

CARIBBEAN CONFERENCE OF
CHURCHES

FAITH-BASED ORGANISATIONS IN
TRINIDAD AND THEIR
CONTRIBUTIONS TO HIV/AIDS

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List of Acronyms and Abbreviations

- ◆ AIDS – Acquired Immune Deficiency Syndrome
- ◆ ARV – Anti-retroviral
- ◆ CAM – CARITAS AIDS Ministry
- ◆ CARE – Community Action Resource
- ◆ CAREC – Caribbean Epidemiology Centre
- ◆ CBO – Community-Based Organisation
- ◆ CCC – Caribbean Conference of Churches
- ◆ CIDA – Canadian International Development Agency
- ◆ CRN+ - Caribbean Regional Network of People Living with HIV/AIDS
- ◆ FHI – Family Health International
- ◆ FBO – Faith-Based Organisation
- ◆ HBC – Home-Based Care
- ◆ HIV - Human Immunodeficiency Virus
- ◆ HPV – Human Papilloma Virus
- ◆ HtH – Heart to Heart
- ◆ IRO – Inter-Religious Organisation
- ◆ LWC – Living Water Community
- ◆ MH – Mercy Home
- ◆ NACC – National AIDS Coordinating Committee
- ◆ NAP – The National AIDS Programme
- ◆ NGO – Non-Governmental Organisation

- ◆ NWRHA – North-West Regional Health Authority
- ◆ PLWHA – Person Living with HIV/AIDS
- ◆ QPCCC – Queen’s Park Counseling Clinic and Centre
- ◆ RM – The Rescue Mission HIV/AIDS Ministry
- ◆ SAS – South AIDS Support
- ◆ SDA – Seventh Day Adventist
- ◆ STD – Sexually-Transmitted Disease
- ◆ TTHAA – Trinidad and Tobago HIV/AIDS Alliance
- ◆ VCT - Voluntary Counseling and Testing
- ◆ WHO – World Health Organisation

Introduction

There are many faith-based organisations (**FBOs**) in Trinidad and Tobago that focus on combating the HIV/AIDS epidemic and supporting persons living with HIV/AIDS (**PLWHA**). Six are documented here. This is, in part, an acknowledgement of the fact that the virus has affected religious, as well as social communities and that care, support and education for prevention is the responsibility, not only of the government, but also members of the inter-faith community who have a moral duty to assist those affected by the crisis.

This documentation endeavours to highlight and document the contributions and challenges facing the following organisations as they not only provide much-needed services in Trinidad, but also advocate for more effective policies and laws that address the particular problems of our society, while adhering to the exigencies of the global response to the epidemic: -

- ◆ Rescue Mission
- ◆ South AIDS Support
- ◆ CARITAS AIDS Ministry
- ◆ Mercy Home
- ◆ Heart to Heart
- ◆ Cyril Ross Nursery

Although these groups are distinct from each other in terms of their structure, methods of implementation and, consequently, their approach to grappling with the issues of HIV/AIDS (some have founded homes to care for the sick, while others focus on counselling, advocacy and awareness-raising and hence do not have an actual facility or building) these differences facilitate their connection with other people working on the same subject. Resources and institutional capacity, to some extent, determine what services can be offered.

The Caribbean Conference of Churches (**CCC**), through its project, *Building a Faith-Based Response to HIV/AIDS*, wishes to ensure that accountability and quality programmes and initiatives form the basis of the growing involvement of FBOs in the prevention and treatment of HIV/AIDS in the Caribbean. These ‘healing communities’, as one member referred to her association, face huge challenges – lack of financial support from the government and their parent-churches; continued high levels of stigma and discrimination on the part of the general public; lack of adequate facilities and resources – nevertheless, they have committed themselves to actions that promote and protect the human rights of PLWHA.

It is hoped that the documentation of their contributions will encourage these organisations to continue their exemplary work and build a wider commitment to the principles and practices that have underscored their successful responses to HIV/AIDS. They do not exist in a vacuum and it is imperative, therefore, that ‘religious workers’ engage with civil society in key issues, such as this epidemic. Consequently, another objective is to urge and strengthen the response of organisations in collaborating with and

assisting FBOs in their mutual struggle to help develop a national vision, commitment and plan of action in responding to the HIV/AIDS epidemic.

This is an important initiative that hopefully will bring greater support from the government and its agencies as the incorporation of best-practices into these programmes will help equip other FBOs to do likewise, thereby having a bigger impact on the fight to eradicate the HIV/AIDS pandemic.

HIV/AIDS: A Snapshot of the Epidemic

- ◆ At the end of 2005, an estimated 330,000 people were living with HIV and AIDS in the Caribbean. Some 37,000 people were newly infected during the same year and there were 27,000 deaths due to AIDS.
- ◆ Also at the end of 2005, the prevalence of the disease amongst adults (ages 15-49) was 1.6%, while the number of adult (age 15+) and child deaths due to AIDS in 2005 was 27,000 - making it the leading cause of death among adults aged 15-44 years.
- ◆ In three of the seven countries in this region - the Bahamas, Haiti and Trinidad and Tobago - more than 2% of the adult population is living with HIV. In Trinidad & Tobago more than half of adults living with the virus are women.
- ◆ AIDS is now one of the leading causes of death in some of these countries, with Haiti being the worst affected. An estimated 16,000 lives are lost each year to AIDS in Haiti, and tens of thousands of children have been orphaned by the pandemic.
- ◆ Treatment and care for people living with HIV/AIDS in Haiti is starting to improve despite political instability, gang violence and frequent kidnappings. The number of people receiving antiretroviral treatment has increased to almost 8,000 since 2003, when foreign aid started to come into the country. In addition, access to testing and care for HIV-positive people who do not yet need antiretrovirals is increasing nationwide, and the country is expected to achieve universal access to care by 2008.
- ◆ Countries in this region are making efforts to slow the epidemic and to limit its impact, most obviously through their efforts to provide antiretroviral drugs. In 2002, *The Pan Caribbean Partnership against HIV/AIDS* signed an agreement with six pharmaceutical companies to provide access to cheaper antiretroviral drugs. However, actual access to these drugs remains unequal across the region as a whole, partly due to wide differences in drug prices.
- ◆ Access to antiretroviral therapy is provided to all those in need in Cuba, and the Bahamas and Barbados are advancing towards this goal. However in Trinidad and Tobago, barely more than a third of those in need of treatment for AIDS were receiving it at the end of 2005, and rates were even lower in Haiti and the Dominican Republic.
- ◆ In Latin America and the Caribbean, Antiretroviral (**ARV**) Coverage in the low and middle- income countries as of December 2005 was 75%.
- ◆ Globally, estimated spending for HIV/AIDS prevention, care and support in low and middle income countries (public and private sources), in 2005 was US\$8.3 billion.
- ◆ Estimated dollars needed to address HIV/AIDS prevention, care and support in low and middle- income countries worldwide is \$15 billion in 2006 and \$22 billion in 2008.
- ◆ The total pledged to the Global Fund to Fight AIDS, Tuberculosis, and Malaria to date, payable through 2008 \$8.6 billion. The total paid is \$4.7 billion.

- ◆ Today, 40.3 million people are estimated to be living with HIV/AIDS worldwide - of these, 38.0 million are adults and 2.3 million are children under 15.
- ◆ An estimated 4.9 million people acquired the human immunodeficiency virus (**HIV**) in 2005, including 4.2 million adults and 700,000 children under 15.
- ◆ Globally, in 2005, AIDS caused the deaths of an estimated 3.1 million people, including 2.6 million adults and 570,000 children under 15.

The Rescue Mission Incorporated

“Be transformed by the renewing of your mind”

Vision

“Preserving the Family Structure to Build a Strong Nation”

Mission

“To contribute to the prevention and control of substance and alcohol abuse, HIV/AIDS and the preservation of the family structure”

Overview

The Rescue Mission is a charitable organisation founded in 1986 by the Rev. Hasratt Ali, pastor of Evangel Temple and the late Mrs. Sheila Ali. The Ministry emerged “out of a passion for helping families with problems...”¹ Pastoral counselling and adequate pre-marital counselling are offered to promote fidelity in relationships.

