



Trinidad & Tobago
Red Cross Society

Health Programme

2022 - 2026

“Safeguarding Society Through Mind and Body”

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VOLUNTEER

**FOOD
SUPPLIES**

Medicine

FOREWORD

Health is an inalienable right of all people without any regard to race, religion, colour, nationality, sex or origin. In its absence, the full potential and capabilities of individuals as active, productive and responsible members of society cannot be realized.

In 2021, Trinidad and Tobago – and the world found themselves in an unprecedented situation. The COVID-19 pandemic has exposed persistent inequalities by, age, geography, income, race and sex. Despite recent global health advancements, across the world, people continue to face complex, interconnected threats to their health and well-being, which are entrenched in social, economic, political and environmental determinants.

In response to this, the TTRCS has risen to the challenge and developed its Health Programme 2022-2026. Our five-year programme is aptly themed “Safeguarding Society Through Mind and Body” in recognition of the fact that wellness is not just from physical health and the complex relationship that exists between physical and mental health.

This Health programme is ambitious and sets out to expand the reach of the TTRCS both in terms of geographical coverage and services available in the hopes of reducing the growing inequalities exposed by COVID-19.



*Ms. Jill Debourg,
President, Trinidad and Tobago Red Cross Society.*

The five-year programme establishes two pillars to guide the TTRCS efforts: (i) Positive Mental Health and Well-Being and (ii) Integrated Community-Based Health. Together, these pillars aim to provide increased access to health care and build on the TTRCS’ long-standing legacy of involvement and support in the health sector.

ACKNOWLEDGEMENTS

The Trinidad and Tobago Red Cross Society expresses its deepest appreciation to everyone who supported the development of this Health Programme for 2022-2026.

We recognize our extraordinary staff and volunteers who gave their time and knowledge through the consultation process. We also wish to recognise the invaluable contributions of Ms Dawn Byng and Ms Fabiana Rodriguez Lopez of the IFRC, and the Director of Health, Dr. Cindy-Ann Badaloo.

Finally, we are especially thankful for the technical guidance and financial support provided by the International Federation of Red Cross and Red Crescent Societies in preparing this milestone document.

Thank you.

TRINIDAD AND TOBAGO

RED CROSS SOCIETY

HEALTH

PROGRAMME

2022 - 2026

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LIST OF ACRONYMS AND ABBREVIATIONS

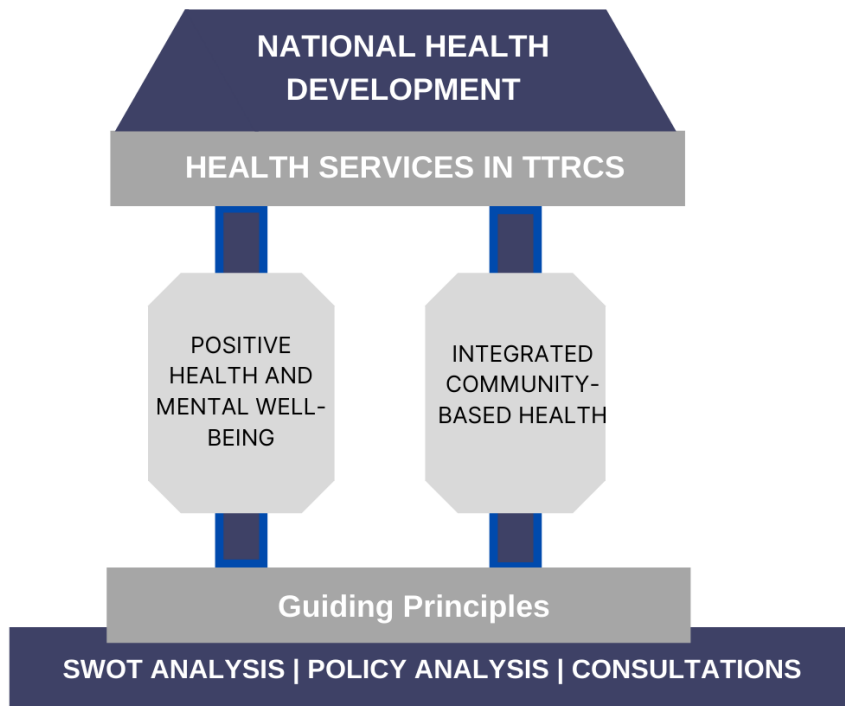
APTT	Association of Psychiatrists of Trinidad and Tobago
CANPA	Caribbean Alliance of National Psychological Associations
CATT	Children’s Authority of Trinidad and Tobago
CBHFA	Community Based Health and First Aid
CNCD	Chronic Non-Communicable Diseases
FITT	Franciscan Institute Trauma Team
HIV	Human Immunodeficiency Virus
ICRC	International Committee of the Red Cross
IFRC	International Federation of Red Cross and Red Crescent Societies.
KPI	Key Performance Indicator
MHPSS	Mental Health and Psychosocial support
MOA	Ministry of Agriculture
MOE	Ministry of Education
MOH	Ministry of Health
MSDFS	Ministry of Social Development and Family Services
MYDNS	Ministry of Youth Development and National Service
PAHO	Pan-American Health Organisation
PMER	Project Monitoring Evaluation and Reporting
PFA	Psychological First Aid
PM+	Problem Management Plus
RCRC	Red Cross and Red Crescent Movement
RHA	Regional Health Authorities
SDG	Sustainable Development Goals
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
TTAP	Trinidad and Tobago Association of Psychologists
TTASW	Trinidad and Tobago Association of Social Workers
TTPS	Trinidad and Tobago Police Service
TTRCS	Trinidad and Tobago Red Cross Society
USD	United States Dollar
UWI	University of the West Indies
WASH	Water, Sanitation and Hygiene



**Trinidad & Tobago
Red Cross Society**

Executive Summary

HEALTH PROGRAMME
2022-2026
[AT A GLANCE]



Established on a bedrock of technical assessment and stakeholder engagement, this Health Programme 2022-2026 established three pillars of work to make the Trinidad and Tobago Red Cross Society an exemplar in health services in Trinidad and Tobago

PROGRAMME BY NUMBERS





**Trinidad & Tobago
Red Cross Society**

Executive Summary

ANTICIPATED PROGRAMME MILESTONES

- ▶ **2023**
 - The TTRCS will have a dedicated focus on MHPSS progression and integration.
 - All TTRCS supported primary and secondary schools along with youth champions will have access to education materials regarding healthy lifestyles, balanced diet, the importance of mental health and good lifestyle practices.

- ▶ **2024**
 - The TTRCS will implement Problem Management Plus (PM+) programme

- ▶ **2026**
 - All TTRCS staff, volunteers and communities will be trained in Psychological First Aid
 - The TTRCS will improve health and hygiene behaviour access to vulnerable people and communities.
 - The TTRCS will establish a free health clinic and offer free digital-care alternatives for local health services.

REQUIRED CAPACITY NEEDS



HEALTH COORDINATOR



HEALTH PMER OFFICER



MONITORING AND EVALUATION



**Trinidad & Tobago
Red Cross Society**

Executive Summary

Table 1- Summary of the estimated value of the Health Programme 2022-2026

Pillar	In-Kind	Self-Funded	External Requested	Total
1 – Positive Mental Health And Well-Being	USD\$186,588.00 TTD \$1,212,822.00	USD\$7,200.00 TTD\$46,800.00	USD \$41,200.00 TTD \$267,800.00	USD \$234,988.00 TTD \$1,527,422.00
2 - Integrated Community-Based Health	USD \$1,546,492.00 TTD \$10,052,198.00	- -	USD \$381,000.00 TTD \$2,476,500.00	USD \$1,927,492.00 TTD\$12,528,698.00
Health Unit Additional Human Resources	- -	- -	USD \$184,615.38 TTD \$1,200,000.00	USD \$184,615.38 TTD \$1,200,000.00
Complete Health Programme	USD \$1,733,080.00 TTD \$11,265,020.00	USD\$7,200.00 TTD\$46,800.00	USD \$606,815.38 TTD \$3,944,300.00	USD \$2,347,095.38 TTD\$15,256,120.00

*'In kind' = non-cash contributions by TTRCS or its partners; 'self-funded' = paid from TTRCS business earnings;

'External Requested' = sourced through grants, donations, or loans.



01. BACKGROUND ON IMPLEMENTING ENTITY

The Trinidad and Tobago Red Cross Society (TTRCS) is a non-profit organisation incorporated under the law to serve as a humanitarian auxiliary to the government of Trinidad and Tobago. It has traditionally focused its resources on providing communities with disaster preparedness and quality health programmes designed to empower the most vulnerable in society.

The TTRCS is one of 192 national societies, and together with the International Federation of the Red Cross and Red Crescent Societies (IFRC) and the International Committee of the Red Cross (ICRC) form the global Red Cross and Red Crescent (RCRC) Movement. All within the movement share common fundamental principles but are not linked hierarchically. Thus, the TTRCS is an autonomous organisation that carries out humanitarian activities within the context of its own rules, national policies, and laws.

Section 5 of the Red Cross Society (Incorporation) Act, 1963, details the governance structure of the TTRCS. The TTRCS is controlled and administered by a Governing Council comprised of 36 members, some elected and some appointed. An Executive Committee comprised of 15 of the Governing Council's members is responsible for governing the Trinidad and Tobago Red Cross Society when the Council is not in session. The TTRCS uses a branch-focused model of working with technical support provided by headquarters. The TTRCS has branches in Port-of-Spain, San Fernando, and Scarborough, Tobago. The work of the TTRCS is undertaken by a staff of approximately 100 persons and a network of over 1000 volunteers with the support of the IFRC and multiple national-level public, private and non-governmental sector partners.

The TTRCS uses a social enterprise model for financing its activities allowing it to 'do well while doing good'. An In-house Finance Unit shoulders the fiduciary responsibility of the organisation. Funds are raised through a combination of donor-supported projects, and income generated through first aid training and ambulance services provided by the Business Unit. Staff salaries are not purely project dependent and as such, the TTRCS can retain specialist skills and institutional knowledge even after specific projects have ended. As a result of this, the organisation retains strong project management competence from its legacy of projects conservatively estimated at over US\$2 million annually.

02. RATIONALE FOR A HEALTH PROGRAMME

Health is defined as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” and is an inalienable right of all people without any regard to race, religion, colour, nationality, sex or origin. In the absence of health, the full potential and capabilities of individuals as active, productive and responsible members of society cannot be realized.

Ensuring healthy lives and promoting well-being at all ages is essential to sustainable development. While there have been significant medical advances and improvements in global human health. Individuals continue to face a multifaceted mix of interconnected risks to their general health and well-being. The greatest of these risks and vulnerabilities stem from the result of multiplier effects from population movements, epidemics, conflicts, non-communicable diseases, natural and technological disasters, and climate change.

Recognizing the need for greater stewardship in ensuring that health care remains accessible to all people despite background and circumstance. The TTRCS has sought to develop a Health programme that: (i) leverages its strengths, (ii) bolsters its weaknesses, (iii) capitalizes on opportunities emerging in the global landscape, and (iv) leverages partnerships to minimize threats and enhance synergies.

