Now, in terms of going forward and trying to determine the immunization and the immunity status of the population now that we are really not vaccines. Is there any intention by the Ministry and/or the University, to look at any ongoing studies in terms of antibody testing, both from a scientific point to determine how long the immunity lasts from these vaccines and also to give us some information with regard to immunity in the population following vaccination, are there any such plans?

Dr. Parasram: Yes, so, I did have preliminary discussions already with the University of West Indies to see if they can utilize antibody testing in a structured way, for academic research to determine—to look at just that. So we are looking at one population immunity prior to vaccination in certain groups, following up persons maybe, who have been positive as an option of research to see how long their immunity last and of course post-vaccination what happens to your antibodies, bearing in mind that the antibody test that we do, really tell you, or stay positive for about a month after either an acute event or usually after our vaccination event. So, we have to bear those things in mind but discussions have started. We want to firm up in terms of research and we go through the normal process of ethical approval because it is an invasive test that we will be doing but we will ask that possibly UWI lead that endeavour with partnership from the Ministry of Health.

Dr. Bodoe: So, I just wanted to close it one final question. Now you mentioned the

figure of 17,000 health care workers. I just want to clarify are you just saying that is the number identified for this first phase, or does this reflect the total number of healthcare workers in the country? The reason I asked and I also want to inquire whether these will include, for example, attendants, clerical staff in the wards in the A&E and so on, the clinical spaces, and those who work in the health centres and so on. Is that a number or it the number identified—

Dr. Parasram: It is the total number of staff that we have gotten. It does not speak to physicians alone or nurses alone, it speaks to all health care workers.

Dr. Bodoe: Within Trinidad and Tobago?

Dr. Parasram: Yes.

Dr. Bodoe: All right, I just raised that issue because I know, the SWRHA for example has about 4,500 employees, so I am just a little concerned but I am presuming that these figures have been checked.

Dr. Parasram: South West as you know has about 40 per cent of the catchment of the country.

Dr. Bodoe: Yeah, okay, Madam Chair, I will hold for now, thank you.

Madam Chairman: Thank you very much.

Mr. Mark: Madam Chair.

Madam Chairman: Member Mark, unfortunately, I will ask you just to wait your turn because I did not see a hand up but I will put you down on the list. I now call member Deonarine.

Ms. Deonarine: Thank you, Madam Chair. CMO, persons who would have already been infected with the COVID-19 virus, are they eventually going to be considered during any of the phases of the vaccines, to be vaccinated or, is it that we are understanding them to have developed sufficient antibodies and they are more or less last on the list as is in countries such as the US?

Dr. Parasram: Well, someone that has been confirmed as having COVID-19 in Trinidad and Tobago, the policy is for now, that they will be offered after a period of six months post your positive test, bearing in mind that, that is WHO's recommendation as well, in terms of the waning of your naturally acquired immunity, what we know so far in the research is that we wait a period of six months to ensure of course, that long COVID—in the event that persons may have a long COVID episode that that passes, so that six months you can safely be re-immunized as a sort of booster in a way to COVID-19. So we wait six months and then we can offer it at that point in time.

Ms. Deonarine: Okay. And what I saw mention made several times in your submission, about the daily wastage and is not that is understood that daily wastage is expected? I am just asking because of how limited I know the vaccines are. And if it is expected how much is usually expected on average?

Dr. Parasram: With this vaccine we set a very high threshold really to expect no wastage at all, and as I described before there is a good feature that we found that when you have a vial of 10 you are actually getting 12 out of it. So in the first bit as I said, we got enough to give 2,000 doses but we were actually able to give you 1,128 from the first 100 vials, which is more than we expected. So, we actually may not even have wastage in the truest sense of it but we are looking towards a target of 100 per cent with little or no wastage for this vaccine in particular.

Ms. Deonarine: Okay. On page 43 of the submission when you all spoke about ultra-low freezers, mention was made that and I quote:

There will be a need for equipment to facilitate the transfer of vaccine supplies with the requisite cold chain support between the central hub and satellite locations.

Is it that you all do not already have these freezers or some of them still have to be

bought?

Dr. Parasram: So, let me speak to the clinical part of it first and then I do not know if someone else can take up the actual acquisition of the freezers. So, the clinical aspects of it and just for the population to be assured, all of these vaccines whether you deal with a minus 20 vaccine or a minus 70 vaccine, or a two to eight degrees celsius vaccine, once they come off of central storage they need to go to two to eight. So, all our systems in the periphery will remain the same as they are now. What is different is that they require at the central level storage at different temperatures. For example, AstraZeneca will need to be stored at two to eight at a central level as well as through delivery. Pfizer will need to go to minus 70, it goes down to two to eight and can be used at that temperature for about five days, Moderna, at minus 20 and once they come out of that system they can be used at two to eight for about 30 days. So all of them on the periphery will be two to eight, the only need for the ultra-lows are the central location when they are storing for long periods of time. So I do not know if anyone else wants to jump in with the actual quantities of the refrigerators we have?

Mr. Ali: If I may, Chair, just to add, so those freezers listed on the plan would have been additional freezers we were seeking to purchase for COVID-19 we do have capacity within the country already, for the minus 20 and the minus 80 degrees. So there is capacity within the country as I said those were just to supplement our existing capacity, thank you.

Ms. Deonarine: Okay. PS, as I have you I do not know if you will be able to tell us also, mention was made through you all were trying for persons outside of the public healthcare services to make appointments to get the vaccine, right? Is consideration being given to include this on the ICT Platform so that persons can make these appointments online and the second question is, I am asking this primarily because,

you know, we want to prevent a whole set of persons from flocking into the health centres and all the various vaccination centres to get the vaccine. So what is being put in place to prevent that from happening?

Mr. Ali: Thank you. Through you, Chair, so to answer your first question, yes, the IT system would have the functionality ultimately to take online appointments. That is not going to be launched at the start but it is planned to be part of the IT solution shortly. In terms of preventing that rush or persons all congregating at the health centres, what will happen is that each RHA will have dedicated numbers where persons can call to make an appointment. So each RHA will manage their facilities. So in other words, if you call, they will book for their particular health centre and that would hold for the other RHAs. That is the solution we are using right now. But the IT solution would allow for it.