The Evangel Temple is the primary supporter of the Rescue Mission and its contributions are augmented by donations from community members, concerned individuals and various associations.

The organisation is committed to building strong families through the provision of assistance for substance and alcohol abusers, as well as education and counselling regarding HIV/AIDS. The latter initiative was introduced in 1993 by Mrs. Merle Ali, R.N., who introduced HIV/AIDS awareness programmes, seminars and workshops in response to the HIV/AIDS crisis that exists in the Caribbean. Her passion for the area was ignited not only by personal loss, but also the desire to be of assistance to young persons who were so greatly affected by this disease.

Methodology

The Rescue Mission HIV/AIDS ministry (**RM**) concentrates on presenting workshops, seminars and conducting conferences in churches, schools and other communities across the Caribbean, while also capitalizing on opportunities presented in the media – radio, print and television.

Its coordinator, Mrs. Ali, is a Board member of the Christian radio station, 98.1 FM, and so, apart from facilitating the group’s workshops, she hosts radio programmes highlighting HIV/AIDS-related issues and producing public service announcements with the CCC (98.1 FM offers the Rescue Mission free air time).

These activities are based on a framework that promotes delaying sexual activity until marriage and fidelity in the marriage relationship; provides healthy options to those who are or have been sexually active; provides a non-threatening environment for dialogue and open expression to those who want to make changes in their choices and lifestyles.

Developing the Response

The particular vision of the HIV/AIDS ministry is, “to prevent and control the spread of HIV/AIDS and provide care and support to those infected and affected”, while its mission

¹ Taken from Rescue Mission Inc. – Building Strong Families

is once again aimed at prevention and control by, “inducing behavioural changes and influencing policies, which govern institutions and systems...using the model of Jesus”.

The RM’s goals are: -

- To mobilize the Christian community in responding to the HIV/AIDS crisis
- To provide age-appropriate sex education starting from an early age

Camilia Dick; Janelle Williams; Patrice Woodley

These young women are contributing to the Rescue Mission’s programme by helping to spread the organisation’s message about HIV/AIDS – Camilia is an accomplished singer, Janelle is a powerful public-speaker and Patrice uses drama to provide support, counselling and education to the youth throughout the Caribbean. They encourage their peers to adopt positive and productive lifestyles and have traveled to Guyana and Montserrat, amongst other islands to help raise awareness.

- To empower individuals with the skills and knowledge of HIV/AIDS to provide counseling and facilitate testing for HIV
- To partner with FBOs, NGOs and governmental agencies
- To network with other bible-based HIV/AIDS ministries
- To establish support groups and facilities to care for those infected
- To explore all possible avenues to impart Biblically-based principles on sexual practices in a manner that is relevant and appropriate
- To use the media effectively in promoting positive messages to influence behaviour-change and eliminate stigma and discrimination
- To motivate individuals to become advocates for those marginalized by the infection

The RM has worked to target the youth and has tailored its approach to best meet their requirements and lifestyles. A simple example of this is the use of the word ‘abstinence’, which it was felt was eliciting very negative responses. The group now uses the phrase, ‘delaying sexual activity’, which neither compromises the values and principles of the organization, nor suggests even more limitations for the youth.

Major Activities

- The Rescue Mission provides HIV/AIDS counselling and prayer support for affected individuals
- Its mission and vision are also being fulfilled by producing pamphlets to help sensitize the public on HIV/AIDS issues
- The Mission uses various local art forms to spread its message – singing, dancing, and drama.

‘The Visioneers’

A singing group that grew out of the Rescue Mission, where participants use their personal experiences to compose and sing songs that spread their message of God’s mercy!

- The RM networks with groups that espouse similar values in order to have a greater impact on the society

- Advocacy – for the protection of the rights of infected individuals in the society – workplace, schools, churches, homes and for greater access to adequate health care and other services.
- In celebration of World AIDS Day on December 1st 2006, the RM hosted a nine-day programme entitled *Celebrating Life*, which incorporated a parade through the streets of San Fernando. It is anticipated that a crowd of at least 2000 joined the rally, which ended with a Health Fair, and at which HIV/AIDS testing and counselling was made available.
- “Fresh Fire: Food for Thought” – a radio programme broadcast on Friday mornings on Radio 98.1 FM – the RM uses this opportunity to raise the consciousness-level of the public.

Training for Volunteers

- In October 2006 the RM hosted two workshops entitled *HIV/AIDS: Mobilising the Church Community* – they were conducted by a South African colleague and member of the African Ministers Living with HIV network. There were thirty (30) participants in Trinidad and twenty (20) in Tobago.
- In November 2006, a workshop was offered for churches based in the South of the island.

Outstanding volunteers

Ms. Sharon Bain; Ms. Venese Toussaint; Ms. Alicia Ali

These three individuals have always been at the forefront of the Rescue Mission's programmes, always make themselves available for awareness-raising sessions and have used their training especially in school-settings

- Forty (40) volunteers were given Voluntary Counselling and Testing (VCT) training at the George Street Clinic in Port of Spain – this session was funded by the NACC.

Responding to HIV/AIDS and the Care and Support of PLWHA

- The Rescue Mission HIV/AIDS ministry has helped to form a Commission comprising eighty (80) Evangelical churches in Trinidad and Tobago focused on the epidemic – it is headed by Dr. Andy Homer.
- Ms. Ali, Coordinator, is a member of several boards and committees of HIV/AIDS-related organisations: -
 - The Caribbean Conference of Churches
 - The Latin American-Caribbean AIDS Commission
 - Operation Mobilisation AIDS Link

Beneficiaries

- The Church – members of all denominations
- Secondary school students
- Community Members
- Individuals infected and affected by HIV/AIDS

Achievements

- Conducted awareness programmes in several churches, religious and community groups, as well as in public spaces like shopping malls.

The Christmas Village

An annual event targeting the youth of the country and employing various methods to share information about HIV and AIDS

- Media blitz – television and radio programmes, production of printed materials and the staging of youth contests.

The Youth

The Rescue Mission sees the increasing involvement of young persons as its greatest achievement so far – their willingness to be mobilized, enlightened and equipped with the necessary knowledge and skills to address the problems of the epidemic has strengthened the resolve of the ministry.

- The execution of training programmes via workshops, seminars and conferences
- The provision of counselling to affected individuals.
- Contributed to the development of an excellent network of NGOs, FBOs, CBOs, and local, regional and international governmental agencies dealing with the HIV/AIDS pandemic.

Some of the associations with which the Rescue Mission works are: -

- . *The Trinidad and Tobago Evangelical Association*
- . *The National HIV/AIDS Initiative*
- . *The Pentecostal Assemblies of the West Indies*
- . *The Open Bible Standard Churches Incorporated*
- . *The New Testament Church of God*
- . *The University of the West Indies HIV/AIDS Response Programme (UWIHARP)*

- Involvement in the *Abstinence Programme* in Secondary Schools throughout Trinidad & Tobago.
- The coordinator conducted a session at the Annual Convention of Pastors, hosted by the Church of the Open Bible – this led to the publication of a magazine article based on the presentation and invitations to other sessions.

Challenges and Lessons Learnt

- Funding – the organisation's projects are usually self-funded by means of donations and fund-raising events for specific projects
- There is no full-time staff member working for the Rescue Mission
- It is very difficult to get men actively and continually involved in the programmes – there is a Men's Ministry in the Evangel Temple, but no group dedicated to the work of the HIV/AIDS ministry.
- The nature of HIV/AIDS presents challenges when the RM tries to spread its Christian-based message about prevention. The Evangelical church does not accept

the alternative lifestyles, such as homosexuality, accepted by other organisations. The Rescue Mission advocates complete abstinence before marriage, for example, and this view is not shared by many Non-Governmental Organisations. An example of this conflict is highlighted in the RM's assertion that HPV is more deadly than HIV or Herpes and other STDs, therefore, by suggesting that young people will have sex anyway and advocating the use of condoms, rather than abstinence, you still expose them to very risky behaviour and heighten the possibility of their contracting other diseases.

- Given the severity of the situation in Trinidad and Tobago, full commitment from the government has not been forthcoming.

Community Mobilisation and Use of Local Resources

Volunteers and community members assist the organization through financial contributions, donating food and other necessary items. Individuals also participate in counseling sessions and other programme events.

