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Secretariat for Hemispheric Affairs  
Department for Effective Public  
Management  
Inter-American Award on Innovation  
for  
Effective Public Management – 2020"

## APPLICATION FORM "Inter-American Award on Innovation for Effective Public Management - 2020"

### I. General Information

<b>Member State:</b>	Trinidad & Tobago
<b>Public Institution applying:</b>	Directorate of Women's Health, Ministry of Health, Trinidad and Tobago
<b>Title of the Innovative Experience:</b>	The Establishment of the Directorate of Women's Health in the Ministry of Health, Trinidad and Tobago
<b>Implementation time of the innovative experience at the time of the application:</b>	May 2017 - present
<b>Category Applying:</b>	Innovation in the Promoting a Gender Equality, Diversity and Human Rights Approach

### II. Institutional information

<b>Name of applying institution:</b>	Directorate of Women's Health, Ministry of Health
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<b>Website:</b>	<a href="https://sites.google.com/health.gov.tt/womenshealth">https://sites.google.com/health.gov.tt/womenshealth</a>
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<b>Administrative Level:</b>	National
<b>Administrative Nature:</b>	Ministry/Secretariat

### IV. Information on the innovative experience

#### 1. Executive Summary

The work of the Directorate of Women's Health (DWH) in the Ministry of Health, and the resulting improvements in maternal, perinatal, and neonatal health in Trinidad and Tobago, is submitted. The DWH was established in 2017 to identify shortcomings in the systems, processes, and procedures of maternal, perinatal and neonatal health. Through our combined effort of technical, subject matter, and operational expertise, the DWH works to be as responsive and agile as possible to the problems that arise in the field. We provide strategic direction, coordination, and oversight to ensure delivery of quality maternal, perinatal, and neonatal healthcare through our close working relationship with

Regional Health Authorities (RHAs), who have responsibility for service delivery, and other key stakeholders, including the private health sector. The DWH developed a three-year prioritised workplan and utilised it to successfully implement policies and programmes at the RHAs:

- Coordinated customer services improvements - Timed clinic visits, customer service training, extended visiting hours, partners accompany and participate in the birthing process;
- Created new operating theatres, labour wards, expanded emergency department service, obstetric theatres, day assessment units, and operationalised a Colposcopy centre;
- Introduced new medicine to the health system for postpartum bleeding and incomplete miscarriage eliminating surgery, therefore less patient inconvenience and distress by reduced inpatient stay;
- Upgraded all neonatal units - babies ventilated for the first time in Tobago;
- Procured advanced transport neonatal incubators and ultrasound machines;
- Developed clinical guidelines on a wide range of pregnancy related complications to standardise care;
- Introduced contraceptive implants to expand contraceptive choice;
- Introduced HPV DNA testing as a method of cervical cancer screening;
- Implemented the Perinatal Information System (SIP), an electronic medical record system, in public health facilities to allow for real-time generation of maternal and neonatal statistics.
- Facilitated training of healthcare workers in a wide range of topics e.g. modern contraceptive methods, essential care for small babies, kangaroo mother care, management of abnormal Pap smears, care of the Zika affected infant, and Zika sonography;
- Introduced Staff Lactation Rooms at all public hospitals;
- Established Pre-Service Training for the 20-hour breastfeeding counselling programme for Nursing and Midwifery Students;
- Developed the Sexual and Reproductive Health Policy and the Breastfeeding Policy;
- Strengthened health education materials and disseminated information on social media platforms on a wide range of women's health issues, including the development of patient information brochures on contraception, breastfeeding, HPV vaccination. Attended public outreach events.
- Conducted site visits to health facilities in preparation for accreditation for the Baby Friendly Hospital Initiative and SIP implementation.
- Formalised the Elimination of Mother to Child Transmission Plus programme through proper reporting and documentation:
  - o Enhanced maternal and child health (MCH) services for early detection, care, and treatment of HIV and syphilis in pregnant women, their partners, and infants through the mapping of clinical and reporting pathways and the development of evidence-based clinical guidelines;
  - o Ensured availability of medication to treat syphilis positive pregnant women before delivery;
  - o Strengthened HIV and syphilis surveillance in MCH services.

