ANNUAL REPORT 2010

FPA TRINIDAD AND TOBAGO
FAMILY PLANNING ASSOCIATION

BUILDING TOLERANCE AND EMPATHY: ERADICATING STIGMA AND DISCRIMINATION

about the Artist

Born in Trinidad in 1978, Rachel Amy Rochford attended Bishop Anstey High School and later in 2005 graduated with First Class Honours from The University of Reading, UK with a Bachelor's Degree in Fine Art.

For over ten years she has been exhibiting her paintings in numerous solo and group exhibitions in Trinidad and Tobago and the United Kingdom. She is currently lecturing in Ceramics at the Centre For Creative and Festival Arts, University of the West Indies, St. Augustine, Trinidad. Rachel launched recently ROCHFORD JEWELLERY that can be viewed at www.redfireinnovations.com

Rachel's studio is located at Building 7, Fernandes Business Centre, Eastern Main Road, Laventille, Trinidad.

about the Cover

Closed Door was painted by Rachel Amy Rochford specifically for the FPATT 2010 Annual Report. The theme ...."Building Tolerance and Empathy: Eradicating Stigma and Discrimination."
The closed door in the painting symbolizes the exclusion a person feels when they have been exposed to an act of discrimination. The person leaning at the edge of the painting is filled with fear of rejection and is wondering what it will take for this closed door to be opened. Tolerance and empathy from others will open this closed door.

FAMILY PLANNING ASSOCIATION

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OUR **VISION**

We are a rights-based, dynamic, volunteer organization which is the leading innovator of SRH services in the region driven by passionate, service oriented professionals.

OUR **MISSION**

To advance sexual and reproductive health and rights, through advocacy and the provision of quality services to men, women and young people in Trinidad and Tobago.

THE DEPUTY REGIONAL DIRECTOR INTERNATIONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE REGION

VICENTE DIAZ, MD

Most human beings share a common need for "something more, something greater in our lives."

That something more may take different forms depending on the individual—better health, more wealth, better business outcomes, more time, more leisure activity, more fulfilling relationships, more or better sex, to own our own home, a more fulfilling job or maybe just a job, a deeper connection with our spiritual core, greater self expression. This driving need for a better quality of living can only be realized, however, to the extent that we succeed in creating a world that honors and embraces the vast and richly colorful diversity that is the human race, a world that nurtures the free and healthy expression of the varied hues and tones of the human quilt, a world where stigma and discrimination has no place.

To a large extent this is the world that the International Planned Parenthood Federation (IPPF) and its members strive to build as we work at creating a spirit of empathy and tolerance in the communities that we serve on issues of sex and sexuality—issues that, unfortunately, seem often to breed division and bias. Yet, undoubtedly, the healthy expression of one's sexuality is fundamental to one's well being, one's ability to carve out a more satisfying life and one's ability to contribute to the growth and development of society. Building healthy human psyches serves not only to prop up today's societies but is the bedrock on which tomorrow's generations will thrive. The complexity and speed at which developments on our planet are emerging demands an expanded human capacity that can keep pace. This requires allowing for the outpouring of the highest levels of human creativity, the highest levels of cooperation and collaboration—synergistic processes that are based on tolerance, negotiation and acceptance.

Like many other organisations involved in the business of social development, the IPPF and its members have taken on the task of reducing the conditions that keep large numbers of people enslaved psychologically, leaving them outside of the more productive sectors of society. These include but are not limited to the young girl denied an education because of an early pregnancy; the HIV-positive person whose job options are limited because of his status; the gay person, ostracised and ridiculed and relegated to the periphery of society; the MSM whose energies are sapped by having to live in hiding; the young woman lost to society because of a fatal, unsafe botched abortion. In many of these persons reside talents that never find expression because of the discriminations heaped on by society and the stigma that keep them hidden from themselves.

Recognising the deleterious effects of this to the individual and the loss to society, the Family Planning Association of Trinidad and Tobago has over the last few years taken a strong public stand against the entrenched discrimination and stigma that holds people hostage. In this area, FPATT's leadership has been acknowledged in the Federation as they create a model to be emulated.

The IPPF would like to especially express its deep appreciation for FPATT's work over the last year in bringing to public attention the tenets of the IPPF ***Declaration of Sexual Rights*** which outlines the Federation's rights based guiding principles. FPATT's unique relationship with the media allowed for significant mass coverage which served to put the issue of "Sexual Rights as Human Rights" on the public agenda.