Capacity-Building

- In 2005 the Coordinator attended a training conference for women at the Haggai Institute in Singapore. The forty (40) participants have subsequently formed an e-group that has allowed them to share information, heighten awareness and strengthen their respective organisations. Several of the Rescue Mission's media projects have resulted from this online interaction.
- In January 2006, a representative from RM attended a workshop aimed at equipping the church to deal with the HIV/AIDS crisis. It was directed by the Assemblies of God – Latin America and the Caribbean and attracted over sixteen (16) church leaders.
- In 2006, a representative also took part in a Monitoring and Evaluation course, which is an exercise the organisation plans to conduct on a regular basis.
- RM members have continually attended workshops and training sessions offered by CARITAS (another FBO), as well as the National AIDS Coordinating Committee (NACC) – a government agency – and CARE (an NGO).

Governmental Involvement

- The NACC, through the NWRHA, invited Ms. Ali to be a member of its Planning Committee for nationwide observances of World AIDS Day – a three-day workshop targeting FBOs was held at the Cascadia Hotel from November 28-30, 2006.
- Partnership with the government also exists in the form of the NACC, which provided the funding for the VCT training sessions that were conducted by the RM.

The Way Forward

The organization plans to establish a hospice that will cater to the escalating needs of PLWHA – adults as well as orphans. It also plans to set up several HIV/AIDS support groups and establish a Hotline. The training of counsellors and caregivers on a regular basis is another of its short-term goals.

The RM also hopes to produce three more public service announcements with the CCC and is in the process of developing a new project entitled, *Community Care Connection: Touching Lives, Changing the Nation*.

Conclusion

There is an apparent determination to take an active role in implementing the changes that must be made. In its attempt to provide an open platform for discussion, the RM has been quite successful not only in networking readily with everyone involved, but especially, in utilising the wealth of talent possessed by the youth. It should be noted that many HIV-positive individuals have come to the Rescue Mission from the drug prevention arm of the organization and they also benefit from the RM's work in helping to restore and point to a lifestyle of healthy choices.

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South AIDS Support

Love-Acceptance-Understanding-Confidentiality

Overview

South AIDS Support (SAS) is a non-profit organisation, established in 2002, in response to the urgent need for support to those affected by the HIV/AIDS epidemic. The organisation began with a group of Roman Catholics - Ms. Grace Mohammed, Ms. Lorna Trinidad, Fr. Clyde Harvey and Dr. Ricardo Mohammed – but has since been transformed into a collaborative effort with members of the Anglican, Presbyterian and Methodist churches joining the Board of Directors.

Board of Directors

<i>Fr. Clyde Harvey</i>	<i>Chairman</i>
<i>Ms. Grace Mohammed</i>	<i>Acting President</i>
<i>Ms. Hazel Rogers-Dick</i>	<i>Secretary</i>
<i>Ms. Debbie Joseph-Caddle</i>	<i>Treasurer</i>
<i>Mr. Terrence Beepath</i>	<i>Public Relations & Advocacy</i>
<i>Dr. Ricardo Mohammed</i>	<i>Director</i>
<i>Ms. Angela Daniel-Rocke</i>	<i>Director</i>
<i>Fr. Anthony Mowlah-Baksh</i>	<i>Director</i>
<i>Canon Francis Caesar</i>	<i>Director</i>

The South AIDS Support (SAS) organisation offers the following services to the general public: -

- Information – lectures, health fairs/displays, literature, outreach programmes
- Public Education
- Home visits
- Referrals
- Training
- Counselling
- Social assistance – welfare

Some of the organisations with which SAS collaborates are: -

- . The Anglican Church of Pointe-a-Pierre
- . Our Lady of Perpetual Help Roman Catholic Church
- . Rotary Club of San Fernando
- . Peer Educators for Sexual Health
- . Trinidad & Tobago HIV/AIDS Alliance
- . San Fernando Methodist Church
- . MSM: No Political Agenda
- . Community Action Resource

Mission

To provide spiritual, mental and general support to those diagnosed with HIV/AIDS, their families and friends.

Objectives

- To prepare for responsible living, those persons who have been diagnosed with HIV/AIDS.
- To advocate on behalf of persons living with HIV/AIDS.
- To provide a forum in which persons infected with HIV/AIDS may meet in a caring environment to be provided with counselling and support.
- To develop and implement education programmes for the general public. The target groups are Youth, Patients, Caregivers, Families and Friends of those living with HIV/AIDS.
- To develop and implement training programmes for counsellors and caregivers.
- To network with organisations with similar aims and objectives and those that can provide support through funding and technical resources.
- To develop a Drop-In Centre and AIDS Hospice, to serve the counselling and medical needs of HIV/AIDS persons and their families.

Developing the Response

The SAS reaction to the crisis grew out of a desire to bring about a change in societal attitudes toward HIV/AIDS; for it is that same attitude of almost arrogant self-delusion that is contributing to the spread of the disease, particularly amongst young people. It is estimated that there are about **6,000-10,000** infected individuals in the southern region, yet approximately 500 are being treated through the public service.²

SAS believes that the epidemic is not being taken seriously at any level of the society and aims to educate the public and encourage as many persons as possible to get tested and to lead responsible lives.

Ministry Support Group

The ongoing development of the support group, which meets weekly, has had immediate benefits. Its objectives are to: -

- Disseminate information
- Build the capacity of the clients
- Provide peer support and coping mechanisms
- Encourage responsible living

As members share their experiences and seek to develop healthy lifestyles and cope with the issues surrounding living positively and successfully with HIV/AIDS, the group has noted the following successes: -

- More PLWHA are accessing the services of SAS
- More clients are living positively –the statistics record an increased number of marriages and job placements: evidence that many so-called “normal” activities are being performed
- Members are able to form more stable social relationships and are willing to share their experiences in public fora.

² Figures taken from Mrs. Grace Mohammed

- More of the organisation's clients want to become involved in the capacity-building exercises of the group.
- Clients are more willing to practice safer sex.
- Jobs have been created through the group's activities

Training for Volunteers

- The SAS association has trained sixty-nine (69) of its clients, i.e., persons living with HIV/AIDS, on different issues related to living with the virus – twelve (12) of these persons now lecture in public fora on living positively with HIV and/or the AIDS virus.
- SAS hosted a two-part workshop on Healthy Lifestyles as well as a Basic Skills Training Workshop.

Beneficiaries

- Students – international and local
- Members of the southern corporate and wider community
- Volunteers
- Persons living with the HIV/AIDS virus and their friends and relatives.

Achievements

- There has been an increase in the overall number of requests for services provided by the organisation.
- SAS has been able to assist clients in obtaining employment.
- Through the SHARE programme³ the number of individuals receiving food hampers has increased from thirty four (34) to seventy five (75).
- SAS has been able to improve the familial support of persons living with HIV/AIDS.
- There has been an increase in requests from corporate entities for workshops dealing with the subject of HIV/AIDS, consequently helping to improve the working relationships of PLWHA.
- SAS has been involved in a programme of student-exchange, which has served to develop the organisation's international linkages.
- SAS assists students with their HIV/AIDS-related theses and school-based assessments for their examinations.
- SAS acquired a building from the Government of Trinidad and Tobago, through the South West Regional Health Authority (SWRHA), which has since been restored and renovated for use as an HIV/AIDS Drop-In Centre. The centre was opened in February 2004 and caters to the medical and counselling needs of PLWHA and their friends and family.

³ A government sponsored poverty-reduction programme

Drop-In Centre

The group was given a dilapidated house, which had been marked for demolition. Within five months, with the hard work and dedication of volunteers such as Mr. Anthony Ramkissoon (contractor/builder), Mr. Steve Sohan (watchman) and countless others, the Drop-In Centre was restored. Apart from fundraising, SAS also received a \$100,000 donation from a group of concerned women.