## **2. Background situation**

In 2011, the Cabinet of the Republic of Trinidad and Tobago (TTO) identified the health of pregnant women and babies as a priority for TTO to attain "developed world" status. The Government was concerned that TTO would not achieve MDG 5A – Reduce the maternal mortality ratio (MMR) by 75%. The Prime Minister requested Cabinet to form a Committee to review existing practices in the maternity care in the public health sector, identify deficiencies that may influence the provision of quality care, and recommend measures to improve clinical care. In 2013, the Committee conducted a comprehensive review and found deficiencies:

- Women presented for antenatal care much later than recommended;
- Delay in the return of blood investigations;
- Inadequate staff to facilitate care for clients;
- Inefficient referral systems for high-risk patients;
- Lack of equipment;
- Infrastructural issues at health centres/ labour wards;
- Failure to ensure implementation of protocols and policies;
- Continuing professional development was not mandatory.

In 2011, the MMR was 32.3 deaths per 100,000 live births, which increased to 42.3 deaths per 100,000 by 2013. The Committee recommended that a Directorate of Women's Health be established to provide leadership and policy direction for maternal and child healthcare. The process for establishing the Directorate began in 2014 but was stalled as a new Government was elected in 2015. TTO failed to achieve MDG5 as it faced a surge in maternal deaths in 2015, with the MMR estimated at 68 deaths per 100,000 live births. This prompted an immediate response from the newly appointed Minister of Health, who assembled a team to develop an implementation plan for recommendations to immediately address contributing factors of maternal mortality. One of the recommendations was the establishment of the Directorate of Women's Health.

## **3. Linking the Innovative Experience to the selected Category**

The National Development Strategy for TTO, Vision 2030, aims to transform TTO into a thriving society where “all citizens can fulfil their dreams and ambitions; a society that recognises, respects and values the talents and contributions of all citizens”. The first theme, “Putting People First: Nurturing Our Greatest Asset,” involves ensuring that our society evolves into one where no one is left behind, all citizens are afforded equal opportunity to access social services, and all are cared for and treated with dignity and respect. This strategy calls for the eradication of poverty and inequity, discrimination, economic and social marginalisation, poor health, and substandard living conditions. All initiatives implemented by the Directorate of Women’s Health are therefore in keeping with putting people first, and subsequently advancing gender equality and women’s rights. We work to ensure that women have access to and receive high quality healthcare. One main focus has been to standardise healthcare protocols to ensure that all women receive the same level of high-quality healthcare regardless of ethnicity, socio-economic status, or geographic location. We are working to eliminate gender-based violence, and have trained healthcare workers in providing care for those who are affected by gender-based violence. Additionally, the newly implemented electronic antenatal record system includes a component for gender-based violence screening so that cases are detected and women receive the care and support that they need. We are always looking for ways to innovate service delivery to meet the needs of all women. We introduced contraceptive implants which have a longer period of effectivity, thus expanding the contraceptive choice for women and allowing them to better plan their pregnancies. All services accessed in the public health system are provided at no cost to the patient, thus improving accessibility.

#### **4. Linking the Innovative Experience to the Evaluation Criteria**

##### **a. Singularity**

**Who, when, as well as how did the innovative experience start?: For example: Consultancy Report, Policy proposal, Officers from the same public institution.**

In 2011, Cabinet formed the Maternity Services Review Committee upon request from the Prime Minister. The Committee reviewed existing practices in the provision of maternity care, identified deficiencies that influence the provision of quality care, and recommended measures to improve clinical care. The Committee presented its recommendations to Cabinet in 2014. One recommendation was the creation of a Directorate for Women’s Health in the MOH to provide leadership and policy formulation. Cabinet agreed to establishing the Directorate to plan and supervise the processes in maternal and neonatal units of the hospitals. The MOH submitted the proposed organisational structure of the Directorate to Cabinet in 2015. The MOH asked Cabinet to consider establishing a National Breastfeeding Coordinating Unit as a sub-unit in the Directorate of Women’s Health to provide strategic leadership for improving breastfeeding rates in TTO, given the link between breastfeeding and child survival. Cabinet agreed to this in August 2015. In September 2015, a new Government was elected. The new Minister of Health was faced with an upsurge in maternal deaths and assembled a team to develop recommendations to address contributing factors to maternal and perinatal morbidity and mortality. These recommendations, presented in November 2015, stressed the need to create the Directorate for Women’s Health to target gaps in leadership, policy formulation, and data systems, and enact a structured systems-based approach to address the alarming outcomes. In January 2016, Cabinet approved the organisational structure of the Directorate of Women’s Health and the National Breastfeeding Coordinating Unit, and agreed to employment, on contract, of staff in the Directorate for a period of three (3) years. The Directorate of Women’s Health commenced operations with the hiring of a Director in May 2017. The remaining staff assumed duty in 2018. The National Breastfeeding Coordinating Unit commenced operations in September 2018.

