

Trinidad & Tobago Red Cross Society

Introduction: The IFRC launched an Emergency Appeal on 31 January 2020, to mobilize resources to support the National Societies' COVID-19 domestic response plans. We are currently preparing the 20-month progress report to showcase the great work conducted by our members across the world, so the IFRC can better position and promote our valuable work.

Photo and caption:



Figure 1: TTRCS Community Health Outreach and WASH Programme in Icacos on 30th November 2021. TTRCS Volunteer doctor, Dr. Javed consults with a migrant family on their health issues. Photo Credit - TTRCS. November 2021.

Regional Emergency Appeal:	<u>MDR42006</u>
National Society:	Trinidad and Tobago Red Cross Society
Reporting period:	February 2020 – 31 January 2022
Report delivery date:	February 14 th 2022
Total Country Budget to date:	TTD\$7,364,590
Total estimated financial expenditure to date:	TTD\$6,924,990

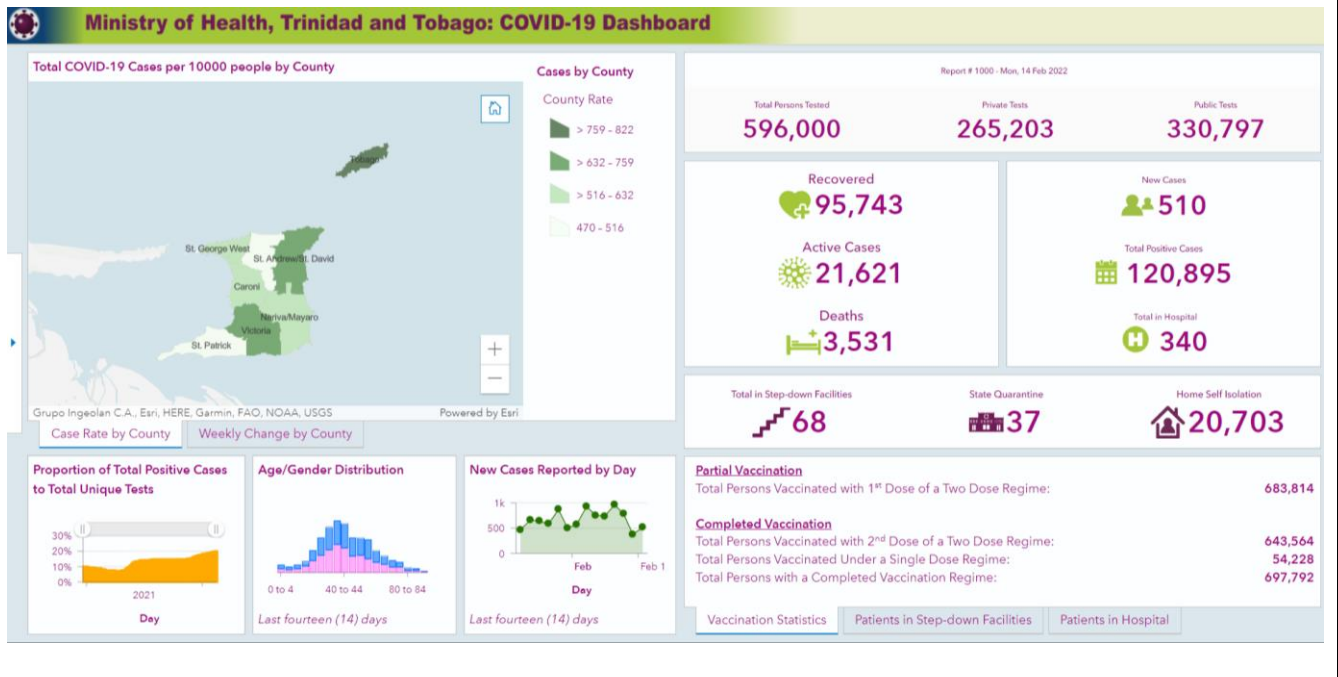
Part I. General Context

1. Summary of the current response

Summary:

The TTRCS has aligned its response framework to focus on three main areas 1) reducing further spread, 2) increasing the uptick of vaccinations and 3) providing social support to the most vulnerable. During the period October 2021 to January 2022 one of the largest areas of focus has been education and providing vulnerable communities with risk communication and community engagement (RCCE). The TTRCS branded “Stronger Together Campaign” entered its second phase with the development of eight public service announcements for radio and a five-part television series. For both campaigns, the contents were informed by the results of the TTRCS COVID19 perception survey, which highlighted the need to focus communication on specific audiences rather than broad generalized messages. The approach has been to tailor messages for radio and television outlets to address specific demographic groups and more importantly target by sector (e.g. entertainment, restaurants, school etc.) to ensure greater reception of the message.