Challenges and Lessons Learnt

- Many persons volunteer on paper but do not turn out to actually assist the organisation.
- Ward 2 of the San Fernando General Hospital, which housed and treated HIV/AIDS patients, was closed approximately four (4) years ago. It was felt that continued discrimination against PLWHA played a part in this occurrence, and it was, and still is, indicative of the very miniscule changes that have taken place in Trinidadian society with regard to the treatment, ignorance and prejudice that still surrounds individuals with HIV/AIDS.
- The government's SHARE programme has so far only been able, since July 2006, to print half of the requisite cards allowing PLWHA to get foodstuff at the grocery. This has led to increased burdens for many who use the SAS facilities.

Community Mobilisation and Use of Local Resources

- Nursing assistant trainees from the nearby hospital donate money and food items to the organisation – in addition, some donate their time and skills.
- The Public Services Association, a local trade union and its Head, Ms. Jennifer Baptiste-Primus, are significant contributors to the organisation – not only financially, but through support of SAS' activities and programmes.

Capacity-Building

The staff, board and committee members, as well as clients of SAS have attended workshops and training programmes that have helped to enhance the capabilities of the association to bring high-quality services to the public. Some of these include: -

- Capacity-Building, Proposal-Writing and Fundraising workshop hosted by the Trinidad and Tobago HIV/AIDS Alliance (TTHAA).
- VCT Training/Mother-to-Child Transmission/Treatment and Adherence training workshop hosted by the Red Cross
- Home-Based Care training – held by the TTHAA and the UNDP
- Leadership for PLWHA – hosted by CRN+
- Health promotion facilitated by the SWRHA and the Pan American Health Organisation
- Leadership Development Training – held by the TTHAA and the UNDP
- Five members of the organisation attended an International Conference entitled, *Providing Support and Maintenance for PLWHA in Care and Treatment*, which was held in New York.
- In July 2006, two members also participated in the *Pathogenesis and Treatment of HIV/AIDS* conference held in Brazil.

Government Involvement

- There has been a strong collaboration with the National AIDS Coordinating Committee in the implementation of the National Strategic Plan in the areas of treatment, care and support, advocacy and prevention.
- The NACC has also donated one-half of the organisation's annual budget with the proviso that it can only be used for training programmes.

Monitoring and Evaluation

South AIDS Support has its accounts audited annually in accordance with International Financial Reporting Standards.

The Way Forward

South AIDS Support is advocating for the issue of housing to be addressed by the government of Trinidad and Tobago. One of the negative effects of the virus is a lack of familial support; unemployment is another factor that leads many PLWHA to become destitute or homeless.

The opening of a hospice is also a very important goal of the organisation, since there is a great need for such a facility in the south of Trinidad. A hoped-for turnaround in the nation's attitude has not yet been achieved and so a live-in facility where those infected with the virus can recuperate or die with dignity, surrounded by persons who are understanding and caring.

Conclusion

The quality of life of persons infected by the HIV/AIDS virus, has improved so dramatically over the past few years that, rather than focusing largely on making PLWHA comfortable until they die, SAS focuses on bringing the infected individual to a point where they are living happy, productive lives. Its programmes and activities are also meant to educate the public and decrease the level of ignorance about the disease that leads to continued stigma and discrimination.

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CARITAS AIDS Ministry

“I have come so that they may have life and have it to the full”

Vision

To provide a model of compassionate care and support services for the persons living with HIV/AIDS (**PLWHA**) and their families so as to open a door of hope, uplift the dignity of infected persons; educate and motivate others to provide a helpful social environment for the affected population.

Mission

CARITAS AIDS Ministry (**CAM**) believes in the dignity of the individual (sick or well, client or worker), and is committed to providing un-compromised, non-judgmental and personalized service to the person living with HIV/AIDS (PLWHA) and his family.

Goals

1. To provide affected communities with trained caregivers – professional and lay persons who are willing to provide comfort, compassion, support and hands-on care to PLWHA and their families.
2. To establish a facility to provide drop-in service and respite care for persons infected and affected by HIV/AIDS in a supportive environment.

Compassionate Support

One of the CAM’s clients drank poison while receiving counseling. He had previously started attending Mass at Mt. St. Benedict since he was discriminated against at his own church. He survived the suicide attempt, but could not speak for a while; CAM continued its counseling sessions and this individual emerged much stronger, more appreciative of life and willing to assist others.

3. To assist young people in the neighbourhood and others to understand the implications of early sexual activity and its effect on personal development and the attainment of planned life goals, thereby reducing the impact of HIV infection on this population.

Core Values

CARITAS AIDS Ministry (**CAM**) is supported by the following values, which are also characteristic of the type of care-giving environment they seek to foster: -

- Spirituality
- Respect for the Individual
- Independence, Self-development and Empowerment
- Informed decision-making for client/family
- Sense of belonging and community
- Partnership, Networking, Collaboration and Team Spirit

Overview

The CARITAS AIDS Ministry was formed in 1989 and to date has assisted approximately seventy-two (72) families with its home-based ministry and voluntary

counseling and testing sessions. Family members are usually very intimidated and confused with the diagnosis of HIV/AIDS and infected individuals tend to be isolated and even rejected within the home environment. CAM seeks to sensitise all affected persons and encourage and assist family and friends to become more involved in the life of the PLWHA. It is for this reason that Home-Based Care has been such an effective method in reaching out to a group of persons against whom an inordinate lack of compassion has been shown.

Family Involvement

One of its more successful interventions has been in the case of a family of four – parents and two children – who were living in the same house as the husband’s infected sister. The latter was being kept in an area of the home that had been partitioned with plywood and was being served with disposable utensils. There was absolutely no physical contact with the PLWHA.

CAM insisted that all members of the family, including the children, become involved and support the patient. The situation gradually became more bearable and the PLWHA had her dying wish of having her brother physically embrace her fulfilled.

The CARITAS AIDS Ministry is not so much a membership organization as it is a team of trained volunteers. The group is managed by a Board of seven persons, who are currently in the process of drafting a constitution.

CAM is convinced that there is an urgent need for a suitable place for ‘respite care’ of PLWHA as a complimentary service to other service providers and is seeking to construct its own premises in order to meet the needs of infected individuals and affected families that are financially challenged.

In addition to the respite house, the group has focused on its training programmes, which have subsequently allowed it to assist many persons with its home-based service and so contribute to the long-term health care and health goals of the PLWHA.

Methodology

The CARITAS AIDS Ministry has focused its efforts thus far on HBC because it sees the proper education and training of those affected by the HIV/AIDS pandemic as a means to combating the occurrences of degradation and prejudice that prevail, as well as helping to create an environment that will allow PLWHA to lead dignified and fruitful lives.

CAM has also, upon request, visited secondary schools to conduct prevention programmes; however, this is not the organisation’s target grouping.

Initially, the organization had enough funds to employ caregivers, however this was soon exhausted and so now, when a family calls for assistance, a home-care assistant is assigned and the family and assistant make their own arrangements.

Apart from the Home-Based Care – a visiting service – CAM offers the following services: -

- Same-Day Care – a basic service
- Education -
 - for care-givers
 - for youth in community facilities such as schools, churches etc.

- for patients/clients and their families
- Emotional and Social support for PLWHA –
 - Lay Counseling
 - Assistance with foodstuff
 - Assistance with medical supplies
 - Referral to government and non-governmental agencies, including independent professionals
 - Information/Drop-In Centre for the public
- Financial Assistance when necessary

The organization does not discriminate and everyone who approaches CAM is assisted, regardless of religion.

Developing the Response

Since its foundation, CAM has assisted approximately seventy-two (72) families through its Home-Based Care (HBC) programme. The organization insists that family members become involved in the care and treatment of the PLWHA

Lobbying Efforts

CAM has been assisting pressure groups throughout the country, comprising PLWHA, have been lobbying the government to pass legislation protecting individuals from the effects of stigma and discrimination especially in the workplace.

The organization is also very interested in working with other FBOs in the development of its programmes and the respite centre.

Major Activities

The main activity of CAM is home-based care and they have carried on this ministry since 1989. The organisation's first programme was financed by the World Health organization (WHO) during which eighteen persons were trained for eighteen (18) months. Following this initial period the original trainers were sent to diverse organisations upon the latter's request.

Approximately ninety-one (91) persons have been trained in total and many have gone on to join other organisations and health facilities, such as the President, the manager and other volunteers affiliated with South AIDS Support.

