



UN Cares in Action

The Case of Trinidad and Tobago 2014

Reaching Children and Adolescents

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Summary of Activities

The HIV epidemic in Trinidad and Tobago is an important concern for policymakers and UN staff alike. One of the more controversial areas that affects the ability to address HIV and STIs within country is the issue of access.

The country's young population is considered to be especially vulnerable to contracting sexually transmitted infections (STIs) such as HIV due to their inability to access Adolescent Reproductive Health (ASRH) care information and services legally. Stigma and discrimination due to cultural and social barriers also present challenges in the fight against HIV.

The UN Cares T&T Country Team as part of its mandate to implement the ten (10) minimum standards, has focused on ensuring that the staff members' dependents are not denied access to critical information on HIV and related topics - minimum standards 2 and 3.

The *2014 UN Cares Award for Reaching Children and Adolescents* was awarded to the Trinidad and Tobago UN Cares Country Team for its effective organization of learning sessions, aimed at educating the children of UN staff in the country to protect themselves and others. The team successfully collaborated with civil society counterparts to facilitate the workshops and created a sustainable program for delivering age appropriate comprehensive reproductive health and human rights information to the dependents of UN staff.

MINIMUM STANDARD**NOTES**

1 Information about UN Policies and Benefits	All personnel and their dependents in all locations have access to information about UN system policy, programmes, personnel rights, entitlements and benefits, and their own responsibilities regarding HIV and AIDS in the UN workplace and their associations are consulted about these measures.
2 Information about Preventing Transmission of HIV and about Accessing Treatment and Care Service	All personnel and their dependents in all locations have sufficient and appropriate knowledge to make informed decisions to protect themselves from HIV and, those infected or affected by HIV, know where in their duty stations ³ to access good quality care, medical treatment, ⁴ and support services.
3 Learning and training activities on stigma and discrimination	Measures are in place to combat stigma and discrimination, and to increase gender awareness, including learning activities for personnel and their families in all locations.
4 Access to male and female condoms	All personnel and their families have access to male and female condoms. When high-quality condoms are not reliably and consistently available from the private sector, access should be simple and discreet at the UN workplace, either free or at low cost.
5 Voluntary counseling and testing	All personnel and their families should have access to Voluntary Counseling and Testing (VCT).
6 Insurance covering HIV-related expenses	All staff and recognized dependents, regardless of contract status or agency, have access to insurance coverage, allowing them to access the necessary services required for HIV prevention, treatment and care.
7 Confidential handling of personal information	All UN system personnel with access to personal information about personnel maintain confidentiality in the management of personal information (such as HIV status or any other medical condition), including processing of a) all health insurance claims, b) agreements on accommodation in working arrangements, and any other circumstances in which personnel choose to disclose their status.
8 First aid using standard precautions	All personnel have access to first aid assistance using standard precautions in UN system workplaces.
9 Rapid access to PEP starter kits	All personnel and their family members have access within 72 hours to HIV emergency Post-Exposure Prophylaxis (PEP) starter kits and related medical care, counseling, and follow-up treatment in case of potential exposure to HIV because of sexual assault, or occupational accident.
10 Managerial commitment	All managers assume leadership on the implementation of UN Cares, in consultation with staff representatives or Associations.