During the last quarter there has been a substantial increase in the daily number of cases, daily number of deaths and the number of critically ill patients needing hospitalization, more so, the number of ICU related cases; this has caused a strain on the parallel health care system requiring the government to take drastic action to acquire greater ICU capacity. The TTRCS has continued to support to the Ministry of Health with vaccination campaigns through medical support and ambulances for additional coverage. In light of the increase in cases, and the concurrent increase in demand for testing the TTRCS has begun the process of becoming a testing site. Our support to vulnerable persons has primarily been through food support, providing vouchers as well as food parcels for persons in home quarantine who do not have support mechanisms.



2. Objectives and achievements of the reporting period

Priority 1: Sustaining Health and WASH

Pillar 1: Epidemic control

- *Testing*: The TTRCS started the process to establish itself as a COVID19 testing site. The infrastructural items were purchased to develop a drive-through testing access point at its Headquarters in Port of Spain. Discussions with the Ministry of Health is ongoing to confirm that public labs will process the samples collected by the TTRCS.
- *Support for quarantine of contacts and isolation of COVID-19 cases not requiring clinical treatment*): The TTRCS continued its programme with the Ministry of Health, County Medical Offices of Health that manages persons in home quarantine, to provide food parcels to households that did not have a support mechanism. In December 2021, the TTRCS would have delivered 600 food parcels to the CMOH offices who in turn delivered them to the households in need.

Pillar 2: Risk communication, community engagement, and health and hygiene promotion

Phase two of the Stronger Together campaign drew further on the feedback from the COVID-19 Perception Survey, addressing not just the content, but tone of voice that participants had said was lacking in other (particularly Government) messaging. The radio messages were delivered in an engaging, conversational, non-authoritarian tone and segmented to reach four distinct target audiences, with radio stations and specific programmes selected to reach each group. Aired on morning and afternoon drivetimes and on popular youth stations during the height of the Christmas holiday period– the combined listening audience was in excess of 300,000. TTRCS also developed a five-part television series aimed at providing different demographics a platform to air their concerns about the vaccine and other COVID-19 issues, as well as their personal accounts of contracting the virus. At the end of each episode, PAHO and other COVID-19 specialists provide answers to some of the questions posed by the people featured in the videos. The recordings of the series were completed in this quarter and will be aired in 2022.

Pillar 3: Community-based surveillance (CBS)

There were no activities in this pillar.

Pillar 4: Infection prevention and control and WASH in health facilities

There were no activities in this pillar.

Pillar 5: Infection prevention and control and WASH at the community level

The TTRCS piloted a community level WASH programme with an indigenous migrant tribe, the Waraos, from Venezuela who currently reside in the Trinidad community of Icacos. Icacos is a coastal community that has never had a reliable pipe-borne water supply. The majority of the community uses improvised rain water collection methods, and contaminated ground water for all their hygiene and cooking needs. Unfortunately, the younger generation which comprises approximately 60 children in the tribe (ages 1 to 14) did not have a reference of good hygiene and are growing up without proper practices. The TTRCS intervention sought to improve the access of water with the implementation of an improved rainwater harvesting system to collect more rain water of the roof structure and fill in proper water tanks. The TTRCS also provided 10 water drums which provided the ability to store water in more locations across the property to ensure water is actually used such as at the kitchen, toilet and wash areas. The PHAST methodology was used to educate the children and some adults and hygiene kits were provided to each family to enhance hygiene practices.

Pillar 6: Mental health and psychosocial support services (MHPSS)

Mental health services continued to be provided via our WhatsApp Lines, Toll Free Call Hotline and via teleconferencing. During the period 26 new clients utilized the Toll-Free Hotline, while 35 new clients were engaged via WhatsApp. The TTRCS also facilitated sessions on coping mechanisms for three groups totaling 130 participants. (Trinidad & Tobago Judiciary, 70 participants, National Dietary Services, 42 participants, Friends of the Hearing Impaired, 18 participants). The TTRCS also facilitated a capacity building workshop on Storyboarding for 8 persons.

Pillar 7: Isolation and clinical case management for COVID-19 cases

There were no activities in this pillar.

Pillar 8: Ambulance services for COVID-19 cases

There were no activities in this pillar.

Pillar 9: Maintain access to essential health services (community health)

As COVID19 continued to affect the public access to primary health care, the TTRCS Henry Dunant Clinic continued to operate. The migrant population continues to be the main group that seeks support from the Clinic, where they are able to access services such as doctor's consultations, prescriptions, referrals and basic blood tests. Increased access to health services is facilitated by community health outreach where TTRCS targets last-mile communities that have difficulty accessing health services. **For the period October 2021 to January 2022, the TTRCS has served 382 persons (adults and children) and 502 persons since the clinic started in April 2021. Via our telehealth services 6 patients were served.**

Pillar 10: Maintain access to essential health services (clinical and paramedical)

There were no activities in this pillar.