The CAM training programme has been certified and endorsed by the National AIDS Programme and now focuses on other NGOs and CBOs such as Community Action Resource (CARE), Friends for Life, the Diego Martin Community and the Boys' Industrial Centre.

At the present time the group is conducting a training programme for fifteen (15) women and two (2) men in the Diego Martin Community.

CARITAS members have also been trained in VCT by the Ministry of Health and CAREC – the association does not offer this type of training, but it assists the Ministry at the George Street Clinic (a medical facility in the capital city), on a weekly basis.

CARITAS' Training Officer

Ms. Beulah Duke, also the Vice-Chairman of the organization, is in the process of preparing a Best-practice Manual on behalf of the NACC

Training for Volunteers

- Home-Based Care Training, December 1992-March 1993
- Home-Based Care Training, June 1996-August 1996
- Adherence to Anti-Retroviral Treatment and Care Training, June 2002
- Adherence to Anti-Retroviral Treatment and Care Training, June 2004

TT HIV/AIDS ALLIANCE

CARITAS leads training programmes for this association

CARE

CARITAS trains CARE's members to take care of one another

- A Positive Response to persons Living with HIV/AIDS: A Community Workshop, July 2004-August 2004 – Adherence to Anti-Retroviral Treatment and Care Training, August 2004.
- Voluntary Counseling and Testing Training Programme, October 2004 –HIV/AIDS Awareness Workshop, October 2004 - Supervisory Staff, St. Michael's School for Boys.

Beneficiaries

- Persons living with HIV/AIDS and their families

Respect for the Individual

One of its more powerful successes has been the attainment of the reconciliation of a mother and son before the latter's death. Given the fact that he was a homosexual, the PLWHA was treated especially badly by his mother and two sisters who wanted him out of the house. The patient was forced to threaten to burn down the house in order to be allowed to stay. CAM was brought into a very volatile situation in which all of the family members were quite angry and bitter.

After becoming so ill that he had to be taken to the hospital, the client intimated that he wanted to reconcile with his mother. CAM intervened and was finally able to persuade her to visit him where they did indeed resolve their differences before he died.

- Trained volunteers
- Secondary School students
- NGOs, FBOs and CBOs focused on assisting those affected by HIV/AIDS

Although their principal objective is to give care and support to the PLWHA, the organization sees it as a great achievement when clients turn their lives to God.

Challenges and Lessons Learnt

- Funding – a large portion of CAM's funds comes from the JB Fernandes Trust. Financial support was also received from UNDP, CAREC, UNAIDS (through the NAP), WHO, and Family Health International (FHI). However, the group needs more money on a continual basis, especially if it is to construct the respite house.
- The organization received equipment and material from a hospital in the United States of America for the respite house, but was forced to donate everything to the Ministry of Health and other homes for PLWHA, through the National AIDS Programme, due to a lack of storage space and lack of funds to have the centre finished in time.
- Again, a lack of funds has prevented CARITAS from retaining the services of many of its trainees
- CAM was able with a drugstore to provide medication and basic toiletries to PLWHA - patients were given a voucher to collect their medicine. This service unfortunately had to be discontinued since it was later discovered that some individuals were selling the items they received at the pharmacy.
- Families are usually quite reluctant to call CAM and tend to delay until the PLWHA is dying. This is a situation that the group has faced many times and finds it very challenging to successfully convey the idea that early treatment and intervention can allow an individual to have a quality life after a positive diagnosis.
- The reaction and behaviour of the general public to the AIDS pandemic and to infected persons has not improved very much over the years and the incidence of discrimination has not decreased even with the consciousness-raising efforts and public education drive of NGOs – CARITAS, for example, receives anonymous calls of complaint from the neighbours of PLWHA, hoping that the latter can be removed.

Lack of knowledge

CAM members have been alarmed by the continued ignorance of the general public during their Health Centre counseling sessions – especially with young, pregnant girls.

Community Mobilisation and Use of Local Resources

CAM works with several other faith-based and non-governmental organisations in its ministry. Some of these include: -

- Heart to Heart
- The Rescue Mission
- CAREC

Government Involvement

- The Tunapuna Regional Corporation, a division of the Local Government, is assisting with the demolition of a **dilapidated** building that now stands on property **leased to CARITAS by the monks** of Mt. St. Benedict, a Catholic Monastery. The Regional Corporation has promised to remove all debris in preparation for the construction of the respite house.

- According to its Five-Year Development Plan, The CARITAS AIDS Ministry is an integral part of the National AIDS Programme.

Monitoring and Evaluation

The CAM usually sends evaluation forms to the organisations where it conducts its training programmes in order to receive feedback about the efficacy and impact of its efforts.

The Way Forward

All of the organisation's efforts are now centered upon the construction of the 'CARITAS Respite House', which will be located on St. John's Road, Mount St. Benedict, Tunapuna. The hillside property was leased by the Benedictine Monastery⁴ for the development of a care centre for HIV/AIDS patients and will have both open wards and private rooms. Patients will contribute according to their economic standing.

With regard to the operation of the centre, CAM plans to apply to the government of Trinidad and Tobago for grants, as well as petition business organisations for the necessary equipment and material.

Infected persons will be provided with the following services at the respite house: -

- A supportive environment to share/express their concerns about their health, treatment, fears and realities of their daily living situation
- Counseling to deal with their physical, emotional and social problems
- Health care – short & long-term and episodic – when the disease is in its advanced stage.
- Information and Education to manage their health and understand the disease.
- Drugs at affordable costs
- Physical exercises
- Occupational Therapy
- Relaxation and Medication
- Support groups for clients
- Family Support
- Income generating projects/sustainable employment
- Short-term Respite care

Persons affected by HIV/AIDS – family members, care-givers and other interested persons - will also have their needs met at the Respite House through the provision of: -

- Information and Education
- Counseling
- Preventive health care, screening and prophylactic measures
- Respite care for renewal and prevention of burnout
- Relaxation
- Support groups for family
- Information/Drop-In Centre for the public

⁴ The property was leased for fifty years with the option to have it renewed at the end of this period.

Conclusion

During this phase of its operations, the CARITAS AIDS Ministry hopes that it will be an ongoing mechanism through which individuals affected and infected by HIV/AIDS can find acceptance, understanding and quality health care.

It is hoped that the values underlying its outreach programme will inspire others to join in the fight to eradicate the scourge of HIV/AIDS.

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Mercy Home

“Come to the Water all who are thirsty”

Overview

As an organisation always eager to respond to the needs of the destitute, the Living Water Community (LWC) opened Mercy Home (MH), a ten-bed hospice for AIDS patients in April 2006⁵. The home liaises with Fr. Claude Bedard, who runs a similar establishment in Montreal, Canada.

The Living Water Community is a Catholic, lay, community founded in 1975 by Misses Rhonda Maingot and Rose Jackman. Priests, lay men and lay women, committed to lives of poverty, celibacy and obedience to the Church, along with covenanted members (couples for example), volunteer their services in the various ministries of the organisation.

These ministries include: -

- A food bank, chapel and counseling and spiritual centre all housed at The Centre – the organisation’s administrative building.
- Nazareth House – the southern branch of LWC, where a skills-training programme for underprivileged young women, a food bank and counseling centre are housed.
- Fountain of Hope – this ministry offers training in sewing, cooking, arts & craft, woodworking and has begun to focus on more specialized areas such as the production of lasagna for sale.
- Rainbow House – This is the organisation’s distribution centre and storage facility for items that have been donated to the LWC.
- Ave Maria House – a caring centre for the homeless in the capital city, Port-of-Spain
- Our Lady of the Wayside – a home for abused women and children.
- Marian House – a special ministry for homeless young men – abused and abandoned youth are given a home, family, counseling, medical and educational opportunities.
- New Life Ministries Drug Prevention and Rehabilitation centres.
- The Hospice – a home for dying patients to find comfort, peace and some alleviation from pain.

Mission

The key incentive for opening the Mercy Home was the desire to provide a space where persons living with or dying from AIDS could find comfort and quality care. The organisation is flexible and open to God’s direction and believes that this is the path that will allow it to best help PLWHA at this time.

The Mercy Home is a family-oriented centre and so family members and friends are encouraged to become involved in the care and support of the PLWHA, ensuring, for example, that they take their medication regularly and on time.