Ms. Deonarine: And I know, I do not mean any offense by asking this question, but in local, you know how things happen in Trinidad. So, I mean, what is in place to prevent persons from skipping the line? Oh, I have a friend in Ministry of Health, or in some various public entity and I am going to try to get the vaccine, call them up. What is been put in place to prevent something like that from happening? This is a question from the public.

Mr. Ali: Sure. So, let me just say that whether you use an IT solution or you use a manual solution, as you say, you are going to have that very real concern and that is why we let the RHAs for their respective sites manage the appointment system, and they would book persons based on priority and availability of the vaccines.

Ms. Deonarine: Okay. I just want to move on to the budget for a couple of questions, Madam Chair, if you will allow. And it is with respect to—now I saw mention was made that the Inter-American Development Bank is partially funding the vaccination rollout cost. Could you identify what amount and percentage of the total costs that

the IDB is assisting with and also the balance of the amount that the Government is financing?

4.20 p.m.

Mr. Ali: Sure. So, through you, Chair, member, I could give some details. I do not have the specifics which we can send to you in writing if you wish. But in terms of what elements they are covering—so they would have met the cost of the initial batch of COVAX vaccines that we got yesterday. They are paying for that initial batch. They are paying for the other batch that is due to come in by May. So they are paying for those vaccines, the first shipment from COVAX. They are also funding the data entry clerks and the nurses that are covered in our plan, and they are also paying for some elements of the communication plan. All right? So those are the elements. In terms of the actual dollar figures, I do not have that with me, but we can submit that to you in writing if required.

Ms. Deonarine: Okay. And submit the percentage between IDB and Government financing as well.

Mr. Ali: Sure.

Ms. Deonarine: And if the Government financing is primarily from the Consolidated Fund or if it is funding from elsewhere.

Mr. Ali: Sure. Yeah. Will do.

Ms. Deonarine: Thank you, Chair.

Madam Chairman: Can I now call member Mark?

Mr. Mark: Yes. Thank you, Madam Chair. Madam Chair, may I just follow up on what Sen. Deonarine posed a short while ago, by asking the PS if he can make available to this Committee, in writing, contributions, grants and loans by all international agencies—lending international financial agencies, towards assisting the Government and the people of TT as it relates to this COVID-19 pandemic,

whether it is World Bank, the IMF, the IADB, CAF or any other donation coming from any other agency? They can put that in writing for us, Madam Chair.

Mr. Ali: Through you, Madam Chair, we will do that.

Mr. Mark: Yeah. The other thing I would like to ask the PS or the CMO has to do with donations. What is the status of further donations of COVID-19 vaccines inclusive of the COVAX Facility? And let me just elaborate. I know that the Indian Government and people have offered 40,000 AstraZeneca. Can you give us a timeline, as far as you are aware, as to when those 40,000 may arrive?

And the President of the United States, President Biden, has provided Mexico and Canada with donations of vaccines, and I know that our Prime Minister, who is Chairman of Caricom, has written to the President of the United States seeking assistance through donations. Can you give us a status report on these two matters please?

Mr. Ali: Thank you. Through you, Madam Chair, with regard to the 40,000 doses from the India Government, we are currently in discussions with the embassy—the Indian High Commission, and they have to give us a firm date for delivery. So we are awaiting a date. But we are working with the Indian High Commission to get a date for those doses.

With regard to the other matter, that is being dealt with through the Ministry of Foreign and Caricom Affairs. I do not have specifics to do with the status but, again, I can liaise with the Ministry of Foreign and Caricom Affairs, and provide feedback.

Mr. Mark: Yeah. Okay. Can you be a little more specific—when I asked earlier, I thought you were a bit vague and not certain. What is the real status of negotiations between the Government, represented by the Ministry of Health, and private sector organizations desirous of accessing and supplying vaccines to the Republic of TT

either for their workers or to have them sold to the public over the counter? Can you be a little more specific and tell us where we are with those negotiations, those discussions, as it relates to the private sector? Because they are very anxious to get involved, so that they can get their workers vaccinated quickly, and get their businesses operating more fully. So could you be a little more specific, Mr. PS, and tell us what is the status of those discussions?

Mr. Ali: Sure. Through you, Chair, so for those agencies that would have approached the Ministry, we would have responded asking them certain questions, clarification in terms of specifics, source of the vaccines, storage conditions, et cetera. Once we get a response from them, we will then look at those and then take it from there. So in terms of where we are right now, we would have written to—responded to those requests that we got, and as far as I am aware, we are still waiting feedback from those agencies.

Mr. Mark: Would these private sector organizations be given a licence to import directly from the source or would they have to come through—or would these vaccines have to come through Government and then be deployed to the private sector? Can you clarify?

Mr. Ali: All right. So I will let CMO clarify with regard to the whole issue of the regulation of vaccines and the importation of vaccines.

Dr. Parasram: Thanks PS. So with regard to regulations, any vaccine or drug or medicine that needs to come into the country, it has to be registered with the Chemistry, Food and Drugs Division. The vaccines that would be registered already, for example, AstraZeneca vaccines, out of those manufacturing sites, they are already registered, meaning, that someone who wishes to purchase from those registered sites can do so and bring it into the country. They would need to still alert the Chemistry, Food and Drugs Division of the supply. And there is single electronic

window solution that is used by customs, as well as Food and Drugs, to alert us that a vaccine is coming into the country. So by way of regulation, if it is a new vaccine that has not been approved in the country for use, then the person that is bringing it in or their agent, will apply to Food and Drugs for a new drug licence to import that vaccine into Trinidad and Tobago, and then they can bring it in, once they get that import permit.

Mr. Mark: CMO, are you satisfied that they have the relevant robust infrastructure and the necessary testing and lab facilities to ensure that any counterfeit vaccines that are imported from abroad—whether it is from the private sector or otherwise—would be subject to rigorous testing so that the population is not exposed to unnecessary vulnerabilities?