With organisations like FPATT among our ranks the continued health and growth of the Federation is assured. More importantly, however, FPATT's commitment and leadership in moving the country toward respecting the rights of all regardless of age, gender or sexual orientation and in engaging partners in the process will serve to make more available to the country the full potential of its citizens. The IPPF is committed to working with FPATT toward that day when sexual rights will be fully woven into the fabric of society, that day when we come closer to realizing with more ease that something more, something greater that we each want in our lives, unencumbered by the heavy burdens of stigma and discrimination.

Vicente Diaz, MD
Deputy Regional Director, IPPF/WHR

CHAIRMAN'S REVIEW

GERRY BROOKS

"Stigma and discrimination are not abstract concepts. They have real impact on all our lives."

The year 2010 saw the Family Planning Association of Trinidad and Tobago (FPATT) rolling out the International Planned Parenthood Federation (IPPF) *Declaration of Sexual Rights*, a comprehensive document outlining and advocating for the rights of every one of us to live a productive, joyful life and to fully enjoy his or her sexuality. The pursuit of those lofty goals brings us face to face with the daily facts of stigma and discrimination. We continue to see how these two things are at the heart of the resistance against building the equitable world all rational people surely desire. Nonetheless, FPATT continues to fight against sexual stigma and discrimination and we were heartened by some developments on this front, while also seeing troubling signs that our nation has far to go in this regard.

Stigma, in this context, is the feeling of "otherness" or difference that one may experience when one is or has done something that deviates from the norm. Discrimination describes the behaviour of others in relation to someone who is perceived to have deviated from that norm—discriminatory behaviour might include shunning, name-calling, or physical attacks, for instance. There is an astonishingly large range of persons who might be subject to stigma and discrimination because of their sexuality. The list includes, but is not limited to, adolescents, people living with HIV/AIDS (PLWHA), women seeking abortion, people seeking contraception or sexual and reproductive health (SRH) services and information, the differently abled, men who have sex with men and other people who are gay, lesbian, bisexual and transgender (GLBT), and sex workers. In line with the IPPF *Declaration of Sexual Rights*, FPATT believes and advocates that "Sexuality is an integral part of the personhood of every human being in all societies," and that "Non-discrimination underlines all human rights protection and promotion."

One of the most explosive incidents regarding stigma and discrimination of this sort occurred in February of 2011, when Senator Mary King raised in a Senate discussion the issue of same-sex marriage in the context of co-habitational relationships and the law. Senator King noted, "The debate must start and we must ensure that debate is taken throughout the country and when the recommendations come in they will be taken to the Cabinet for discussions." Winston Dookeran, Member of Parliament for Tunapuna, said further that the question of same-sex marriage would have to be adjudicated on by Parliament at some time. Another Senate member rejoined with a reference to a non-existent Bible chapter from Leviticus, presumably as a reminder that same-sex unions were against Judeo-Christian law. From this debate, and the ensuing national furore about same-sex marriage and homosexuality in general, it became clear that the government and the society are deeply divided about this polarizing issue. We at FPATT, however, do not see a question. We respect the individual right to religion, and are deeply grateful to our faith-based partner organizations for the work they do to safeguard the health and happiness of their members. However, we strongly feel that the morality of one religious group, or indeed any or all religious groups, cannot dictate the laws of our secular country.

When legislated discrimination is protected on religious grounds is it is a dangerous path because we do not all share the same beliefs, especially in a multi-religious and multi-ethnic country such as ours. As it is, there exist a number of laws that enshrine discriminatory practices—among them laws against so-called sodomy, laws against abortion, and laws against sex work. FPATT applauds the steps that our partner groups such as the Coalition for Inclusion of Sexual Orientation (CAISO), Advocates for Safe Parenthood: Improving Reproductive Equity (ASPIRE), and Population Services International (PSI) Caribbean have taken to work with marginalized populations and to effect change in the above discriminatory laws, respectively.

Stigma and discrimination are not abstract concepts. They have real impact on all our lives. Trinidad and Tobago has one of the highest rates of HIV infection in the Caribbean, and figures released less than a month ago show that there are at least four new cases of HIV daily in this country. The same report, given by Minister in

the Office of the Prime Minister Rodger Samuel ahead of Trinidad and Tobago's participation in the recently-concluded UNAIDS High Level Meeting in New York, showed that over 25,000 people are living with HIV in our country but only 6,000 PLWHA access the readily available antiretroviral drugs. Antiretroviral therapy has been proven to reduce transmission of this life-altering virus and to improve the quality of life of PLWHA, so what could be keeping the rest of infected people from seeking this life-saving treatment? We believe it is stigma and discrimination. The notion that AIDS is a death sentence is still pervasive. The idea that HIV is only acquired through homosexual activity is still pervasive. The feeling that AIDS can be caught like the common cold is still, regrettably, pervasive. And the stigma therefore attached to seeking testing and subsequent treatment will continue to be dangerously prevalent if nothing is done to destigmatise HIV/AIDS and eliminate discrimination against PLWHA. This is only one incidence of stigma and discrimination causing societal problems.