**Similar existing international, national, and/or local experiences that have inspired, informed, and/or contributed to the experience submitted**

The World Health Organization recommends that countries can improve maternal and child health by strengthening health systems and promoting interventions that focus on policies and strategies that work, are pro-poor and cost effective. They also recommend that countries monitor and evaluate the

burden of maternal and newborn ill-health and its impact on societies and their socio-economic development. These recommendations are part of the rationale for the creation of the Directorate of Women's Health.

### **Explanation of why the experience is INNOVATIVE:**

The MOH's mission is to provide effective leadership for the health sector by focusing on evidence-based policy-making, planning, monitoring, and regulation. Establishing the Directorate of Women's Health is innovative because it is the first time that MOH has created a department to oversee service delivery in a specific medical specialty. The Directorate of Women's Health has implemented many innovative projects, through technology, to modernise the antiquated MCH service such as training to update all healthcare workers in modern MCH practices and using social media to disseminate health education materials. One major innovative project was the implementation of the Perinatal Information System (SIP). For years, MCH was challenged by an obsolete clinical record. The paper-based antenatal record did not capture all clinically relevant information, was poorly organised and did not include components for plan of care, inhibiting the provision of the best possible care. The electronic SIP record identifies all clinically relevant information for successful management of a pregnancy, ensures that women are treated holistically, and allows for real-time generation of statistics. These innovative programmes, successful because there is an entity established to oversee their implementation, have resulted in numerous benefits to TTO: • Every year, an additional 80-100 babies and 8-10 mothers now survive; • Since 2017, there have been no preventable maternal deaths; • For 2017 - 2019, achieved the 2030 SDG for reduction of maternal and neonatal mortality; • 2019 - DWH was a finalist for President's Award for Service Excellence in the Public Sector; • Recognised as a leader in the Region of the Americas by PAHO for its achievements in MCH: o 2018 - nominated as one of two countries in the Americas to serve on the WHO's Policy and Coordination Committee on Human Reproduction. o 2019 - selected to serve on PAHO's Expert Panel for Maternal Miss for LAC.

## **b. Citizen Advocacy**

### **Characterization of the target population & size of the target group:**

Women are the target population of the Directorate of Women's Health interventions. They comprise approximately 49.8% (677 247 women) of Trinidad and Tobago's population (1.36 million people). Within the group of women, the Directorate targets women of reproductive age (15-49 years), which is approximately 365 400 women. As the national leader for neonatal health, the Directorate's interventions are also targeted to the approximately 16 000 babies that are born in TTO each year, 91% of which are born in public health facilities. The Directorate is focussing on a life course approach to its interventions, and as such, our work is expected to benefit all 1.36 million citizens of Trinidad and Tobago.