Most families so far have been quite supportive of their relative and, the former in turn have been supported by the Centre which provides outreach services such as counseling for relatives and supporters.

⁵ April-September 2006 – 13 patients – 9 men; 4 women.
April-October 2006 – 19 patients – 13 men; 6 women.

In spite of an intense education-drive about HIV/AIDS conducted by FBOs, NGOs and government agencies, discrimination against PLWHA is still widespread in Trinidad & Tobago. The Living Water Community realized that this prevailing attitude had led to a need for individuals at various stages of the virus to have a place where they could die with dignity and in peace or receive the kind of care and support that was required for them to resume their customary lives.

The Mercy Home does not discriminate and accepts PLWHA of all religions.

Methodology

Most patients have been referred to the MH from the Medical Research Foundation and one of its consultants, Dr. Nehall, works with the Home, performing evaluations and overseeing cases. As long as it is possible, the PLWHA is taken to a clinic every two weeks and if the patient becomes perilously ill he/she is taken to the hospital – thus far none have returned and two (2) have died at the Mercy Home itself. Still, some clients have recovered enough to resume their home and work lives.

Quality Care

One client died after only two weeks at the Home leaving behind his wife and six children. The Mercy Home assisted his wife until she was able to support herself.

The Home has also accepted clients with psychiatric problems and assisted the child and male partner of one of its clients after her discharge.

Visitors are restricted, as confidentiality is an extremely important issue – there is no sign outside the building – however, openness and acceptance within the caring unit is encouraged.

Challenges and Lessons Learnt

- Funding – the MH is funded through the Living Water Community, various charitable events and private donations. Workers are given a stipend, nonetheless, finding the money to run the operation has definitely been a challenge. Although the organisation has been unable to garner any government assistance, the Mercy Home has been seeking assistance from other local and international agencies, but has been unsuccessful thus far.
- There is no security as such, but the facility is kept locked at all times.

Reciprocal Care

Patients who have families and the means to do so, have donated toiletries, clothing etc. to the home.

Capacity-Building

There are nine (9) nurses - two per shift on the three (3), eight-hour shifts. The MH is trying to obtain funding for two more nurses (in case of illness or absenteeism). There are also two (2) cooks and cleaners/laundry personnel. These staff members are expected to comply with the MH's standards and sense of morality, with which they are acquainted before they are hired.

- The Mercy Home intends to expose its staff to as much on-going training as possible. Its caregivers attended the CCC's Home-Based Care workshop held in October 2006.

Men in the Ministry

Men are involved in the administration of Mercy Home, although there is no dedicated drive to recruit males – they assist with maintenance and work at the group's warehouse from where supplies are distributed. There is also a vibrant youth group that is recruiting volunteers.

- Dr. Valdez of the Medical Research Centre also provides training, and although the Mercy Home does not accept children, trainees are placed at the Cyril Ross Nursery and the General Hospital.
- Ms. Hulsie Bhaggan, Administrator of the LWC drug rehabilitation centre, has also assisted in training – managerial skills, time management – in an effort to bring a certain level of professionalism to the operation.
- The MH would eventually like to send its cooks for training on the subject of the nutritional value and suitability of different kinds of foods for the patients.

Monitoring and Evaluation

The organisation's accounts and records are audited by a chartered accountant (an individual from outside of the community). The Living Water Community is accountable to the Roman Catholic Church and so the report goes to the Chancery (the Bishop's House).

The Way Forward

In the future the Mercy Home would like to be able to train home-based caregivers, not only by conducting training programmes, but also by allowing the facility to be used as a resource centre.

The Home would like to expand its service to the community and reach out even more by offering the Life in the Spirit Seminar in an effort to promote its teachings and moral values.

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Adventist Youth - Heart to Heart

Overview

Adventist Youth-Heart to Heart (**HtH**) was established in 1990. Its programmes target the youth⁶ of the country, and its Home-Based Care ministry gives priority to PLWHA who have modest finances and/or little familial support.

The organisation seeks to provide a team that can administer home-based care for PLWHA and in so doing, bring support to the latter as well as their families.

Thus the Heart to Heart AIDS Homecare Support Group was formed in collaboration with the South Caribbean Conference of Seventh-Day Adventists and the Queen's Park Counseling Clinic and Centre (**QPCCC**).

Official training however did not begin until 1992 and between 1992 and 1994, four training programmes were held. Initially, disadvantaged single-parent and large families were targeted for the receipt of food hampers, which were distributed biennially.

It was felt that Home-Based Care could maximise the efforts made by HtH volunteers to support and treat PLWHA. Care is administered based on the needs of the patient and the level of training and financial limitations of the caregivers.

Mission

To improve the quality of life of persons infected and affected by HIV/AIDS and to reduce the HIV infection rate in Trinidad and Tobago through care, counseling and education.

Methodology

The group intends to continually educate the populace about HIV/AIDS, as well as assist those already infected, by: -

- Providing care⁷ for PLWHA and those adversely affected by the disease. It is vital that PLWHA can confidently request assistance from a confidential and user-friendly environment
- Providing training for caregivers
- Creating an awareness within the Seventh Day Adventist (SDA) Church about the pandemic
- Acting as the Heart to Heart (**HtH**) agency for HIV/AIDS care, education and counseling under the patronage of the South Caribbean Conference, Seventh-Day Adventist Youth Department.
- Networking with local and regional HIV/AIDS-related groups in an effort to strengthen the response to the disease
- Implementing programmes and activities aimed at eliciting a more holistic response to the HIV/AIDS pandemic from the society.

⁶ Some of the Secondary schools visited include Bates High School, The CUC Secondary School and the Matura High School.

⁷ The service includes assistance with routine tasks such as grocery shopping, visits to the doctor, running errands etc.

Developing the Response

- The option of HBC is acceptable to most, given the prevailing conditions in Trinidad & Tobago – a failing healthcare system and continued intense discrimination against PLWHA and their families. Accessibility to medical care is heavily-dependent on social status and lower income groups do not have the resources and options available, as do those from upper class.
- Unfortunately PLWHA have to rely heavily on NGO support - even in government facilities PLWHA face discrimination - therefore, as an FBO, the Heart to Heart AIDS support ministry felt it had to focus on making the patient as comfortable as possible.
- Public-access medical resources are of some assistance but are not particularly user-friendly and thus infected persons prefer the Home-Based Care option.
- The reduction of the HIV/AIDS-infection rate through the ‘Abstinence Education Programme’, targeting young adults in educational institutions, is another base for the group’s activities. This team consists of young persons who practice and promote a lifestyle of abstinence and it comprises certified teachers, health educators, musicians, dramatists national sporting personalities and councilors. The Programme also provides the facts about the pandemic to the youth and motivates them to accept the challenge of living disciplined and purposeful lives. Young men and women who are chaste share how they, along with their girl/boyfriends cope with the difficulties of practicing chastity in modern society.
- The programme operates under the title, “STAY IN THE GAME – ABSTAIN”, and uses the acronym:-
 - **A-Abstinence, I-Is, D-Definitely, S-Safe**
- the ‘Abstinence Education Programme’ aims to establish *Abstinence Clubs* wherever the “Stay In The Game – Abstain” programme is conducted. The project seeks: -
 - To educate young persons about HIV/AIDS
 - To motivate the youth of the country to succeed at life through discipline and commitment
 - To impart guidelines and principles for wise decision-making
 - To allow young athletes of Trinidad & Tobago to carry the message of abstinence as a logical, appropriate and safe alternative in the fight against HIV/AIDS

Stay In the Game – Abstain

Prominent athletes involved in this programme have included Kelly Billingshy and Thorne Holder – they usually discuss how sports can help a person abstain from promiscuous behaviour and stay focused. Medical personnel usually accompany the athletes on their school visits

- To use these athletes to motivate students to become involved in sports – a recommended means of coping with sexual urges
- To reach a minimum of six (60) schools/institutions per year