Another such incidence relates to our young people. The IPPF Declaration opines that "All persons have a right to the enjoyment of the highest attainable standard of physical and mental health, which includes the underlying determinants of health and access to sexual health care for prevention, diagnosis and treatment of all sexual concerns, problems and disorders;" and "All persons, without discrimination, have the right to education and information generally and to comprehensive sexuality education and information necessary and useful to exercise full citizenship and equality in the private, public and political domains." Yet, by not creating and implementing an adequate Health and Family Life Education (HFLE) curriculum in our nation's schools, and by not updating our legislative framework to allow sexually active adolescents access to contraceptives without parental intervention, we condemn our adolescents to the consequences of ignorance and risky sexual practices. The rates of HIV infection among youth, and persistence of the phenomenon of teen pregnancy, are demonstrable results of this wilful denial of young people's sexual rights. FPATT is ready, willing and able to be in the vanguard of a collaborative movement between educators, health workers, parents and youths to develop age-appropriate and effective HFLE curricula for all schools. This, we believe, will help our youths be better informed and thus better prepared to make wise choices for their health and well-being. Stigmatising and discriminating against adolescents who admit to being curious about sex, or who are sexually active, pushes them underground and away from the light of SRH information and services. Not only is it a driver of the high rate of HIV infection, we believe it is also antithetical to the humane understanding that young people are no less entitled to appropriate SRH education and services than adults.

Stigma and discrimination are especially visible in the provision of abortion in Trinidad and Tobago. Whereas statistical and anecdotal evidence show a high number of women accessing abortions, the procedure is still in a murky legal position. It is against the law to procure or facilitate the termination of pregnancy unless to save the life or health of the mother, but this does not stop many thousands of women of all age groups, social strata, and religions from doing it every year. Thousands of those women end up in hospital, and some suffer death or permanent damage to their health or fertility as a result of unsafe abortions. By continuing to stigmatise these women we condemn them to feelings of guilt and shame; by maintaining the antediluvian law on abortion we endanger these women's lives and health by forcing them to seek procedures from possibly untrained or unsanitary practitioners. Abortion, then, is not a matter of morality but a matter of public health. We continue to ask for more comprehensive national research on the topic and a more reasoned national response, beginning with the changing of abortion law in Trinidad and Tobago.

Perhaps one of the most misunderstood and marginalized groups in our society is sex workers. Both male and female sex workers are targets of violence and discrimination, being regularly harassed and imprisoned for the work they do. Society's double standards feed into this, because sex workers service clients who are members of the same society that ostracises and condemns them. By singling out and demonizing sex workers we not only deny them human dignity, we foster an environment where they do not feel safe in accessing SRH services and therefore put themselves and their clients in harm's way. This has serious implications for our national HIV response, but it also says some very unflattering things about ourselves as a nation: we can use sex workers when we need to, but their lives

are disposable. If we are serious about human rights and human dignity we will ensure that sex workers, no less than any other members of society, are accorded respect and are encouraged to seek SRH services and information.

Sex is not merely a biological function. It is an intrinsic part of our humanity and, therefore, stigmatizing and discriminating against people for their sexual lives has an impact far beyond the bedroom. Stigma affects self-esteem; self-esteem affects state of mind and wellbeing; state of mind and wellbeing affect mental health and physical health; health affects productivity. Discrimination, too, has a ripple effect within our communities and nation, and prevents its victims from being their optimal selves. If for no other reason, we should be concerned about its effects on our bottom line because healthy, happy people work better. Because of its wide-ranging effects on national productivity and participation in national life, the fight against stigma and discrimination requires a multisectoral and multidisciplinary approach; we should not leave the fight against sexual stigma and discrimination to SRH NGOs and the Ministry of Health. Since they are a problem for all of us, we should all do our part in eliminating stigma and discrimination and we at FPATT once again recommit ourselves to this important battle.

We extend special thanks and recognition to our parent body, the IPPF, for their unstinting help over the past year and look forward to their continued support and co-operation in meeting our shared goals. We are grateful, as well, to our local and regional partner organizations, including the Ministry of the People and Social Development, Ministry of Health—particularly the National Population Programme Unit and HIV/AIDS Co-ordinating Unit—and the regrettably now-defunct National AIDS Coordinating Committee, and hope our relationship with governmental agencies continues to the benefit of the people of Trinidad and Tobago. Our partner non-governmental, faith-based and community-based organisations must also be praised for their contributions, as must be our generous sponsors, for example UNFPA and PSI Caribbean, without whom we would not be able to be half as effective as we are. FPATT's dynamic team of members of the Central Committee, YAM members, staff, and volunteers must be recognized for the work they have done to help make FPATT the powerful organisation it is. Once again, we especially applaud our Executive Director Dona Da Costa Martinez for her thoughtful and proactive leadership over the past year. Thanks to you all and we look forward to another year of even greater success.