Acronyms

ADB:	African Development Bank
AIDS:	Acquired Immunodeficiency Syndrome
ASRH	Adolescent Reproductive Health
DPKO:	Department of Peace-keeping Operations
ECLAC:	Economic Commission for Latin America and the Caribbean
FAO:	Food and Agriculture Organization
HIV:	Human Immunodeficiency Virus
ICAO:	International Civil Aviation Organization
IEC:	Information, Education and Communication
IFAD:	International Fund for Agricultural Development
ILO:	International Labour Organization
IMF:	International Monetary Fund
INSTRAW:	United Nations International Research & Training Institute for the Advancement of Women
IOM:	International Organization for Migration
OCHA:	Office for the Coordination of Humanitarian Affairs
NGO:	Non-governmental Organization
PAHO:	Pan-American Health Organization
PEP:	Post-Exposure Prophylaxis
UNAIDS:	United Nations Joint Programme on HIV/AIDS
UNCC:	United Nations Compensation Committee
UNDP:	United Nations Development Programme
UNDSS:	United Nations Department of Safety and Security
UNFPA:	United Nations Population Fund
UNGASS:	United Nations General Assembly Special Session on AIDS
UNHCR:	United Nations High Commission for Refugees
UNIDO:	United Nations Industrial Development Organization
UNESCAP:	United Nations Social and Economic Commission for Asia and the Pacific
UNESCO:	United Nations Educational, Scientific and Cultural Organization
UNIFEM:	United Nations Development Fund for Women
UNICEF:	United Nations Children's Fund
UNIC:	United Nations Information Centre
UNIDO:	United Nations Industrial Development Organization
UNJMS:	United Nations Joint Medical Services
UNODC:	United Nations Office on Drugs and Crime
UNON:	United Nations Office at Nairobi
UNOPS:	United Nations Office for Project Services
UN Plus:	United Nations System HIV Positive Staff Group
VCT:	Voluntary Counseling and Testing
WB:	World Bank
WFP:	World Food Programme
WHO:	World Health Organization

Introduction

This document is part of a compendium of thematic case studies documenting the experience of several countries in implementing UN Cares, the UN system-wide workplace programme on HIV. The case studies highlight the successes and challenges of the UN Cares teams and their partners, and cover countries that have succeeded to varying degrees in implementing the UN Cares' 10 Minimum Standards.

Officially launched in 2008, UN Cares is designed to reduce the impact of HIV on the UN workplace by supporting universal access to a comprehensive range of benefits for all UN personnel and their families. These benefits – known as the *UN Cares 10 Minimum Standards* – include information and education, voluntary counseling and testing, access to male and female condoms, and emergency prevention measures in case of accidental exposure, among others. The *Standards* also call for increased measures to stop stigma and discrimination. UN Teams in all countries are required to meet the 10 Minimum Standards.

The compendium of case studies, of which this document forms part, outlines the work of UN Cares teams that have been recognized for excelling in relation to a particular UN Cares priority. The case studies begin by explaining the national HIV context, and providing information on UN presence in the country. All case studies outline the challenges and successes they experienced in implementing UN Cares by addressing issues of funding, senior leadership, key implementers of UN Cares at country-level, efforts to include employee families and dependents, and how the issue of stigma and discrimination is addressed.

The case studies cover countries from all regions of the world with diverse HIV epidemics and different levels of UN presence.

Background and Context:

The Caribbean is one of the regions most affected by the HIV epidemic. In Trinidad and Tobago the national prevalence was estimated at 1.65% in 2013. The country's government has implemented interventions to halt the spread of HIV, which have resulted in a decreasing number of new cases reported with each year. The "What's Your Position", "KNOW Your Status" and "Get Tested Now" campaigns had especially contributed to rapid decrease in new HIV-positive cases and rising awareness about reproductive health, with a focus on individuals from 15 to 49 years old. The number of new cases of individuals contracting HIV have been steadily declining, from 1,429 in 2007 to 1,077 in 2011. Successes of these campaigns include achieving 0% mother-

**ZERO
TOLERANCE
FOR
HIV
STIGMA**

Stigma and discrimination surrounding HIV/AIDS pose critical barriers to prevention, treatment, care and support programs.

to-child HIV transmissions, increased numbers of HIV tests taken and adopting a national workplace policy on HIV.¹

The young population of the country is considered especially vulnerable to the risk of contracting HIV. Adolescence is a time of growth, curiosity and experimentation making young people vulnerable to negative implications from poor decisions. These implications can impact their lives forever. General unsafe sexual practices among the youth, can result in teenage pregnancies, unsafe abortion, and heightened risks of contracting STIs. The government of Trinidad and Tobago identifies that the country's youth population exhibits lack of reproductive health education, estimating that only 54% of female youth in the country having comprehensive knowledge about HIV.²

The United Nations System is located in the capital city Port-of-Spain in Trinidad and Tobago. There are 12 resident and 6 non-resident UN agencies and programmes at the duty station. The total number of UN Staff is 151 (58 international and 70 national). A total of 105 dependents reside in Trinidad and Tobago. Within the context of *10 Minimum Standards of UN Cares*, United Nations representatives in Trinidad and Tobago have worked on increasing awareness among staff and mainstreaming the *Stigma Fuel HIV* campaign to prevent discrimination in the workplace. Learning sessions instructed staff on using condoms and PEP kits. Furthermore, events were held to provide services like HIV testing, PAP smear and others.



