



Social protection systems

**in Latin America
and the Caribbean**

Trinidad and Tobago

**Claudia Robles
Luis Hernán Vargas**



UNITED NATIONS

ECLAC

**Social protection systems in Latin America
and the Caribbean: Trinidad and Tobago**

**Claudia Robles
Luis Hernán Vargas**



This document was prepared by Claudia Robles and Luis Hernán Vargas, consultants with the Social Development Division of the Economic Commission for Latin America and the Caribbean (ECLAC), and is part of the series of studies on "Social Protection Systems in Latin America and the Caribbean", edited by Simone Cecchini, Social Affairs Officer, and Claudia Robles. Luna Gámez, consultant, provided editorial assistance.

The document was produced as part of the activities of the projects "Strengthening social protection" (ROA/149-7) and "Strengthening regional knowledge networks to promote the effective implementation of the United Nations development agenda and to assess progress" (ROA 161-7), financed by the United Nations Development Account.

The opinions expressed in this document, which has been reproduced without formal editing, are the sole responsibility of the authors and do not necessarily reflect the views of the Organization.

Contents

Foreword	5
I. Introduction	7
II. Trinidad and Tobago: main economic and social indicators	9
III. The contributory pillar: social security in Trinidad and Tobago	13
A. The structure of the pension system	14
B. Social security coverage and spending	15
IV. The non-contributory pillar: social grants and cash transfers in Trinidad and Tobago	17
A. Overview of the non-contributory pillar.....	17
B. Spending, funding and coverage of non-contributory programmes	20
V. Employment policies and the regulation of the labour market in Trinidad and Tobago	23
VI. The health sector in Trinidad and Tobago	25
A. Overview of the health system	25
B. Social spending, financing and coverage of the health system	26
C. Planned reforms to the health system.....	27
VII. The education sector in Trinidad and Tobago	29
A. Overview and key components of the education system	29
1. Early Childhood Care and Education (ECCE)	30
2. Primary education system	30
3. Secondary education system	31
4. Tertiary education system	31
B. Social spending in education	32
C. Coverage of the education system.....	33
VIII. Final remarks.....	37
Bibliography	39

Tables

Table 1	Old-age pensions schemes in Trinidad and Tobago	14
Table 2	Criteria of eligibility for social assistance grants in Trinidad and Tobago	19
Table 3	Typical age of attendance for each level of the education system	30
Table 4	Gross enrolment rate by education level and gender, 2000-2008 and 2009	34
Table 5	Gross primary graduation rate by gender, 2003-2009	34
Table 6	Repeaters, by education level and gender, 2000-2009	35

Figures

Figure 1	Rate of annual growth of GDP in Trinidad and Tobago and the Caribbean (13 countries), 1990-2011	9
Figure 2	GDP per capita in Trinidad and Tobago and the Caribbean (13 countries), 1990-2011	10
Figure 3	Employment indicators, 2002-2010	11
Figure 4	Self-employed population, 1970-2007.....	11
Figure 5	Spending on social security per capita and as a percentage of GDP, 2000-2008	15
Figure 6	Budgetary allocations to cash transfer programmes at the Social Welfare Division, 2009-2011	20
Figure 7	Number of beneficiaries of cash transfer programmes, 2009-2011	21
Figure 8	Spending on health per capita and as a percentage of GDP, 2000-2008	27
Figure 9	Public expenditure on education as a percentage of GDP and per capita, 2000-2008	32
Figure 10	Public expenditure on education per pupil, by level, 1990, 1995, 2000 and 2007	33

Foreword

Simone Cecchini
Claudia Robles

This report is part of a series of national case studies aimed at disseminating knowledge on the current status of social protection systems in Latin American and Caribbean countries, and at discussing their main challenges in terms of realizing of the economic and social rights of the population and achieving key development goals, such as combating poverty and hunger.

Given that, in 2011, 174 million Latin Americans were living in poverty —73 million of which in extreme poverty— and that the region continues being characterized by an extremely unequal income distribution (ECLAC, 2012), the case studies place particular emphasis on the inclusion of the poor and vulnerable population into social protection systems, as well as on the distributional impact of social protection policies.

Social protection has emerged in recent years as a key concept which seeks to integrate a variety of measures for building fairer and more inclusive societies, and guaranteeing a minimum standard of living for all. While social protection can be geared to meeting the specific needs of certain population groups —including people living in poverty or extreme poverty and highly vulnerable groups such as indigenous peoples—, it must be available to all citizens. In particular, social protection is seen a fundamental mechanism for contributing to the full realization of the economic and social rights of the population, which are laid out in a series of national and international legal instruments, such as the United Nations' 1948 Universal Declaration of Human Rights or the 1966 International Covenant on Economic, Social and Cultural Rights (ICESCR). These normative instruments recognize the rights to social security, labour, the protection of adequate standards of living for individuals and families, as well as the enjoyment of greater physical and mental health and education.

The responsibility of guaranteeing such rights lies primarily with the State, which has to play a leading role in social protection —for it to be seen as a right and not a privilege—, in collaboration with three other major stakeholders: families, the market and social and community organizations. Albeit with some differences due to their history and degree of economic development, many Latin American and Caribbean countries are at now the forefront of developing countries' efforts to establish these guarantees, by implementing various types of transfers, including conditional cash transfer programmes

and social pensions, and expanding health protection. One of the key challenges that the countries of the region face, however, is integrating the various initiatives within social protection systems capable of coordinating the different programmes and State institutions responsible for designing, financing, implementing, regulating, monitoring and evaluating programmes, with a view to achieving positive impacts on living conditions (Cecchini and Martínez, 2011).

Social protection is central to social policy but is distinctive in terms of the social problems it addresses. Consequently, it does not cover all the areas of social policy, but rather it is one of its components, together with sectoral policies —such as health, education or housing— and social promotion policies —such as training, labour intermediation, promotion of production, financing and technical assistance to micro— and small enterprises. While sectoral policies are concerned with the delivery of social services that aim at enhancing human development, and promotion policies with capacity building for the improvement of people’s autonomous income generation, social protection aims at providing a basic level of economic and social welfare to all members of society. In particular, social protection should ensure a level of welfare sufficient to maintain a minimum quality of life for people’s development; facilitate access to social services; and secure decent work (Cecchini and Martínez, 2011).

Accordingly, the national case studies characterize two major components of social protection systems –non-contributory (traditionally known as “social assistance”, which can include both universal and targeted measures) and contributory social protection (or “social security”). The case studies also discuss employment policies as well as social sectors such as education, health and housing, as their comprehension is needed to understand the challenges for people’s access to those sectors in each country.

Furthermore, the case studies include a brief overview of socio-economic and development trends, with a particular focus on poverty and inequality. At this regard, we wish to note that the statistics presented in the case studies —be they on poverty, inequality, employment or social expenditure— do not necessarily correspond to official data validated by the Economic Commission for Latin America and the Caribbean (ECLAC).

I. Introduction

Social protection in the Caribbean has undergone several transformations in recent years. Although social security policies were introduced around the 1940s in many countries of the Caribbean Community (CARICOM), reforms aimed to consolidate a non-contributory pillar for the most vulnerable and poor date only from the past decade. In particular, Trinidad and Tobago has progressively consolidated a model that combines a strong contributory pillar for social protection along with mounting access to social services in health and education, and a series of cash transfer programmes of a non-contributory nature for the most vulnerable families. This expansion is coincident with the framing of the key pillars that the country has identified in order to accomplish its road to development in 2020, called Vision 2020.¹

- (i) Developing innovative people, expanding access and strengthening science, research and innovation, fostering a high quality education system and training and skills development, and protecting cultural heritage.
- (ii) Nurturing a caring society where poverty, discrimination, marginalization and sub standard living conditions have been eradicated. This pillar comprises actions to strengthen communities and families, programmes aimed to reduce poverty and expanding the access to housing and healthcare (including HIV/AIDS treatment and preventive measures), as well as the promotion of healthy lifestyles.
- (iii) Enabling competitive business, encouraging a stable macro-economic environment and an appropriate business climate.
- (iv) Investing in sound infrastructure and environment, including information and communication technologies, and furthering a culture of sustainable development.

¹ “Vision 2020” was elaborated with the collaboration of different social actors in Trinidad and Tobago, including 28 sub-committees of experts and civil society representatives in key areas of social, economic and political development (business and productive sectors; human resource development; technology and innovation; health and the environment; public institutions, public infrastructure and housing; and social framework), ministerial and other governmental organizations reviews, public consultations and external expert reviews. This effort responded to the explosive economic growth that the country experienced as a result of the increasing demand in oil (see section 2) and the consequent diagnosis that strong efforts and decisive actions were required in order to take on the opportunities that this situation opened to develop the country (Government of the Republic of Trinidad and Tobago, 2005).

- (v) Promoting effective government through the implementation of good governance and State modernization reforms.

This document analyzes the steps that Trinidad and Tobago has taken in the areas of social development to secure these aims, identifying the progress and challenges that the social protection and promotion system confronts in the country.

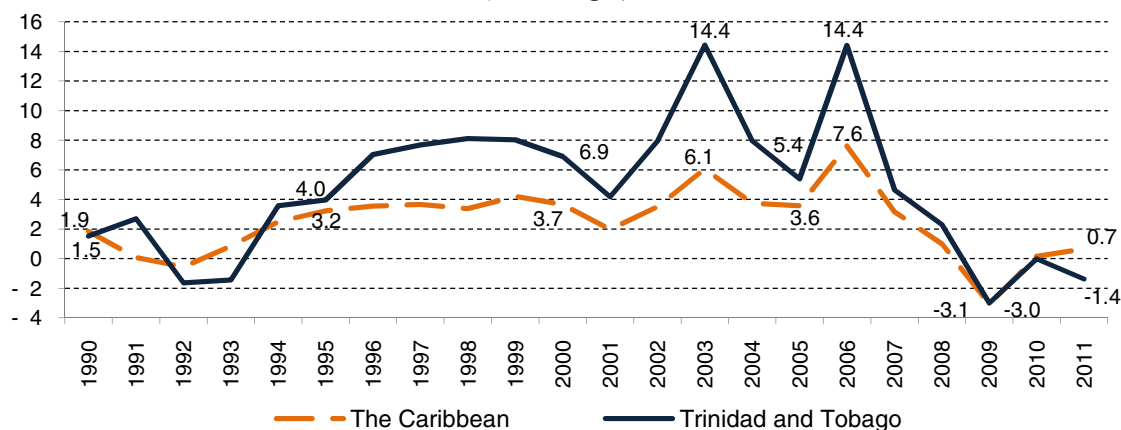
The next section reviews the main economic indicators that set the framework for social investment and development in Trinidad and Tobago. Sections 3, 4 and 5 depict the main components and instruments of the social protection system, including its contributory and non-contributory pillars and the measures implemented towards protecting workers. Sections 6 and 7 indicate how education and health services are structured as part of the policies of social promotion. Finally, section 8 provides some final remarks on the social protection and promotion system in the country.

II. Trinidad and Tobago: main economic and social indicators

The Trinidadian economy is highly sensitive to international oil prices. Between 2002 and 2008, the economy experienced important rates of economic growth because of rising international prices for fuel. However, in 2009 the average refinery price —comprising regular gas, premium gas, fuel oil, diesel oil and liquid petroleum gas (LPG)— fell to a value of US\$0.36 per litre, compared to US\$0.65 in 2008—a 44% fall. The weak performance of the oil and natural gas industry, along with the international financial crisis, explain the fact that 2011 was the third consecutive year with negative growth. Thus, between 2009 and 2011, gross domestic product (GDP) fell by 4.4 percentage points (ECLAC, 2011).