Dr. Parasram: Yes. So the PHARMO provisions arm of it, usually what happens is that there is a collaborative effort between the Caribbean—CARPHA as well as PAHO and, possibly, the principal manufacturers of the vaccines. For example, if someone tries to bring in a fake version of AstraZeneca, what happens is that we can send that to CARPHA, through the Jamaican lab; CARIRI can do some testing in that regard, or we can alert PAHO and the principals and they can actually test the sample from a PHARMO co-vigilance perspective to ensure that the testing is done, and we can tell if that vaccine is authentic or not from that arm of it.

What needs to happen is, I think the public needs to be made a little bit more aware as to what signs to look out for. We did have a session in press conference and we sent out a press release indicating what are the indicative signs of a fake vaccine or a fake medical product. For example, the labels and those kinds of things. But I think that there is always need to update the public a little more as to what to look out for. But, as I said before, for now, vaccines will only be given out for COVID-19 in the public system, and that gives us some level of assurance that, you

know, the population will know, once you come to the public system that you will be getting an authentic WHO-approved vaccine.

Mr. Mark: And CMO, as I have you on the floor, may I also ask, whether you can give us a breakdown, briefly, and then may be put it in writing as to the cost, per unit, per dose of each of the vaccines manufactured by the various pharmaceutical bodies, whether it has to do with the Serum Institute of India, AstraZeneca, Pfizer, Moderna—Moderna I think is the name—and also Johnson & Johnson? Do you have a breakdown per unit, cost per dose?

Madam Chairman: Member Mark, if I may intervene, I will not allow that based on how the conversation has been going thus far because very early, I think, Mr. Ali would have told us that based on negotiations on and constituent documents, then price will come into play. Okay? And that was, again, in response to a question you had asked about Johnson & Johnson, Moderna and so on. So that I think that it is the question being asked in another way, and I think having regard to what has been said already in the conversation, that that has been asked, answered, and it is just not available as yet. Important, yes, but I think it is a bit premature, having regard to where they are in the negotiations with people, individual companies, like Johnson & Johnson, Moderna, et cetera. Okay? So, if you have another question, I will allow that, please.

Mr. Mark: I have many more, Madam Chair.

Madam Chairman: Well, you know how we do it. We are very democratic here. [Laughter]

Mr. Mark: Yeah. And I am democratic man myself. Yes, may I ask, through you, Madam Chair, what measures will be implemented to ensure accountability and transparency throughout the disbursement of vaccines in Trinidad and Tobago?

Madam Chairman: So I guess that is for Mr. Ali?

Mr. Mark: Yeah. Either one: Mr. Ali or the CMO.

Mr. Ali: Sure. Thank you. Through you, Madam Chair, so in terms of the whole disbursement distribution of vaccines, we spoke about it briefly during the conversation in terms of that whole supply chain—what measures we have in place, the IT system—and critical to all of that would have been the M&E, the monitoring and evaluation, the audit, the oversight. So even in terms of having the protocols in place, having those parameters in terms of the various target groups who will be eligible for vaccines, once we start the vaccination process, there would be that audit taking place in terms of ensuring that persons who are vaccinated are in fact persons who meet the clinical criteria, the WHO criteria, that we have put in place. So that is part and parcel of our audit function.

Mr. Mark: Yeah. May I also ask, through the Chair, to Mr. Ali, despite the Ministry of Health's responsibility for the oversight of vaccines, which entity will be responsible for the direct deployment of the vaccines as to ensure accountability?

Mr. Ali: Sure. Thank you, Madam Chair. So as I indicated earlier, that falls—Ms. Siboo, Ms. Anesa Doodnath-Siboo, our Principal Pharmacist, would be the point person to manage the distribution of vaccines based on usage and the requests from the various vaccination sites. All right? So there is a system in place. We are building on our existing vaccination programme and that logistic framework that we have in place to manage the usage, request and disbursement of vaccines from the central site to the respective 21 vaccination facilities.

Madam Chairman: If I could—just one minute, member Mark. Just let me ask you one thing, following up on that. So, Mr. PS, can I ask if the buck stops with the Vaccine Task Force?

Mr. Ali: Yes, Madam Chair, that is correct.

Mr. Mark: Yes. Madam Chair, my final question to Mr. Ali or—well, I think Mr.

Ali might be the better person. In terms of your national vaccination deployment plan, I noted it in the Appendix something known as the National COVID-19 Steering Committee made up of 16 members. But I just wanted to ask whether this body—I do not know who appointed this body—but can you tell us, Mr. PS, whether there is an intention of ensuring that the private sector is represented there, the trade union movement is represented there, the civil society organizations are represented there as well as the inter-religious organizations? And the reason for this is that as we seek to deploy and we seek to get delivery of vaccines and with all the news that is competing for the minds and hearts of the people, it is critically important that the National Steering Committee is made up of bodies and forces that represent large segments of the national community. So I just wanted to know, through the Chairman, whether consideration is being given to the involvement of the private sector, the trade union movement, civil society organizations and the inter-religious organizations?

Madam Chairman: And just for uniformity of language, is there a steering committee or a task force, or are there two different things? So you could address that too, Mr. Ali, when you are answering member Mark's question.

Mr. Ali: Sure. Thank you, Madam Chair. So with regard to the task force, which is what I am referring to, that COVID-19 Vaccine Task Force was really an internal management structure that we put in place to really treat with the issue of the supply chain for the vaccine, in terms of from procurement, in terms of receipt, the entire supply chain, to vaccine administration. In terms of the involvement of other stakeholders and external stakeholders, it is something that we will definitely take on board, that suggestion, that recommendation, but in terms of its original intent, it is really to manage the supply chain for the vaccines within the public health sector.

Mr. Mark: Thank you very much, Madam Chair.

Madam Chairman: So, still, Mr. PS, to make it clear, there is no steering committee, it is a task force?

Mr. Ali: That is right.

Madam Chairman: I just want it to be clear for the conversation that they are not two different bodies but there is one—

Mr. Ali: That is correct, Madam Chair.

Madam Chairman: Yes?