### **Coverage Targets/Indicators:**

The coverage targets that are used to monitor the effectiveness of the programmes and interventions implemented by the Directorate of Women's Health are informed by the World Health Organization's targets for maternal and child health. These are: • 90% of pregnant women have four or more antenatal contacts during pregnancy • 90% of births are attended by skilled health personnel • 80% of mothers and babies receive early routine postnatal care (within 2 days) • 80% of districts have a small and sick newborn care unit

### **Outcome Target/Indicators:**

The outcome indicators that are used to monitor the effectiveness of the programmes and interventions implemented by the Directorate of Women's Health are informed by the World Health Organization's targets for maternal and child health. These are: • Demand for family planning satisfied with modern methods [SDG 3.7.1] • Contraceptive prevalence • Incidence of low birth weight among newborns

### **Impact Targets/Indicators:**

The outcome indicators and targets that are used to monitor the effectiveness of the programmes and interventions implemented by the Directorate of Women's Health are informed by the World Health Organization's targets for maternal and child health and the Sustainable Development Goals 3.1 and 3.2. These are: • Neonatal mortality ratio [SDG 3.2.2] – ≤12 per 1000 live births • Maternal mortality ratio [SDG 3.1.1] - <70 per 100 000 live births • Congenital syphilis rate - ≤0.5 cases per 1000 live births • Stillbirth rate ≤12 per 1000 live births

### **Tools, methodologies, and techniques considered in order to measure the outcomes and impact of the innovative experience based on its objectives and proposed goals, e.g.: Opinion surveys, field experiments, natural experiments and/or randomized controlled trials (RCTs), etc.:**

The Directorate of Women's Health employs several methods to measure the outcomes and impact of the programmes and policies implemented: • Introduced an electronic-based surveillance system to collect data on maternal morbidity and mortality from public and private maternity units. Now, real time data on births, deaths (maternal, perinatal, fetal, neonatal), and maternal near miss are easily available to inform resource allocation and programme/policy creation; • Introduced an electronic-based surveillance system to collect data on the number of pregnant women who were tested for HIV and syphilis and whether they received treatment. This data is used to monitor progress on eliminating mother to child transmission of HIV and syphilis; • Replaced the antenatal record in public health facilities with the Perinatal Information System to allow for real-time generation of maternal and neonatal statistics at various levels within the health sector to facilitate decision-making; • Client feedback via the Ministry of Health's social media platforms, newspapers, visits to health facilities, and public outreach events. Additionally, the Government of the Republic of Trinidad and Tobago implements the Multiple Cluster Indicator Survey routinely. This survey includes components on maternal and child health, and assists the Directorate in monitoring and evaluation especially in the area of breastfeeding. The next round of the MICS was planned for 2020, but was delayed due to the COVID-19 pandemic.

### **c. Replicability**

#### **Operational complexity during implementation of the practice in your country/organization:**

At the level of the Directorate of Women's Health, challenges arose with the staffing of the Directorate. The Director was hired in May 2017, but the majority remaining staff was not hired until mid-2018, which delayed the implementation of some programmes and policies. At the level of the health system, the process of change management hindered the successful implementation of some activities. For example, there was some resistance with the replacement of the paper-based antenatal record with the electronic Perinatal Information System (SIP) as staff did not initially use the SIP. The Directorate held multiple stakeholder engagement sessions and facilitated many training and sensitization sessions to ensure cooperation.

#### **Degree of political sensitivity or need for support from political authority in your country/organization:**

The Directorate of Women's Health is fortunate to have had support from all Governments from the period of creation to operationalisation (2011 - present day). Political support was needed from the Government for the Cabinet to agree to the creation of the Directorate. Political support at the level of the Ministry of Health was also needed to operationalise the Directorate by prioritising the staffing of the Directorate.

#### **Critical success factors (CSF) in your country/ organization:**

• The Minister of Health has championed the cause of improving maternal, neonatal, and perinatal health since assuming office. • Healthcare services in the public health facilities are free, and

therefore accessed by the majority of citizens. Thus, most of the population can be reached through the implemented programmes and policies. • Skilled and competent workforce. • Strong working relationships with implementing partners. • There exists many written standards, protocols, and standard operating procedures for maternal and neonatal healthcare.

**Changes that were needed in the legal system in your country/organization:**

There were no changes to the legal system that were needed for the Directorate of Women's Health to implement policies and programmes.