Gerry Brooks
Chairman, FPATT

EXECUTIVE DIRECTOR'S REPORT

DONA DA COSTA MARTINEZ

"Sexuality is a bedrock of humanity and we at FPATT insist on the right of every man, woman and child to be free to live fully without impediment, without stigma and without discrimination."

All human beings are not cut from the same mould. Each one of us is unique, a one-of-a-kind creation born of the fusion of a unique sperm with a unique egg. Even multiple births—twins, triplets, sextuplets—produce human beings that are siu generis. Why, then, does society insist on stigmatising and discriminating against people for being different? We are all different, in our own ways. Nowhere is that more apparent than in our lives as sexual beings. Sexuality is a bedrock of humanity and we at FPATT insist on the right of every man, woman and child to be free to live fully without impediment, without stigma and without discrimination.

In 2010 FPATT continued to work assiduously to safeguard the fundamental human sexual rights of the people of Trinidad and Tobago. Last year saw us improving our service delivery through the adoption of the IPPF *Declaration of Sexual Rights* and our push to bring rights-based SRH services and education to the forefront. Some of the highlights of the year's work are: a successful, if controversial, Carnival campaign, a hugely popular intervention to bring HIV VCT to a high-traffic transportation hub in the capital, and our drive to bring the Declaration to public attention through the media. We have also paid attention to our internal systems and plant in order to streamline the work we do and improve efficiency and effectiveness. We continue to face hurdles that impede our progress but are confident that as time goes on we will surmount these impediments and achieve our goals.

Ensuring that the people of Trinidad and Tobago have equitable access to SRH services and information is one of our top priorities. In this area, we continue to provide SRH services through our three static adult clinics (serving adults over 25 years of age) in Port-of-Spain, San Fernando and Tobago, De Living Room Youth Centre (our youth clinic serving clients aged 14-25), and our mobile clinics. The services provided are:

- male health packages (including prostate examinations)
- female health packages (including Pap smear, breast examination, blood pressure, weight and urine tests for protein and sugar)
- HIV VCT
- Contraceptive services (condoms, spermicides, oral contraceptives, injectable contraceptives, IUCD and emergency contraceptives)
- STI testing.

Our male and female health packages are signature packages not offered elsewhere locally, and they are well received by the general public. FPATT refers positive STI cases to Queen's Park Counselling Centre and Clinic, an agency of the Ministry of Health, for treatment. FPATT's clinics are run by a group of qualified health professionals in SRH service delivery and counselling and they are supported by physicians who provide services two days a week in the Port-of-Spain clinic, three days a week at De Living Room, one day a week in San Fernando and twice a month at the Tobago clinic. FPATT maintains a referral network with other social and health service providers to assist those clients who need further health care.

In 2010 we provided clients with 140,615 services in total, of which 54 per cent were contraceptives, 30 per cent were SRH services excluding contraceptives, and 16 per cent were non-SRH services such as hypertension, urinalysis and weight. There were 73,758 visits for contraceptives, 7,117 services for Pap smears, 7,199 visits for breast exams, 7,130 visits for cytology screening, 4,407 visits for VCT, 15,922 visits for counselling, 22,841 visits for family health, and 1,448 visits for other SRH services, totalling 139,822 visits in all, an increase of 65,537 over the previous year.

Over the past year our VCT services have seen an increase in uptake by the public. The Port-of-Spain clinic saw 547 clients taking the VCT, a 38 per cent increase over 2009, largely owed to our adding to our schedule an additional day of

testing using our two sessional testers. Uptake of VCT services at all of our clinics was increased by 25 per cent in 2010. Special mention must be made of the successful World AIDS Day campaign, which was a collaboration with the Public Transport Service Corporation to offer free HIV testing to the general public at the City Gate transportation hub in Port-of-Spain. On this day alone we distributed educational material to over 6,000 people and screened 174 people for HIV. All staff from the Port-of-Spain clinic, Youth Center and lab participated in this exercise and we are looking to it as a model for emulation in a national campaign. Successful campaigns were also run for Mother's Day, Father's Day and Valentine's Day. The campaigns were advertised in the daily newspapers' events sections as well as on radio call-in and television talk shows.