Figure 1 - SWOT Analysis Of The TTRCS Undertaking A Health Programme

<p>STRENGTHS</p> <ol style="list-style-type: none"> 1. Legacy of community-based action. 2. A strong base of volunteers. Volunteers from different areas lend to a wide array of available consultations-obstetrics and gynaecology, paediatrics, general medicine, HIV, PSP, VCT etc. 3. Enthusiastic, creative, and dedicated staff. 4. Deep mastery of first aid and emergency response services 5. Participatory vulnerability and capacity assessments. 6. Strong project management resources internally. 7. Technical Support from the IFRC. 8. Solid geographic distribution of offices and an office-based approach to implementation. 9. Sustainable financing model that allows for staff retention. 10. Strong, recognizable brand. 	<p>WEAKNESSES</p> <ol style="list-style-type: none"> 1. Management vacancies for the health unit. 2. Limited marketing and sales on merchandise. 3. Existing business contracts require revision. 4. Lack of transparency.
<p>OPPORTUNITIES</p> <ol style="list-style-type: none"> 1. Strong international mandate 2. A good working relationship with the Government and acceptance of the auxiliary role of the TTRC is recognized and appreciated by public authorities. 3. Huge potential for corporate membership drive. 4. Availability of Global financial flows in the area of health. 	<p>THREATS</p> <ol style="list-style-type: none"> 1. Increase of local and international NGOs providing the same services and competing with NS for the same resources. 2. COVID 19 pandemic has constrained in-person activities and community gatherings. 3. These limits return to on-the-ground action and volunteerism.

In addition to the intuitive and moral basis of adopting a health programme, there exist legislative, institutional and policy imperatives of the TTRCS. Some of the overarching considerations include, but are not limited to:

1. Legislative Alignment.

Section 4(a) and 4(d) of the Red Cross Society (Incorporation) Act, 1963 states, the organisation’s “purpose” as, inter alia, ‘to prevent and alleviate suffering’ and ‘to carry on and assist in the work of improvement of health, the prevention of disease and the mitigation of suffering’. The creation of a 5-

year health program establishes a clear commitment to the purpose. Furthermore, the creation of a plan establishes priorities, activities and quantifies performance levels to be successful.

2. Policy Alignment

The TTRC's purpose directly aligns with three health policies enacted within Trinidad and Tobago. These include 1) *National Sexual and Reproductive Health Policy* which focuses on guaranteeing universal access to comprehensive Sexual and Reproductive Health (SRH) to all persons in need and requiring it. 2) *Health policy for immigrants* which states that non-nationals are entitled to receiving emergency medical services and all population and public health services. Lastly, the *National Strategic Plan for the Prevention and Control of Non-Communicable Diseases: Trinidad and Tobago 2017 – 2021* stipulates a reduce the burden of preventable mortality (before the age of 70) due to heart diseases, diabetes, cancer, and stroke by 25% by the year 2025.

3. Multilateral Environmental Agreement Alignment

Trinidad and Tobago's National Development Strategy (Vision 2030) is aligned with the United Nations 2030 Agenda for Sustainable Development (UN SDGs) and as such a health plan details the TTRCS' thrust towards national development. The health goal (SDG 3) is broad: 'Ensure healthy lives and promote well-being for all at all ages 'and shares linkages with all the other goals.

4. Institutional Alignment.

A five-year health program for the TTRCS cements commitments to the IFRC's Strategy 2030 goal of people leading safe, healthy and dignified lives, and having opportunities to thrive along with aligning the IFRC Health and Care Framework 2030.

03. HEALTH PROGRAMME 2022 – 2026

3.1 Guiding Principles

The face of health undergoes rapid changes both from positive interventions such as the discovery of new pharmaceuticals and medical technologies, as well as negatively where diseases emerge and spread such as what occurred with the novel coronavirus and its variants.

Due to many of the risk factors and vulnerabilities that affect individual general well-being stemming from multiple dynamic causes, this programme identifies the activities thought to be most appropriate given our best present judgement. These activities may not be suitable if circumstances change and, thus this 5-year programme is designed on internationally recognized flexible principles.

This program is governed by the RCRC Movement core principles of Humanity, Impartiality, Neutrality, Independence, Voluntary Service, Unity and Universality.

THE 7 FUNDAMENTAL PRINCIPLES OF THE RCRC MOVEMENT



Humanity

The Movement strives to alleviate human suffering, ensure respect, promote mutual understanding, cooperation and lasting peace.



Impartiality

Zero discrimination in the endeavours of the Movement.



Neutrality

The Movement does not 'take sides' in any hostile or controversial situation, so that all can be assisted.



Independence

The Movement maintains its autonomy, although being associated with governments. They can therefore act in accordance with the Movement's principles.



Voluntary Service

A voluntary relief movement without the motive of personal gain.



Unity

To ensure that the Movement carries out its duties in a harmonised manner throughout the territory, one society exists for Trinidad & Tobago.



Universality

All societies worldwide share equal status and help each other to achieve their duties.

3.2 Overview: A Multi-Dimensional Programme

Established on analysis of the shifting national and global landscape, and an analysis of the TTRCS and IRFC strategic plans and frameworks this programme has identified two pillars of work. These pillars are:

- 1. POSITIVE MENTAL HEALTH AND WELL-BEING**
- 2. INTEGRATED COMMUNITY-BASED HEALTH**

The pillars represent clusters of objectives and activities that align with the defined purpose of the Red Cross. activities have been grouped to align with donor funding interest so that this programme-in whole or in part- can be conveniently submitted for funding. Notwithstanding, the pillars are not mutually exclusive, as the pathway to improved individual health draws upon varied determinants.

Figure 2 illustrates synergies between the three pillars of the TTRCS youth programme and the strategic aims and priorities of the TTRCS.

Figure 2 - Interconnectivity of TTRCS' Programmes

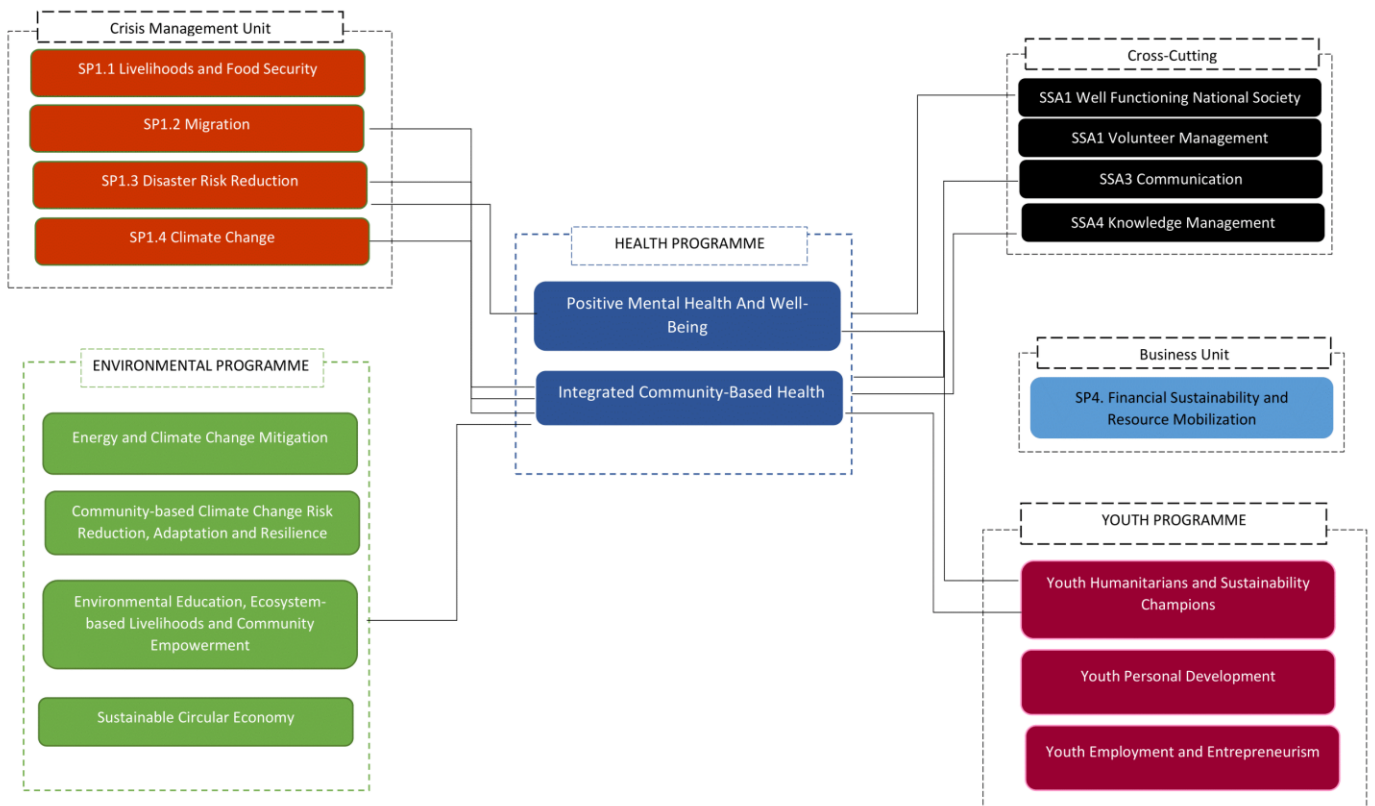
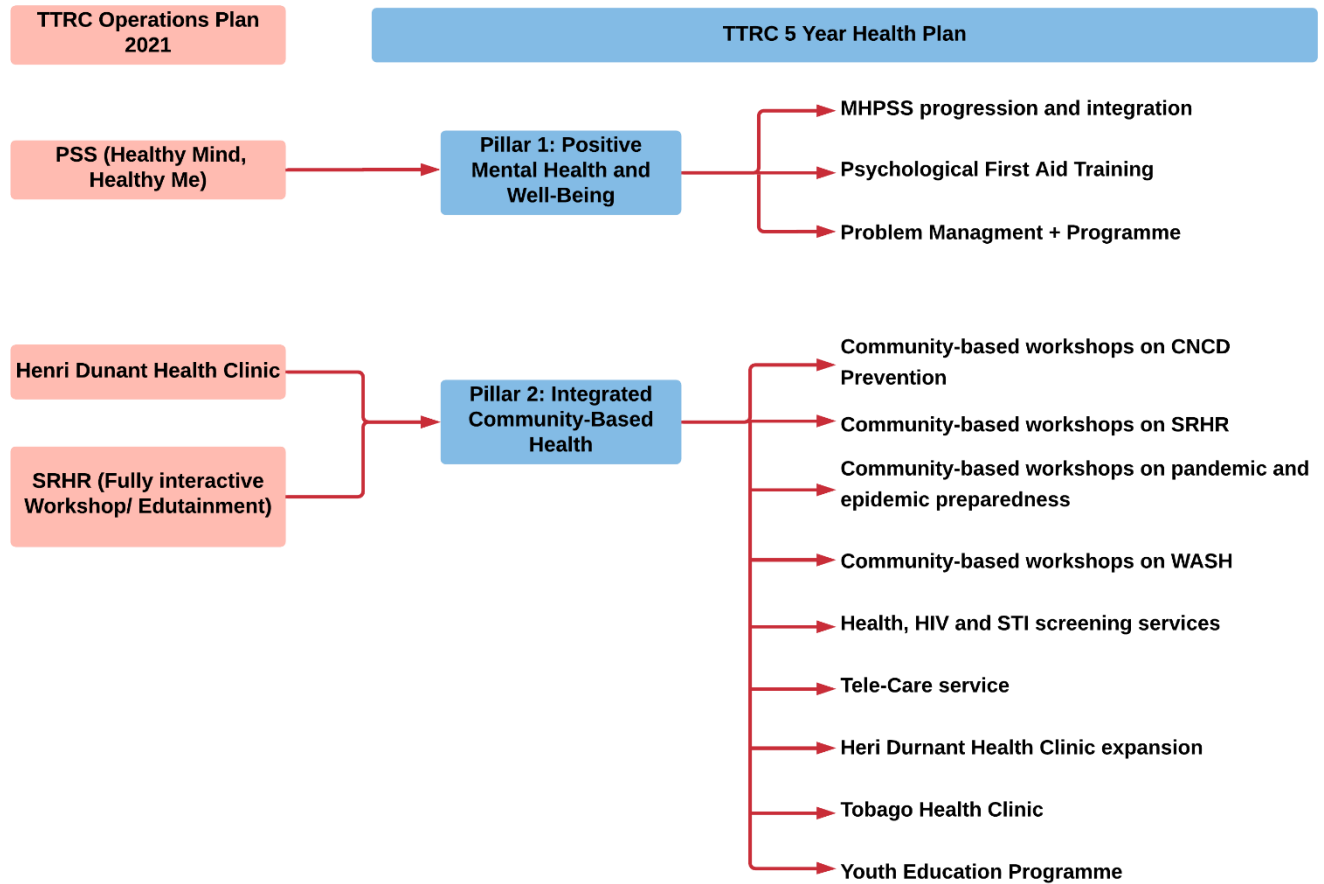