**Degree of inter-institutional coordination needed by your country/organization:**

Inter-institutional coordination was needed among Regional Health Authorities to implement activities. The Directorate of Women's Health holds quarterly meetings with all Obstetrics and Gynaecology and Neonatology Departments in the public health system to facilitate accountability on the implementation of initiatives and feedback from the Regional Health Authorities in addressing maternal health issues. We have worked towards improving communication between and among the Regional Health Authorities by establishing a shared database of senior health care professionals at managerial level, inclusive of Heads of Departments. This is used as a platform for discussion for multidisciplinary clinical and complicated cases across the Regional Health Authorities, and facilitates transfer of updated information on maternal protocol guidelines and rosters. This improved communication has helped improve and even save the lives of many women and their babies. We also liaise closely with other departments within the Ministry of Health and across Government Ministries as many policies and programmes are multisectoral in nature.

**Human and financial resources needed vs. obtained by your country/organization:**

The Directorate of Women's Health has thirteen (13) positions in its organisational structure. All thirteen have never been filled at any point in time. Additionally, we have had a high turnover in administrative support staff. Further, the global landscape has changed. We have evolved away from focusing on only maternal and neonatal health and towards a broader, universal life-course approach to include sexual, reproductive, maternal, newborn, children, and adolescent health (SRMNCAH). The move to this more inclusive approach means that mandate of the Directorate which was conceived in 2014 does not include many of the responsibilities the Directorate is tasked with today, such as health issues of middle-aged and elderly women, female cancers, gender-based violence, and the elimination of mother-to-child transmission agenda. There are currently no other units in the Ministry of Health which deal solely with the other components of the SRMNCAH agenda that are not under the Directorate's purview. The Directorate is ill-equipped to respond to these matters, and requires additional staff to cover the current and future portfolios. The Directorate of Women's Health does not have its own budget, and is therefore reliant on the greater Ministry of Health budget for funding. The Directorate is not always successful in its requests for funding, which delays the implementation of programmes and policies.

**d. Efficiency**

**Total cost of the practice (estimated in US\$/fiscal year):**

The annual staffing expenditure for the Directorate of Women's Health is an estimated USD\$397,000 per fiscal year. The Directorate does not have its own budget and relies on funding from collaborating partners to fund its activities. The Directorate is not privy to costs borne by external partners.

**Per person/per beneficiary cost (in US\$/financial year):**

The Directorate does not have its own budget and relies on funding from collaborating partners. Based on the money the Ministry of Health spends on salaries for the Directorate, the per capita cost is USD \$0.29. When considering women, the cost is USD\$0.59 per women. When considering

women of reproductive age, the cost is USD \$1.09 per women of reproductive age. When considering total births, the cost is USD \$24.81 per total births.

**Cost-benefit indicator (if possible, compared with similar experiences or alternative practices):**

The cost benefit of establishing the Directorate of Women's Health is positive as the benefits of implementation of the Directorate's programmes and policies outweigh administrative costs. Because of the policies and interventions implemented, every year an additional 80-100 babies and 8-10 mothers now survive. Additionally, since 2017, there have been no preventable maternal deaths. Trinidad and Tobago has observed decreases in maternal, neonatal, and perinatal morbidity and mortality since 2015, when we failed to achieve MDG 5 – Reduce the maternal mortality ratio by three quarters over 1990 to 2015: a. Maternal mortality ratio (maternal deaths per 100 000 live births) i. 2015 – 68; 2016 – 47.1; 2017 – 29.9; 2018 – 18.1; 2019 – 25.7 b. Neonatal mortality ratio (neonatal deaths per 1000 live births) i. 2015 – 6.2; 2016 – 7.5; 2017 – 8.9; 2018 – 7.8; 2019 – 7.4 c. Perinatal mortality ratio (perinatal deaths per 1000 total births) i. 2015 – 10.3; 2016 – 10.4; 2017 – 10.6; 2018 – 10.5; 2019 – 10.3 d. Stillbirth rate (stillbirths per 1000 total births) i. 2015 – 6.6; 2016 – 7.5; 2017 – 6.7; 2018 – 5.7; 2019 – 5.1 Therefore, the costs of providing care for mothers and babies with severe morbidity have been reduced, resulting in economic benefits for the country.

**Total number and percentage of staff involved in managing the innovative practice:**

There are thirteen (13) positions on the establishment of the Directorate of Women's Health. Of these, ten (10) or 76.9% are presently filled.