Mr. Ali: Yes. That is correct, Madam Chair.

Madam Chairman: Okay. All right. So member Mark—

Mr. Mark: No. Madam Chair? Madam Chair, is Mr. Ali saying that we have what? Do we have a National COVID-19 Steering Committee which is outlined in Appendix 1 of the document?

Madam Chairman: Well, if I hear it well, there is Appendix A which is the Terms of Reference for the COVID-19 Vaccine Task Force. So, I do not know if we have two different documents. And I think from what I understand Mr. Ali said, he said there is a Task Force. I think he his stance on that that there is no steering committee answers itself. Okay? So there is a task force.

Mr. Mark: Thank you.

Madam Chairman: Okay? And that is what he has described. All right? Member Bethelmy?

Ms. Bethelmy: Thank you, Madam Chair. I just have a follow-up question from a question I would have asked earlier to Ms. Alcantara. We spoke about the app being in development. How soon can we expect this? Because, as we see, everything is happening very fast.

Ms. Alcantara: Thank you very much for the question. Through the Chair, PS, would you be able to give us a little indication of the time frame?

Mr. Ali: Sorry, Madam Chair. Sorry, can you just repeat that? Something went wrong with my computer here. I do not know what happened. I am sorry.

Ms. Bethelmy: Would you like me to repeat the question?

Madam Chairman: I think he would like you to re-ask the question, member Bethelmy.

Mr. Ali: Please, thank you. I am sorry. I had some technical issues.

Ms. Bethelmy: No, it is okay. Following up to my question earlier about an application to provide updates, how soon can we expect this application to be available to the public?

Mr. Ali: Thank you, member. Through you, Madam Chair, I will have to liaise with my IT department. I am hoping within a month, but I do not want to commit. I need to get that feedback from my IT department and get back to you, to the Committee.

Ms. Bethelmy: Okay. No problem.

Madam Chairman: Member Bethelmy, are you through?

Ms. Bethelmy: Yes. Thank you, Madam Chair.

Madam Chairman: Okay. Member Bodoe.

Mr. Bodoe: Thank you, Madam Chair, just one last follow-up question to the CMO. CMO, I know that you would be very concerned and you want to assure that the most vulnerable receive these first vaccines. I know that you have the database from the public health centres and the hospital clinics and CDAP and so on. But as you would know, there are many high-risk and vulnerable patients who would be seeing their private practitioners, general practitioners and so on. Is there going to be any role for these GPs, for example, who see quite a number of patients and assist the public health sector? Is there going to be any role for them, for example, to provide a listing to the Ministry, in terms of suggesting patients who will benefit at this time? Dr. Parasram: For now, in this particular phase, what we are hoping is that people

from those vulnerable groups make appointments at the various institutions, just because we have only received 33,000 vaccines to date. As we get more and more vaccines, definitely there will be a greater role for the sentinel physicians, even the private sector, to some extent possibly and the sites that we described before, mass vaccination sites. But, for now, we are trying to restrict it to the 21 sites and work by way of appointments for those who are outside of the system.

Mr. Bodoe: So the advice to GPs will be to identify their patients and encourage them to—

Dr. Parasram: Of course, to identify their patients, especially the most vulnerable ones, and encourage them to make their appointments and seek vaccination as early as they possibly can.

Mr. Bodoe: Yeah. CMO, in terms of homes and so on that would have vulnerable elderly people, any of those homes are going to be targeted during this initial role out?

Dr. Parasram: So, again, we look at the same sort of advice because we really want to keep it at the centres for two reasons, for clinical reasons as well, because it is a vaccine that is being given at those centres and it would be delivered in a way that it can be clinically monitored. So when we did the assessment that PS spoke of, there was a robust clinical arm of it where we actually ensure that the crash carts in those health centres were properly stocked, and we actually went a step further to ensure that all the physicians in those facilities who will be working there, were ATLS trained in the event that something were to happen and have ambulances on standby. So we want to maintain it in that system for now. For safety, we will, of course, ask persons, relatives of those individuals to bring them in, make appointments, just as the private sector NCD clients, at least, for this first 33,000, and then we will advise as we get some sequent tranches into the country.

Dr. Bodoe: Well, Chair, thank you. I just want to close by, CMO, wishing you all the best. I know it is going to be an unusual time, but a very unique event on Tuesday the 6^{th} of April, and to wish you and the Ministry all the best and to pledge my support, you know, as required going forward. Thank you. Good luck.

Madam Chairman: Member Deonarine, your hand was up. It is now down? Member Deonarine? Member Deonarine, are you hearing?

Ms. Deonarine: Yes, I am hearing. I was on mute, apologies. Mr. CMO, based on an earlier response, you would said that persons with certain chronic illnesses who are deemed severe, it will depend on their level of severity if they can be administered the vaccine. So how about in instances where persons suffer from severe lung diseases, for example, COPD and so on, would they be in a position to be administered the vaccine or would they be considered one of those persons who would not be qualified to receive the vaccine?

Dr. Parasram: All right. So chronic obstructive pulmonary disease is a broad category of diseases that include things like—that we commonly know, emphysema, asthma and those like diseases. But, again, they do put you at very—they make you very vulnerable to a respiratory disease like COVID-19 or influenza. So we would ask that—those people actually fall within the vulnerable group and fall within the NCD groups that we want to target, of course, if you are in an acute on chronic phrase, meaning that you have an acute exacerbation of the illness, you would not be able to get the vaccine at that point in time, generally. But once you are in that chronic stage, then we will advise that those people be given priority in terms of the vaccination programme.

Ms. Deonarine: Okay. Thank you and thanks to the entire Ministry of Health team for their excellent work, thus far, since this COVID-19 pandemic. Thank you, Madam Chair.