Photo: Staff from the Family Planning Association of Trinidad and Tobago present the reproductive health system to the group of young persons.

Structure of UN Cares in Trinidad and Tobago:

The UN Learning Strategy Team on HIV and AIDS was established in Trinidad and Tobago in 2004 following a regional facilitators training held in the Dominican Republic. Further to this, UN Cares was launched and implemented in 2009 following a more recent regional training held in Port-of-Spain, Trinidad. This resulted in a new group of learning facilitators to revitalize the efforts at implementing the ten minimum standards of UN Cares for UN Staff and their family members.

Presently the UN Cares Interagency Team comprises 10 members of which 8 are trained learning facilitators. UN Agencies making up the team as follows: PAHO/WHO, ILO, UNAIDS,

¹ <http://www.unaids.org/sites/default/files/country/documents//file,94766,es..pdf>

² Ibid.

UNECLAC, UNDP, UNFPA and UNIC. The Resident Coordinator's office is also represented with a coordinator.

The team is represented on the United Nations Joint Team on AIDS (UNJTA) and the United Nations Country Team (UNCT). An Annual Work plan is prepared by the UN Cares Team and presented to the UNJTA and UNCT for concurrence. Financial contribution for the activities are provided mainly by UNAIDS. As of 2013, the RC's office became a financial contributor. UNFPA is the only other agency to provide a financial contribution. All other agencies contribute in kind support.

Funding



UN Trinidad & Tobago RC Richard Blewitt presenting a certificate to a young participant.

The UN Cares programme falls under the RC's Office with integration into the UN Joint Team programme of activities and further reporting to the UNCT. Regular dialogue with the RC and the UN Cares Chair has benefited the team both technically and financially. The RC's office provided funding to the UN Cares activities in 2013 in the sum of US\$1,000. In 2014, the RC approved the team's activities and committed US\$2,000. In 2013, the UNCT agreed to provide funding to the UN Cares activities. In the past the main financial supporter of UN Cares was UNAIDS; however, in 2014, through its ongoing internal advocacy efforts the UN Cares team was able to secure additional financial support from other UN Agencies such as UNFPA.

Objectives of UN Cares in Trinidad and Tobago

The UN Cares capacity building workshop - *"I am aware, not afraid"* for UN Staff Dependent Children - seeks to address the overall aim and specific objectives specified below.

Aim:

- To build and reinforce positive life skills of UN staff children and empower them to take control of their health and wellbeing enabling them to make informed choices towards becoming healthy and productive members of society.

Objectives:

- Sensitization on HIV and AIDS and issues such as stigma and discrimination, taboos, STIs and teen pregnancy

- To encourage responsible decision making with regards to sex amongst the children of UN staff between the ages of 10 and 19;
- Provide resources and behaviour change communication (BCC) in an attempt to influence informed decision making amongst teens;
- An opportunity for sensitive questions to be answered anonymously;
- To sensitize participants to the issue of gender based violence and its linkages to HIV vulnerability;
- Provide information on how to access information and services in cases of emergency.

Needs Assessment

The UN Cares Trinidad and Tobago team capacity building “*I am aware, not afraid*” workshop was conceptualized by the UN Cares Country Team following the UN World AIDS Day 2011 Poster and Essay Competition (Getting to Zero – Zero New Infections, Zero Discrimination and Zero AIDS-Related Deaths) for UN staff and dependent children. At that time it was agreed by the then UN RC, the ECLAC Director and other staff members that the UN Cares team could seek to engage family members, in particular young persons and adolescents, to join in a more in-depth HIV dialogue and awareness training.

The UN Cares Country Team sought further buy in from the United Nations Joint Team on AIDS (UNJTA) and with their support presented the proposal to the United Nations Country Team (UNCT) for inclusion in the 2012-2013 work plan. The idea of such a training was met with great enthusiasm by all Agencies particularly since that this type of training was the first of its kind to be held among staff dependants since the inception of the UN Cares Programme in Trinidad and Tobago.