Figure 3 - Interconnectivity of TTRC Operations Plan 2021 and this 5 Year Health Plan



3.3 Pillar 1: Positive Mental Health and Well Being

Good mental health is fundamental to the overall health and well-being of a population. It contributes to functioning individuals, families and communities. Rising mental health issues such as depression and anxiety place increasing strain on individuals, communities and health systems. Linked to this are increasing rates of loneliness, involuntary isolation and emerging areas of digital isolation that prevent people from having socially connected lives.

The execution of this pillar will rely on the support of the Trinidad and Tobago Mental Health and Psychosocial Support Network (MHPSS Network) and the Technical Working Group of the MHPSS. The TTRCS is a member of the network and working group.

The Technical Working Group comprises of the following organisations: Ministry of Health (MOH), Pan-American Health Organisation (PAHO), Regional Health Authorities (RHAs), Ministry of Social Development and Family Services (MSDFS), Ministry of Community Development, Ministry of Education (MOE), the University of the West Indies (UWI), Trinidad and Tobago Police Service (TTPS), Office of the Prime Minister, Ministry of Gender and Child Affairs, Children's Authority of Trinidad and Tobago (CATT), Trinidad and Tobago Association of Psychologists (TTAP), Association of Psychiatrists of Trinidad and Tobago (APTT), Trinidad and Tobago Association of Social Workers (TTASW), Caribbean Alliance of National Psychological Associations (CANPA), Trinidad and Tobago Red Cross Society, The Franciscan Institute Trauma Team (FITT), Consortium of Persons with Disabilities s- Umbrella for Disabilities, Mindful kites, Douglas and Associates Ltd., The Art Therapy Association of Trinidad and Tobago, PEAPSL Consultancy Ltd., RN Vincent and Associates, Lifeline, Childline, Mindwise, GROOTS TT, Alzheimer's Association of Trinidad and Tobago, and CAISO Sex and Gender Justice.

3.3.1 Goal and Objectives

Pillar 1. Positive Mental Health And Well-Being

Goal: Ensure impartial access to mental health and psychosocial support and prioritize prevention and early response

Objectives and Activities:

- **By 2023, the TTRC will have a dedicated focus on Mental Health and Psychosocial Support (MHPSS) progression and integration**
 - Prepare programs that target the Movement's mental health and psychosocial support framework using the recommended multi-layered approach.
 - Promote psychological support to staff and volunteers.
- **By 2024, the TTRC will implement Problem Management Plus's (PM+) programme**
 - Preparation of Train-the-Trainer and code of conduct manual in PM+ to training volunteers
 - Roll out PM+ to the public
- **By 2026, All TTRC Staff, volunteers and communities will be trained in Psychological First Aid (PFA)**
 - Preparation of a Train-the-Trainer manual and guide for empowering TTRCS staff to train community members on proper PFA techniques.
 - Undertake at least 30 community/school/public workshops on implementing PFA.

3.3.2 Programme Details

Table 2 - Activities, Outputs and Outcomes for 'Positive Mental Health and Well-Being

ACTIVITY	DURATION	INPUTS/ RESOURCES REQUIRED	OUTPUTS	OUTCOMES	KEY PERFORMANCE INDICATORS	BENEFICIARIES	POTENTIAL KEY PARTNERS	TYPE OF FUNDING	ESTIMATED COST (USD)
<i>By 2023, the TTRC will have a dedicated focus on MHPSS progression and integration</i>									
Prepare programs that target the Movement's mental health and psychosocial support framework using the recommended multi-layered approach.	3 months	<ul style="list-style-type: none"> • Consultant(s) w/ the requisite experience. • Team comprised of TTRCS staff and volunteer members. • 3 consultations with staff 	<ul style="list-style-type: none"> • Templates and guidebooks. • 3 consultations with staff to validate material contained in templates and guides. • At least 3 train-the trainer workshops. 	The TTRC will have established programs that meet the requirements of the mental health and psychosocial support framework	<ul style="list-style-type: none"> • No. of meetings conducted. • No. of individuals trained • MHPSS Program Report and relevant "Train the Trainer" Manuals 	<ul style="list-style-type: none"> • Trinidad and Tobago Red Cross Society • TTRCS' supported communities. 	<ul style="list-style-type: none"> • Ministry of Health Technical Working Group on MHPSS Support Network. 	External, In- Kind	\$3,096.00
Promote psychological support to staff and volunteers.	Annually	<ul style="list-style-type: none"> • Team comprised of TTRCS and volunteer members. 	<ul style="list-style-type: none"> • Promotion of psychological support services available to staff and volunteers. 	The TTRC will have established avenues for staff and volunteers to seek assistance.	<ul style="list-style-type: none"> • No. of sessions conducted • No. of promotional materials created 	<ul style="list-style-type: none"> • Trinidad and Tobago Red Cross Society 		In-Kind	\$500.00