Pillar 11: Support for immunization

The TTRCS supported the Ministry of Health in the vaccination roll-out to rural communities with ambulance and emergency medical team support. The teams accompanied the MoH vaccinators to provide post-vaccine monitoring and emergency transport to medical facilities if needed. A total of **43 days of coverage** was provided during the last quarter.

Pillar 12: Management of the dead

There were no activities in this pillar.

Priority 2: Addressing Socio-Economic Impacts

Pillar 1: Livelihoods and Household Economic Security

By October 2021, government-imposed restrictions on businesses were at a minimum and many entertainment sectors began adopting the Safe Zone system which allowed activities such as in-person dining at restaurants exclusively for vaccinated persons. While employment in these sectors increased, there were still vulnerable families who were not able to regain employment and sought the support of the TTRCS. During the last quarter the TTRCS would have supported **100 families with food vouchers**, and through our food support programme provided **600 families with food parcels** for their time in home quarantine through the County Medical Offices of Health.

Pillar 2: Shelter and Urban settlements

There were no activities in this pillar.

Pillar 3: Community Engagement and Accountability, and Community Feedback Mechanisms

Commissioned by the IFRC, the TTRCS conducted a KPA study on the COVID-19 pandemic, to capture data from the host and migrant population of Trinidad and Tobago about their knowledge, attitudes, and practices around COVID-19. The main issues examined were: the economic impact of the pandemic; knowledge of COVID-19 protocols; vaccine knowledge, trust, confidence, and availability; and confidence in the COVID-19 information being shared and the sources from which it derived. A combination of quantitative and qualitative research was used, with the quantitative research consisting of an online national survey via social media in English (which yielded 481 responses) and in Spanish (200 responses). The qualitative survey used focus groups drawing from minority groups and vulnerable communities to ensure representation of the often-marginalized voices - including sex workers, Persons Living with HIV (PLWHIV) and members of migrant communities in both Trinidad and Tobago. Among the findings were: the main impact of the Covid-19 pandemic for Nationals has been loss of purchasing power compounded by layers of complex social issues, poverty, lack of education, discrimination and unemployment. For migrants, the main impact has been the loss of livelihoods. levels of knowledge of protocols, vaccine safety and availability and confidence in sources of information - varied according to education levels. Participants also expressed distrust of politicians, other public figures and the mainstream media. Conversely, they expressed a high level of trust in the Red Cross as a source of information. The National Society is therefore well positioned to provide targeted risk communication to strengthen knowledge on COVID-19 among vulnerable and migrant communities.

Pillar 4: Social Cohesion and Support to Vulnerable Groups

There were no activities in this pillar.

Priority 3: National Society Strengthening

Pillar 1: Readiness (preparedness, capacity strengthening, auxiliary role and mandate)

The TTRCS contracted a consultant to support with a comprehensive review and updating of its Disaster Management and Contingency Plans with related SOPs (including its Pandemic Response SOP) in October 2021. Also developed in the last quarter are 5-year operational plans for Disaster Management, Youth and Health. These five-year plans chart the core humanitarian operations for the TTRCS.

Pillar 2: National Society Sustainability

There were no activities in this pillar.

Pillar 3: Support to volunteers

Our national training and capacity building for communities continued in October 2021 for 401 participants who took part in our four-day virtual training in Community Emergency Response Team.

3. Other – National Society’s Own Indicators

Indicator <i>(Add rows as needed)</i>	Target	Reached <i>(Description of progress, if possible, including sex and age disaggregated data)</i>
NOT APPLICABLE		

4. Constraints, Challenges, and Lessons Learned

Challenges identified and support needs from IFRC:

Description	Status (Resolved/ Pending)	How resolved
COVID19 infections among the staff, that would limit the implementation.	Resolved	The Continuity of Operations Plan laid out inter-departmental responsibilities that would allow the movement of staff if there was a crisis situation.
Business Closures as a result of government-imposed restrictions	Resolved	Relationships with companies that would provide access to items via deliveries/pickups and didn't require them to open their physical stores.
Continued funding	Pending	Aggressive resource mobilization that focused on creating a pool of donors, traditional and untraditional, that were able to sustain the organization and not rely solely on the IFRC supported funds to ensure operations continued.
Freedom of Operations during lockdowns	Resolved	The TTRCS leveraged its auxiliary role to ensure at the high Ministerial Level that it was recognized as part of the legislation granting access to communities during the entire pandemic.