The variation of GDP in Trinidad and Tobago has been similar to that of other Caribbean countries. However, at times of GDP growth within the region —between 1996 and 1998, and 2001 and 2004— the Trinidadian performance has more than doubled that of the Caribbean (see figure 1).

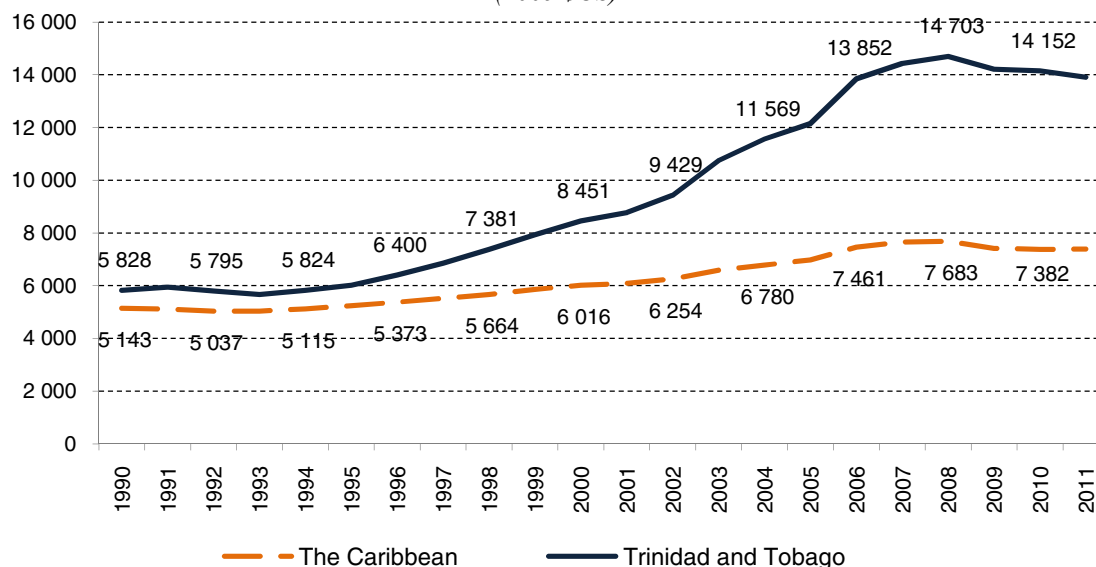
FIGURE 1
RATE OF ANNUAL GROWTH OF GDP IN TRINIDAD AND TOBAGO
AND THE CARIBBEAN (13 COUNTRIES), 1990-2011
(Percentages)



Source: Own elaboration based on data from the Economic Commission for Latin America and the Caribbean, (ECLAC), CEPALSTAT.

According to data from ECLAC, in 2011, Trinidad and Tobago was the country with the third highest GDP per capita in the Caribbean (US\$ 13,996), only below the Bahamas (US\$ 22,205) and Barbados (US\$ 14,998). This is the result of economic growth over the last two decades. In 1990, GDP per capita in Trinidad and Tobago was US\$ 5,828, 13% higher than the average GDP per capita in Caribbean countries (US\$ 5,143). In 2010, GDP per capita in Trinidad and Tobago was US\$ 14,152, 92% higher than the average GDP per capita rate within the Caribbean (US\$ 7,382) (see figure 2).

FIGURE 2
GDP PER CAPITA IN TRINIDAD AND TOBAGO AND THE CARIBBEAN
(13 COUNTRIES), 1990-2011
(2005 \$US)



Source: Own elaboration based on data from Economic Commission for Latin America and the Caribbean, (ECLAC) (CEPALSTAT).

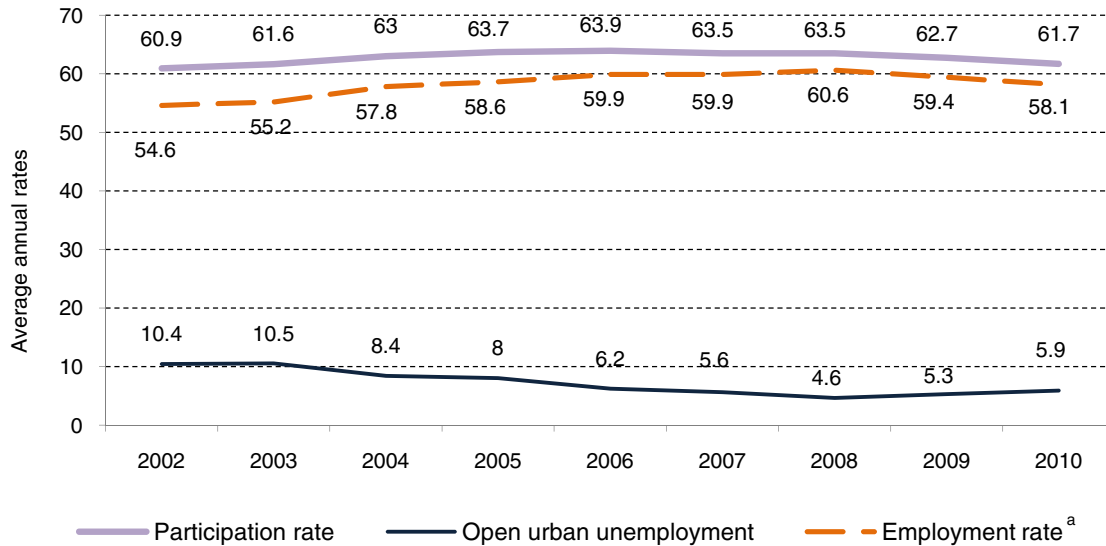
In 2005, Trinidad and Tobago reported that 16.7% of the population was living in poverty, and 1.2% was living in extreme poverty. According to these figures, Trinidad and Tobago is the second Caribbean country with the lowest rate of people living in poverty (Mendoza and Stuart, s/ref). In 1992, 21.2% of the Trinidadian population lived under the poverty line.² Furthermore, the most recent Gini coefficient available for Trinidad and Tobago (2005) was 0.39 (Mendoza and Machado, 2009, pp. 112), one of the lowest in the Caribbean.³

Labour-market indicators have followed economic growth trends. The labour-market participation and the employment rates increased steadily, and the unemployment rate decreased until the financial crisis. The crisis provoked a contraction in the labour demand in the country. Between 2008 and 2009, the participation rate fell by 0.7 percentage points, and between 2009 and 2010, it fell by 1 percentage point. Similarly, the open urban unemployment rate increased between 2002 and 2010, although it has been kept below 6% (see figure 3).

² Data from the United Nations Statistic Division, [online] <<http://mdgs.un.org/unsd/mdg/Data.aspx>>. See also Mendoza and Stuart (s/ref, pp. 20). Poverty measurement in Trinidad and Tobago does not have a clear periodicity, and when carried out, different methodologies and instruments have been used, making comparisons difficult. The Household Budget Survey was taken in 1997/1998 and 2008, and the Survey of Living Conditions was first carried in 1992, and later on, in 2011, with no poverty estimates yet available (IDB, 2011).

³ The third lowest along with Saint Kitts and Nevis among other nine countries (Anguilla, and Dominica are the Caribbean countries with the lowest Gini coefficient).

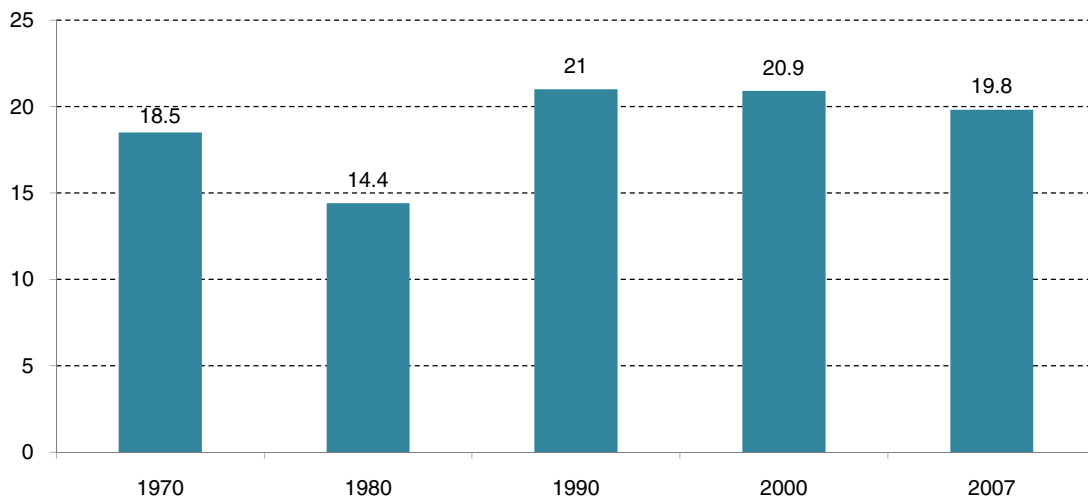
FIGURE 3
EMPLOYMENT INDICATORS, 2002-2010 ^a
(Percentages)



Source: Own elaboration, based on Economic Commission for Latin America and the Caribbean, (ECLAC), 2011b.
^a Includes hidden unemployment.

Furthermore, there is an important percentage of workers who are self-employed, lacking social security protection and relying on State support once retired. Between 1990 and 2007, the percentage of self-employed population decreased only by 1.2 percentage points, from 21% to 19.8% of the employed population (see figure 4) (McFarlane, J. 2007).

FIGURE 4
SELF-EMPLOYED POPULATION, 1970-2007
(Percentage of the employed population)



Source: Central Statistical Office, in McFarlane, “Social security for self-employed persons. The Trinidad and Tobago experience”, *Technical Seminar in the English-speaking Caribbean*, International Social Security Association (ISSA), Hamilton, Bermuda, May, 2008.

III. The contributory pillar: social security in Trinidad and Tobago

Different legal bodies govern the public and private pension plans in existence in Trinidad and Tobago. The first act regulating the provision of pension plans in Trinidad and Tobago—the Trinidad and Tobago Income Tax Act Chapter 75:01— dates back to 1938, establishing the income tax regime and regulating tax collection. As part of this legislation, early pension plans were defined and regulated (IOPS, 2011) for all workers that had made contributions.⁴ Thus, for example, article 28 (5) prohibited retirement before the age of 50. It also defined that pensions should be paid as life annuities and guaranteed for a maximum of 15 years.

The 1966 Insurance Act set the framework for the private insurance sector. In 1980, the Trinidad and Tobago Insurance Act (Chapter 84:01)⁵ was passed regulating private insurances, including privately administered occupational pension fund plans (IOPS, 2011). The Central Bank of Trinidad and Tobago became the supervisor of the insurance sector in 2004, while the Trinidad and Tobago Board of Inland Revenue is the institution charged with the responsibility of approving specific pension plans.

Ever since, reforms have been implemented in order to increase pension and health benefits and coverage, as well as to introduce changes in the amounts and conditions of contributions (ISSA, 2011). Reforms in this direction have been introduced in 1998, 1999, 2006 and 2007.

Furthermore, Trinidad and Tobago signed in 1996 the CARICOM Agreement on Social Security⁶ that guarantees, among other measures, equality of treatment in the access to pension schemes throughout the Caribbean. This is of particular relevance considering the magnitude of migration within the region and the country.

Finally, the country also has a maternity benefit that covers 60% of the average weekly earnings paid to women before pre- and post-natal for a maximum of 13 weeks. This benefit is of a contributive nature and demands that contributions have been made for at least 10 weeks.

⁴ These plans have been subjected to further amendments. See [online] http://www.ird.gov.tt/document_centre/IncTaxandCorporationTaxActs.pdf.

⁵ See [online] http://rgd.legalaffairs.gov.tt/Laws2/Alphabetical_List/lawspdfs/84.01.pdf.