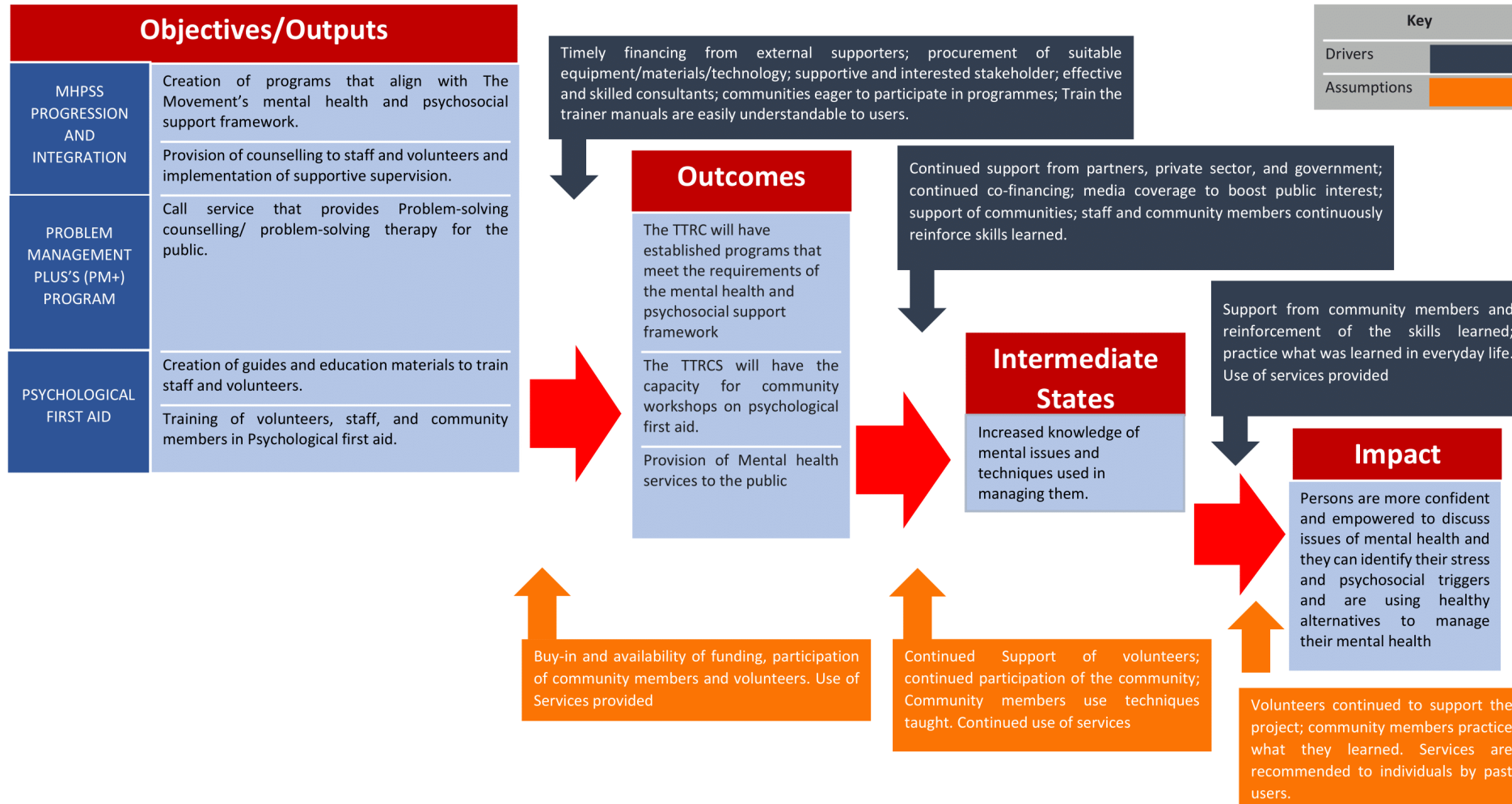
TRINIDAD AND TOBAGO RED CROSS SOCIETY HEALTH PROGRAMME 2022 - 2026

ACTIVITY	DURATION	INPUTS/ RESOURCES REQUIRED	OUTPUTS	OUTCOMES	KEY PERFORMANCE INDICATORS	BENEFICIARIES	POTENTIAL KEY PARTNERS	TYPE OF FUNDING	ESTIMATED COST (USD)
<i>By 2024, the TTRC will implement Problem Management Plus's (PM+) programme</i>									
Preparation of Train-the-Trainer and code of conduct manual in PM+ to training volunteers.	2 Months	<ul style="list-style-type: none"> • Consultant(s) w/ the requisite experience. • Team comprised of TTRCS and volunteer members. • 2 consultations with staff 	<ul style="list-style-type: none"> • Templates and guidebooks • 1 consultation with staff to validate material contained in templates and guides. • At least 3 train-the-trainer workshops. 	The TTRC will have an established PM+ implementation guide	<ul style="list-style-type: none"> • No. of individuals trained • PM+ "Train the Trainer" Manual 	<ul style="list-style-type: none"> • Trinidad and Tobago Red Cross Society • TTRCS' supported communities. 	<ul style="list-style-type: none"> • Ministry of Health Technical Working Group on MHPSS Support Network. 	External, In-Kind	\$3,096.00
Roll out of PM+ Service to the public virtually and in person.	60 Months	<ul style="list-style-type: none"> • Staff and volunteers knowledgeable in PM+ • Training materials. • "Train the Trainer" Manual • Call Centre Infrastructure 	<ul style="list-style-type: none"> • Problem-solving counselling/ problem-solving therapy for the general public. 	TTRC will be able to offer online PM+ services to the population	<ul style="list-style-type: none"> • No. of Sessions held. 	<ul style="list-style-type: none"> • TTRCS' supported communities 	<ul style="list-style-type: none"> • IFRC • MOH • MSDFS • PAHO 	External, In-kind, Self-funded	\$222,300.00

TRINIDAD AND TOBAGO RED CROSS SOCIETY HEALTH PROGRAMME 2022 - 2026

ACTIVITY	DURATION	INPUTS/ RESOURCES REQUIRED	OUTPUTS	OUTCOMES	KEY PERFORMANCE INDICATORS	BENEFICIARIES	POTENTIAL KEY PARTNERS	TYPE OF FUNDING	ESTIMATED COST (USD)
<i>By 2026 All TTRC Staff, volunteers and communities will be trained in Psychological First Aid</i>									
Preparation of a Train-the-Trainer manual and guide for empowering TTRCS staff to train community members on proper PFA techniques.	3 Months	<ul style="list-style-type: none"> • Consultant(s) w/ the requisite experience. • Team comprised of TTRCS and volunteer members. • 3 consultations with staff 	<ul style="list-style-type: none"> • Templates and guidebooks • 3 consultations with staff to validate material contained in templates and guides. • At least 3 train-the-trainer workshops. 	The TTRC will have an established PFA implementation guide	<ul style="list-style-type: none"> • No. of individuals trained • PFA “Train the Trainer” Manual 	<ul style="list-style-type: none"> • Trinidad and Tobago Red Cross Society • TTRCS’ supported communities 	<ul style="list-style-type: none"> • Ministry of Health Technical Working Group on MHPSS Support Network. 	External, In-Kind	\$3,096.00
Undertake at least 30 community/school/public workshops on implementing PFA.	60 months	<ul style="list-style-type: none"> • Staff knowledgeable and equipped to train community members/schools in PFA • Training materials. • Community Participants. • “Train the Trainer” Manual 	<ul style="list-style-type: none"> • Quarterly Community based workshops in a TTRCS supported community. 	Community members, students and members of the public will have practical skills in managing their mental health.	<ul style="list-style-type: none"> • No. of workshops executed. • No. of Participants 	<ul style="list-style-type: none"> • TTRCS’ supported communities 	<ul style="list-style-type: none"> • MOH • MSDFS • Rotary Clubs • United Way 	In-kind	\$2,900.00

3.3.3 Theory of Change



3.3.4 Budget

Table 3 - Budget for Activities Under Positive Mental Health and Well-Being

Budget Items	Total (USD)	External Requested	Self-Funded	In - Kind
<i>Prepare programs that target The Movement's mental health and psychosocial support framework using the recommended multi-layered approach</i>				
ACTIVITY SUB-TOTAL	\$3,096.00	\$3,000.00		\$96.00
I. Personnel	\$3,096.00	\$3,000.00		\$96.00
<i>A. Salaries and Wages</i>	<i>\$3,096.00</i>	<i>\$3,000.00</i>		<i>\$96.00</i>
(1) Consultant@ \$300.00/ a day x 10 days	\$3,000.00	\$3,000.00		
(1) Project manager@ \$9.60/hour x 10 hours	\$96.00			\$96.00
II. Non-Personnel				
<i>A. Space Costs</i>				
<i>B. Material Costs</i>				
<i>C. Installation Costs</i>				
<i>D. Other Costs</i>				
<i>Promote psychological support to staff and volunteers.</i>				
ACTIVITY SUB-TOTAL	\$500.00			\$500.00
I. Personnel				
II. Non-Personnel				\$500.00
<i>A. Space Costs</i>				
<i>B. Material Costs</i>				
<i>C. Installation Costs</i>				
<i>D. Other Costs</i>				
(1) Annual marketing package @ \$100 per year x 5 years				\$500.00
<i>Preparation of Train-the-Trainer and code of conduct manual in PM+ to training volunteers</i>				
ACTIVITY SUB-TOTAL	\$3,096.00	\$3,000.00		\$96.00
I. Personnel	\$3,096.00	\$3,000.00		\$96.00
<i>A. Salaries and Wages</i>	<i>\$3,096.00</i>	<i>\$3,000.00</i>		<i>\$96.00</i>
(1) Consultant@ \$300.00/ a day x 10 days	\$3,000.00	\$3,000.00		
(1) Project manager@ \$9.60/hour x 10 hours	\$96.00			\$96.00
II. Non-Personnel				
<i>A. Space Costs</i>				
<i>B. Material Costs</i>				
<i>C. Installation Costs</i>				

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Budget Items	Total (USD)	External Requested	Self-Funded	In - Kind
<i>D. Other Costs</i>				
<i>Roll out of PM+ Service to the public</i>				
ACTIVITY SUB-TOTAL	\$222,300.00	\$32,200.00	\$7,200.00	\$182,900.00
I. Personnel	\$182,900.00			\$182,900.00
<i>A. Salaries and Wages</i>				
(10) Volunteers@ \$25/ a day x 124 days x 5 years	\$155,000.00			\$155,000.00
(1) Project manager@ \$45/a day x 124 hours x 5 years	\$27,900.00			\$27,900.00
II. Non-Personnel	\$39,400.00	\$32,200.00	\$7,200.00	
<i>A. Space Costs</i>				
(1) Prefabricated Building @ 20,000/a unit	\$20,000.00	\$20,000.00		
<i>B. Material Costs</i>				
(10) Headsets @ \$100/ per device	\$1,000.00	\$1,000.00		
(10) Phones @ \$120/per device	\$1,200.00	\$1,200.00		
(10) Computers@ \$800/per device	\$8,000.00	\$8,000.00		
(10) Office Desks and Chairs @ \$200 per Combo	\$2,000.00	\$2,000.00		
<i>C. Installation Costs</i>				
<i>D. Other Costs</i>				
Connectivity (broadband and voice) @120 per month x 60 months	\$7,200.00		\$7,200	
<i>Preparation of a Train-the-Trainer manual and guide for empowering TTRCS staff to train community members on proper PFAS techniques</i>				
ACTIVITY SUB-TOTAL	\$3,096.00	\$3,000.00		\$96.00
I. Personnel	\$3,096.00	\$3,000.00		\$96.00
<i>A. Salaries and Wages</i>				
(1) Consultant@ \$300.00/ a day x 10 days	\$3,000.00	\$3,000.00		\$96.00
(1) Project manager@ \$9.60/hour x 10 hours	\$96.00			\$96.00
II. Non-Personnel				
<i>A. Space Costs</i>				
<i>B. Material Costs</i>				
<i>C. Installation Costs</i>				
<i>D. Other Costs</i>				
<i>Undertake at least 30 community/school/public workshops on implementing PFA.</i>				
ACTIVITY SUB-TOTAL	\$2,900.00			\$2,900.00
I. Personnel	\$2,400.00			\$2,400.00
<i>A. Salaries and Wages</i>				
(1) Workshop Facilitators/ Teachers @\$80/workshop x 30 workshops	\$2,400.00			\$2,400.00
II. Non-Personnel	\$500.00			\$500.00
<i>A. Space Costs</i>				
<i>B. Material Costs</i>				

Budget Items	Total (USD)	External Requested	Self-Funded	In - Kind
<i>C. Installation Costs</i>				
<i>D. Other Costs</i>				
<i>(I) Annual marketing package @\$100 per year x 5 years</i>	\$500.00			\$500.00

Budget Notes:

- Exchange rates assumed to be 1 USD to \$6.50 TTD
- A 'project manager' within the TTRCS is estimated to earn \$1536 USD per month.
- A cost of \$300 USD/day is used as the minimum cost for an external consultant/ resource.
- Figures are conservative based on best professional judgement and should be refined as a detailed work plan is developed for each activity.
- 'External Requested' refers to grants or loans provided by external parties to the TTRCS.
- 'Self-Funded' refers to cash contributed to the project through the TTRCS' income generated by the business unit.
- 'In Kind' refers to the value of time spent by TTRCS staff, value of TTRCS facilities, or non-monetary donations provided by TTRCS partners.

3.3.5 Programme Alignment

Table 4 - Pillar 1: Alignment with Key National and International Policies.