We attempted to introduce new contraceptives to our existing range, having researched five products. However, some of these are not yet approved by the government's Chemistry, Food and Drug Division and this has stymied our attempts to bring an increased range of affordable contraceptive options to the public. We were successful in ordering only one of the identified hormonal contraceptives, Novynette, and this is scheduled to be introduced to our clients in the following year. We continue to work towards the goal of bringing more contraceptive options forward and expect a more positive outcome in the following year.

Our Outreach Department, comprising our Community Outreach Programme (serving adults in rural and other communities) and our HealthLink service to businesses, provided 149 female and 17 male health packages for the year 2010. It reached 58 communities, hosting 18 new community programmes and seven new HealthLink programmes. Thirty outreach booths offering SRH services and education were also successfully implemented. New communities visited by the mobile clinic include Rancho Quemado, John John, Macoya, Erin, Trincity, Marabella and El Dorado. New corporate programmes under HealthLink included Venture Credit Union, Soroptomist Club, Anthony P Scott, e TecK, Beacon Insurance, Century Elson Ltd and TECU Credit Union, bringing the HealthLink client list to 17. Thirty-five radio programmes interviews were aired through the Family Life Forum segment on Radio 730AM. Eleven educational outreach programmes were conducted in Tobago at locations including Pump Mill in Scarborough, Canaan, Bon Accord, Buccoo, Speyside, Crown Point, Lambeau and Goodwood. On a related note, our health educators conducted 22 programmes in North Trinidad and 21 in South on topics ranging from contraceptives, puberty and adolescence, to STIs and HIV/AIDS and generally on a number of issues relating to SRH.

Another continuing programme of the Outreach team is the Child Welfare League's Choices programme. This worthy project provides counselling, lectures and skills training to teen mothers not only to help them cope with their current situation but to help them prevent a second pregnancy too soon. Choices was revamped last year with steady bi-monthly services in the areas of Port-of-Spain, Laventille and La Horquetta.

Our final Outreach arm is the clinical services offered to sex workers in collaboration with PSI Caribbean, begun at the end of 2009. This project came into full stride in 2010, with eight clinics done over the year at the places where these men and women work. This aspect of the Outreach programme is particularly challenging because of the illegality of sex work and the stigma and discrimination attached to it. In spite of this, we recognize the importance of treating with sex workers as a human rights issue, as well as the importance of keeping this population healthy as a weapon in the arsenal against the spread of HIV and other STIs. Clients in this category who cannot pay for services are given referral cards in the field and these allow the clients to access services free of charge at FPATT clinics. The partnership has introduced bilingual clinicians and educators, as this is a population that includes many native Spanish-speakers. We remain committed to deepening our relationship with our partners in this endeavour and thereby improving SRH service and education access by this marginalized group in our society.

Clinical services offered by FPATT are supported by our cytological lab at our Port-of-Spain clinic. The lab processes Pap smears from all our clinics and allows for referrals to Mount Hope Women's Hospital and San Fernando General Hospital—or private healthcare providers—for clients with positive results. In 2010 FPATT hired a full-time cytologist, who works with the sessional cytologists to keep our cytology department efficiently providing this essential service.

Unfortunately, we have had some bumps in the road in provision of services last year. Our services are generally undersubscribed. Public access to free government clinical services, coupled with the scarcity of medical and clinical practitioners we face, continues to contribute to the decline in the number of persons accessing our services. There was also a decline in the number of persons served by the male clinic, due to the ill health of the urologist. We also face a major challenge in our outreach services as our venerable mobile clinic was grounded for much of the year, resulting in our having to cancel scheduled outreach clinics and turn down HealthLink requests, although some of the slack was taken up by the smaller Express mobile unit. The main mobile clinic, acquired in 2001 through the generous assistance of the JB Fernandes Trust, is badly in need of repair or replacement. It has served us extremely well but is now unable to meet FPATT's needs. We recommend that two new mobile units be acquired because there continues to be a gap between the provision of static services and uptake by the population. We increasingly see the need to take our services to the public in their communities and cannot do it without a fully functioning mobile service.

Adolescents and young people comprise one of our most vulnerable populations. The unmet need for sexual and reproductive health services among young people is high; statistics show that teenage pregnancy accounts for 14.7

percent of all births in Trinidad and Tobago. A 2010 behavioural study by PSI Caribbean with Tobago males and females 16-26 years old found that only 9.3 pe rcent of participants reported consistent condom use with any type of partner in the last month, while 32.5 per cent reported using a condom at last sexual intercourse. Across the world, there is a persistent gap between knowledge and behaviour. This is particularly true among young people, many of whom know the basics of reproductive health but do not seek health services because they are turned off by attitudes of health professionals and the general milieu of clinics catering to adults. There is further evidence that, if provided with youth-friendly services, young people do seek SRH services on a consistent basis.