Mr. Bacchus: Thank you, Madam Chair. This just came to mind. So, everything works in a chain. So the idea of we have a certain amount of storage, we have a certain amount of distribution, we have a certain amount of sites, and, therefore we can vaccinate a certain amount easily. What is the excepted—so I know we are going to do, as projected, a thousand more or less by this time—we have a projected end date to utilize all of these vaccines that we have. But thinking forward and looking expansively, what really is the projected nominal rate that we can really vaccinate people in Trinidad and Tobago? And I say that from the point of view that it probably does not make sense to get a million vaccines next week, because we probably cannot store them, we would not be able to distribute them, we would not be able to get them in arms and then they have finite periods of shelve life. How—that marriage, that harmony and symphony of how it works, what really is the projected roll rate for distribution and for vaccination of people in Trinidad where all things being equal?

Mr. Ali: Thank you, Madam Chair. So I am not sure if CMO would want to add to that, but let me just say that that is depended upon, well, two factors. One, we did mention the public health facilities, but CMO also mentioned earlier, we are looking at mass vaccination sites. So, obviously, with a mass vaccination site, you might do more than one vaccination per person. So you might have, let us just say, multiple lanes. So you might be doing 10 simultaneously vaccinations at once. So that is the variable we have to look at that would impact upon how much vaccines we can accommodate at once. Member Bacchus is right, you have storage constraints and then the very real issue expiration dates, and I think that is our biggest concern. So, in coming up with our mass vaccination plan, which we are working on, as CMO mentioned, that would give us a sense of what numbers we are looking at in terms of that utilization rate that we think we can manage as a public sector. So we do not

have that figure just yet, member, but that is what we are working on in looking at our mass vaccination sites.

Mr. Bacchus: Okay. Thank you. So, really, it is one of those cases where it is the maximum limiting thing that will define it? You probably could, if you need to ramp up distribution, you probably could with the mass vaccination sites, but then you probably could only store 500,000, for example. It is the maximum limiting factor that will determine what you are doing.

Mr. Ali: Sure. So through you again, Chair, so if I may, I think from our initial examination of the matter, our limiting factor would probably be the ability to vaccinate persons. I think with storage—we are pretty okay with storage because of existing capacity. I did mention we have been seeking to purchase additional capacity to ramp up our storage, but it is really the number or persons we can vaccinate. That is our limiting factor.

So, in terms of our discussions, the bilateral discussions, I did mention we are looking at indicative orders. That is just a quantum. That does not speak to the timing of that delivery. So, for example, if we enter into a contract, just for argument sake, for 800,000 doses and our limiting factor is 300,000 at any one time, we would not order 800,000 doses at once. We would take it in batches of 250 or 300 as the case may be. So we are working on those numbers, as we speak, with regard to the mass vaccination sites. I trust that answers your question.

Mr. Bacchus: It does. Thank you very much. Thank you, Madam Chair.

Mr. Mark: Yes. Thank you, Madam Chair. I know that my colleague, Minister Bacchus, had raised the issue about security earlier. I just wanted to ask the PS directly, whether law enforcement—be it the defence force, the Trinidad and Tobago Police Service—because of the importance of this exercise that we are about to embark upon, both in terms of security storage and, ultimately, the distribution and

delivery but, more so, in terms of storage of the vaccines, would law enforcement, as opposed to private sector security, be responsible for safeguarding these vaccines at the two sites, that is Chaguaramas and the Couva facilities?

Mr. Ali: Thank you. Through you, Madam Chair, so we are looking at both—a multipronged approach. Together with private sector, we have engaged the Ministry of National Security and the various arms within that Ministry to provide that additional support in terms of security.

Mr. Mark: And, Madam Chair, may I ask, as we forward plan or we engage in what is called forward planning, can the PS or the CMO tell us what plans do we have for the distribution of the 140,000 vaccines that would come in the medium or short term, both in terms of WHO finally giving approval or authorization to the Sinopharm vaccine, as well as those that are already approved by the WHO, that is the AstraZeneca? Could you provide this Committee with a plan of the distribution of the 140,000 vaccines? How will these vaccines be distributed once approval has been granted and once they have arrived on our shores?

4.50 p.m.

Mr. Ali: Through you, Madam Chair, yes, we could provide that information.

Mr. Mark: In writing.

Mr. Ali: Yes. Yes.

Mr. Mark: All right. Thank you very much. Madam Chair, may I also join my colleagues—I know we are in very difficult times and I know that the CMO, the PS and the team that they have with them, they are working extremely hard to safeguard Trinidad and Tobago. And as you have always said, we are here as a Committee to see how we can assist and improve their efficacy, their effectiveness, their delivery of services, quality, as it relates to the people of T&T. So whatever we can do to help, Mr. PS Ali and Mr. CMO, we will be willing to do so.

So I would like to say in closing that whatever recommendations you would like to proffer to our Committee, through our Chairman, feel free, so that when we are submitting our report it would reflect the needs and the goals and the aspirations of this Ministry in seeking to safeguard the health, well-being and security of the people of T&T.

Madam Chairman: Okay. Thank you. And I just want to ask a few questions just for some clarification. Mr.PS, on again, the budget—and it is for clarification—when you give us the breakdown, vaccines and other consumables, could you explain to us the difference between Oxford AstraZeneca, 100,800 and the figure, and COVAX, 10 million and the figure?

Mr. Ali: Sure. Thank you, Madam Chair, for that question. So, I am happy to clarify. So the—let me start with the COVAX figure first. That COVAX figure relates to the down payment that would have been due as part of the COVAX Facility. So the COVAX arrangements go to countries making a down payment upon signing the agreement. So that is what that figure is for. The Oxford AstraZeneca, that is also part of COVAX but that would be for the actual vaccines that we got confirmed dates for, of which the 33,600 that we got yesterday is part of that 100,800.

So the way it works with COVAX is that you make the down payment up front and then as COVAX identifies a specific vaccine to be delivered to you, there would be a cost attached to that vaccine and then you would pay for that vaccine, which is what we did in that case. Now, one might ask, "What was the down payment for?" So the down payment covers two elements: one would an advance payment for vaccines and it also covers some R&D, research and development.

COVAX has committed to giving us—well, not just us but all COVAX participants— the breakdown of how much of that down payment would go towards R&D and how much would go towards a down payment for vaccines.

Madam Chairman: All right.