PROGRAMME OBJECTIVES	POLICY LINKAGES	SDG ALIGNMENT
By 2023, the TTRC will have a dedicated department/sub-department that focuses on MHPSS progression and integration	Not Applicable	
By 2024, the TTRC will implement Problem Management Plus's (PM+) programme	Public healthcare policy for treating with non-nationals <i>b. All population and public health services including immunisation and treatment of communicable diseases</i>	  
By 2026, All TTRC Staff and volunteers will be trained in Psychological First Aid	Public healthcare policy for treating with non-nationals <i>a. Emergency Medical Services including initial treatment, stabilization and discharge for acute medical conditions such as accidents, injuries, asthma, heart attacks, stroke, diabetic coma; and relevant diagnostics for acute care.</i>	  

Table 5 - Pillar 1 Alignment with Key Internal Policies and Mandates

PROGRAMME OBJECTIVES	KEY INTERNAL RED CROSS POLICIES AND MANDATES
<p>By 2023, the TTRC will have a dedicated focus on MHPSS progression and integration</p>	<ul style="list-style-type: none"> • Mental Health and Psychosocial Support Framework • IFRC Mental health and Psychosocial needs: A roadmap for implementation 2020 – 2023
<p>By 2024, the TTRC will implement Problem Management Plus’s (PM+) programme</p>	<ul style="list-style-type: none"> • Mental Health and Psychosocial Support Framework • IFRC Strategy 2030- Goal 2: People lead safe, healthy and dignified lives, and have opportunities to thrive” <p style="margin-left: 40px;">This Goal is further elaborated under Global Challenge 3: Growing gaps in health and well-being, where the areas of Positive Mental Health And Well-Being and Affordable, Quality Health Care And Social Inclusion are identified.</p> • The IFRC Health and Care Framework 2030- Community Health and WASH. Items ii to iv all feature some MPHSS features: <ul style="list-style-type: none"> ii. provision of inclusive services to vulnerable people. iii. long term health and WASH programs iv. social care activities for particularly marginalised, excluded or vulnerable last-mile populations.
<p>By 2026, All TTRC Staff and volunteers will be trained in Psychological First Aid</p>	<ul style="list-style-type: none"> • Mental Health and Psychosocial Support Framework • IFRC Strategy 2030- Goal 2: People lead safe, healthy and dignified lives, and have opportunities to thrive” <p style="margin-left: 40px;">This Goal is further elaborated under Global Challenge 3: Growing gaps in health and well-being, where the areas of Positive Mental Health And Well-Being and Affordable, Quality Health Care And Social Inclusion are identified.</p> • The IFRC Health and Care Framework 2030- Emergency Health and WASH <p style="margin-left: 40px;">“Preparedness and response programs to health and WASH emergencies (e.g., first aid including PFA)”</p>

3.4 Pillar 2 Integrated Community-Based Health

Community health is the collective well-being of community members. In addition to living in the same neighbourhood or region, these populations often share health characteristics, ethnicities, and socioeconomic conditions. Community members are the first to know when an unusual health event has occurred in their community. Therefore, enabling, empowering and equipping local action: community structures, mechanisms, processes to recognise and respond to public health threats in their midst is essential.

This pillar focuses on using participatory approaches to mobilize communities to take charge of their health and address their health priorities through preventive and promotional activities. This is achieved using a three-prong approach, where the areas of health education, disease prevention and clinical interventions are addressed.

Health education aims to engage and empower individuals and communities to choose healthy behaviours and make changes that reduce the risk of developing chronic diseases and other morbidities. Within this pillar, these are addressed by the workshops developed to present communities with information and habits that can prevent the occurrence of Chronic Non-Communicable Diseases (CNCDs) such as diabetes, heart disease, cancer and HIV. Addressing CNCDs are especially important considering their prevalence in Trinidad and Tobago. HIV testing is also critical to ensure the achievement of the United Nations' 90-90-90 target.

Disease prevention focuses on specific efforts aimed at reducing the development and severity of chronic diseases, within this pillar disease prevention overlaps health education and clinical interventions. The workshops would provide both health education and promotion with this information being supported by clinical interventions such as community screenings, the creation of digital services and the establishment and expansion of free health clinics.

The execution of this pillar will rely on the support of government ministries such as the Ministry of Education, Ministry of Health, Ministry of Youth Development, Ministry of Social Development and Family Services and Ministry of Agriculture. In addition to these governmental entities support can be gained from organizations such as Cancer Society, Family Planning Association, United Way and Rotary clubs.

3.4.1 Goal and Objectives

Pillar 2. Integrated Community-Based Health

Goal: Ensure impartial access to basic health and care services and health to vulnerable people and communities.

Objectives and Activities:

• By 2023, all TTRCS-supported primary and secondary schools along with youth champions will have access to education materials regarding healthy lifestyles, a balanced diet, the importance of mental health and good lifestyle practices. (Please refer to Youth Plan 2022-2026 for details and budget)

- Prepare age-appropriate video materials and activity books targeting primary and secondary school children to encourage having a balanced diet and exercising regularly.
- Prepare age-appropriate video materials and activity books targeting primary and secondary school children to encourage overall wellness including topics on mental health and managing stress.
- Conduct at least 2 sessions annually targeted at youth-focused on understanding mental health, alcohol, and drug abuse.
- Prepare age-appropriate sessions for secondary school students and youth champions on the importance of safe sexual practices.
- At least 2 train-the-trainer workshops focused on teachers and principals conducted

• By 2026, the TTRC will improve health and hygiene behaviour access to vulnerable people and communities.

- Preparation of a Train-the-Trainer manual and training of TTRCS Staff so that they can train community members on Chronic Non-Communicable Diseases (CNCD) prevention, Sexual and Reproductive health (SRH), Pandemic and Epidemic preparedness and Water, Sanitation and Hygiene (WASH).
- Undertake at least 10 community-based workshops on CNCD prevention and implement relevant HIV and health screening services.
- Undertake at least 10 community-based workshops on sexual and reproductive health and implement sexually transmitted infections screening.
- Undertake at least 10 community-based workshops on Pandemic and Epidemic preparedness.
- Undertake at least 10 community-based workshops on WASH.

• **By 2026, the TTRC will establish a free health clinic and offer free digital-care alternatives for local health services**

- Preparation of Train-the-Trainer and code of conduct manual for tele-care
- Implementation of Tele-care call service to the public.
- Expansion of Henry Dunant Health Clinic and addition of new services.
- Development and implementation of a Free Health Clinic in Tobago.

3.4.2 Programme Details

Table 6 - Activities, Outputs and Outcomes for 'Integrated Community-Based Health

ACTIVITY	DURATION	INPUTS/ RESOURCES REQUIRED	OUTPUTS	OUTCOMES	KEY PERFORMANCE INDICATORS	BENEFICIARIES	POTENTIAL KEY PARTNERS	TYPE OF FUNDING	ESTIMATED COST (USD)
<i>By 2026, the TTRC will improve health and hygiene behaviour access to vulnerable people and communities</i>									
Preparation of a Train-the-Trainer manual and training of TTRCS Staff so that they can train community members on Chronic Non-Communicable Diseases (CNCD) prevention, Sexual and Reproductive health (SRH), Pandemic and Epidemic preparedness and Water, Sanitation and Hygiene (WASH).	3 Months	<ul style="list-style-type: none"> • Consultant(s) w/ the requisite experience. • Team comprised of TTRCS and volunteer members. • 3 consultations with staff 	<ul style="list-style-type: none"> • Templates and guidebooks. • 3 consultations with staff to validate material contained in templates and guides. • At least 3 train-the trainer workshops. 	The TTRCS will have readily available training materials and capacity for training communities in CBHFA and WASH	<ul style="list-style-type: none"> • No. of individuals trained • “Train the Trainer” Manual 	<ul style="list-style-type: none"> • Trinidad and Tobago Red Cross Society. • TTRCS-supported communities. 		External, In Kind	\$3096.00
Undertake at least 10 community-based workshops on CNCD prevention and implement relevant HIV and health screening services.	60 Months	<ul style="list-style-type: none"> • Staff knowledgeable and equipped to train community members in CNCD and HIV prevention and capable of performing screening services. 	Community based workshops in a TTRCS supported community.	Community members will understand CNCDs and HIV concepts and take steps to implement corrective behaviours to manage and limit occurrences of these lifestyle diseases.	<ul style="list-style-type: none"> • No. of workshops executed. • No. of Participants 	<ul style="list-style-type: none"> • Trinidad and Tobago Red Cross Society. • TTRCS-supported communities. 	<ul style="list-style-type: none"> • Cancer Society • Family Planning Association • MOA • MOE • MOH 	In Kind	\$6,000.00

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ACTIVITY	DURATION	INPUTS/ RESOURCES REQUIRED	OUTPUTS	OUTCOMES	KEY PERFORMANCE INDICATORS	BENEFICIARIES	POTENTIAL KEY PARTNERS	TYPE OF FUNDING	ESTIMATED COST (USD)
		<ul style="list-style-type: none"> • Training materials. • “Train the Trainer” Manual • Screening Kits • Community Participants. 					<ul style="list-style-type: none"> •MSDFS • MYDNS • Rotary Clubs • United Way 		
Undertake at least 10 community-based workshops on sexual and reproductive health and implement sexually transmitted infections screening.	60 Months	<ul style="list-style-type: none"> • Staff knowledgeable and equipped to train community members in SHRH and capable of performing screening services. • Training materials. • “Train the Trainer” Manual • Screening Kits • Community Participants. 	Community based workshops in a TTRCS supported community.	Community members will understand SRHR concepts and take steps to implement corrective behaviours to manage and limit occurrences of these STIs.	<ul style="list-style-type: none"> • No. of workshops executed. • No. of Participants 	<ul style="list-style-type: none"> • Trinidad and Tobago Red Cross Society. • TTRCS-supported communities 	<ul style="list-style-type: none"> • Family Planning Association • MOE • MOH •MSDFS • Rotary Clubs • United Way 	In kind	\$4,000.00

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ACTIVITY	DURATION	INPUTS/ RESOURCES REQUIRED	OUTPUTS	OUTCOMES	KEY PERFORMANCE INDICATORS	BENEFICIARIES	POTENTIAL KEY PARTNERS	TYPE OF FUNDING	ESTIMATED COST (USD)
Undertake at least 10 community-based workshops on Pandemic and Epidemic preparedness.	60 Months	<ul style="list-style-type: none"> • Staff knowledgeable and equipped to train community members in pandemic and epidemic preparedness • Training materials. • Community Participants. • “Train the Trainer” Manual 	Community based workshops in a TTRCS supported community.	Community residents will have knowledge and practical skills in Pandemic and Epidemic preparedness.	<ul style="list-style-type: none"> • No. of workshops executed. • No. of Participants 	<ul style="list-style-type: none"> • Trinidad and Tobago Red Cross Society. • TTRCS-supported communities. 	<ul style="list-style-type: none"> • MOH • Rotary Clubs • United Way 	In Kind	\$4,000.00
Undertake at least 10 community-based workshops on WASH.	60 Months	<ul style="list-style-type: none"> • Staff knowledgeable and equipped to train community members in WASH practices. • Training materials. • Community Participants. • “Train the Trainer” Manual 	Community based workshops in a TTRCS supported community.	Community residents will have knowledge and practical skills in WASH techniques and practices.	<ul style="list-style-type: none"> • No. of workshops executed. • No. of Participants 	<ul style="list-style-type: none"> • Trinidad and Tobago Red Cross Society. • TTRCS-supported communities 	<ul style="list-style-type: none"> • MOH • Rotary Clubs • United Way 	In Kind	\$4,000.00