Our youth clinic De Living Room is an evidence-based intervention designed to meet the needs of young people for a youth-friendly service. The evidence showed that young people wanted a special space for themselves served by professionals who are young or who are trained to deliver youth-friendly service. Since De Living Room was established in 2001, there has been a consistent increase in the use of FPATT's services by young people. De Living Room currently provides a range of SRH services from Monday to Friday from 8.30 am - 4 pm and on Saturdays from 8.30 am - noon.

In 2010 we provided contraceptive services to youths as follows: Barrier contraception, 13,183 services; hormonal contraception, 910 services; IUD, seven services; and contraceptive counselling, 1,052 services. As for non-contraceptive services, we provided 3,802 gynaecological services; 565 STI/RTI services; 1,027 HIV-related services; 160 pregnancy testing services; three infertility services; 493 other SRH medical services; and 468 other specialised counselling services.

In pursuit of the more effective provision of services to adolescents we successfully trained one staff member as a VCT tester for young clients. An advertisement for new Youth Advocacy Movement (YAM) members was also placed in the *Trinidad Express* and 25 youths were successfully trained in the area of SRH. An initiative named De Rovin' Living Room (DRLR) was implemented to increase access to SRH service for young persons. De Rovin' Living Room team comprised members of the Outreach team, staff of the Youth Centre and volunteers of the YAM. In October they visited the St James Secondary School to do SRH services and education for students aged 14-16 years. SRH services were provided to 34 students at a reduced cost and educational services were provided to 104 students at the school.

Nine youth outreach programmes were conducted in St Paul Street (Port-of-Spain), Cocorite, Sea Lots, River Estate, Prince Street (Port-of-Spain), Woodbrook, and St James, in collaboration with the Ministry of Sport and Youth Affairs' Take it to the Streets campaign. On World AIDS Day a video documentary on HIV/AIDS was produced by YAM and presented to passers-by at Port-of-Spain's main public transportation terminal. The YAMMER newsletter was created and will be printed in the second quarter of 2011. A video presentation was produced on the many STIs that can be contracted, their methods of transmission and ways to prevent infection.

STI transmission and infection control was the theme of the 2010 Carnival campaign. The Youth Carnival Campaign was conducted in Port-of-Spain in February, bringing SRH education to an estimated 1,500 people. Fifteen hundred female and 9,000 male condoms were distributed through this campaign while the YAM members spread the message about STIs using traditional carnival characters giving witty speeches about infection and prevention. The launch event drew the attention of many people—but it was interrupted when some in the audience took objection to the language used and said it was inappropriate for a young audience. The language in question was standard terminology—the use of the words "penis" and "vagina", for instance, and thorough descriptions of the symptoms of such infections a HPV, Chlamydia and herpes. It is a shame that some in our society continue to deny young people access to proper information about SRH and to stigmatise youths for feeling or acting on sexual feelings. Young people, no less than adults, need to know about their bodies and their emotions, and if we continue to shut them down they will continue to act on misinformation or no information at all. We hope to continue to advocate for a more thoughtful approach, free from stigma and discrimination, regarding our young people and sex.

People, programmes and systems must work in lockstep for FPATT's success. To this end, our Information Systems department negotiated with Internet provider Flow for improved broadband packages at preferential (residential) rates for installation at our head office, San Fernando clinic and De Living Room. We installed an additional wireless router at head office to improve network connectivity. The department also installed

free software to provide virtual private network connections over the Internet between the Head Office Medvu server, South and youth clinics; installed and configured two computers with remote desktop connections to the Medvu server; and trained principal users in the new access method. Additionally, the department provided training in using a remote desktop to access Medvu (our medical client software) via the Internet. A training lab was setup in head office to accommodate three concurrent users for online courses. All networked computers were configured to allow access to the training website.

We work in an environment where collaboration with partners is essential. In 2010 FPATT worked with PAHO to develop an SRH training curriculum for nursing students. PAHO representative Dr Gina Watson, along with myself, led a group of faculty members to implement the curricula. FPATT and PAHO requested the IPPF/WHR Senior Quality of Care Advisor to help in defining training methodologies and also to structure the practice and rotation that will be implemented at FPATT clinics. The curricula and training guides are in progress and by 2017 a core group of faculty members will be trained to effectively implement the curricula. A number of sessions in refresher training in SRH issues were conducted with staff from Port-of-Spain, San Fernando and Outreach clinics. There was good participation in the training sessions. The staff were very enthusiastic and held a lot of discussions where issues were clarified about the protocols and the adherence to these established protocols was emphasised.