Major Activities

- January 2005 - The Sea Lots Adoption Programme (SLAP) – HtH adopted the community for a week and hosted a series of activities culminating in a Sports & Family Day.⁸
- February 2005 - Matura High School: –
 - Visited the SDA in the area in order to establish a HtH group
 - Launch of “STAY IN THE GAME - ABSTAIN”
- March 26th-28th, 2005 – Training Workshop for Caregivers.
- April 2005 – Secondary school visits in Chaguanas – “STAY IN THE GAME - ABSTAIN” - visited the SDA in the area in order to establish a HtH group.
- May 2005 – Visited Chaguanas and Carenage community centres to conduct consciousness-raising weekend workshops.
- June 2005 – Secondary school visits in the South – “STAY IN THE GAME”
 - Visited the SDA in the area in order to establish a HtH group.
- July 9th-11th 2005 - Training Workshop for Caregivers
 - Conducted joint programmes with other HIV/AIDS-related FBOs - hosted a Saturday morning Radio/TV programme entitled “Dateline”, which involved young persons speaking to other youth about abstinence.
- August 2005 – Visited several SDA churches in order to establish a HtH group.
- September 2005 – Focused on primary school visits
- December 1st 2005 – In honour of World AIDS Day, the group mobilized individuals to participate in a march in maracas/St. Joseph

Training for Volunteers

Heart to Heart has twenty three (23) trained caregivers at its disposal. More than fifty (50) persons have been trained, but due to varying circumstances -some related to the nature of the services offered – there has been a high turnover rate and so there is a continual need to train personnel. At least seventy (70) persons have been trained since the organisation’s inception in 1990.

The group has received training from the NACC and members have been assigned to the Cyril Ross Nursery and the General Hospital for their practicum.

Volunteers are trained in: -

- Care-giving
- Advanced HIV/AIDS counseling services
- Case management - producing confidential reports

All home-based care givers are certified by the NAP.

Responding to HIV/AIDS and the Care and Support of PLWHA

Care for PLWHA ranges from supplying medical provisions, assisting the client in running errands and attending to daily tasks, caring for the children of the PLWHA, supplying foodstuff and other necessary household items and most of all being a friend

⁸ The Sea Lots community is located in the southeastern edge of Port-of Spain (the Capital), near to the wharves. The residents, mainly squatters, are very poor and housing comprises mainly shacks and huts made from salvaged material.

and confidant – supporting the PLWHA in their attempts to engage themselves in ‘the pursuit of happiness’.

Challenges and Lessons Learnt

- The group suffers from a lack of office space and transportation which in turn makes it difficult to administer the affairs of HtH in an effective and efficient manner.
- There is no permanent staff – only part-time volunteers – again making it difficult to document the group’s activities and cases.
- Financing for rent, stipends for caregivers etc. is very difficult to source and this serves to limit the group’s activities.

Capacity-Building

- Dr. Sandra Vokaty, a consultant with the NACC, has assisted in training Heart to Heart’s volunteers.
- The NACC has been approached about donating an overhead projector, to enhance the organisation’s presentations.
- The nurses, doctors, nutritionists, and counselors of the SDA South Caribbean Conference have also provided training to the HtH members.

Monitoring and Evaluation

Short-term evaluations are conducted at monthly Heart to Heart meetings and more detailed analyses are carried out annually and quarterly, that is evaluation of the process, as well as the programmes and activities to attain maximum efficacy. Care givers are also required to document each visit – comments and observations - and make relevant recommendations.

The Way Forward

- Funds are usually sought through continuous fund-raising projects, donations from private and corporate citizens and the mother-organisation, the South Caribbean Conference of Seventh-Day Adventists. The latter has donated a building, in Mathura, to the group and it is hoped that a hospice for HIV/AIDS patients can eventually be opened at this site.
- The Five Rivers community of the SDA church has also offered the group land and a building for their proposed facility and in the meantime, HtH continues its Home-Based Care ministry.
- The organisation would also like to institute an annual recruitment and training drive, as well as re-train current caregivers and marshal enough funds to give the latter a stipend.
- Adventist Youth Heart to Heart also plans to visit the Blanchisseuse, Toco and Siparia Community Centres, where outreach programmes will be conducted in an effort to educate the youth of these areas about the dangers of the pandemic. A nutritionist, doctor and nurse will be present during these activities and it is hoped that discussion groups, particularly comprising young men, can result from this initiative.
-

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Cyril Ross (SVP) Nursery

Overview

The Cyril Ross Nursery (CRN) was named after Fr. Cyril Ross, a Catholic priest assigned to the St. Charles Parish in Tunapuna, Trinidad. The building in which the nursery is housed was donated by a member of the parish.

The nursery is one of seventeen (17) institutions of the Society of St. Vincent De Paul⁹ in Trinidad & Tobago and is the only one in the island dedicated to the service of children with HIV/AIDS – both as residents and out-patients.

In 1992 a decision was taken to utilize the building as a hospice for HIV-positive children who were abandoned at the Port of Spain General Hospital. The home began with three (3) children, (all of whom are still alive) the numbers have expanded to thirty-eight (38). There are two babies over one-year old, five teenagers, one (1) twenty-one year-old – the other residents are between the ages of five and twelve years old.

During the first eight (8) years, seventeen children died, however, with the granting of free medication by the government in 2002, the nursery has not had any more deaths.

The majority of the children were placed in the nursery by medical social workers attached to the hospitals around the country. All of the residents were born with HIV (delete). The staff at the nursery tends to comprise persons who approached the Society of St. Vincent De Paul for assistance or a job. They are offered a job taking care of children, but are not told that the residents are HIV-positive at the time of the offer. There are no special selection criteria for staff.

The core values of the Cyril Ross nursery are : -

Love of God – Gratitude – Honesty – Excellence – Truth – Cooperation - Building lasting, meaningful relationships.

Mission

Cyril Ross Nursery is committed to being a caring family that responds appropriately to the medical, spiritual, emotional, developmental and social needs of children living with HIV/AIDS.

Vision

To nurture and support the children so that they can fulfill their purpose and destiny and to assist them as they become confident builders of our nation.

Goals

The goals of the organisation are: -

- To develop the talents and skills of partners and children.
- To create and atmosphere of worship so that they can build a relationship with God.
- To provide a clean and safe environment for the children.

⁹ The Society of St. Vincent De Paul was started in France in April 1833 by Frederic Ozanam in order to carry out works of charity.

- To foster an environment filled with music, joy and laughter.
- To celebrate one another's successes.
- To encourage the children to always speak kindly of one another and to support them in their development.
- To encourage respectful self-expression.

Methodology

- All medication and apparatus are provided by the government Health Centre - cough syrup, gloves, bottles etc.
- Out-patients attend a bi-monthly clinic at the Nursery where they are seen by a doctor, receive medication and advice about nutrition and the importance of adherence to their medical regimen.
- Food hampers and transportation assistance are given to those in dire need.

Developing the Response

The Cyril Ross Nursery focuses on the medical, emotional, spiritual and developmental needs of the children. The organisation does not have documented policies since it has grown spontaneously, but it has progressed from being a place where children came to die – none were expected to live beyond the age of twelve – to a place where they experience life.

Initially, therefore, there were no planned activities for the residents and the caregivers just monitored their temperatures every half-hour while awaiting their death. Now, the children's temperatures need to be taken once a day and they are involved in activities such as swimming, voice training, music and art.

The organisation has been fortunate enough to now have the services of volunteer doctors – Dr. David John¹⁰ and Dr. Nosa Omo-Igbinomwanhia.

Dr. Nosa provides medical, as well as emotional and social support for the children. Dr. John started a bi-monthly clinic in 2000, initially only for the residents, nevertheless over time children began to come from all over the country. In many cases, because of the discrimination that many children face, parents and guardians do not want to take them to public treatment centres. Some do not like to go to centres close to their homes, while others have no clinics or hospitals nearby.

The critical aspect of the care and treatment provided is adherence. This fact underlines the CRN approach and explains why the management never turns anyone away, and also accepts children who are in danger of ending up on the streets, even though they might have families. Any scenario, where adhering to one's medication regimen, would fall second to survival, is unacceptable.

¹⁰ Dr. David John works at the Lutheran Medical Centre in New York City, where he is a family practitioner.