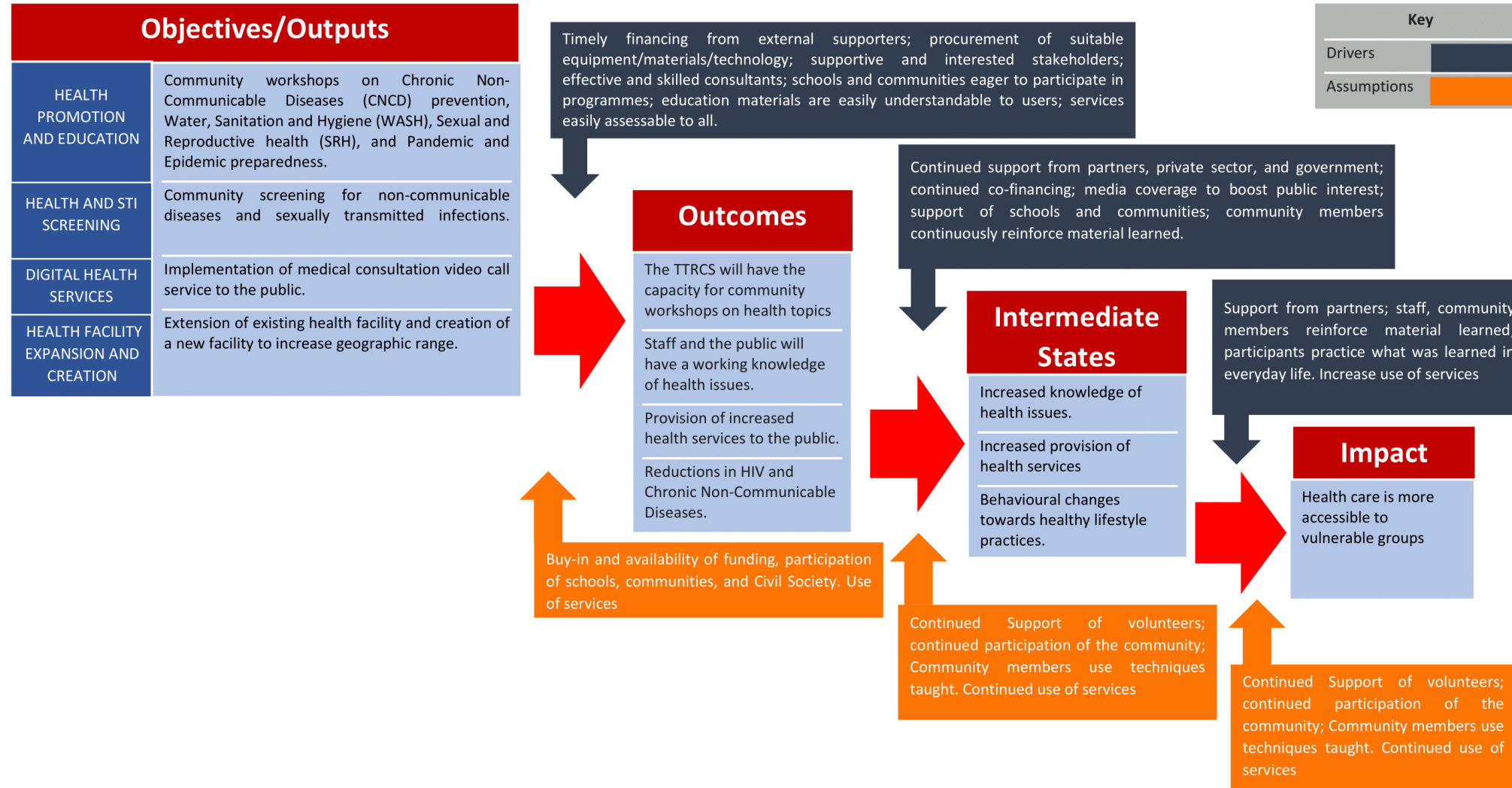
TRINIDAD AND TOBAGO RED CROSS SOCIETY HEALTH PROGRAMME 2022 - 2026

ACTIVITY	DURATION	INPUTS/ RESOURCES REQUIRED	OUTPUTS	OUTCOMES	KEY PERFORMANCE INDICATORS	BENEFICIARIES	POTENTIAL KEY PARTNERS	TYPE OF FUNDING	ESTIMATED COST (USD)
<i>By 2026, the TTRC will establish a free health clinic and offer free digital-care alternatives for local health services</i>									
Preparation of Train-the-Trainer and code of conduct manual for tele-care	1 Month	<ul style="list-style-type: none"> • Consultant(s) w/ the requisite experience. • Team comprised of TTRCS and volunteer members. • 1 consultation with staff 	<ul style="list-style-type: none"> • Templates and guidebooks • 1 consultation with staff to validate material contained in templates and guides. • At least 1 train-the trainer workshops. 	The TTRC will have an established Tele-care implementation and code of conduct guide	<ul style="list-style-type: none"> • No. of individuals trained • Tele-Care “Train the Trainer” Manual 	<ul style="list-style-type: none"> • Trinidad and Tobago Red Cross Society • TTRCS’ supported communities. 		External, In kind	\$3096.00
Implementation of Tele-Care call service to the general public	60 Months	<ul style="list-style-type: none"> • Staff and volunteers with medical training • Training materials. • “Train the Trainer” Manual • Call Centre Infrastructure 	<ul style="list-style-type: none"> • Provision of medical consultations to the public 	TTRC will be able to offer online medical screening/consultation services to the population	<ul style="list-style-type: none"> • No. of Sessions held. 	<ul style="list-style-type: none"> • TTRCS’ supported communities 	•MOH	In Kind	\$213,900.00
Expansion of Henry Dunant Health Clinic and addition of new services	60 Months	<ul style="list-style-type: none"> • Staff and volunteers with medical training 	<ul style="list-style-type: none"> • Provision of basic and advance health care. 	TTRC will be able to offer basic health care and NCD testing services to the Trinidad population	<ul style="list-style-type: none"> • No. of people accessing services • No. engaged/enrolled in NCD 	<ul style="list-style-type: none"> • TTRCS’ supported communities 	•MOH	External, In-kind	\$902,200.00

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ACTIVITY	DURATION	INPUTS/ RESOURCES REQUIRED	OUTPUTS	OUTCOMES	KEY PERFORMANCE INDICATORS	BENEFICIARIES	POTENTIAL KEY PARTNERS	TYPE OF FUNDING	ESTIMATED COST (USD)
		<ul style="list-style-type: none"> • Medical Equipment • Prefabricated buildings 			Management at the National Society				
Development and implementation of a Free Health Clinic in Tobago	60 Months	<ul style="list-style-type: none"> • Staff and volunteers with medical training • Medical Equipment • Prefabricated buildings 	<ul style="list-style-type: none"> • Provision of basic health care and advance health care. 	TTRC will be able to offer basic health care and NCD testing services to the Tobago population	<ul style="list-style-type: none"> • No. of people accessing services • No. engaged/enrolled in NCD Management at the National Society 	<ul style="list-style-type: none"> • TTRCS' supported communities 	<ul style="list-style-type: none"> • MOH 	External, In-kind	\$787,200.00

3.4.3 Theory of Change



3.4.4 Budget

Table 7 - Budget for Activities Under Integrated Community-Based Health

Budget Items	Total (USD)	External Requested	Self-Funded	In - Kind
<i>Preparation of a Train-the-Trainer manual and training of TTRCS Staff so that they can train community members on Chronic Non-Communicable Diseases (CNCD) prevention, Sexual and Reproductive health (SRH), Pandemic and Epidemic preparedness and Water, Sanitation and Hygiene (WASH)</i>				
ACTIVITY SUB-TOTAL	\$3,096.00	\$3,000.00		\$96.00
I. Personnel	\$3,096.00	\$3,000.00		\$96.00
<i>A. Salaries and Wages</i>	<i>\$3,096.00</i>	<i>\$3,000.00</i>		<i>\$96.00</i>
(1) Consultant@ \$300.00/ a day x 10 days	\$3,000.00	\$3,000.00		
(1) Project manager@ \$9.60/hour x 10 hours	\$96.00			\$96.00
II. Non-Personnel				
<i>A. Space Costs</i>				
<i>B. Material Costs</i>				
<i>C. Installation Costs</i>				
<i>D. Other Costs</i>				
<i>Undertake at least 10 community-based workshops on CNCD prevention and implement relevant HIV and health screening services</i>				
ACTIVITY SUB-TOTAL	\$6,000.00			\$6,000.00
I. Personnel	\$4,000.00			\$4,000.00
<i>A. Salaries and Wages</i>	<i>\$4,000.00</i>			<i>\$4,000.00</i>
(1) Workshop Facilitators @\$80/workshop x 10 workshops	\$800.00			\$800.00
(4) Nurses @ \$80/workshop x10 workshops	\$3,200.00			\$3,200.00
II. Non-Personnel	\$2,000.00			\$2,000.00
<i>A. Space Costs</i>				
<i>B. Material Costs</i>				
<i>C. Installation Costs</i>				
<i>D. Other Costs</i>				
(1) Quarterly marketing package @\$100 per quarter x 20 quarter	\$2,000.00			\$2,000.00
<i>Undertake at least 10 community-based workshops on sexual and reproductive health and implement sexually transmitted infections screening.</i>				
ACTIVITY SUB-TOTAL	\$4,000.00			\$4,000.00
I. Personnel	\$4,000.00			\$4,000.00
<i>A. Salaries and Wages</i>	<i>\$4,000.00</i>			<i>\$4,000.00</i>
(1) Workshop Facilitators @\$80/workshop x 10 workshops	\$800.00			\$800.00
(4) Nurses @ \$80/workshop x10 workshops	\$3,200.00			\$3,200.00

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Budget Items	Total (USD)	External Requested	Self-Funded	In - Kind
II. Non-Personnel				
<i>A. Space Costs</i>				
<i>B. Material Costs</i>				
<i>C. Installation Costs</i>				
<i>D. Other Costs</i>				
<i>Undertake at least 10 community-based workshops on Pandemic and Epidemic preparedness</i>				
ACTIVITY SUB-TOTAL	\$4,000.00			\$4,000.00
I. Personnel	\$4,000.00			\$4,000.00
<i>A. Salaries and Wages</i>	\$4,000.00			\$4,000.00
<i>(1) Workshop Facilitators @\$80/workshop x 10 workshops</i>	\$800.00			\$800.00
<i>(4) Nurses @ \$80/workshop x10 workshops</i>	\$3,200.00			\$3,200.00
II. Non-Personnel				
<i>A. Space Costs</i>				
<i>B. Material Costs</i>				
<i>C. Installation Costs</i>				
<i>D. Other Costs</i>				
<i>Undertake at least 10 community-based workshops on WASH</i>				
ACTIVITY SUB-TOTAL	\$4,000.00			\$4,000.00
I. Personnel	\$4,000.00			\$4,000.00
<i>A. Salaries and Wages</i>	\$4,000.00			\$4,000.00
<i>(1) Workshop Facilitators @\$80/workshop x 10 workshops</i>	\$800.00			\$800.00
<i>(4) Nurses @ \$80/workshop x10 workshops</i>	\$3,200.00			\$3,200.00
II. Non-Personnel				
<i>A. Space Costs</i>				
<i>B. Material Costs</i>				
<i>C. Installation Costs</i>				
<i>D. Other Costs</i>				
<i>Preparation of Train-the-Trainer and code of conduct manual tele-care</i>				
ACTIVITY SUB-TOTAL	\$3,096.00	\$3,000.00		\$96.00
I. Personnel	\$3,096.00	\$3,000.00		\$96.00
<i>A. Salaries and Wages</i>	\$3,096.00	\$3,000.00		\$96.00
<i>(1) Consultant@ \$300.00/ a day x 10 days</i>	\$3,000.00	\$3,000.00		
<i>(1) Project manager@ \$9.60/hour x 10 hours</i>	\$96.00			\$96.00
II. Non-Personnel				
<i>A. Space Costs</i>				
<i>B. Material Costs</i>				
<i>C. Installation Costs</i>				
<i>D. Other Costs</i>				