Mr. Ali: So what we did for that first shipment of the Oxford AstraZeneca, we paid in full for it. There was no offsetting of that initially \$10 million on that because COVAX is still working out those figures.

Madam Chairman: Okay.

Mr. Ali: So upon finalizing that, when there is a cost for another shipment, they would then deduct some part of that down payment from that cost and we would pay the difference. I hope that explains it.

Madam Chairman: Very clearly. Very clearly. Thank you. The other thing I wanted to ask, you know, member Mark has asked about public partnership in terms of acquiring and procurement and so. In terms of deployment, I read—and I cannot remember in what country but it was in today's paper where—I think it is a state in the United States where they were deploying vaccines through the barbershop, which made me smile because it reminded me of a model I have seen on that Netflix series that is raging in Trinidad and Tobago, *New Amsterdam*. So in terms of our deployment—I heard you talk about the mass sites, but is there any consideration of going into the community and using places, like the barbershop, to deal with issues of vaccine hesitancy? Would there be any consideration for that?

Mr. Ali: I would let the CMO speak to that, please, Madam Chair. Roshan?

Dr. Parasram: Yes. So, not at this time. I do not think Trinidad's—Trinidad's distribution of vaccines has always been traditionally through the health system. The only vaccine—we have over 100-plus health centres which are all equipped to deliver vaccines to the people of the country. We can also deliver vaccines through the hospitals if need be. So I think our sites per capita is quite great. When we looked at the US model, for example, they had 600 sites for their full population. We have over 100-plus sites for our small population. So, per capita, our access is very good.

We have seen a model where in the pharmacies—for example, a certain pharmacy in the country has begun, a couple of years ago, to distribute the vaccines through the private sector at their business places, but they have used physicians and/or nurses to do these distributions.

What it is we are trying to do is err on the side of caution as it relates to clinical judgment and clinical security and safety for the patients to make sure that they have trained physicians really nearby and the ancillary staff, as well as equipment in the event that something does go wrong that we do not have any fallout from it. So I do not think at this point in time we will be considering it. But in terms of access, the mass sites are akin to it, going outside of the public health system which may be something new, but of course we would have to put the systems in place, clinically and otherwise, to ensure safety is there for the patients at all times. So, I think we are okay in terms of access.

Madam Chairman: Thank you, CMO. And another thing I wanted to find out is, in terms of when we spoke of the people outside of the public health system who have to—I call it "register", but make an appointment, what would those people need to satisfy you all that they are in the vulnerable group and when would they need to satisfy that, at the date of making the appointment or at the date they come for the vaccine?

Dr. Parasram: So generally speaking, when you make the appointment—when you call to make the appointment or if you walk in, they will ask you, of course, if you have an NCD. They may ask for proof of ID at that point in time. So there will be some process in place. If you are calling on the phone, of course, you would take someone's word for it. They would tell you they are over 60; they have NCDs. When you come in and you are actually assessed, there may be persons who would have said they are over a certain age or have a certain disease that you may pick up, but

we are asking the population to be honest because we want to deal with the most vulnerable at this point in time. Be truthful with your medical information to the health care practitioners as you can.

Madam Chairman: Okay. Because that could also impact on wastage because—

Dr. Parasram: I do not think we would give it to someone who does not meet the criteria but it may impact on someone being given an appointment and then, of course, when they come in for the clinical assessment, they do not meet the assessment.

Madam Chairman: And that is precisely the point.

Dr. Parasram: Yeah.

Madam Chairman: And therefore, having regard to that—so somebody, they made an appointment, they said they have an NCD, you think they are qualified, they come and then you realize, okay, it is not truthful so you do not give them. It means that you now have one short or five short. Is there built into the system a mechanism to ensure that, look, we can make up for that lost five?

Dr. Parasram: Yeah, certainly—

Madam Chairman: And how do we do that for it to be equitable?

Dr. Parasram: Yeah. So, as you know, the health care workers form a big part of the first phase so because it is being delivered through the health system, the RHAs have that group of health care workers and we asked that they use those individuals to buffer instances like this.

Madam Chairman: Right.

Dr. Parasram: So if they will have, for example, need to vaccine five more people, six more people, that they can get their health care workers to come in and fill that gap so there is no wastage.

Madam Chairman: Right. Thank you very much. And this—even though I think I

know the answer, I think it is just to clarify the conversation. In today's *Guardian* there is a story, "Vaccine rollout in Tobago begins next Tuesday", and the first paragraph says:

"On March 31, an additional 3,000 two-dose Astra-Zeneca COVID-19 vaccines will arrive in Tobago..."

Is that correct?

Dr. Parasram: So as Ms. Siboo would have said, I think, earlier—so the allocation for Tobago, out of the 33,600, will be 3,000. What we will be sending across in the first instance will be 1,500 which will be half the allocation. And when we get to that point again, as we said before, based on expiry and everything else; ETA of new shipments, we will make a decision as to if to give the other 3,000 right away—the other 1,500 right away or to give the remainder of the 1,500 to go towards a first dose. So that decision—but in the first instance, they will be getting 1,500 doses.

Madam Chairman: Thank you very much. And one last question to you, Mr.PS, and this is based again on your budget where the consumables, alcohol swabs and so on—and I think somewhere I read that you had already stockpiled things like syringes and so. Are those matters—the consumables—are they just specific to COVID-19 or are they going to be used in your measles, mumps and rubella vaccines and so on? Are these dedicated to COVID?

Mr. Ali: Thank you, Madam Chair. So the only item that is dedicated to COVID in there would be the alcohol swabs. The other items are used as part of our normal vaccination programme for the other vaccines that you mentioned. But we have sufficient stock in place to cater for our normal vaccination as well as the COVID vaccination. But the only item solely and wholly for the COVID vaccine would have been the alcohol swabs.

Madam Chairman: Okay. And I understand you to be saying that you certainly

have to cover the 100,000 that you expect—

Mr. Ali: That is correct.

Madam Chairman:—or it is the 240,000? Which one?

Mr. Ali: Let me—let Ms. Siboo speak to that because she is in charge of that, so I do not want to misquote. Anesa?