⁶ See [online] http://www.caricom.org/jsp/secretariat/legal_instruments/agreement_socialsecurity.jsp?menu=secretariat.

A. The structure of the pension system

The structure of the old-age pension system in Trinidad and Tobago is composed of three pillars: public, private mandatory and voluntary (see table 1). Additionally, for those who do not have access to occupational pensions, the government has established a means-tested social assistance scheme of old age pensions (see section IV.A).

TABLE 1
OLD-AGE PENSIONS SCHEMES IN TRINIDAD AND TOBAGO

Type of pensions	Character	Beneficiaries
Public pensions	Non-contributory	Civil servants aged 16 and under 65 years old
	Contributory (National Insurance Scheme, NIS)	Employed persons in State-sponsored and public sector enterprises
Private pensions	Mandatory	Private sector employees and certain State agencies
	Voluntary	Occupational pensions and individual annuity plans offered by insurance companies

Source: International Organisation of Pension Supervisors (IOPS) [online] <http://www.iopsweb.org/dataoecd/58/43/48698602.pdf> (2011); and Social Security Administration (SSA), “Reforms, Trinidad and Tobago” [online] <http://www.issa.int/Observatory/Country-Profiles/Regions/Americas/Trinidad-and-Tobago/Reforms2>, 2009.

Concerning public pensions, there are two main schemes. Civil servants, including members of the protective sectors and teachers, are entitled to a non-contributory pension (IOPS, 2011).

On the other hand, employed persons aged between 16 and 65 who work in State-sponsored and private sector enterprises (*ibid.*) belong to the National Insurance Scheme (NIS). The NIS is funded by contributions made by both employees and employers. The scheme allows early retirement from the age of 60, if the person has ceased all forms of employment and has contributed to the system for at least 750 weeks. Those who have contributed for less than 750 weeks while employed will receive the total refund of their contributions plus interests when aged between 60 and 65 years old. These benefits are payable abroad under the agreement signed with CARICOM (SSA, 2009).

The mandatory private occupational scheme consists of a defined benefit plan. Employers and employees contribute with the equivalent of 5% or 6% of the basic salary of the member, respectively. The retirement age is set at 60 years, although retirements are accepted early—from the age of 50—, as well as later. Death, ill-health and spouse/dependent benefits are also included within the plan, requiring usually that contributions have been made for at least five years. 25% of the total sum can be requested to be paid at the time of retirement in a lump sum, while the rest is paid monthly. Members who have contributed for less than five years receive the refund of their contributions plus interests.

In turn, voluntary plans may be established by private employers and these can be compulsory or voluntary for employees, according to each scheme. This type of plan can be also accessed directly by individual members, covering both formal and informal sector workers. These are usually plans based on an individual annuity provided by insurance companies (IOPS, 2011). The benefits included in these plans are paid when aged between 50 and 65 years, most frequently, for pre-defined periods of time within the contract agreements—five, ten or fifteen years after retirement (*ibid.*).

Trinidad and Tobago has also two types of disability pensions, one financed through the contributions made to social security and the second of a non-contributory nature. The former covers workers aged less than 60 years, who have been assessed with incapacity to work. In order to receive the benefit, workers must have made a number of contributions to the system before the disability began: 150 contributions, 50 of which must have been made during the 3 years immediately previous to the disability; contributions equivalent to 250 weeks during the last 7 years; or 750 weeks of

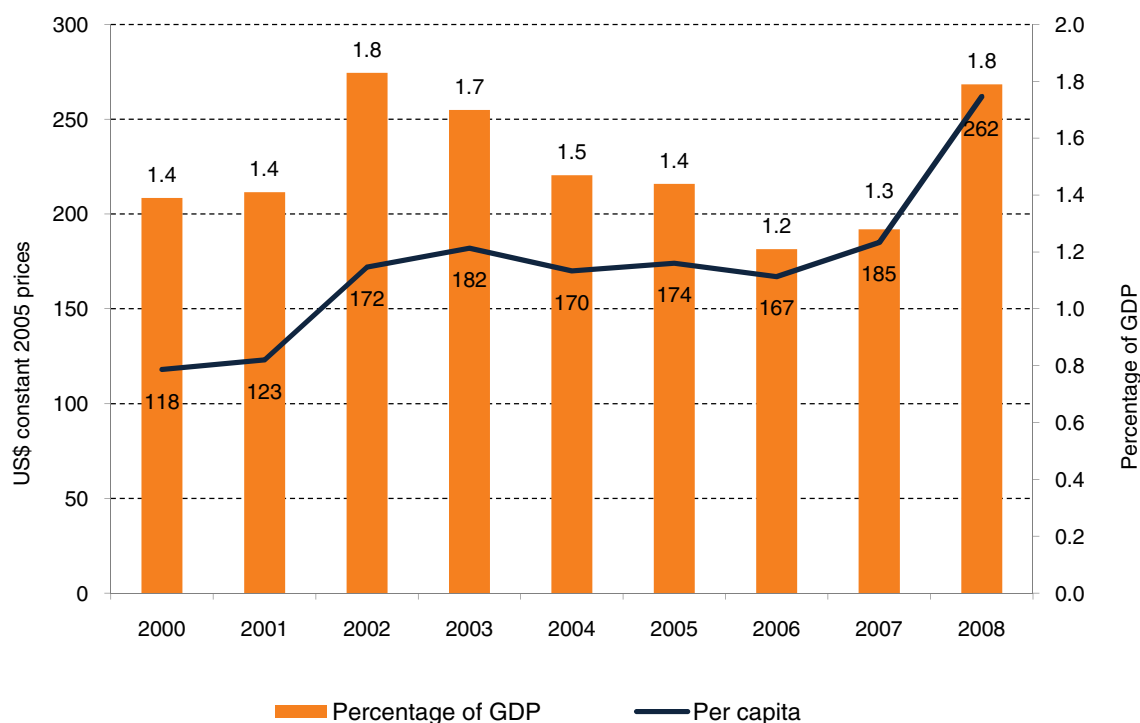
contributions in total. In the case of persons who earn less than TT\$ 1,000 (US\$ 156.2) and who have a medical certificate for permanent disability, they receive a monthly means-tested disability pension equivalent to TT\$ 1,300 (US\$ 203.1).

B. Social security coverage and spending

Data for 2003 shows that, on average, 60% to 65% of the employed population contributes to the social security system (World Bank, 2009, p.29). Also, it has been estimated that approximately 72% to 75% of the employees in the private sector are included in mandatory occupational pension plans which are sponsored by their employers (IOPS, 2011). Nevertheless, as pointed out in section 2, it must be considered that about two every ten workers are self-employed and are not covered by occupational pensions (McFarlane, 2008). This population relies on self provision and, if targeted, a means-tested pension. This remains as an important challenge for the social security system in the country.

ECLAC reports that public expenditure on social security in Trinidad and Tobago was equivalent to 1.8% of GDP in 2008 (see figure 5). This figure is 1.3 times higher than in 2000. During the same period, per capita spending on social security increased by 122%, going from US\$ 118 to US\$ 262.

FIGURE 5
SPENDING ON SOCIAL SECURITY PER CAPITA AND
AS A PERCENTAGE OF GDP, 2000-2008
(US\$ and percentage of GDP)



Source: ECLAC, Social Development Division, “ *Gasto Social en América Latina y el Caribe: Portal de inversión social en la región*”, [online] <http://dds.cepal.org/gasto/>.

IV. The non-contributory pillar: social grants and cash transfers in Trinidad and Tobago

A. Overview of the non-contributory pillar

Non-contributory social protection in Trinidad and Tobago is regulated by various laws, including the Public Assistance Act of 1999⁷ and the Senior Citizens' Pension Act of 2010.⁸ These acts determined the types of non-contributory benefits included within the Trinidadian social protection system. Also, they regulate the targeting approach of cash transfers and programmes according to incomes levels and advocate for the decentralized delivery of social services and assistance grants. The main institution in charge of implementing non-contributory programmes is the Ministry of the People and Social Development (MPSD).

The National Poverty Reduction Strategy of Trinidad and Tobago was defined in 2006. This strategy is pursued through the Poverty Reduction Programme (PRP) under the responsibility of the MPSD. This programme seeks to strengthen social institutions in the country, promoting their decentralization and creating a national safety net that includes partnerships with non-governmental organizations (NGOs). Also, the PRP aims to improve the social information system, conducting a periodical and comparable Survey of Living Conditions (IDB, 2011) and developing poverty profiles that are useful for tracking poverty dynamics across population subgroups (Wattie, 2009). In 2011, the Inter-American Development Bank (IDB) approved a loan for U\$50 millions to implement the Social Safety Net Reform Program. This programme aims to implement: “(i) reform(s) of cash grants provided by the MPSD; (ii) an improved targeting system for MPSD non contributory social protection programs; and (iii) capacity development and implementation of monitoring and evaluation of systems in the MPSD” (IDB, 2011).

The PRP includes various programmes, such as the Micro-Enterprise Grant (MEG), the Micro-Enterprise Loan Facility (MEL), the Regional Micro Project Fund (RMPF), the Social Assistance Grants, the Multi-Purpose Community Based Tele-centre, the Targeted Conditional Cash Transfer Programme and the creation of Regional Social and Human Development Councils (RSHDCs). The RSHDCs are under the MPSD's Decentralization Support Unit created in 2007, and

⁷ This act included a first calculation of the amount of the transfer of the Disability Assistance Grant.

⁸ This act increased the amount corresponding to the Senior Citizens' Grant initially defined in 2007. It is worth considering that Trinidad and Tobago established a non-contributory pension for poor elderly persons in 1939.

act as the administrators of poverty alleviation programmes within local communities. They also manage the Regional Micro-Project Fund.

The Micro-Enterprise Grant focuses on poverty reduction through entrepreneurship development. It is offered to people living in poverty to develop a microenterprise or improve their entrepreneurial skills. The goal of the programme is to empower poor people for self-sufficiency and financial independence. In the 2011 fiscal year, this grant comprised 185 projects that received a maximum amount each of TT\$ 5,000 (US\$ 780), with a total cost of the programme of TT\$893,178.00 (US\$ 139,279).

The Micro-Enterprise Loan Facility is a loan administered by community-based organizations that are engaged in supporting small entrepreneurs through micro-credit programmes. Loans are up to TT\$ 10,000 (US\$ 1,559), and are managed by the MPSD and the United Nations Development Programme (UNDP). In fiscal year 2011, 45 grants were approved with a cost of TT\$ 371,195.00 (US\$ 57,883) (Government of the Republic of Trinidad and Tobago, 2011).

Similarly, the Regional Micro Project Fund provides micro-loans to community-based organizations and NGOs for the execution of local poverty reduction projects (*ibid.*). The projects cannot exceed TT\$ 25,000 (US\$ 3,898) and 15 projects were funded in 2011 with a total cost of TT\$ 554,093.43 (US\$ 86,404).

The Multi-Purpose Community Based Tele-centres also form part of the PRP. These centres aim to enhance computer literacy and free access to information technologies among people living within poor communities (preferentially, in rural areas), promoting web-based business support services to micro entrepreneurs (Government of the Republic of Trinidad and Tobago, 2010).

Furthermore, the Social Welfare Division of the MPSD offers various Social Assistance Grants, which aim to “assist the most vulnerable persons in the society, including the poor, elderly, children and persons with disabilities (...)” (*ibid.*, p.36). There are four types of grants: the Senior Citizen’s Pension, the Public Assistance Grant, the Disability Grant, and the General Assistance Grants.