Collaboration is also essential in reaching marginalized populations such as men who have sex with men (MSM) and sex workers, among others. As such, in 2010 we fostered collaborations with new partners such as the GLBT rights organization CAISO. CAISO member Colin Robinson was one of the speakers at the March 2010 adoption of the *Declaration of Sexual Rights*, which took place at the Hyatt Regency in Port-of-Spain. The adoption of the Declaration was of course one of the signal events of our year, and we were enormously proud of our President Dr Jacqueline Sharpe, who as President of the IPPF was responsible for bringing the Declaration into being. Dr Sharpe spoke at our event about the process by which this happened.

The keynote speaker at the launch of the Declaration was Ms Esther Vicente, the President of IPPF/WHR, who delivered her address to over 100 guests. We were honoured that she could join us for the event and feel her presence underlined how vital the Declaration is to our work in the SRH sector. The Declaration has since become a cornerstone of our practice here at FPATT in adopting a rights-based approach to delivery of SRH services and education. A follow-up forum on sexual rights took place in June at the Crowne Plaza Hotel in Port-of-Spain. The theme of the forum was "Sexual Rights are Human Rights: Everyone's Business". Over 100 people from the private sector were invited and our keynote speaker was Mr Stephen Lewis, the Co-Director of AIDS-Free World and former UN Special envoy for HIV/AIDS in Africa.

The AGM and Report to the Nation public meeting took place on June 30 at the Crowne Plaza. Some 300 guests were present. Mr Lewis was also the keynote speaker, addressing the audience on the status of women and the importance of fighting women's oppression. Also garnering a lot of attention at the meeting was "The S Factor", a documentary produced by the IPPF and the Caribbean Partnership Against HIV and AIDS, PANCAP, in conjunction with members of the MSM community. The video frankly discussed issues surrounding sex work, including violence and discrimination. Since its launch at the Report to the Nation meeting, the video has been used as an education tool and has been copied with French subtitles.

Our ongoing campaigns, our outreach activities and our advocacy would not be successful without our partners such as IPPF, the Government of Trinidad and Tobago, PSI Caribbean, UNICEF, UNIFEM, PAHO and others. FPATT is proud to lead the charge towards an equitable world for all, and humbled by the work others have done and continue to do to stop stigma and discrimination in SRH issues. We thank our partners, staff and clients and look forward to many more years of service with you all.

Dona Da Costa Martinez
Executive Director, FPATT

"It is a shame that some in our society continue to deny young people access to proper information about SRH and to stigmatise youths for feeling or acting on sexual feelings."

TREASURER'S REPORT

RELNA VIRE

"The Association, in its drive to maintain future sustainability and development, continues to provide much needed quality sexual and reproductive health services despite the challenges of diminishing funding sources.

The global economy was expected to grow by 2.5 per cent in 2010 but the anticipated recovery was not forthcoming as initially expected as global economies continue to face challenges. On the national level the country was faced with national and local elections, which saw a change in the country's administration in the middle of 2010. The national community looked forward to increased social and economic activity to help stimulate a sluggish local economy. There continues to be a lull in the construction sector, which is a significant employer, and plans are in process to make Trinidad and Tobago an attractive investment centre.

The Family Planning Association of Trinidad and Tobago (FPATT) continues to be faced with economic challenges as the year opened with a slow recovery pace of economic activity.

Operating Review

The Association has not been spared the effects of a sluggish international and local economy. During 2010 total income generated was $4.876 million, which represents an overall reduction of 4.8 per cent compared to the same period for the previous year. Income generated from sales and services amounted to $1.162 million, which contributes 24 per cent of total income. Contributions received from the International Planned Parenthood Federation and international donors represents 32 per cent of total income or $1.542 million, and the Government of Trinidad and Tobago provided support totaling $1.699 million or 35 per cent of total income. The Association's income declined year on year, mainly in the area of international grant and donor support, averaging 11.90 per cent for the year.

Total expenses for the year amounted to $5.854 million, with project related expenses amounting to $4.522 million and administrative expenses of $1.332 million, which represents a marginal increase over the previous reporting period.

We experienced an operating deficit for the year amounting to $0.978 million as was highlighted earlier. The Association continues to receive a reduction in funding from IPPF and our international donors averaging 11.90 per cent for the year.

Consolidated Financial Position

The total assets for the financial year 2010 stood at $4.844 million, a reduction of $2.136 million compared to 2009 when we had total assets of $6.980 million. During the year short-term investments were liquidated to meet our recurrent operating expenses and execution and delivery of on-going projects.