Ms. Doodnath-Siboo: Okay. That you very much, PS. And through you, Chair, I just want to confirm that we do have enough to manage the 240,000 doses as quoted. We do have enough at this point in time and there are incoming shipments.

Madam Chairman: Thank you very much. Okay. So might I ask the members if there are any furthers questions they would like—member Bodoe.

Dr. Bodoe: Thank you, Madam Chair. Madam Chair, I just wanted to follow up on a question that you asked in terms of the patient showing up in the health centres, and so on. CMO, I just want the public to be clear as to what happens on Tuesday morning. Now, you have 21 centres. Is it that by Tuesday morning those who are to receive vaccines will be identified and will be expected to show up at those centres? So, for example, if I just look at my constituency—Siparia District Health Facility is the designated centre. If you have chronic patients at Oropouche and Fyzabad Health Centres will the arrangements be made? Is that going to be communicated to the Siparia District Health Facility? I am just using that as an example. So I do not know if you want to provide further clarification on exactly what the population can expect on Tuesday morning. CMO?

Dr. Parasram: So on Tuesday morning we expect that there will be certain health centres that already have their NCD clinics, meaning that if you have an appointment for an NCD clinic, you show up as usual for your NCD appointment. You will be offered the—once you meet the criteria, over 60 having an NCD, you would be offered by the staff there to have the COVID vaccine, remembering it is a voluntary

process so you would be offered and then given if you say, yes.

There is a category of people that will probably be coming in on Tuesday morning based on appointments made by the RHAs—would be health care workers as well as. We do not expect—and we expect people to come in, maybe walk in or call on Tuesday to make an appointment for further down the line. So that will happen. Of course, you will be made aware of all the numbers within the next day or two. As to where to call, you can walk into your health centre once it has been one of those 21 centres to make an appointment as well.

Dr. Bodoe: So each of those health centres will have their own NCD clinic which is normally one day of the week?

Dr. Bodoe: It is normally two days a week in most instances.

Dr. Bodoe: Two days a week?

Dr. Parasram: Yeah.

Dr. Bodoe: So the other three days are still going to be utilized for vaccinations for those patients from where?

Dr. Parasram: So they will be from the health care workers, one; and from other persons that make appointments.

Dr. Bodoe: All right. And would the other health centres with the NCD clinics that are not being utilized—will there be some sort of referral system from those clinics? I do not know if you understand what I am—

Dr. Parasram: Yes. So the RHAs do have the discretion to actually reach out to those populations and bring them into that facility or ask them to come to that facility, or make any other arrangement that they see fit to have those persons vaccinated.

Dr. Bodoe: All right. I think that is clear enough. I do not know if Ms. Siboo wants to add anything here at all, through you, CMO—

Dr. Parasram: Yeah.

Dr. Bodoe:—in terms of how that arrangement is going to be strengthened?

Dr. Parasram: Sure.

Ms. Doodnath-Siboo: Hi, good day. Thanks for the question. So with respect to the other days of the clinic, the days that there are no NCD clinics, like CMO would have mentioned, there would be the arrangement within the RHAs so that they can inform. It would be a reference from the other health centres—the other health centres within the area that they can refer their patients, their clients to, so that they can get an appointment to have the vaccine at those sites—at the selected sites. So, take for instance, the Siparia District Health Facility, in that site we have Palo Seco, we have Penal in that catchment area. So those things are going on as we speak right now because we do have persons on the ground level there doing that bit of collaboration. So that is the intention and that is what is happening right now and that is how it is going to roll out.

Dr. Bodoe: Thank you. That is the answer I am looking for, that is actually happening right now. That is what you are saying?

Ms. Doodnath-Siboo: Yes.

Dr. Bodoe: Yes. Okay. Thank you. Thank you, Madam Chair.

Ms. Doodnath-Siboo: You are most welcome. Thanks.

Madam Chairman: Member Webster-Roy.

Mrs. Webster-Roy: Thanks, Madam Chair. I just wanted to clarify, would the hours be extended or regular hours at the 21 centres for the purpose of the vaccine distribution? Would it be extended hours or regular hours?

Dr. Parasram: So, again, the—Asif?

Mr. Ali: Sure. So initially, there would be regular hours—through you, Chair, there would be regular hours initially. But of course, as we go along with the vaccination

exercise, if there is a need for extended hours, we would definitely look at that, in terms of doing extended hours.

Madam Chairman: And your regular hours, just, Mr. Ali, for the public, 8.00 to 4.00?

Mr. Ali: 8.00 to 4.00, Madam Chair, yes.

Madam Chairman: Thank you very much. Member Deonarine.

Ms. Deonarine: Thank you, Madam Chair. I just have a follow-up question with respect to persons in the NCD clinics. Now, you know, you all mentioned that there is an expiration date on the vaccine. Now, some of those clinics do not necessarily reschedule or meet again until that expiration date, so sometimes the scheduled appointment might be two or three months down the road. How are—persons who volunteer to take the vaccine and then do not get an appointment later on, how is that going to be dealt with to get the second vaccine?

Dr. Parasram: So everyone that has the first vaccine will be given an appointment for the second vaccine and are probably prompted by the system by way of email and text message as to when that second appointment will be.

Ms. Deonarine: And also one other question, and I do not think it was mentioned during the discussion just yet. Now, we luckily have not received any cases of the variant of the COVID-19 virus. In the event that we do get a case of that variant—I think they call it B117, if I am correct—what is our plan of action in such instances and would the vaccine still be effective?

Dr. Parasram: Well, we had one case of the B117, which is UK variant, in a repatriated individual that was typed by the University of the West Indies and announced about a month ago. That case was repatriated and stayed in quarantine for upwards of 30 days to ensure that the person became negative before they were discharged home. So really and truly, it is really preventing those individuals from

coming into and mixing with the general population through border control strategies. It is the primary goal to keep it out of Trinidad and Tobago, knowing fully well that, one, they have been proven to—there are variants of concern from South Africa, from Brazil, from different parts of the world. They have been proven to be more virulent, meaning they are a more severe disease. They cause more severe disease and they are more transmissible, meaning they pass from one person to the next very quickly or more quickly than the non-variants. So it is very concerning.