The latter include the following grants: Housing Assistance, Household Items, Medical Equipment, Domestic Help, Dietary Grant, Clothing Grant, Funeral Grant, Education Grant, Special Child Grant, Pharmaceuticals, House Rent, School Supplies and the Urgent Temporary Assistance. The levels of benefits vary. For example, the clothing grant supplements the costs of buying school uniforms and shoes for children, and the education grant is paid to families in order to help them meet the costs of school fees and school transportation. Both grants are paid for up to four children within the same household, based on family circumstances. The clothing grant consist of TT\$500 (US\$78) per children and the education grant in TT\$500 (US\$78) paid monthly per children. Also, in the case of persons that suffer from diabetes or health diseases and require prescribed foodstuffs, the government has implemented a dietary grant consisting of up to TT\$600 (US\$93.6) paid monthly. Finally, citizens aged above 65 years old are entitled to a free bus pass (Government of the Republic of Trinidad and Tobago, 2011).

Between October 2010 and July 2011, 8,254 persons were beneficiaries of the General Assistance Grants provided by the Social Welfare Division of the MPSD (Government of the Republic of Trinidad and Tobago, 2011).

Table 2 sets out a general description of the Social Assistance transfers and targeting criteria. Generally speaking, these grants are targeted on the poor, considering their monthly income based on means testing and their vulnerability. Among other factors, being an orphan, elder, a person living with a disability or a victim of natural disasters, constitute a situation of vulnerability to poverty.

TABLE 2
CRITERIA OF ELIGIBILITY FOR SOCIAL ASSISTANCE GRANTS
IN TRINIDAD AND TOBAGO

Grant Criteria of eligibility		Description
Senior Citizen's Pension	Persons aged 65 years and above with a monthly income below TT\$ 3,000 (US\$ 468.7)	The aim of the pension is to reduce the incidence of poverty among the elderly and to improve their quality of life. The transfer ranges between TT\$ 1 850 (US\$ 289.1) and TT\$ 1 950 (US\$ 304.7) delivered monthly (SSA, 2009)
Disability Assistance Grant	Persons with disabilities, unable for work certified by a practitioner, and with a monthly income below TT\$ 1,100 (US\$ 171.9)	Targeted cash transfer for disabled people living in poverty. The transfer consists of TT\$ 1 300 (US\$ 203.1)
Public Assistance Grant	Adults without income caused by ill health. Orphans children, family deserted, ^a and with parents in prison	This grant is received by unemployed, persons unable to work, persons who have little means for financially supporting themselves and guardians of necessitous children. The average transfer in 2011 was TT\$ 754 (US\$ 118) ^b
General Assistance Grants	Persons/household hit by natural/other disasters (hurricanes, fires, floods and landslides); clients of the MPSD	Provides financial assistance to persons living in poverty or vulnerability, provided they have passed a needs' assessment carried by social workers. The benefits for each grant are the following: Housing assistance: TT\$ 15 000 (US\$ 2 339) Household Items: TT\$ 6 000 (US\$ 935.6) (once every 3 years) Medical Equipment: TT\$ 7 500 (US\$ 1 1169.5) Domestic Help: TT\$ 1,800 (US\$ 280.7) Dietary Grant: TT\$ 600 (US\$ 93.6) Clothing Grant: TT\$ 500 (US\$ 78) Funeral Grant: TT\$ 7 000 (US\$ 1,091.6) Special Child Grant: TT\$ 800 (US\$ 124.7) Pharmaceuticals: TT\$ 2 500 (US\$ 389.8) House Rent: TT\$ 7 500 (US\$ 1,169.5) School Supplies Primary: TT\$ 750 (US\$ 117) School Supplies Secondary: TT\$ 1 000 (US\$ 156) Urgent Temporary Assistance: TT\$ 300 (US\$ 46.8)

Source: Own elaboration, based on Government of the Republic of Trinidad and Tobago, Social Sector Investment Programme 2012: From steady foundation to economic transformation. Safety, jobs, investment. Port of Spain, 2011.

^a This situation is generated when one spouse separates from the family—the other spouse and/or the children—without providing them with any financial support.

^b This figure corresponds to an estimate average monthly amount and was calculated based on the total average amount disbursed in this grant, divided by the informed number of beneficiaries.

As part of the efforts led by the government of Trinidad and Tobago to promote food security and prevent the negative consequences of rising food prices on families, in 2005, the government launched the Targeted Conditional Cash Transfer Programme (TCCTP),⁹ which is run by a national direction located at the MPSD. This programme is targeted to families living in extreme poverty, which are selected through a proxy means test and community's approval. It provides cash transfers that range between TT\$ 410 (US\$ 64.1) (for families with one to three members) to TT\$ 700 (US\$ 109.4) (for families with six members or more). Families must accomplish some conditions in order to receive the transfer, such as enrolling in an employment agency and participating in workshops to develop social skills. The monthly transfer is made through a magnetic card managed by a household representative, and allows the purchase of food on prescribed items at retail outlets (Hailu and Pemberton, 2007). The programme also includes psychosocial support for the recipient households (RISE-UP, formerly called STEP-UP) on the following dimensions: identification, health, education, income, housing, labour, family dynamics, and safety and security.¹⁰

⁹ The predecessor was the Social Help and Rehabilitative Efforts (SHARE) programme.

¹⁰ This programme benefited from cooperation from the Chilean *Programa Punte* in the framework of the Inter-American Social Protection Network (IASPN) of the Organization of American States (OAS).

Although these transfers and programmes are available for all citizens in the country, in the case of Tobago, the institution responsible for accepting or rejecting the financial assistance applications from the most vulnerable families is the Social Welfare Unit of the Tobago House of Assembly (THA).¹¹

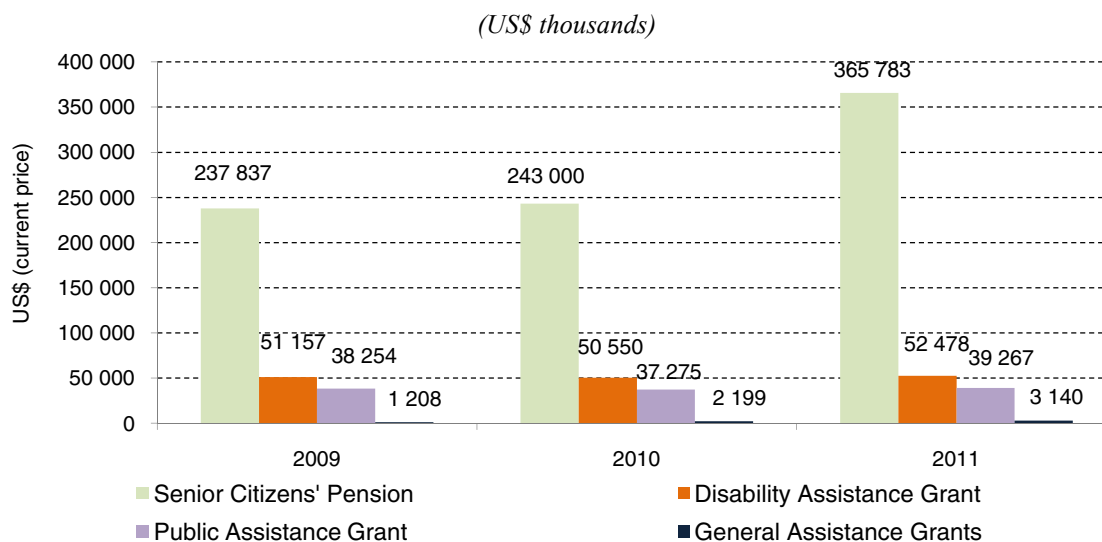
B. Spending, funding and coverage of non-contributory programmes

According to figures of the Economic Commission for Latin America and the Caribbean (ECLAC), in Trinidad and Tobago social expenditure on social assistance, social security, labour and training policies in 1990/1991 was 0.1% of GDP. A decade later, in the biennium 2000/2001, this percentage had increased to 1.3% and during the biennium 2007/2008, it reached 1.5% of GDP (ECLAC, 2011).

The overall costs of social assistance programmes are funded by the government of the Republic of Trinidad and Tobago. The programmes described above have different budget/expenditures as reported by the Social Sector Investment Programme (Government of the Republic of Trinidad and Tobago, 2011). In the case of the programmes managed by the Social Welfare Division of the MPSD (excluding the Targeted Conditional Cash Transfer Programme), the budgetary priority is for the Senior Citizen's Pension. In 2009, 72.4% (US\$ 237,837,078) of the budgetary allocations of the Social Welfare Division targeted this pension scheme, and in 2011, it increased to 79.4% (US\$ 365,783,491).¹²

On the other hand, the General Assistance Grants have a residual importance in terms of budgetary allocation. Between 2009 and 2011, these grants represented less than 1% of the transfers administered by the Social Welfare Division (see figure 6).

FIGURE 6
BUDGETARY ALLOCATIONS TO CASH TRANSFER PROGRAMMES
AT THE SOCIAL WELFARE DIVISION, 2009-2011^a



Source: Own elaboration, based on the Government of the Republic of Trinidad and Tobago, *Social Sector Investment Programme 2012: From steady foundation to economic transformation. Safety, jobs, investment*. Port of Spain, 2011; *Social Sector Investment Programme: Turning the economy around. Partnering with all our people*, Port of Spain, 2010 and 2012).

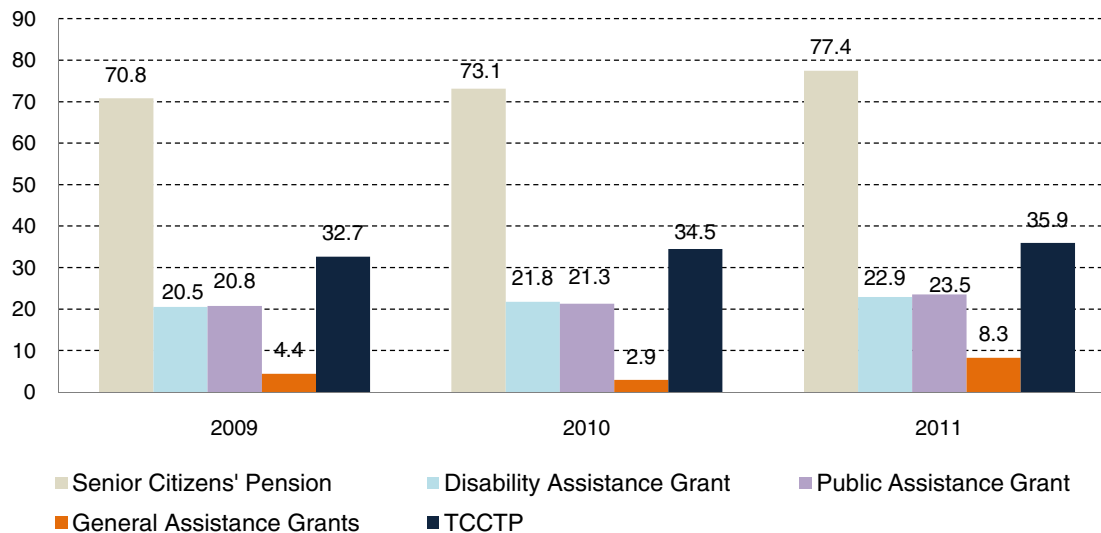
^aIn current values.

¹¹ See [online] <http://www.tha.gov.tt/divisions/health-a-social-services>.

¹² This figure does not consider the TCCTP.

In 2009, cash transfer programmes (including the Senior Citizens' Pension, TCCTP, Disability Assistance Grant, Public Assistance Grant, and the General Assistance Grants) covered 149,200 persons; in 2011, this figure increased by 12.7% to 168,030 persons (see figure 7). The social transfer with the broader coverage (46.1% of total cash transfers) in Trinidad and Tobago is the Senior Citizens' Pension. In 2009, this pension was received by 75.7% of persons aged 65 and above; in 2010 and 2011, this percentage increased to 77.9% and 82.2%, respectively.¹³

FIGURE 7
NUMBER OF BENEFICIARIES OF CASH TRANSFER PROGRAMMES, 2009-2011
(In thousands)



Source: Own elaboration, based on information of Social Sector Investment Programme 2010, 2011, and 2012.