The concept note was developed by the UN Cares Country Team and shared with UN Agencies via the UN Cares Facilitators and Focal Points to determine the response, level of interest by staff members and to get their buy-in. Given the overwhelmingly positive response to the proposal, the team agreed to implement the activity.

Implementation

The process began with a call for proposals to NGOs to facilitate the sessions with selection on the basis of their ability to meet the objectives outlined in the concept note. One of the key strategies used was the segmentation of the overall group based on age to ensure that information was specific and tailored to the needs of each group. The activities comprised sessions with the whole group, as well as with early adolescent, age 10-13, and middle adolescent, age 14-19, segments. Also critical in the approach was the need to share factual information and data as well as information aimed at sensitizing and promoting behavioral change.

The *Capacity Building Workshop – “I am aware, not afraid”* consisted of topics which were linked to HIV, stigma and discrimination and human rights issues. The topics were broken down and framed as follows:

- Beliefs and values; Gender and sex; Adolescent sexual development; Sexually transmitted infections (STIs) including HIV; Safer Sex; Effective peer communication skills; Referral and support network; Male and female word webs; Memory journey – learning about gender as a child; Did I say that? Different styles of communication; What you see in me; Body changes; Puberty – what else to expect; Fun facts about the body and AIDS is a person with a name.

During each session the facilitators utilized a participative learning strategy to encourage sharing and exchanging of ideas amongst participants and to enhance understanding of related issues and facilitate opportunities for practical application of knowledge gained. This included:

- Introduction of the topic, followed by dialogue to determine the participants’ knowledge; exercises in role playing; games; demonstrations and questionnaires; summary of findings and next steps;
- Presentation on different types of STIs followed by discussions and
- Testimonial from a person living with HIV.

In line with the non-discrimination objective outlined in the *Stigma Fuels HIV* campaign, participants were engaged in discussions that described how cultural pressures affected their impressions, behaviours, attitudes and treatment of others both negatively and positively. Participants also engaged in dialogue on sexual orientation and were allowed to determine why they felt it necessary to treat differently people who have a different sexual orientation from their own. Statements such as “adolescents who identify as gay or lesbian should be encouraged to become heterosexual” were presented to the group to analyse, giving opinions for and against. They discussed whether or not they felt these individuals had the same rights as heterosexuals, and why or why not.

The activities gave the participants an opportunity to address their prejudices. The facilitators further engaged in discussions with the group regarding the role of each individual to promote and respect the human rights and dignity of others. Participants were encouraged to discuss how their prejudices contributed or caused them to stigmatize and discriminate against others based on gender, appearance, status in society and sexual orientation.

External Partnerships

The capacity building workshop was facilitated by the Family Planning Association of Trinidad and Tobago (FPATT) a 57-year-old NGO and a member of the International Planned Parenthood Federation (IPPF) with support from the UN Cares Team. UN Cares Chair and a representative from the UNJTA met with the Executive Director of the FPATT on the submitted proposal to ensure that all requirements and needs were met and to screen proposed behavioural change communication (BCC) and other tools and materials for the various activities.

As agreed in the terms of engagement, the FPATT would be responsible for providing the facilitators with the required skills and experience to deal with adolescents in the 10-19 age group;

the provision of tools and equipment for the workshop; approved BCC materials, the overall structure and format of the workshop, and rapporteur services.

The UN Cares team also partnered with Academia by engaging two local student volunteers from universities. The volunteers had specific logistical roles which included the following:

- Assist with setting up of venue for the workshop;
- Registering of participants on the morning of the workshop and distribution of name tags;
- Preparation of participant workshop bags;
- Coordination of participants for photography sessions;
- Ushering of participants to refreshment stand for the respective morning and lunch breaks;
- Assist with setting up of evaluation charts and distribution of materials to participants;
- Observe implementation of activities and note what worked well including problems/challenges;
- Assist with ensuring that the venue was restored to its original state at end of the workshop;
- Other logistical duties as required.