It will be very concerning if we do have variants of concern coming into Trinidad, hence the reason we have stringent quarantine measures in place to prevent that. And they have been actually shown to decrease the efficacy of vaccines as well. So we will maintain our quarantine protocols to ensure that the variants do not come in and attempt to get our population vaccinated as quickly as we can so that we would have that level of protection before—hopefully before the variants ever come in.

Ms. Deonarine: Okay. Thank you.

Madam Chairman: Okay. And therefore, I just want to ask two or three other questions. PS, in a discussion earlier with member Mark when he spoke about talks with President Biden and gifts from the United States of America to Canada and Mexico—I know certainly in the case of the United States and Canada, it is not a gift. I think it has been described as a loan which means Canada has to give it back. With respect to China and India, is this a gift, as we understand in our parlance, meaning we do not have to give it back or is it a loan?

Mr. Ali: Madam Chair, it is a gift. Based on correspondence received from both embassies through the Ministry of Foreign Affairs, it is a gift in both cases.

Madam Chairman: Right. Thank you very much. And in respect to—I know the CMO would have said that in terms of us going ahead with AstraZeneca, we are not too concerned about the low incidents of clots that have occurred in places like

Germany and so on because, you know, there is not enough data to show that that is as a result of the vaccine. But having regard to information in the public domain, how do we treat with that in our communication strategy? And how to do we treat with that when we are interfacing with the individuals in the clinics who is saying it is voluntary and how do we treat with full disclosure, as regard to the incidents of clots?

Mr. Ali: Madam Chair, I would let the CMO—I would maybe place the CMO or Candice—

Dr. Parasram: So I could start and Candice could go into the communication strategy. I mean, we have been trying to present the data in a way that at least the population can understand what is going on. We would have had a media sensitization exercise last week Friday where the matter of responsible reporting came up and of course was discussed transparently. And I think we would have had an incident, for example, when a physician would have died a month or so ago in the US and there were queries related to blood clotting as well. Two weeks later, it was proven that there was no link between the vaccine and that individual dying. And there was no follow-up call or carry on in the media to really back up that and allay the fears of the population.

So, I mean, it really lends itself to the Ministry of Health having to go forward and have this communication campaign in terms of myths and make sure that people know the facts. And we have developed an FAQ as well as a common myths brochure—and Candice can go into detail—so that we can disseminate those in the first instance. Of course, our press conferences are there hoping that people ask the pertinent questions and we are able to explain it so that the general population can understand and know that the risk is not there. But again, it really is reliant on a heavy corporate communication strategy. So, Ms. Alcantara, I do not know if you

want to add.

Madam Chairman: Thank you.

Ms. Alcantara: Thank you very much. Chair, one of the key messages is, "Why get the vaccine?" Actually it is interesting—your question is interesting because we did discuss that in our meetings with UWI. The strategy we are taking, for example, for the public campaign is that we are getting video snippets of members of the public asking questions and our key experts will answer. We have agreed that the question on, "Why should I get it?", we will include the matter of variants in there. Variants is another—is one of the areas that we will focus on as well in social media because we find that medium is especially helpful.

As it relates to the conferences, while we do not have as much viewership live during the conferences—people are back out to work—what we are seeing is that the media is reporting on the content from the conferences. And I am quite happy because it helps me save money when they report every Monday, Wednesday and Saturday. And so, we have included variants and vaccine discussions, especially with Prof. Carrington from UWI. She really gets good reviews on social media when she is on the conferences. So we have included it into our messaging. I hope that helps.

Madam Chairman: Okay. And I have one last question which we have received from a member of the public and it is: Given the unique situation, where do Venezuelan nationals, authorized to stay in Trinidad and Tobago, fit into the distribution of vaccines?

Mr. Ali: Okay. Thank you, Madam Chair. They fit in once they meet any of the three criteria that we mentioned during the course of our discussion: health care workers over 60, persons with NCDs.

Madam Chairman: And that goes to anybody residing in Trinidad and Tobago?

Mr. Ali: That is correct, Madam Chair.

Madam Chairman: All right. Thank you very much. So I again turn to the members of the Committee to find out if there are any further areas that you may want clarification on and if not, I would then just say to the PS, again echoing some remarks of member Mark, maybe you could tell us how you think we can help you. Okay? And if you do not have that right away, as you know, we continue the discussion in writing and maybe you can say how you think we can help you.

Mr. Ali: Sure. Thank you, Madam Chair. So definitely we will put our suggestions forward in writing, but definitely one way you have helped us—you and members of the Committee—is by allowing us to share with the Committee and the public, some of what we are doing. It would have helped to clarify some issues. We spoke about vaccine hesitancy, some of the myths around vaccines, clarified our rollout plan. So thank you to the members of the Committee and yourself for allowing us to be able to share with the public what we are doing with regard to vaccination. Thank you again, members, for the suggestions and the recommendations. We would definitely take those on board and if we have any specific request for assistance, it would definitely be included in our response to you. Thank you very much, Madam Chair.

Madam Chairman: Right. So, Mr.PS; Mr. CMO; the Principal Pharmacist; the two Deputy PSs; the Director of Health Policy; your Project Manager and your Manager, Corporate Communications; on behalf of the Committee and on behalf of wider Trinidad and Tobago, I want to say to you all, thank you very much for this very candid discussion. I also want to take this opportunity to thank you all for the health of the nation in terms of having managed this pandemic and having been so responsive. I cannot say personally how happy I was to see that plane land yesterday because the proof of the pudding is in the eating.

And I wish you all, all the best for Tuesday and onward; and particularly to Ms. Alcantara, tomorrow you say that communication plan begins, tomorrow cannot come soon enough. So again, thank you very much. Thank you to the members of the Committee. Thank you for the members of the listening public and the members of the media who have stayed with us and listened. Media, you know, we rely on you to responsibly carry on the conversation. So good evening and this part of the meeting is now suspended. Thank you.

5.19 p.m.: *Meeting suspended.*