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Budget Items	Total (USD)	External Requested	Self-Funded	In - Kind
<i>Implementation of Tele-Care call service to the general public</i>				
ACTIVITY SUB-TOTAL	\$213,900.00			\$213,900.00
I. Personnel	\$213,900.00			\$213,900.00
<i>A. Salaries and Wages</i>	<i>\$213,900.00</i>			<i>\$213,900.00</i>
(2) Volunteer Doctors @ \$150/a day x 124 x 5 years	\$186,000.00			\$186,000.00
(1) Project manager@ \$45/a day x 124 days x 5 years	\$27,900.00			\$27,900.00
II. Non-Personnel				
<i>A. Space Costs</i>				
<i>B. Material Costs</i>				
<i>C. Installation Costs</i>				
<i>D. Other Costs</i>				
<i>Expansion of Henry Dunant Health Clinic and addition of new services</i>				
ACTIVITY SUB-TOTAL	\$902,200.00	\$245,000.00		\$657,200.00
I. Personnel	\$657,200.00			\$657,200.00
<i>A. Salaries and Wages</i>	<i>\$657,200.00</i>			<i>\$657,200.00</i>
(2) Volunteer Doctors @ \$150/a day x 248 x 5 years	\$372,000.00			\$372,000.00
(2) Nurses @ \$80/a day x 248 x 5 years	\$198,400.00			\$198,400.00
(1) Project manager/admin assistant@ \$45/a day x 248 days x 5 years	\$55,800.00			\$55,800.00
(1) Janitor@ \$25/a day x 248 days x 5 years	\$31,000.00			\$31,000.00
II. Non-Personnel	\$245,000.00	\$245,000.00		
<i>A. Space Costs</i>				
(2) Prefabricated Building @ 20,000/a unit	\$40,000.00	\$40,000.00		
<i>B. Material Costs</i>				
<i>Clinic Furniture</i>	\$5,000.00	\$5,000.00		
<i>Clinic Equipment</i>	\$200,000.00	\$200,000.00		
<i>C. Installation Costs</i>				
<i>D. Other Costs</i>				
<i>Development and implementation of a Free Health Clinic Tobago</i>				
ACTIVITY SUB-TOTAL	\$787,200.00	\$130,000.00		\$657,200.00
I. Personnel	\$657,200.00			\$657,200.00
<i>A. Salaries and Wages</i>	<i>\$657,200.00</i>			<i>\$657,200.00</i>
(2) Volunteer Doctors @ \$150/a day x 248 x 5 years	\$372,000.00			\$372,000.00
(2) Nurses @ \$80/a day x 248 x 5 years	\$198,400.00			\$198,400.00
(1) Project manager/admin assistant@ \$45/a day x 248 days x 5 years	\$55,800.00			\$55,800.00
(1) Janitor@ \$25/a day x 248 days x 5 years	\$31,000.00			\$31,000.00
II. Non-Personnel	\$130,000.00	\$130,000.00		







Budget Items	Total (USD)	External Requested	Self-Funded	In - Kind
<i>A. Space Costs</i>				
<i>(1) Prefabricated Building @ 20,000/a unit</i>	\$20,000.00	\$20,000.00		
<i>B. Material Costs</i>				
<i>Clinic Furniture</i>	\$10,000.00	\$10,000.00		
<i>Clinic Equipment</i>	\$100,000.00	\$100,000.00		
<i>C. Installation Costs</i>				
<i>D. Other Costs</i>				

Budget Notes:

- Exchange rates assumed to be 1 USD to \$6.50 TTD
- A ‘project manager’ within the TTRCS is estimated to earn \$1536 USD per month.
- A cost of \$300 USD/day is used as the minimum cost for an external consultant/ resource.
- Figures are conservative based on best professional judgement and should be refined as a detailed work plan is developed for each activity.
- ‘External Requested’ refers to grants or loans provided by external parties to the TTRCS.
- ‘Self-Funded’ refers to cash contributed to the project through the TTRCS’ income generated by the business unit.
- ‘In Kind’ refers to the value of time spent by TTRCS staff, value of TTRCS facilities, or non-monetary donations provided by TTRCS partners.

3.3.5 Programme Alignment

Table 8 - Pillar 2: Alignment with Key National and International Policies

PROGRAMME OBJECTIVES	POLICY LINKAGES	SDG ALIGNMENT
<p>By 2026, the TTRC will improve health and hygiene behaviour access to vulnerable people and communities</p>	<ul style="list-style-type: none"> • Public healthcare policy for treating with non-nationals <ul style="list-style-type: none"> a. <i>Emergency Medical Services including initial treatment, stabilization and discharge for acute medical conditions such as accidents, injuries, asthma, heart attacks, stroke, diabetic coma; and relevant diagnostics for acute care.</i> b. <i>All population and public health services including immunisation and treatment of communicable diseases</i> • National Strategic Plan for the Prevention and Control of Non-Communicable Diseases: Trinidad and Tobago 2017 – 2021. <p><i>Reduce the burden of preventable mortality (before the age of 70) due to heart diseases, diabetes, cancer, and stroke by 25% by the year 2025.</i></p> • National Sexual and Reproductive Health Policy <p><i>Universal access to comprehensive Sexual and Reproductive Health (SRH) to all persons in need and requiring it</i></p> 	  
<p>By 2026, the TTRC will establish a free health clinic and offer free digital-care alternatives for local health services</p>	<ul style="list-style-type: none"> • Public healthcare policy for treating with non-nationals <ul style="list-style-type: none"> c. <i>Emergency Medical Services including initial treatment, stabilization and discharge for acute medical conditions such as accidents, injuries, asthma, heart attacks, stroke, diabetic coma; and relevant diagnostics for acute care.</i> d. <i>All population and public health services including immunisation and treatment of communicable diseases</i> 	  

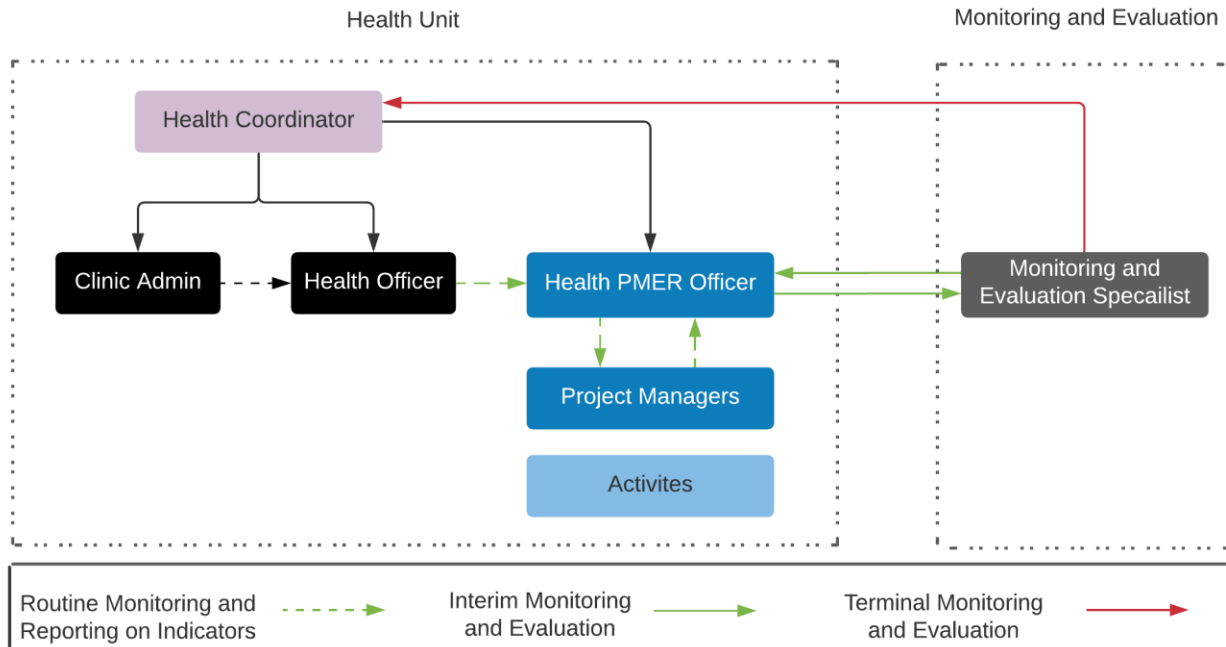
PROGRAMME OBJECTIVES	POLICY LINKAGES	SDG ALIGNMENT
	<ul style="list-style-type: none"> <li data-bbox="553 306 1198 443"> <p>• National Strategic Plan for the Prevention and Control of Non-Communicable Diseases: Trinidad and Tobago 2017 – 2021.</p> <p><i>Reduce the burden of preventable mortality (before the age of 70) due to heart diseases, diabetes, cancer, and stroke by 25% by the year 2025.</i></p> <li data-bbox="553 611 1222 758"> <p>• National Sexual and Reproductive Health Policy</p> <p><i>Universal access to comprehensive Sexual and Reproductive Health (SRH) to all persons in need and requiring it</i></p> 	

Table 9 - Pillar 2 Alignment with Key Internal Policies And Mandates

PROGRAMME OBJECTIVES	KEY INTERNAL RED CROSS POLICIES AND MANDATES
<p>By 2025, the TTRC will improve health and hygiene behaviour access to vulnerable people and communities.</p>	<ul style="list-style-type: none"> • Health Mandate and HIV Mandate • IFRC Strategy 2030- Goal 2: People lead safe, healthy and dignified lives, and have opportunities to thrive” <p style="margin-left: 40px;">This Goal is further elaborated under Global Challenge 3: Growing gaps in health and well-being, where the areas of Integrated Community-Based Health, Care& First aid, WASH, Epidemic And Pandemic Preparedness are highlighted.</p> • The IFRC Health and Care Framework 2030- Community Health and WASH <p style="margin-left: 40px;">“i. Community-based disease prevention and health promotion. ii. provision of inclusive services to vulnerable people. iii. long term health and WASH programs iv. social care activities for particularly marginalised, excluded or vulnerable last mile populations.”</p>
<p>By 2025, the TTRC will establish a free health clinic and offer free digital-care alternatives for local health services</p>	<ul style="list-style-type: none"> • Health Mandate and HIV Mandate • IFRC Strategy 2030- Goal 2: People lead safe, healthy and dignified lives, and have opportunities to thrive” <p style="margin-left: 40px;">This Goal is further elaborated under Global Challenge 3: Growing gaps in health and well-being, where the areas of Integrated Community-Based Health, Care& First aid, WASH, Epidemic And Pandemic Preparedness are highlighted</p> • The IFRC Health and Care Framework 2030- Community Health and WASH <p style="margin-left: 40px;">“ i. Community-based disease prevention and health promotion ii. provision of inclusive services to vulnerable people. iii. long term health and WASH programs iv. social care activities for particularly marginalised, excluded or vulnerable last mile populations.”</p>

04. MONITORING AND EVALUATION

Figure 4 - Schematic Diagram Showing the Relationships Between Actors in the Monitoring and Evaluation Process for the TTRCS Health Programme



At the project level, process indicators identified in the “Programme Details” table of each Pillar will be monitored by a Project Manager, or other suitable member of the staff as appointed by the President of the TTRCS. The Project Manager is the primary TTRCS focal point responsible for a given activity or portfolio of activities under a Pillar. These indicators have been developed based on the activities identified at the time of preparation of this programme but may be refined when reviewing activities for the preparation of Terms of References, as appropriate.