**e. Sustainability of the experience**

**Period legally in force:**

The annual staffing expenditure for the Directorate of Women's Health is an estimated USD\$397,000 per fiscal year. The Directorate does not have its own budget and relies on funding from collaborating partners to fund its activities. The Directorate is not privy to costs borne by external partners.

**Resilience of the innovative practice to changes in political leadership (in number of cycles and/or years passed):**

The Directorate of Women's Health was created by the Cabinet of the Government of the Republic of Trinidad and Tobago by Cabinet Minute No. 766 of March 13, 2014. On September 7, 2015, a new Government was elected. This Government prioritised the staffing of the Directorate of Women's Health, and operations of the Directorate commenced in May 2017, with the hiring of a Director. The Directorate of Women's Health has therefore steered clear of falling victim to political suasion, with each political administration having appreciated its value thus far.

**Resilience of the innovative practice to changes in assistant leadership (in number of cycles and/or years passed):**

There has been no change in assistant leadership since the establishment of the Directorate of Women's Health.

**Resilience of the innovative practice to changes in funding sources and budget:**

The Directorate of Women's Health has had to deal with changes in funding sources and budget. The Directorate does not have its own budget, and therefore has to seek approval from the Ministry of Health for funding of projects and programmes, or rely on collaborating partners. The Directorate of Women's Health initially focussed on major and minor short-term measures that did not require a significant capital expenditure injection but rather a change in the traditional historical practices in

the conduct of clinical affairs at the nation's public health facilities. These measures led to an immediate improvement in the customer services aspect, as well as in the evidence-based clinical approaches to patients' care. For long term projects which require funding, the Directorate has utilised internal resources to ensure continuity of projects and business, where possible. We continue to leverage partnerships and explore all possible mechanisms for activities which require funding for implementation.

**Total percentage of funding sourced from international cooperation:**

All projects the Directorate's initial three-year work plan have been funded either through internal resources or by international partners. About 40% of projects are funded from international cooperation.

**Number of donors/partners (last 2-3 fiscal years):**

Since operations commenced in 2017, there have been five (5) main collaborating partners – PAHO, UNFPA, PSI-International, IDB, and USAID MCSP.

**Level of legal recognition of the practice (e.g., ordinary law, policy document, charter, regulation, international protocol):**

The Directorate of Women's Health was created by the Cabinet of the Government of the Republic of Trinidad and Tobago by Cabinet Minute No. 766 of March 13, 2014.

**f. Gender and Rights approach**

**Have the principles of equality and non-discrimination been taken into account in the initiative? Has the gender perspective been taken into account? At what stage(s) of the process (design, implementation, etc)? Specify how:**

The principles of equality, non-discrimination, and equity are taken into account and adhered to in all policies and programmes that are implemented by the Directorate of Women's Health at all stages of the implementation process. The gender perspective is also considered. Trinidad and Tobago is committed to achieving universal health coverage and ensuring that no one is left behind. In 2020, the Directorate of Women's Health launched its Sexual and Reproductive Health (SRH) Policy to facilitate universal access to SRH services in Trinidad and Tobago. Through this Policy, the Government will guarantee universal access to comprehensive SRH to all persons in need and requiring it, that is of the highest standard through the provision of an integrated service delivery system. These SRH services will be facilitated by a multi-sectoral, life course approach and within the context of sexual and reproductive rights, to attain the highest quality of SRH of all persons in Trinidad and Tobago. To this end, the Government commits to incorporate the full set of sexual and reproductive health services into universal health coverage, with special attention to the most underserved population. SRH services include a broad range of services to cover the needs of all who need it such as contraception, maternal health care (antenatal, delivery and post-natal), prevention and treatment of infertility, reproductive tract infections, prevention and treatment of all sexually transmitted infections, including HIV, reproductive cancers, comprehensive sexuality education, and services to address sexual and gender-based violence.