Main learnings:

- Evidence based approaches continue to be the main reason for the TTRCS success in implementation. While the target numbers could be greater it would certainly dilute the level of impact, the persons who are reached by the TTRCS get a more impactful response that changes and improves their vulnerable situation as it is tailored to their needs.
- The use of CEA tools like surveys and focus groups carried out in the perception survey allowed the TTRCS to tailor the communication messages and PSAs for TV and Radio to a few specific groups that were likely to be at risk, such as the entertainment sector which includes

restaurants and bars which become open, the TTRCS had radio announcements on stations which are generally played in these places to address safety while in the “safe zone”.

- The TTRCS recognizes the need to increase the drive toward more technological systems to improve efficiency. The organization would have staved off the pandemic from reaching within the staff for the entire 2020 and much of 2021, however we started to see single cases in departments which triggered the BCP plans to ensure continuity. However, as the transmissibility of COVID19 increases with every new variant, the risk increases that the organization may have an outbreak at some point, therefore the need to fully transition to digital is important. To start this process, the TTRCS would have crafted a five-year digital transformation strategy to ensure it can meet its operational objectives in 2022 and beyond even if staff are not able to be physically present.

5. Next steps and moving forward

Next steps and moving forward:

The health support through the Clinic continues to be highly demanded especially to the migrant group that still do not have access to any health services outside of emergency care. Expansion of the Clinic to other minority groups such as PWDs will occur through direct promotion of the personal service provided at the clinic to cater to individual needs such as the ability to have interpreters of sign language for the deaf, additional support for persons with physical disabilities and on-boarding of specialist doctors. The TTRCS will also be developing its COVID19 testing capability to be able to ease the burden on health centres in and around the capital city and in the future be able to support with direct administration of vaccinations through the clinic. Risk communication and CEA must also continue to play a major role in ensuring that persons understand the risks they expose themselves to by not following the COVID19 protocols and the TTRCS will continue to develop unique and targeted messages about vaccine facts to reach difficult audiences.

Beneficiary Story



Figure 2: (Left) Señora Kenia Cuellar Montes, patient of the TTRCS Henry Dunant Clinic, is supported with translation services by (right) Julio Pereira Castillo, Community Liaison Officer at the TTRCS. Photo Credit: TTRCS, January 2022

A refugee from Cuba, Señora Kenia Cuellar Montes has been living in Trinidad and Tobago for five years and had visited the TTRCS' Henry Dunant primary healthcare clinic on three occasions. She described the service as critical to Spanish-speaking migrants as it provided bilingual interpreters enabling them to communicate well with the doctors and nurses who attended to them. Also important to her was that everyone was welcoming and fully engaged. She contrasted this to her experiences at the Government Port of Spain General Hospital where she experienced long queues and a seemingly lack of concern for patients. Her recommendations on how TTRCS could improve its clinic services include introducing lab testing for glucose and other services which are expensive and psychosocial support.



Figure 3: (Left) Dr. Javed Machikan, TTRCS Volunteer Doctor consults with a patient at the TTRCS Henry Dunant Clinic. Photo Credit: TTRCS, January 2022

Dr. Anthony Javed Machikan has been volunteering his services at the TTRCS Henry Dunant Clinic and at our outreach primary healthcare services in rural and migrant communities. He says what has impressed him most is the efficiency of the translators, administrators and volunteer nurses which has enabled him to see a lot of patients within a limited time-frame. He is hopeful that TTRCS is able to source more volunteer doctors as there were definitely not enough and even one more, would help double the number of patients seen. Also having some specialists on board would be a “game changer” reducing the need to refer patients elsewhere. On his wish list of additions to the clinic would be an ECG machine, a well-functioning cholesterol machine and possibly a partnership arrangement with a lab for testing at no or low cost for the patients.

Contact Information

Contact information:

Ms. Jill De Bourg
President
Trinidad & Tobago Red Cross Society
7a Fitzblackman Drive
Wrightson Road Extension
Port of Spain
TRINIDAD W.I.
presidentttrcs@gmail.com
(868) 708-6699

Mr. Stephan Kishore
Crisis Management Coordinator
& Project Implementation Lead
Trinidad & Tobago Red Cross Society
7a Fitzblackman Drive
Wrightson Road Extension
Port of Spain
TRINIDAD W.I.
stephan.kishore@ttrcs.org
(868) 479-1069

Useful Links

Revised Emergency Appeal for COVID-19 Outbreak (MDRCOVID19):
<https://prddsgofilestorage.blob.core.windows.net/api/event-featured-documents/file/MDRCOVID19REA5.pdf>

20-month update on COVID-19 Outbreak (MDRCOVID19):
https://prddsgofilestorage.blob.core.windows.net/api/event-featured-documents/file/MDR00005OU24_2.pdf