Between 2009 and 2011, the coverage of the TCCTP increased in absolute terms by 10% and it now represents, in terms of coverage, 21.4% of the total cash transfers received by citizens of Trinidad and Tobago. Its relative importance among cash transfers has not experienced a significant variation since 2009, when it represented 21.9% of the total transfers granted in the country. The TCCTP, however, only covers 2.4% of the national population of Trinidad and Tobago, a figure quite below the average of conditional cash transfers in Latin America and the Caribbean, which are received by 19.3% of the region's population. Given the low levels of poverty in the country, the TCCTP covers 14.6% of the people living in poverty and more than 100% of the people living in extreme poverty (Cecchini and Madariaga, 2011). Moreover, in 2009 the budgetary allocation of the TCCTP represented 0.19% of the GDP of Trinidad and Tobago.¹⁴

Coverage of General Assistance Grants has increased considerably between 2009-2011, although their total incidence among cash transfers is low, representing less than 5% of their total coverage.

As shown in figure 7, all transfers in Trinidad and Tobago have increased their coverage between 2009 and 2011. The only exception to this trend has been a partial decline experienced by the General Assistance Grants in 2010, although they grew again in 2011.

¹³ This figure was calculated using the population estimates for the population aged 65 and above for the 2009-2011 period produced by the ECLAC's Population Division, the Latin American and Caribbean Demographic Centre (CELADE). In 2010, the proportion of the population aged 65 and above in the total population of Trinidad and Tobago was 7%.

¹⁴ As a reference, cash transfer programmes in Latin America and the Caribbean account for 0.4% of regional GDP (Cecchini and Madariaga, 2011).

V. Employment policies and the regulation of the labour market in Trinidad and Tobago

The main institution in charge of developing employment policies in Trinidad and Tobago is the Ministry of Labour and Small and Micro Enterprise Development (MLSMED). The MLSMED carries various actions in order to improve employment opportunities and to realize the right to work among the population of the country. These actions include furthering and offering support to the development of economic co-operatives, under the responsibility of the Co-operative Development Division (CDD) located within the Ministry. The CDD supports the work of more than 300 co-operatives that involve more than 500,000 citizens throughout the country. In second place, the Enterprise Development Division seeks to promote the development of micro and small enterprises, offering guidance for entrepreneurial development. This work includes the management of a National Integrated Business Incubator as well as a specific programme for youth enterprise development. In the third place, the Ministry also counts with a National Employment Service that runs eight employment centres located in different cities of the country. These centres provide job referral activities and a walk-in-service to consult existing job vacancies (MLSMED, 2011b).

When unemployed, workers may enter the Unemployment Relief Programme that provides short-term employment in parallel to training activities. It is managed by the Ministry of Local Government. In turn, the Community-based Environmental Protection and Enhancement Programme (CEPEP), run by the Ministry of Housing and the Environment, provides short-term employment and training for semi-skilled and unskilled persons and aims at promoting their entrepreneurial skills and opportunities in areas related to environmental degradation (*ibid.*, p.29).

There are various programmes for young workers, such as the Youth Training and Employment Partnership Programme (YTEPP) that seeks to strengthen technical skills, as well as life skills, while encouraging entrepreneurial activities. The On-the-Job Training Programme provides young workers aged 16 to 30 with work experience, while strengthening job and life skills, and place them in a job at the end of the training process. Furthermore, the Multi-Sector Skills Training Program (MuST) is a public-private sector partnership that offers opportunities to re-enter the labour market for workers aged 18 to 50. This programme is managed by the National Training Agency (NTA) (see section VII.A.4) that provides training as well as literacy and numeracy workshops (*ibid.*, p.33-34). There is also a National Employment Service (NES) operating in the country, although job information is primarily spread through informal channels.

One of the strategic aims of the government of Trinidad and Tobago is to pursue the decent work agenda. In order to reach this goal, the MLSMED is improving the Labour Inspectorate,¹⁵ and modernizing labour legislation in areas such as occupational safety and health and the promotion of social dialogue (MLSMED, 2011a). Furthermore, the government has fostered a Decent Work Policy and Programme which has three main components: (a) education and sensitization on the key concepts of a decent work agenda; (b) the development of a decent work policy; and (c) the creation of a decent work programme of action for the country. Tripartite consultations on these issues were led by the MLSMED and they raised five main elements to consider within a decent work strategy: (i) to implement a labour reform to secure the rights of workers; (ii) to strengthen labour inspection; (iii) to develop sustainable micro and small enterprises; (iv) to foster social dialogue through meaningful consultation and tripartite dialogue; and (v) to enhance labour market information systems (Government of the Republic of Trinidad and Tobago, 2011, p.45).

Also, labour law in Trinidad and Tobago protects workers' rights and responsibilities at the workplace and regulates issues such as: the rate of pay, hours of work, overtime worked, payment for public holidays, sick and vacation leave, meal break and rest period (MLSMED, 2011b). The MLSMED has a Conciliation Unit specifically charged with the mission of promoting good industrial relations practice, managing conflict and offering conciliation services within potential disputes, and providing information and advice on industrial relations to trade unions, employers and the public. The Ministry also counts with a Trade Union Division offering information and assistance to trade unions and to the public (*ibid.*).

As part of the social protection system, Trinidad and Tobago established a Retrenchment and Severance Benefits Act in 1985, providing workers with income protection or compensation at dismissal (Mendoza and Stuart, s/ref). Payments in case of redundancy correspond to two weeks per year for workers with less than five years at the workplace, and to three weeks per year for workers working for more than five years. The benefit is paid for one year (Cowell, 2005 in *ibid.*, p.28).

Also, there is a minimum wage for vulnerable service sector workers, such as domestic workers and store clerks (*ibid.*, p.34). There is also a minimum wage for security guards.

Among the planned actions for the 2012 fiscal year, the Government of Trinidad and Tobago projects the implementation of a One Stop Shop of services to assist the development of micro and small businesses and co-operatives, as well as to promote employment opportunities and support in the solving of disputes. Also, it envisions the launch of a multi-phased programme to develop a national policy for the prevention and elimination of child labour (Government of the Republic of Trinidad and Tobago, 2011, p.159).

Finally, decent work guidelines are core part of the projected actions and goals that form part of the Vision 2020 strategy. In the area of labour, these include the achievement of full employment by 2020 “in an environment of decent work, social dialogue and labour-management co-operation”, with the participation of vulnerable groups, including women, youth and the disabled (Vision 2020, p.157).

¹⁵ The Labour Inspectorate was created in 1956 along with the creation of the Ministry of Labour. This institution educates and advises employers and employees in labour legislation; investigates complaints and conducts inspections of business (MLSMED, 2011b).

VI. The health sector in Trinidad and Tobago

A. Overview of the health system

The health system in Trinidad and Tobago combines centrally managed and decentralized institutions. The institutions in charge of defining a national agenda on health and monitoring the health system in the country are the Ministry of Health (MoH) and the Ministry of Planning.¹⁶ The MoH is also in charge of assessing the population's health needs and regulating the sector, assuring that both public and private health providers act in accordance to international health standards (Government of the Republic of Trinidad and Tobago, 2011).¹⁷ However, according to the Regional Health Authorities (RHA) Act of 1994, the RHA—independent statutory authorities whose territories are coincident to those of local governments—are in charge of assuring the effective delivery of health services to their constituencies and are the official owners of publicly financed health facilities (Belcon and others 2008). The purpose of creating the RHA was to increase the accountability, flexibility and efficiency of the health system.

Health programmes in Trinidad and Tobago cover a wide range of actions, including immunization and insect/vector control, nutrition, chronic health assistance, diseases' treatment, surgery, transplants and blood transfusions, among others (Ministry of Health, 2011). As of 2005, there were a total of 102 community health centres in the country that provided primary health care, including ante-natal, post-natal, child welfare, chronic disease attention and family planning services. Secondary health care is located in public hospitals and a limited range of tertiary care services is offered at four specialist hospitals. There are four general hospitals, and two district hospitals (PAHO, 2008: 16). Major challenges of access to the system are transportation for the elderly, disabled and people living in remote locations, and the availability of hours of operation for some of the health services (ibid, p.16-17).

¹⁶ The 1996-2002 Health Sector Reform Programme established that the Ministry of Health is responsible for “policy making, health planning, sponsorship and regulation” (Belcon and others, 2008, p.53).

¹⁷ As Cercone (2006, p. 101) argues, one of the main challenges of the health sector in Trinidad and Tobago is increasing the availability of statistical information concerning the coverage of the primary healthcare attention network and the costs of services, among other issues.

Concerning the achievements of the system as measured by existing health indicators, the under-five mortality rate has decreased from 37 per 1,000 inhabitants in 1990 to 27 in 2010.¹⁸ Despite this progress, maternal mortality rates remain quite high in Trinidad and Tobago, compared to developed countries standards: between 1998 and 2006 they had only decreased from 44.7 to 45.0 per 100,000 live births (World Health Statistics, WHO, 2006 in Belcon and others 2008). Furthermore, the infant mortality rate has experienced a modest increase from 30 per thousand live births in 1990 to 31 in 2008 (ECLAC, 2011d).¹⁹ According to FAO's figures for 2006, 10% of the population is still undernourished in the country (ibid.).

Currently, there is no public health insurance system in the country and most of the health services are free at public health facilities, with the exception of some high complexity interventions delivered by the Eric Williams Medical Centre Sciences Complex (Cercone, 2006). There is no formal healthcare package of services defined in Trinidad and Tobago yet. However, the Ministry of Health is responsible for the provision of universal health services through institutions such as the Trinidad and Tobago Public Health Laboratory, the Public Health Inspectors, the HIV/AIDS Coordinating Unit, among other units. These departments also carry health promotion and protection activities.

There is a private health insurance system which is regulated by the Central Bank of Trinidad and Tobago, although health expenses in the private system are financed mostly by out-of-pocket disbursements (Cercone, 2006). In some cases, access to private insurance companies is provided by the employers as part of the employment benefits, although private provisions are also payable at the point of service. If patients are referred by public institutions, the costs of private attention are covered by the government (PAHO, 2008).

B. Social spending, financing and coverage of the health system

According to data from PAHO (2008, p.14), spending of the health sector has increased from TT\$ 1,578.4 billion (US\$ 248.9 billion) in 2003/2004 to TT\$ 2,134.4 (US\$ 336.6 billion) in 2006.²⁰

According to Belcon and others (2008), 73% of this investment is disbursed for personnel and only 19% represents investment in goods and services. Also, PAHO figures for 1998 showed that most of the investment was concentrated on the private sector, which at the time only covered 10% of the population (ibid.). Furthermore, according to data from the World Health Organization and national accounts on health, in 2002, private spending on health was 62.7% of the total spending on health, whereas public spending represented only 37.3% of total spending on health. Within private health spending, 85.8% corresponded to out-of-pocket disbursements on the part of citizens.

In 2010, the coverage of vaccination among children aged less than 1 year was 96% for the DPT 1 and 90% DPT3,²¹ 91% for the polio vaccine and 92% for the vaccine against measles.²² Furthermore, the coverage of prenatal healthcare was 98% in 2002 (Cercone, 2006) and the coverage of skilled attendance at delivery was 97.8% in 2006 (Mendoza and Stuart, s/ref).