**Has there been any coordination with your country's national women's affairs mechanism (Ministry of Women's Affairs or equivalent), in its efforts to advance a gender equality and rights approach under the initiative?:**

All sectors of Government are committed to creating a society where all citizens' basic needs are met and each individual is valued and given the opportunity to contribute and self-actualise. Both the Gender Affairs Division and the Directorate of Women's Health are currently engaged in an initiative to eliminate violence against women and children. This project entails: - Conduct of a situational analysis on family violence and violence against women and children; - Development of a national policy and clinical guidelines on intimate partner violence and sexual violence against



women, adolescent and children, and child maltreatment; - Development of training modules for health care workers on family violence and violence against women and children; and - Development of an electronic data collection and health care quality monitoring mechanism for violence against women and children, and training of healthcare workers in same.

**Does the innovative experience have explicit/institutionalized strategies for affirmative action with the beneficiaries, taking into account differences based on gender or other variables (race, ethnicity, people with disabilities, socio-economic status, etc.)? E.g., differentiated services, special schedules for mothers or fathers, remote populations, etc. Please put figures.**

The principles of equality, non-discrimination, and equity are taken into account and adhered to in all policies and programmes that are implemented by the Directorate of Women's Health. We place great importance on developing national clinical guidelines and standardising protocols for maternal and neonatal healthcare so that all pregnant women and their babies receive the same level of high-quality healthcare, regardless of where they present. One specific strategy that was implemented to improve the health of pregnant women, taking into account those that live in remote locations, was the decentralisation of treatment for syphilis. In the past, pregnant women who were positive for syphilis had to travel to one of two urban clinics attached to the national STI programme. This placed a burden on women who lived in remote and rural areas as the distance to travel was far and at a great cost. As a result, some women never received the appropriate medication that they needed to treat syphilis, and babies were possibly born with congenital syphilis. To address this, the Directorate of Women's Health developed the "Syphilis in pregnancy and the neonate" clinical guideline in 2020, which gave the responsibility of providing treatment for syphilis to the Regional Health Authorities. This means that women have improved access to treatment as they can now receive treatment in the hospitals near where they live.

**How many men and how many women are working on the initiative? Indicate what percentage of women and men hold management positions with the initiative. Is there a specific selection and recruitment mechanism or affirmative action measure, such as quotas? If so, please provide figures:**

There are seven (7) females and three (3) males employed in the Directorate of Women's Health. Of the two (2) management positions that are currently filled, one (1) is occupied by a female and the other is occupied by a male. There is no specific selection and recruitment mechanism or affirmative action measure.

#### **g. Citizen Participation**

**Information: Public information is dispensed to the citizens through dissemination mechanisms (for example: reports, releases, transparency portals, etc.):**

All clinical guidelines and documents developed by the Directorate of Women's Health are published on a newly created webpage on the Ministry of Health's website and on its social media pages. These guidelines are meant to equip healthcare providers with updated evidence, standardise care, and improve both the quality of care and patient outcomes. It also empowers the public to be aware of the required standards and to hold the system accountable by being transparent in its actions. Additionally, the Directorate publishes monthly articles in the newspaper which provide information on a wide variety of women's health issues and provide guidelines for treatment and care. These articles seek to provide the public with up-to-date information on a wide range of women's health issues, educate on rights, improve quality and access to health care, and reduce client complaints.

**Consultation: objective and balanced public information as well as established decision-making have taken into consideration contributions and analyses provided by citizens, civil society organizations, and social actors through mechanisms for listening (e.g.: surveys, public hearings, social media, chatbots, etc.):**

The Directorate of Women's Health seeks patient feedback through several avenues. We conduct regular site visits at public health centres and maternity units in hospitals, wherein we interact with patients to obtain feedback on service delivery. The Directorate of Women's Health intends to conduct formal clinical audits at both primary and secondary care health facilities, which will include a patient interview component, to obtain feedback when making recommendations to improve care. In collaboration with the Corporate Communications Department of the Ministry of Health, the Directorate of Women's Health closely monitors newspaper articles and posts on the Ministry of Health's Facebook and Instagram pages to ensure that all concerns with the quality of maternal, perinatal, and neonatal care are addressed. The Directorate of Women's Health also participates in public health education campaigns and outreach events, in collaboration with internal and external stakeholders, to raise awareness on women's health issues and provide accurate updated information to the public. Through interaction with the public, we gain information on the concerns among the attendees that is used to inform policy and planning; topics for articles, guidelines, and brochures; and initiatives to improve patient experience. Additionally, all Regional Health Authorities hold annual Public Board Meetings, wherein members of the public are provided a forum to provide feedback on healthcare in that Regional Health Authority. The Quality Departments of all Regional Health Authorities also provide avenues for patients to provide feedback on the service delivery.