The overall progress on the outcomes and objectives under each pillar will be monitored and evaluated by the Health PMER Officer or other suitable member of staff as appointed by the President of the TTRCS. This will be done on a semi-annual basis. The Health PMER Coordinator will also be tasked with monitoring and evaluating the budget and project spends of the Project Manager(s) and adjusting projects as necessary based on changes to local health needs and requirements.

The Monitoring and Evaluation Function of the TTRCS serves as an independent body for evaluating projects in operations. Interim evaluation will be done at a frequency identified by the Monitoring and Evaluation Specialist in keeping with the protocols to be established under the TTRCS’ Monitoring and Evaluation System. The

Monitoring and Evaluation Specialist will be tasked with ensuring that the monitoring and evaluation criteria and frequencies required by external funders are adhered to by the Project Manager(s) and the Health Project Coordinator. For interim evaluations, the Monitoring and Evaluation Specialist will prepare evaluation reports containing necessary corrective measures. At terminal evaluation the Monitoring and Evaluation Specialist will prepare a final report detailing an assessment of performance in terms of efficiency and effectiveness, sustainability and scalability of results; and impacts and lessons learnt. Final Reports will be submitted directly to the Health Coordinator for review.

05. ENSURING PROGRAMME SUSTAINABILITY

Given the existing organisational structure, the TTRCS can implement the Health Programme 2022 -2026. However, this approach is not recommended for the following reasons:

1. The current Health Coordinator role is vacant with the president and medical director are in charge of long-term planning for the health department. Execution of plans lies with the staff under the health department and oversight is given by the medical director. This current organisational structure results in both the president and medical director having to understand and balance the requirements and responsibilities of the health programme in addition to their other work. This may be difficult given the complex nature of their 'primary' roles and the rapidly changing face of healthcare due to technological advancements, changing disease patterns, new discoveries for the treatment of diseases and political reforms and policy initiatives.
2. Donors are increasingly emphasizing results and impact and so a strong monitoring and evaluation function must be established and maintained to access to financing.

Considering these factors, core technical capacity must be established in the near-term at the TTRCS for the programme to be implementable and sustained over the next five years. It is recommended that technical capacity be increased by the additions of the following:

- ✓ (1) Health Coordinator (Budgeted Position)
- ✓ (1) Health PMER Officer (Budgeted Position)

The approximate cost of establishing and maintaining these positions over 5 years is estimated to be **US \$168,629.23 (TT \$1,096,090.00)**.

It is also recommended that the TTRCS establishes a monitoring and evaluation function. This should be staffed by an adequately trained monitoring and evaluation specialist that oversees this programme and other programmes undertaken by the TTRCS. Some of the core functions of the M&E specialist would include

- I. Serves as the lead for the Monitoring and Evaluation Programme/System at the TTRCS.
- II. Acts as an 'independent' body within the TTRCS to evaluate the health programme's progress, and lessons learned, along with other implemented programs such as the environmental, youth and disaster management plans.
- III. Supports the preparation of M&E plans for grant funding proposals.

These roles will increasingly grow in demand and relevance for all programmes. Having the in-house capacity at the TTRCS will reduce cost in the long-run and ensure that program funding and implementation is continuous and sustained.

5.1 Revised Health Unit of the TTRC

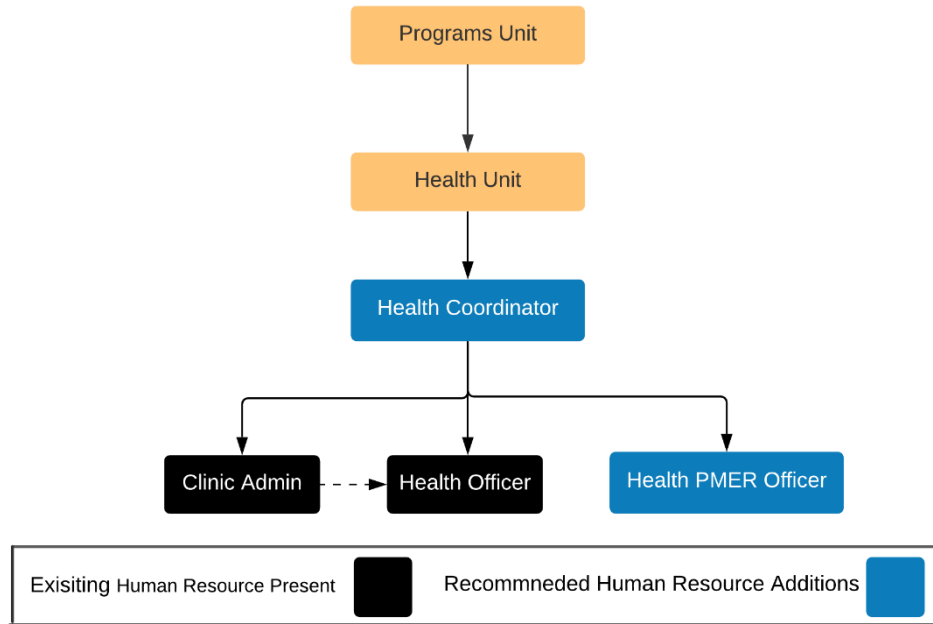
The Health Unit of the TTRCS will be wholly responsible for the execution of the TTRCS Health Programme 2022-2026. The unit will report directly to TTRCS' core team but will be responsible for the entirety of its operations.

Its responsibilities include but are not limited to:

- Spearheading activities, both internal and external, laid out in the Trinidad and Tobago Red Cross Society Health Programme 2022-2026.
- Manage financial record-keeping and reporting for the unit in accordance with TTRCS guidelines.
- Handle procurement of necessary materials in accordance with TTRCS procurement guidelines.
- Work hand-in-hand with TTRCS Community Development, Crisis Management, Youth and Sustainability Units, and TTRCS core staff in support to carry out activities.
- Transparent reporting of project progress, and the overall annual progress of each activity and objective, in accordance with TTRCS/IFRC guidelines.
- Facilitate all communications with relevant partners/organisations as it relates to the execution of the Health Programme.

This revised unit will host the addition of Health Coordinator and Health PMER Officer posts which will be integrated into the already existing human resources present.

Figure 5 - Diagram Representing the Hierarchical Structure of the revised Health Unit



5.2 2 Job Descriptions of Revised Health Unit Human Resource Additions

Position Title: Health Coordinator

Salary: TT\$12,000.00/month

The main function of the Health Coordinator is to be the focal point of the Health Unit. This role is tasked with spearheading all the activities laid out in the TTRCS Health Programme 2022-2026, managing the flow of the Health Unit, and facilitating interplay with TTRCS’ core team, other TTRCS units, and partners/organisations relevant to aspects of the environmental programme. The Health Coordinator reports to the TTRCS core group and oversees the Health Unit.

Responsibilities:

- Spearheading and overseeing the implementation and completion of all the activities, both internal and external, laid out in the TTRCS Health Programme 2022-2026.
- Serves as the focal point and internal champion for coordinating and mainstreaming the Health Programme.
- Delegating tasks and responsibilities to relevant members of the Health Unit.

- Overseeing financial record-keeping and annual account reporting to TTRCS in line with TTRCS guidelines on reporting.
- Facilitating communication between necessary partners/organisations for the implementation of programme activities.
- Ensuring smooth operations and interactions between team members.
- Performs Quality Assurance checks on all work performed by team members.
- Prepares technical documents, reports, grant fund proposals, and TORs for consultancies.
- Facilitating internal and external capacity building and training workshops.

Technical Skills:

- Strong written comprehension.
- Demonstrated leadership experience and capabilities.
- Ability to work both in teams and independently.
- Excellent organizational and communication skills.
- Excellent time-management and prioritization skills.
- Strong facilitation and analytical skills.

Proficiencies:

- Advanced university degree (master's or equivalent) in public health or medicine.
- Professional Medical Registration (current and in good standing) in Trinidad and Tobago.
- Minimum of three (3) years of experience in the medical field, experience in a humanitarian aid organization will be considered an asset.
- Demonstrated project management ability; Project Management Professional (PMP) certification is a plus.
- Mastery of public health concepts and experience in practically applying this knowledge in resource-constrained settings into policy, operations, particularly in emergencies.
- Familiarity with the proposal writing process for major funds.
- History of outreach and community engagement is desirable.
- Demonstrated financial capabilities is a plus.
- Excellent knowledge of MS Office Suite.
- Fluency in Spanish is a plus.

Position Title: Health PMER Officer

Salary: TT\$8,000.00/month

The main function of the Health PMER Officer is to assist the Health Coordinator in their roles and responsibilities alongside monitoring and evaluating the budget and project spends the Health Program Project Manager(s) and adjusting projects as necessary based on changes to local health needs and requirements. Additional responsibilities of the Sustainability Officer will be determined by the Health Coordinator via delegation. The PMER Officer reports directly to the Health Coordinator.

Responsibilities:

- Develop and execute work plans for activities listed in the TTRCS Health Programme 2022-2026.
- Works alongside the Health Coordinator to prepare grant fund proposals, TORs for consultancies and assists the Health Coordinator with tasks and responsibilities as required.
- Preparing technical documents.
- Financial record-keeping and reporting.
- Facilitating capacity building and training workshops.
- Facilitating communication between necessary partners/organisations for the implementation of programme activities.
- Assist members of the Health Unit as needed.

Technical Skills:

- Strong written comprehension.
- Ability to work both in teams and independently.
- Excellent organizational and communication skills.
- Excellent time-management and prioritization skills.
- Strong facilitation and analytical skills.

Proficiencies:

- Bachelor's or Associate Degree in in life sciences, social sciences, or related health related field.
- Minimum of two (2) years of experience in the medical field or in technical and logistical support role. Experience in a humanitarian aid organization will be considered an asset.

- Demonstrated project management ability; Project Management Professional (PMP) certification is required.
- Familiarity of public health concepts and experience in practically applying this knowledge in resource-constrained settings into policy, operations, particularly in emergencies.
- Familiarity with the proposal writing process for major funds.
- History of outreach and community engagement is desirable.
- Excellent knowledge of MS Office Suite.



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