Major Activities

- Every two months the non-resident children come to the home to be examined by a doctor and collect their medication and in particular cases, food hampers.
- The Hibiscus Foundation, a non-governmental organization founded to assist children living with HIV/AIDS is assisting the Cyril Ross Nursery in building an additional home for its growing family. The association has been given one acre of land and to date, \$3.5 million has been raised. The complex will house two, separate structures:-
 - a Nursery and Administration building
 - five (5) transition homes/units, each housing three persons.

Responding to HIV/AIDS and the Care and Support of children living with HIV/AIDS

- Most of the children at Cyril Ross Nursery are orphans and the caregivers at the nursery are the only family that they know. Dr. Nosa visits the CRN on a daily basis and so has become a father-figure to many of the children¹¹. With the granting of free medication, the social and emotional needs have outstripped the medical. Before 2002, the doctor would be forced to come to the nursery at any hour, when it was felt that a child was dying. The medical need is not as great and consequently, there has been a dramatic change in the doctor's role.
- Transition Programme - the envisaged Transition Home will be a place where the older residents, who have finished school and are working or seeking employment will be able to 'rent' the facilities; where they can lead semi-autonomous lives and gradually wean themselves off the nursery. One of the oldest residents right now is a twenty-one year old female who initially lived with her grandparents. She was expelled from school when her illness was discovered and received no formal schooling between the ages of nine and twelve.

Beneficiaries

- Children living with HIV/AIDS
- Volunteers
- Staff
- Students who visit the nursery

Achievements

- The maintenance of a home, where children living with HIV/AIDS can feel comfortable, loved, supported and accepted – a home which they associate with 'living positively'.
- There are twenty-six caregivers in total – all called "mummy". In spite of the many trials, the founders have successfully created a safe haven for a group of children who would otherwise face very harsh lives.
- **The children attend regular, government schools and participate in extra curricular activities such as Art, Swimming, Music and Drumming after of school hours (We could discuss).**

¹¹ Dr Nosa has volunteered his services at the nursery for the past six (6) years. He previously worked at the Medical Research Foundation and now works at the Women's Hospital.

- The children all have birthday parties, as celebrations are seen as important activities.

Challenges and Lessons Learnt

- Without a doubt, after the effects of widespread stigma and discrimination, lack of funding is the greatest challenge that the Cyril Ross Nursery faces. Most of the nursery's finances come from donations made by the public. The situation is such that the nursery does not even have a budget.
Funding is haphazard – the nursery has a 'wish list' and whenever it receives money, management addresses the items on the list. CRN is entirely dependent upon charity.

Select Funding Sources

-A Trinidadian student of Brooklyn College brings part of the annual proceeds from events held on World AIDS Day to the CRN.

-There are five individuals who give monthly contributions ranging from \$40 to \$500

-Some individuals have asked that the 'collection' at their funeral be given to the Home.

-A group of students from Boston University's Study Abroad Programme donates money

- The Independence Ball Committee (an association of Trinbagonians in Miami, Florida), gives half of its annual proceeds to the CRN. In 2006 with the money donated, the nursery was able to re-tile the dining room floor that had been condemned by the public health authorities as unstable and unfit.

- As mentioned before, the funding is haphazard and most of the money that comes from abroad is only received when an individual is visiting the island – this greatly heightens the sense of uncertainty for the nursery's management.
Finding the money to serve three meals and two snacks everyday is very difficult. Thankfully some individuals donate groceries.
- The manner in which the majority of children are left at the nursery does not allow for the recovery of social or medical histories, which puts the children in a very disadvantageous position when dealing with the public service.
- The nursery should have twenty-five (25), but in fact has forty (40) residents and forty-two out-patients, who require medical attention, medicine and regular bloodwork.
- All staff and the majority of volunteers are female and this has affected the male residents whose only male "relation" is Dr. Nosa. More male volunteers are definitely needed. This lack of male 'contact' has led the manager to ask volunteers to bring male relatives or friends whenever they visit – unfortunately there have only been two instances when male volunteers came and one was a child.

'School Woes'

It is against the law in Trinidad and Tobago for children to be admitted to schools without a birth certificate and immunization card. The children of the nursery do not have birth certificates and, although the administration has approached the Ministry of Social Welfare on several occasions, they have received no assistance with this dilemma.

The nursery also has never received any assistance with the question of immunization. In fact, the children were actually immunized by a nurse from the nearby health clinic who asked a group of Cuban nurses assigned to the clinic to volunteer to immunize the children.

- Given that funding is a constant challenge, finding school supplies every year for all of the children is a very daunting task.
- In relation to school, before the enactment of legislation that made it illegal to exclude children with HIV/AIDS, the residents of the CRN had no protection and many were refused admission - even from Roman Catholic schools. Principals simply refused to accept them and the Church did not intervene. As such, there are five (5) children between the ages of ten and thirteen who entered Standard One in the 2006 academic school year and a Third Form (Eighth Grade) resident who never attended school before the age of fourteen. He is now eighteen years old.
- 'Coming-of-Age' issues pose another challenge to the CRN.

Community Mobilisation and Use of Local Resources

- Sixteen (16) upper-six students from St. Augustine Girls' High School come to the nursery to help the residents with their home-work.
- Every new batch of trainees of the Civilian Conservation Corps (a government-run civic duties training programme for young persons) spends a day at the CRN helping the workers and, no doubt, learning about the epidemic.
- SERVOL, a Catholic vocational training college, also sends students to assist at the nursery as part of their training in childcare.
- The Women's Group at The Main Library of the University of the West Indies pays the school fees for one term for one student.
- Transportation for the children is paid for by the St. Joseph Conference of the St. Vincent de Paul Society. The Society also pays staff salaries.
- The Rotary Club of St. Augustine's Men's group also volunteers at the nursery.
- Secondary school students also visit the children on field trips.
- The corporate community has also responded to the needs of the Cyril Ross Nursery: -
 - MA PAU, a local casino, pays for three residents to attend a private secondary school
 - The Royal Bank of Trinidad and Tobago donated an "I Do" account to the Nursery
 - Employees of an unnamed company gives a monthly contribution to the Home

Government Involvement

- The Cyril Ross Nursery has applied to the NACC for funding and, although no grants or funds have been received, the committee has assisted with the home's Transition Programme by paying two psychologists to work with the children as they face the unique challenges of growing up with HIV/AIDS.
- Medical Social Workers drop the children off and there is no follow-up. There is no public assistance, no immunization cards, no birth certificates, and no legal guardianship. There has as yet been no social worker assigned to CRN although there has been a long-standing request for one.

The Way Forward

- The CRN is in the process of getting sponsorship from the National AIDS Coordinating Committee to establish a Transition Programme, which would allow residents to adjust to life outside the Home. The children lead very sheltered lives where they are hugged frequently and shown a lot of love, which is quite different from the real world where they would still face much discrimination.
- The nursery would like to acquire the services of an experienced proposal-writer, who will be able to assist with funding applications to local and international agencies.

Conclusion

There have been no problems, thus far, with children in schools, but FBOs need to form a stronger network and share expertise and resources. To date the CRN is the only facility that deals with paediatric HIV/AIDS.

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Conclusion

On December 1st 2006, World AIDS Day, a rally was held at the National Stadium entitled “Ribbon of Promise”. The feature speaker was Bishop Ephraim Disi from Malawi, a member of the African Ministers Living With HIV Network. Since 1986, this speaker has been travelling the world, speaking of his experiences as an HIV-positive man. The theme for the government’s observances this year’s was “Faith Works” – a society tends to turn to faith when in distress.

Faith-Based Organisations are an important component of safety nets and are, oftentimes, the only source of support for the poor, those who are marginalized and other vulnerable groups in our society. FBOs are providing vital socio-economic, psychological and medical support and, therefore, bear a huge burden of care that is seemingly going undetected by the general public, local and regional NGOs and international organisations. These groups have shown remarkable resilience in the face of what seem to be almost insurmountable odds. As the already weakened socio-economic safety nets give way, these groups have stepped in to shoulder increased responsibilities. They have shown remarkable resilience and must be commended because they have done all this without sacrificing their principles and beliefs. It is hoped that, as the leaders of FBOs become more knowledgeable and grapple once and for all with misconceptions and prejudices, they will lead by example and sensitise their congregations to the facts about the HIV/AIDS epidemic.