***Co-design: problems and solutions adopted denote ongoing, direct engagement with the public at large, civil society organizations, and social actors through collaborative design mechanisms (e.g.: concept tests, prototyping, validation trials, innovations labs, etc.):***

The Directorate of Women's Health emphasises a patient-centred approach, focussed on immediate solutions, to improve the patient experience. We recognise that improving the patient experience is vital to health care, and aim to provide a service that delivers outcomes that matter to patients, ensure patient safety, and increase patient satisfaction. In introducing new health technologies to the health system, the Directorate of Women's Health always takes patients' feedback into consideration. We are currently conducting a pilot project to introduce contraceptive implants to the health system. This aim of this project is to determine the acceptance of contraceptive implants among women of reproductive age in Trinidad and Tobago who are seeking to initiate a new contraceptive method. The patients' experience will therefore inform the Directorate's approach to nationwide introduction of the implants. The Directorate of Women's Health also collaborates with the Health Education Division to have patient information brochures and other IEC materials that are developed by the Directorate pretested for comprehension, attractiveness, acceptance, believability, involvement, relevance, motivation, and improvement, before all materials are published and publicly disseminated.

***Collaboration: Problems have been identified and solutions delivered through ongoing, close collaboration with members of civil society organizations and social actors by means of collaborative implementation mechanisms (e.g.: participation of leaders from the beneficiary community in the "last mile delivery" of the innovative practice):***

The Directorate of Women's Health works closely with several civil society stakeholders to implement policies and programmes. We work with the Family Planning Association of Trinidad and Tobago to ensure all that citizens have access to sexual and reproductive health services that are grounded on key elements of rights, equity, and quality through a life course approach. The Family Planning Association has also been charged with the responsibility of establishing a sexual and reproductive health programme in Tobago. The partnership will also help promote and protect sexual and reproductive health and rights for all Tobagonians. Civil society organisations are key stakeholders when developing policies and programmes for implementation. Most recently, the Family Planning Association of Trinidad and Tobago were part of the stakeholder consultations for the finalisation of the National Sexual and Reproductive Health Policy, and The Breastfeeding Association of Trinidad and Tobago were part of the stakeholder consultations for the finalisation of the National Breastfeeding Policy. The Directorate of Women's Health also works with civil society organisations to monitor the implementation of sexual and reproductive health activities in that sector.

**Annex**

**1:** <http://www.oas.org/forms/UploadedImageDisplayFS.aspx?path=D:\WebSites\vdForms\UploadedImages\SurveyID926\ResponseID151317ItemID23202T T becomes a centre of excellence for maternal and infant health Trinidad and Tobago Government News.pdf>

**Annex**

**2:** <http://www.oas.org/forms/UploadedImageDisplayFS.aspx?path=D:\WebSites\vdForms\UploadedImages\SurveyID926\ResponseID151317ItemID23253Milestones.pdf>

**Annex**

**3:** <http://www.oas.org/forms/UploadedImageDisplayFS.aspx?path=D:\WebSites\vdForms\UploadedImages\SurveyID926\ResponseID151317ItemID23252NICU Improvements.pdf>

**Participants Statement**

The applying institution, on behalf of its legal representative, declares that:

1. Has read the Application Basis of the "Inter-American Award on Innovation for Effective Public Management - 2020" and agrees to its scope.
2. All the information contained in the application form is true and verifiable and the applicant is entirely responsible for it.
3. It agrees to provide the OAS Department for Effective Public Management (DEPM) any additional information that may be requested during the assessment process.
4. It has not, nor had, any link neither to the members of the Jury nor to any officer in the DEPM.
5. The OAS DEPM is authorized to publish the experience presented, as well as the results of the selection process.

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**I have read and accept the terms and conditions previously described for the Inter-American Award on Innovation for Effective Public Management - 2020: Yes / Sí**