¹⁸ According to the estimates developed by the UN Inter-agency group for Child Mortality Estimation (UNICEF, WHO, World Bank, UN DESA, UNDP). See [online] <http://data.worldbank.org/indicator/SH.DYN.MORT/countries/TT--XR>.

¹⁹ According to the Caribbean Indicators System for social statistics and Millennium Development Goals Monitoring of ECLAC, [online] <http://cis-d.cepal.org/indicadores/countries.php?view=&orderby=nombre&cat=15034&patron=&ont=&pag=2>.

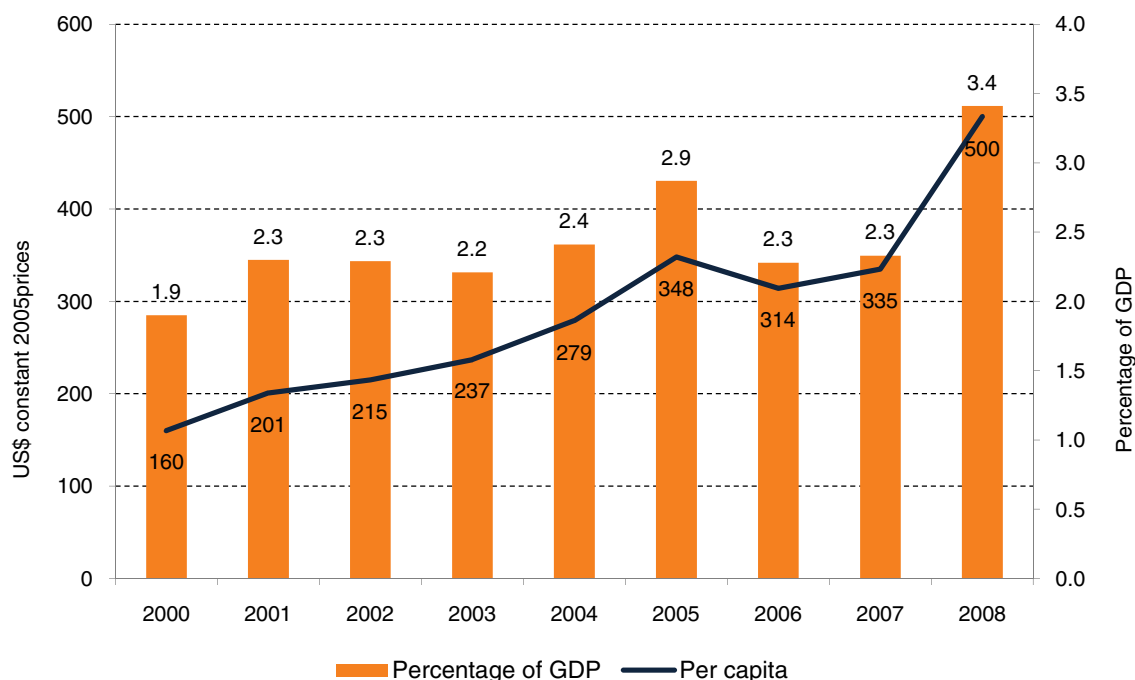
²⁰ Data from the Ministry of Health, Government of Trinidad and Tobago. Belcon and others. (2008) quote a figure much higher for the 2007/2008 period: TT\$ 3.7 billion.

²¹ First and third dose of diphtheria toxoid, tetanus toxoid and pertussis vaccine.

²² According to WHO-UNICEF estimates of immunisation coverage. See [online] http://apps.who.int/immunization_monitoring/en/globalsummary/timeseries/tswucoveragebycountry.cfm?country=TTO.

According to data from ECLAC, public expenditure on health has increased from 1.9% of GDP in 2000 to 3.4% of GDP in 2008. Furthermore, per capita spending has more than tripled (see figure 8). According to figures for 2011, health spending represents 22% of the total budgeted allocations for the core social sector ministries and the social sector divisions of the Tobago House of Assembly for Fiscal 2010/2011 (Government of the Republic of Trinidad and Tobago, 2011, p.69).

FIGURE 8
SPENDING ON HEALTH PER CAPITA AND AS A PERCENTAGE OF GDP, 2000-2008
(US\$ and percentage of GDP)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), Social Development Division, “*Gasto Social en América Latina y el Caribe: Portal de inversión social en la región*” [online] <http://dds.cepal.org/gasto/>.

C. Planned reforms to the health system

Trinidad and Tobago is in the process of creating a National Health Insurance (NHI) and National Health Service (NHS). The NHI will provide national funding for healthcare services, facilitating access to private providers in the absence of a public system of equal quality at all levels of attention (Belcon and others 2008). In turn, the NHS aims to guarantee a package of essential services to all citizens, reducing out-of-pocket expenses (PAHO, 2008).

In 2011, the Ministry of Health began the preparation for the establishment of a Health Services Accreditation Council. It aims at keeping a uniform quality of care among different institutions (Government of the Republic of Trinidad and Tobago, 2011, p.45).

Finally, the Five Year Strategic Plan for Fiscal 2012-2016 established 12 core strategies for the health system in the country. These include the prevention, care and treatment of chronic non-communicable diseases (CNCDS) through a risk factor reduction approach and health promotion initiatives and of communicable diseases (tuberculosis, influenza, dengue and severe acute respiratory infections); the reduction of the prevalence of HIV/AIDS through a combined strategy

of prevention and support and care; the strengthening of quality ante-natal and post-natal care to reduce maternal and child mortality and morbidity; the development of human resources for the health sector; the integration of ICT in the health sector; as well as the continuous improvement of the management of the health sector and the health services delivery, attending special medical conditions and care requirements, including financial assistance (ibid, p.151-156).

These measures are aligned with the National Strategy Plan “Vision 2020” that establishes a vision of the health sector for Trinidad and Tobago where primary, secondary and tertiary health care services are accessible, affordable, dependable and efficient, with an increase in the level of government expenditure according to this challenge. This vision includes that citizens “have access to the latest and most appropriate medical and alternative treatments in patient care, disease prevention, management and treatment” with more specialized services available for local practitioners and a strong focus on decentralized health services. The strategic plan also points out to the necessity of strengthening the response to HIV/AIDS and promoting healthy lifestyles as the first step towards the promotion and prevention of health in the country (ibid, p.33).

VII. The education sector in Trinidad and Tobago

A. Overview and key components of the education system

According to the Education Act of 1966, education is compulsory and free for children aged 6 to 12 years. Consequently, public programmes in this sector include the waiving of tuition fees for students (UNESCO/International Bureau of Education, 2010). There are also some programmes of the Ministry of Education that ensure that textbooks (totally or partially) and feeding (breakfast and lunch) are also provided at public schools.²³

In the area of education, the Vision 2020 plan identifies the strengthening of public education in all levels as the main future challenge for this sector. The plan has as main objective on education developing human capital among children so as to achieve a high skilled labour force prepared to confront the economic challenges of the future. The “Education For All” (EFA) ²⁴ goals, embedded within this plan, seek to ensure universal access to a high-quality education system (especially at the primary level) by 2015, gender equality in the access to primary and secondary education, equitable access to learning and life skills programmes for youths and adults, and the improvement of adult literacy by 50%.

Also, among the most recent reforms operated in the education sector, Trinidad and Tobago has fostered the teaching of Spanish at schools, to promote it as the first foreign language of the country. This action is embedded within a national strategy to strengthen the links with neighbouring countries. The education system of Trinidad and Tobago consists of three levels: the Early Childhood Care Education (ECCE), and the primary and secondary education, all under the responsibility of the Ministry of Education. In turn, the tertiary education depends of the Ministry of Science, Technology and Tertiary Education.

All in all, the vast part of the educational system in Trinidad and Tobago is financed by the National Government. However, there are also private schools that are privately funded and include religious education, although the Ministry of Education ensures one core national curriculum for all students.

²³ These programmes are called, respectively, Textbook Rental and School Nutrition.

²⁴ These goals are part of a national commitment as a signatory country of the 2000 Dakar Framework for Action.

An overview of the typical age for attending each level of education in Trinidad and Tobago is presented in table 3. In what follows, the main features and rules of each level of instruction will be reviewed.

TABLE 3
TYPICAL AGE OF ATTENDANCE FOR EACH LEVEL OF THE EDUCATION SYSTEM

School level	School course	Typical age
Pre-primary ECCE	Kindergarten	3 - 4
Primary Preparatory School	Prep 1-2	5 - 6
Elementary School	Standard 1-5	7 - 11
Secondary Secondary School	Form 6 - 10	12 - 16
Tertiary Bachelor Degree Programmes (3-5 years)	Diploma Programmes (1-3 years)	16 and above
	Certificate Programmes (up to 1 year)	
	Associate Degree Programmes (2 years)	18 and above
	Bachelor Degrees (3-5 years)	

Source: United Nations Educational, Scientific and Cultural Organization (UNESCO), Institute for Statistics.

1. Early Childhood Care and Education (ECCE)

Concerning early education, the government of Trinidad and Tobago aims to build a strong basis for learning and improving the capabilities of children within the school system (IDB, 2009). The key actions planned for this area are: (i) building and upgrading of 50 new Early Childhood Care and Education centres; (ii) implementing training workshops for all teachers and care providers; and, (iii) strengthening the management, monitoring, and evaluation systems.

The National Council of Early Childhood Care Education, a multisectoral cabinet under the authority of the Ministry of Education, is the main institution that norms, regulates and provides advice on this level of the education system. The National Rules of Early Childhood Care Education determine the way in which ECCE should operate. Among the challenges it has identified, the Council has pointed out to the low rate of professional teachers and care givers, the deficient quality and insufficient infrastructure of education. Accordingly, the main actions taken on this front are the increase in the number of centres for early childhood care and education; the improvement of the quality of the buildings and their infrastructure for caring purposes; and the fostering of agreements with the private early educational sector.²⁵

2. Primary education system

The public primary school system is free and completely funded by the Government of Trinidad and Tobago. There are two types of public primary schools: government schools and denominational schools. Government schools are secular, while denominational schools are confessional. In addition to the public system, there are also private primary schools (Anderson, George and Herbert, 2009).²⁶ The Government of Trinidad and Tobago subsidizes denominational schools: pensions, salaries and other expenditures are funded by the State, although the ownership of these schools is private. In

²⁵ According to data from UNESCO (2010), in 2009, 89.7% of the students of pre-primary education were registered at private institutions.

²⁶ At the primary education level, 27.6% of children are enrolled in the public system, and 72.4% are enrolled in the private system (UNESCO, 2010).

2009, 93% of the children whose age corresponds to the official primary school age were effectively enrolled in the primary education (UNESCO, 2010).²⁷

The transition from primary to secondary school is regulated by the Secondary Entrance Assessment (SEA) that was launched in 2001 and that substituted the Common Entrance Examination (CEE). This standardized test classifies and facilitates the placement of primary school students into secondary schools according to their score and self-declared priorities. This test consists of five parts: writing, mathematics, English, science and social studies. The scores range from 0 to 650 points and the test is taken in fifth grade. The schools are mandated to fill 80% of the positions according to the SEA's scores; however, 20% of applicants are chosen directly by the school (Jackson, 2010). The SEA defines those students that will enter the most prestigious secondary schools (Anderson, George and Herbert, 2009). For the students with the worst results, this test determines their entrance to lower quality schools, segregating the system at the secondary level.

Beyond the SEA, the National Test, launched in 2004, is another national standardized test that monitors the educational achievements of primary school students in language, arts and mathematics; since 2008 it also tests the topics of social studies and science (Anderson, George and Herbert, 2009).