Monitoring & Evaluation

The initial workshop was revisited with some of its available participants on an informal basis a year later to assess whether there had been any behavioral changes. The assessment process sought to establish whether and to what degree had the following occurred over the course of the year:

1. How were the knowledge and skills gained used to make informed decisions affecting participants personal lives and interaction with others by presentation of concrete examples and dialogue;
2. How were the knowledge and skills gained shared with others;
3. Whether dialogue on stigma and discrimination in various forms had occurred in youth communities.

The parents were also asked to provide testimonials on the changes they have seen in their children and the feedback they received from them.

The “I am aware, not afraid” workshop was attended by 28 adolescents. The event’s planning was undertaken in collaboration with UNAIDS, UNFPA, ILO, PAHO/WHO, ECLAC, UNDP and RC’s office, with different levels of involvement. These organizations represent 50% of all entities present at the duty station.

Photo: Young participants in the age group 10-13 engaging in an activity to promote self-expression.



Challenges faced by UN Cares

A major challenge to the workflow of UN Cares in Trinidad and Tobago was time allocation of the staff members. The UN Cares team members commit to work on a voluntary basis, which conflicts with their core Agency commitments and priorities. Active participation for the project often necessitated working extra hours in the afternoon and on weekends on a voluntary basis. There was also a need for ongoing advocacy by the UN Cares Team Focal points within their respective Agencies to ensure the support and buy in by their respective Regional Offices particularly in the case of Agencies whose Regional Offices do not reside within country.

Another challenge was ensuring that the development and subsequent approval of the UN Cares Work plan for the proceeding year, was approved well in advance of the respective Agency specific work plans for that same year. This was required to ensure that funding was budgeted and allocated to UN Cares at the level of the Agency. The team also faced challenges in dealing with differing processes across UN Agencies. Each funding Agency had to adhere to its own policies and procedures and related timelines during the implementation. There were instances where Agencies timelines and schedules conflicted with the timelines required for payment to vendors.

Strengths and Accomplishments

- Managerial support by respective agencies to allow their staff time to engage in the planning and coordinating of this workshop;
- Financial support in particular from the RC's office, UNAIDS and UNFPA;
- Support from the RC's office and UNCT in recognizing the work of the UN Cares team especially giving of their time on a weekend to conduct the activity and thereby approving compensatory time off for team members as per agency regulations;
- Participation by the RC, UNFPA Representative and UNAIDS Representative at the event – opening and closing remarks, distribution of certificates and hands-on assistance on the day of the workshop;
- Staff commitment to UN Cares and the project. Support from the various staff members who gave of their time to ensure that the activity was implemented and a success;
- Interest and support of staff/parents who encouraged and gave permission for their children/adolescents to attend the workshop.

Advice to other country teams

Based on the experience of UN Cares in Trinidad and Tobago the following points for consideration are presented:

- Each UN Cares Team focal point is vital to ensuring that preparations for any activity are shared;

- Greater engagement of all Heads of Agencies is important not just to approve an activity, but to facilitate active participation by encouraging staff members to be involved;
- Be advocates within your respective Agencies to get buy in by budget owners and management for UN Cares Activities.
- Be committed to resource mobilization both financial and in kind to ensure the sustainability of the programme within country – facilitate the allocation of financial resources in Agency annual work plans when planning activities for the proceeding years;
- Continued advocacy for the global and national programme;
- Allocation of sufficient time for preparation of activities and distribution of responsibilities among team members;
- Need for continued information and engagement of young people.

Future projects

Potential plans for the future are to ensure that the UN Cares programme remains a part of the UN System in Trinidad and Tobago and that the 10 Minimum Standards continue to be implemented through some of the following activities:

- Engage further with our young people and develop workshops for the older age group (20-25 year olds)– the team have received requests for such;
- Continue to engage and provide learning opportunities to all staff and their dependants;
- Expand on our wellness initiative for staff in collaboration with the Ministry of Health;
- Continue to provide updated information to staff on HIV and AIDS, testing and counselling sites (development of a wallet card), use of PEP, and ensure availability of condoms (male & female) to all staff;
- Engage partnership with groups facing discrimination, such as the LGBT community, MSM and PLHIV to create knowledge sessions for staff that would assist in eliminating HIV-related stigma and discrimination in the workplace.



Photo: UN Cares Team members and young participants