3. Secondary education system

In Trinidad and Tobago, there are three types of secondary schools, all free and with a common curriculum: government schools, government assisted schools and comprehensives schools (Jackson, 2010). The difference between government schools and government assisted schools is that, among the latter, the State provides at least 50% of its funding (although, this does not include the salary of the teachers), and they are managed by private bodies (usually religious communities). Comprehensive schools used to have a strong vocational focus, offered courses that lasted three years and received the students that obtained lower test scores in the National Certificate of Secondary Education (NCSE), taken during the fifth year of primary education (Jackson, 2010). Nowadays, there are no significant differences between comprehensive and government schools.

During the last year of secondary school, students must take the Caribbean Secondary Education Certificate (CSEC)²⁸ administered by the Caribbean Examinations Council (CXC). The majority of students take tests on five subjects, including English and mathematics (Jackson, 2010). Finally, at the end of secondary school, students must take the Caribbean Advanced Proficiency Examinations (CAPE) in order to apply for a tertiary study programme. This test is valid for entering a program in any Caribbean country.

An important reform of secondary education, the Secondary Education and Modernization Programme (SEMP), was started in 1999. This reform expanded the secondary school system, ensuring five years of schooling for all students, implementing a national curriculum with strong links to the labour market, and developing new teaching technologies (Ministry of Education of Trinidad and Tobago, 2004). Also, Local School Boards were introduced in 2003 with a role in fundraising, providing policy advice and monitoring teachers' quality.

4. Tertiary education system

Tertiary education is administered and overseen by the Ministry of Science, Technology and Tertiary Education. This Ministry certifies the quality of the post-secondary and tertiary education programmes through the Accreditation Council of Trinidad and Tobago (ACTT). The ACTT is on charge of supervising the development of accreditations which are carried by external experts.

²⁷ This figure corresponds to the net enrolment ratio for primary education. However, the gross enrolment rate for primary education in 2009 was 104%.

²⁸ It is equivalent to the British Ordinary Levels examinations (O-levels).

There are four tertiary education institutions in Trinidad and Tobago: the University of the West Indies (UWI) campus Saint Augustine,²⁹ the University of Trinidad and Tobago (UTT), the College of Applied Arts of Trinidad and Tobago (CAATT) and the University of the South Caribbean (a private institution operated by the Seventh-day Adventist Church).

The government has a policy of facilitating access to tertiary studies. This policy comprises two schemes. The first scheme is the Government Assistance for Tuition Expenses (GATE), a scholarship that seeks to make affordable tertiary education for all citizens, promoting social equity and economic development. The second scheme is the Higher Education Loan Programme (HELP), available for all undergraduate and graduate students less than 50 years old enrolled in public and private tertiary institutions in Trinidad and Tobago and within the CARICOM.

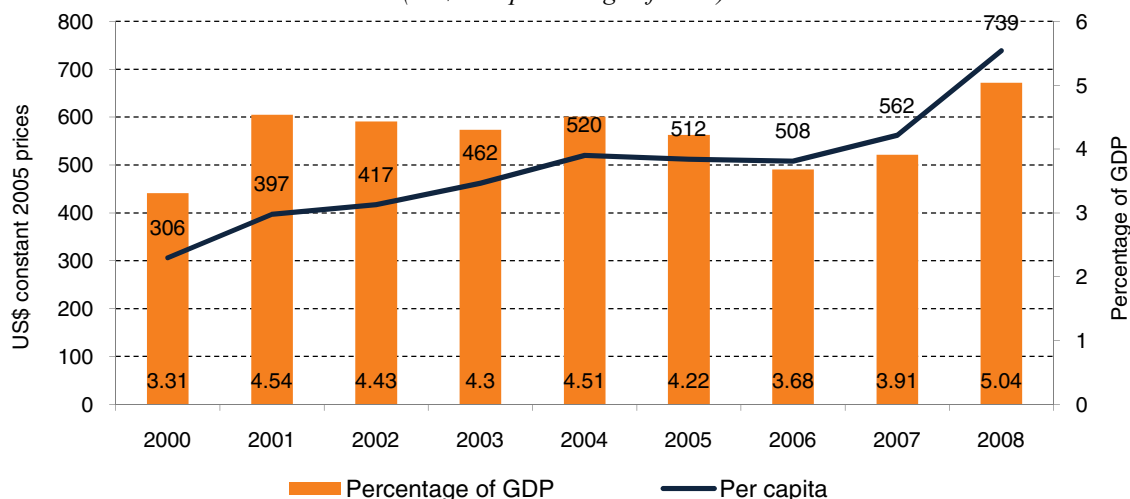
Tertiary education also comprises technical programmes. The Technical and Vocational Education and Training (TVET) are training courses that are coordinated, standardized, monitored and evaluated by the National Training Agency (NTA), “an umbrella agency to provide guidance and cohesion for the continuing development of TVET” (Kuboni, 2002, p. 96). The courses are designed in accordance to the national occupational standards which are agreed between this agency and industrial experts. These occupational standards are also used to determine the criteria of the Caribbean Vocational Qualification (CVQ) scheme, which seeks to establish the required competencies that workers require in different areas within all CARICOM countries. This is an alternative road to higher education for workers to acquire a competence certification, it is portable all over CARICOM countries, and has a parallel standard with academic qualifications at the same level.

B. Social spending in education

During the last decade, public expenditure on education acquired a greater importance in fiscal terms. From 2000 to 2008, social spending on education increased from 3.3% to 5% of GDP. During this period, per capita spending on education also increased, from US\$ 306 in 2000 to US\$ 739 in 2008 (see figure 9).

FIGURE 9
PUBLIC EXPENDITURE ON EDUCATION AS A PERCENTAGE
OF GDP AND PER CAPITA, 2000-2008

(US\$ and percentage of GDP)



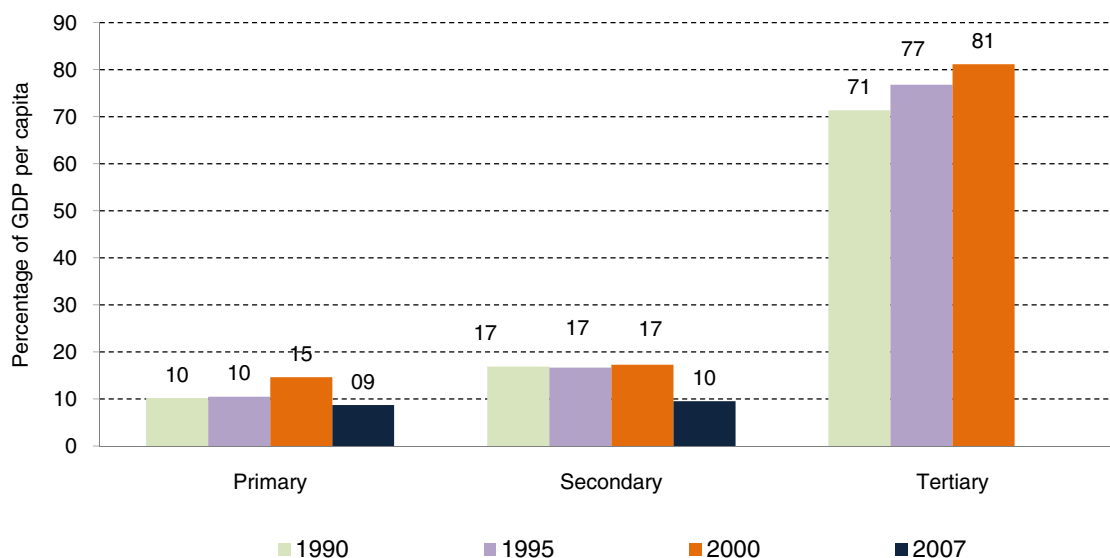
Source: ECLAC, Social Development Division, “*Gasto Social en América Latina y el Caribe: Portal de inversión social en la región*”, [online] <http://dds.cepal.org/gasto/>.

²⁹ UWI has other campuses in Jamaica and Barbados.

However, UNESCO data shows that in Trinidad and Tobago in 2007, compared to previous years, public expenditure on education per student suffered a decline in both primary and secondary public education (see figure 10). In the case of primary education, public expenditure per pupil as a percentage of GDP per capita was 14.6% in 2000 and it declined to 8.7% in 2007, a 5.9 percentage points decline. In the case of secondary education, the reduction was more severe: public expenditure per pupil as a percentage of GDP per capita declined by 7.8 percentage points during the same period.³⁰

FIGURE 10
PUBLIC EXPENDITURE ON EDUCATION PER PUPIL, BY LEVEL,
1990, 1995, 2000 AND 2007^a

(Percentages of GDP per capita)



Source: United Nations Educational, Scientific and Cultural Organization (UNESCO), Institute for Statistics.

^a Information of the public spending per pupil as a percentage of GDP in tertiary education was not available in 2007.

C. Coverage of the education system

According to UNESCO, the coverage of the education system in Trinidad and Tobago is universal at the primary level, while this is not the case with pre primary and secondary education. Between 2000 and 2009, educational coverage experienced a significant increase. The main improvement in coverage took place in early childhood care and education, where the gross enrolment rate climbed from 59.8% in 2000 to 80.7% in 2009. In the case of secondary education, coverage increased by more than 14 percentage points between 2000 and 2008. The gender gap in enrolment rates is favourable to female students in secondary education, although in primary and early childhood education gaps in gross enrolment rates are not significantly favourable to any gender (see table 4).³¹

Dropouts at the primary education level have declined between 2003 and 2009 and, on average, female students have higher completion rates than males at this level (see table 5). However, the transition to secondary education for both males and females fell by 5 percentage points between

³⁰ In 2007 this information was not available for tertiary education.

³¹ At this level the gender gap is not significant.

2003 and 2008.³² Therefore, even if more children are completing primary education, this does not mean an increase in the transition rate to secondary school.³³

TABLE 4
GROSS ENROLMENT RATE BY EDUCATION LEVEL AND GENDER,
2000-2008 AND 2009
(Percentages)

Early childhood care and education	2000	2009
Total	59.8	80.7 ^b
Male	59.5 ^a	81.0 ^b
Female	60.1 ^a	80.4 ^b
Primary		
Total	99.7 ^a	104.0 ^b
Male	100.3 ^a	106.0 ^b
Female	99.2 ^a	102.0 ^b
Secondary		
Total	75.7 ^a	89.9 ^a
Male	72.1 ^a	87.0 ^a
Female	79.4 ^a	93.0 ^a

Source: United Nations Educational, Scientific and Cultural Organization (UNESCO), Institute for Statistics.

^a Estimation from the UNESCO Institute of Statistics.

^b National estimation.

TABLE 5
GROSS PRIMARY GRADUATION RATE BY GENDER, 2003-2009
(Percentages)

Primary	2003	2009
Total	86.7	92.1
Male	85.4	91.2
Female	87.9	93.1

Source: United Nations Educational, Scientific and Cultural Organization (UNESCO), Institute for Statistics.

The trend of repeaters is similar to that of primary school dropouts. On average, women repeat less than men on both primary and secondary school, according to figures for 2009. In the case of primary education, the gender gap has increased between 2000 and 2009 in favour of women: women repeated 1 percentage point less than men in 2000; in 2009, women repeated 2.1 percentage points less than men. In the case of secondary education, the gender gap has reversed also in favour of women: in 2000, women repeated more than men, but in 2009, female repeaters were less than male repeaters, although the gap is only of 0.2 percentage points (see table 6).

Summarizing, the country's school system experienced an overall improvement in its coverage, dropout rates and percentage of repeaters. From a gender perspective, the gaps between women and men are getting closer during the period reviewed, and some of them are pro-women, or the difference is not significant between boys and girls.

³² There is no data available for 2009.

³³ According to UNESCO figures, the effective transition rate from ISCED 1 to ISCED 2 in 2003 was 99%, and in 2008 it declined to 94%. Hence, even if there has been a decline, the rates are still high. ISCED is the acronym of the International Standard Classification of Education, created by UNESCO to standardize levels of education and it is useful for comparisons cross-country and policy analysis.

TABLE 6
REPEATERS, BY EDUCATION LEVEL AND GENDER, 2000-2009
(Percentages)

Education level Gender	2000	2009
Primary		
Total	7.9	5.8 ^a
Male	8.4	6.8 ^a
Female	7.4	4.7 ^a
Secondary		
Total	3.1	1.3 ^a
Male	2.6	1.4 ^a
Female	3.6	1.2 ^a

Source: United Nations Educational, Scientific and Cultural Organization (UNESCO), Institute for Statistics.

^a National estimation.

The educational system of Trinidad and Tobago is characterized by the free access to public schools for all children in primary and secondary education. In the case of private schools, fees are very low. Universal enrolment has been achieved in primary education. However, existing standardized tests such as the SEA may promote segregation at the secondary level, reproducing social gaps among Trinidadians children. A particular issue that marks a difference between the educational system of Trinidad and Tobago and those of Latin American countries, is Caribbean integration, materialized on common exams, common training and vocational education programmes, and universities that facilitate academic exchanges.

VIII. Final remarks

Trinidad and Tobago has been successful in gradually broadening the coverage of contributive and non-contributive services for all the population, aiming to guarantee social protection for all. The creation of a non-contributory social pension—the Senior Citizen’s Grant—is one example of this effort, as it seeks to tackle the persistent exclusion from contributory benefits on the part of the poorest and most vulnerable elders in the country. The country has also increased education rates and has established a free and universal public health system.

Despite embracing firm commitments towards the promotion of social development and achieving progress in the instalment of several policy reforms, there are several problems to consider when examining the overall performance of the social protection and promotion system in Trinidad and Tobago.

In the first place, the availability of detailed information concerning poverty trends and their sensitivity to different reforms, as well as the coverage of health services and the redistributive impact of social protection and promotion policies is reduced. The availability of information is a fundamental matter to develop a comprehensive evaluation of social protection and promotion in the country. Trinidad and Tobago has recently produced official reports on the social situation in the country, such is the case of the Vision 2020 document and the Social Sector Investment Programme that is published yearly. However, the lack of information concerning the behaviour of social expenditure once the economic crisis hit the country in 2009 sets obstacles towards a comprehensive analysis on the capacity of the social protection system to protect citizens effectively.

In the second place, reforms need to be carried out within the contributory sector, in order to extend its coverage and increase the protection of an important part of the population which works within the informal labour market. The coverage of social security is relatively high compared to Latin American countries. However, the self-employed population, accounting for almost 20% of the employed population, relies mostly on State assistance when retired and lacks access to social security benefits.

In the third place, although the existing social grants and the conditional cash transfer programme have expanded the basic network of social protection for the poor and vulnerable, their coverage is still quite limited and there are questions if many remain unprotected still.

In the fourth place, the education system in Trinidad and Tobago has reached an important coverage, especially at the primary level, and there are not significant gender gaps. Nevertheless, the risk of educative segregation is high at the secondary education, due to the implementation of the

SEA test as a method to select students entering the best and worst performance institutions. In particular, increasing co-ordination and intersectoral work and performance seem to be one of the main institutional challenges ahead for the country.

The consolidation of an integrative social protection and promotion system represents an important opportunity for the country to deepen both the coverage and the results of social development policies. However, this would also require a decisive institutional commitment towards articulating actions to this aim, something that will surely demand a considerably level of debate within the country in the coming years.

Bibliography

- Anderson, J. O., George, J. and Herbert, S. (2009), “Factors impacting on student learning: A preliminary look at the National Test of Trinidad and Tobago”, *Caribbean Curriculum*, vol. 16, No. 2.
- Belcon, Michael and others (2008), “Analysis of national healthcare systems: searching for a model for developing countries - Trinidad and Tobago as a test case”, *Public Administration & Management*, vol. 13, No. 3.
- Cecchini, S., and Martínez, R. (2011), Inclusive *Social Protection in Latin America: A Comprehensive, Rights-based Approach* (LC/G.2488-P), ECLAC Book No. 111, Santiago, Chile, Economic Commission for Latin America and the Caribbean. United Nations Publication, Sales No. E.11.II.G.23.
- Cecchini, Simone and Madariaga, Aldo (2011), *Conditional Cash Transfer Programmes. The Recent Experience in Latin America and the Caribbean* (LC/G.2497-P), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC) and Swedish International Development Cooperation Agency (SIDA). United Nations Publication, Sales No. S.11.II.G.55.
- Cercone, James (2006), “Análisis de situación y estado de los sistemas de salud de países del Caribe”, *Financiamiento del Desarrollo series*, No. 185, Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC) and German Agency for Technical Cooperation (GTZ). United Nations Publication, Sales No. S.06.II.G.144.
- ECLAC (Economic Commission for Latin America and the Caribbean) (2012), *Social Panorama of Latin America 2011* (LC/G.2514-P), Santiago, Chile. United Nations Publication, Sales No. S.12.II.G.6.
- _____ (2011a), *Social Panorama of Latin America 2010* (LC/G.2481-P), Santiago, Chile. United Nations Publication, Sales No. S.10.II.G.6.
- _____ (2011b), *Preliminary Overview of the Economies of Latin America and the Caribbean 2011*, (LC/G.2512.P), Santiago, Chile. United Nations Publication, Sales No. S.12.II.G.2.
- _____ (2011c), “Gasto social en América Latina y el Caribe. Portal de inversión social en la región” [Online] <http://dds.cepal.org/gasto/indicadores/ficha/query.php>.
- _____ (2011d), *Caribbean Indicators System for social statistics and Millennium Development Goals Monitoring of ECLAC* [online] <http://cis-d.cepal.org/indicadores/countries.php?view=&orderby=nombre&cat=15034&patron=&ont=&pag=2>.
- Government of the Republic of Trinidad and Tobago (2011) *Social Sector Investment Programme 2012: From steady foundation to economic transformation. Safety, jobs, investment*. Port of Spain.
- _____ (2010), *Social Sector Investment Programme: Turning the economy around. Partnering with all our people*, Port of Spain.
- _____ (2005), *Vision 2020 Draft National Strategic Plan* [online] http://www.meetmanning.com/home/pdf/national_plan.pdf.

- Hailu, D., and Pemberton, C. (2007), A Note on Targeted Conditional Cash Transfer Programme (TCCTP) in Trinidad and Tobago, Brasilia, International Policy Centre for Inclusive Growth (IPC-IG), United Nations Development Programme (UNDP)
- (IDB) Inter-American Development Bank (2011), Social Safety Net Reform Program: Loan Proposal (TT-L1014), Washington DC. [online] <http://idbdocs.iadb.org/wsdocs/getdocument.aspx?docnum=36483191>.
- _____ (2009), Trinidad y Tobago: Programa de apoyo para un sistema de educación funcional (TT-L1005), Washington DC. [online] <http://idbdocs.iadb.org/wsdocs/getdocument.aspx?docnum=2026326>.
- IOPS (International Organisation of Pension Supervisors) (2011), Trinidad and Tobago [online] <http://www.iopsweb.org/dataoecd/58/43/48698602.pdf>.
- Jackson, K. (2010), “Do students benefit from attending better schools? Evidence from rule-based student assignments in Trinidad and Tobago”, *The Economic Journal*, vol. 120, No. 549.
- Kuboni, O. (2002), “Quality assurance in the delivery of TVET programmes via ODL: the case of a small island developing State”, *Perspectives on Distance Education: Skills Development through Distance Education*, A. Mishra and J. Bartram (eds.), Vancouver, The Commonwealth of Learning.
- Mendoza, Armando and Roberto Machado (2009), “The escalation in world food prices and its implications for the Caribbean”, *Caribbean Development Report*, vol. 2 (LC/CAR/L.179), Economic Commission for Latin America and the Caribbean [online] <http://www.eclac.cl/cgi-bin/getprod.asp?xml=/publicaciones/xml/3/38253/P38253.xml&xsl=/portofspain/tpl-i/p9f.xsl&base=/portofspain/tpl-i/top-bottom.xsl>.
- Mendoza, Patricia and Sheila Stuart (s/ref), “Caribbean Millennium Development Goals Report 2010”, *Studies and Perspectives series* [online] <http://www.cepal.org/publicaciones/xml/2/45442/LCARL.371.pdf>.
- McFarlane, Jeffrey (2008), “Social security for self-employed persons. The Trinidad and Tobago experience”, *Technical Seminar in the English-speaking Caribbean*, International Social Security Association (ISSA), Hamilton, Bermuda, May.
- Ministry of Education of Trinidad and Tobago (2004), “Quality education for all young people: challenges, trends priorities”, *National Report on the Development of Education in Trinidad and Tobago 2004*, Port Spain.
- Ministry of Health of Trinidad and Tobago (2011), “Statistics centre” [online] www.health.gov.tt/sitepages/default.aspx?id=122.
- MLSMED (Ministry of Labour and Small and Micro Enterprise Development) (2011a), “Brief on decent work” [online] <http://www.molsmed.gov.tt/Resources/DocumentLibrary/tabid/87/Default.aspx>.
- _____ (2011b), Website of the Ministry [online] <http://www.molsmed.gov.tt/>.
- PAHO (Pan American Health Organization) (2008), *Health systems profile Trinidad and Tobago. Monitoring and analyzing health systems change/reform*, Washington D.C., third edition, October.
- SSA (Social Security Administration) (2011), “Reforms, Trinidad and Tobago” [online] <http://www.issa.int/Observatory/Country-Profiles/Regions/Americas/Trinidad-and-Tobago/Reforms2>.
- Social Security Online (2009), *Social security programs throughout the world: The Americas, “Research, Statistics, & Policy Analysis”* [online] <http://www.ssa.gov/policy/docs/progdesc/ssptw/2008-2009/americas/index.html>.
- Wattie, W.A. (2009), “Caribbean Sub-regional Meeting to Assess the Implementation of the Programme of Action of the International Conference on Population and Development (ICPD) - 15 years after its adoption”, Republic of Trinidad and Tobago - Country Brief, St. John's, Antigua and Barbuda.
- World Bank (2009), “Strengthening Caribbean pensions: improving equity and sustainability. Latin America and the Caribbean”, Report No. 47673, Human Development Group.
- UNESCO/OIE (United Nations Educational, Scientific and Cultural Organization /International Bureau of Education) (2010), *World Data on Education, 7th edition, 2010/2011*.

This report is part of a series of national case studies aimed at disseminating knowledge on the current status of social protection systems in Latin American and Caribbean countries, and at discussing their main challenges in terms of realizing the economic and social rights of the population and achieving key development goals, such as combating poverty and hunger.

Social protection has emerged in recent years as a key concept which seeks to integrate a variety of measures for building fairer and more inclusive societies, and guaranteeing a minimum standard of living for all. In particular, social protection is seen a fundamental mechanism for contributing to the full realization of the economic and social rights of the population—to social security, labour, the protection of adequate standards of living for individuals and families, as well as the enjoyment of greater physical and mental health and education.

Albeit with some differences due to their history and degree of economic development, many Latin American and Caribbean countries are at now the forefront of efforts to establish these guarantees by implementing various types of transfers, including conditional cash transfer programmes and social pensions, and expanding health protection. One of the key challenges that the countries of the region face, however, is integrating the various initiatives within social protection systems capable of coordinating the different programmes and State institutions responsible for designing, financing, implementing, regulating, monitoring and evaluating programmes, with a view to achieving positive impacts on living conditions.



Economic Commission for Latin America and the Caribbean (ECLAC)
Comisión Económica para América Latina y el Caribe (CEPAL)
www.eclac.org



dds.cepal.org/socialprotection