Outlook And Sustainability

The global economy continues to slowly recover from the financial crisis as indicators point to further improvement in the medium term varying across regions. On the international level, major advanced economies are still experiencing minimal growth overall. On the national level, we are faced with the challenges of diversifying our economy, as the energy sector continues to be the driving force of our economic activity, and also ensuring that social needs are being addressed in a timely and humane manner.

The Association, in its drive to maintain future sustainability and development, continues to provide much needed quality sexual and reproductive health services despite the challenges of diminishing funding sources. While we are grateful to the provision of our annual subvention of $1 million, this sum has remained the same since 1992 and in this regard our intention is to continue to seek additional financial support so that we can continue to provide much needed sexual and reproductive services to the wider areas of our national community.

The year 2011 promises to be another

challenging year for us with all that is happening in both the local and international arenas. We are nevertheless confident as we strive towards intensifying our vision and mission in providing access to quality sexual and reproductive health services throughout Trinidad and Tobago in an effective, efficient and affordable manner. We continue to vigourously pursue other avenues to secure sources of income to improve our sustainability. With a resourceful approach to financial management of our resources we will ensure that operations are carried out in a manner that minimizes financial risks and maximizes benefits to all our stakeholders.

We would like to convey our sincere thanks and appreciation to our donors and stakeholders and FPATT team members for their ongoing commitment to assist us in providing these much needed services.

Relna Vire
Treasurer, FPATT

Summarized Consolidated Income Statement

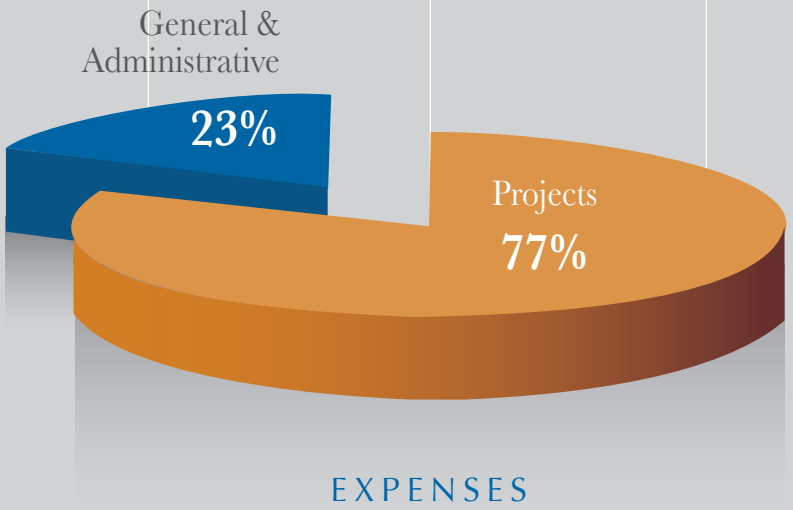
(TT Dollars)	2010		2009		% Change
Income					
IPPF Cash Grant	979,494	20%	1,097,682	21%	-10.8%
Other International	562,598	12%	653,027	13%	-13.8%
Government of Trinidad & Tobago	1,698,580	35%	1,695,446	33%	0.2%
Clinic Operations	1,162,284	24%	1,186,782	23%	-2.1%
Administration & Fund Raising	259,505	5%	268,887	5%	-3.5%
Fund Releases	213,053	4%	216,931	4%	-1.8%
Total Income	**4,875,515**	**100%**	**5,118,755**	**100%**	**-4.8%**
Expenses					
Projects	4,522,018	77%	4,613,875		-2.0%
General & Administrative	1,331,906	23%	1,221,549		9.0%
Total Expenses	**5,853,924**		**5,835,424**		**0.3%**
Surplus/(Deficit)	**(978,409)**		**(716,669)**		**36.5%**

Summarized Consolidated Balance Sheet

(TT Dollars)	2010	2009	% Change	
Assets				
Current Assets	1,807,279	3,862,750	-53.2%	(2,055,471)
Non-Current Assets	3,036,904	3,117,667	-2.6%	(80,763)
Total Assets	**4,844,183**	**6,980,417**	**-30.6%**	**(2,136,234)**
Liabilities & Fund Balances				
Current Liabilities	451,488	570,462	-20.9%	(118,974)
Deferred Income	2,631,841	3,617,631	-27.2%	(985,790)
Long Term Liabilities	56,430	169,290	-66.7%	(112,860)
Fund Balances	1,704,424	2,623,034	-35.0%	(918,610)
Total Liabilities & Fund Balances	**4,844,183**	**6,980,417**	**-30.6%**	**(2,136,234)**

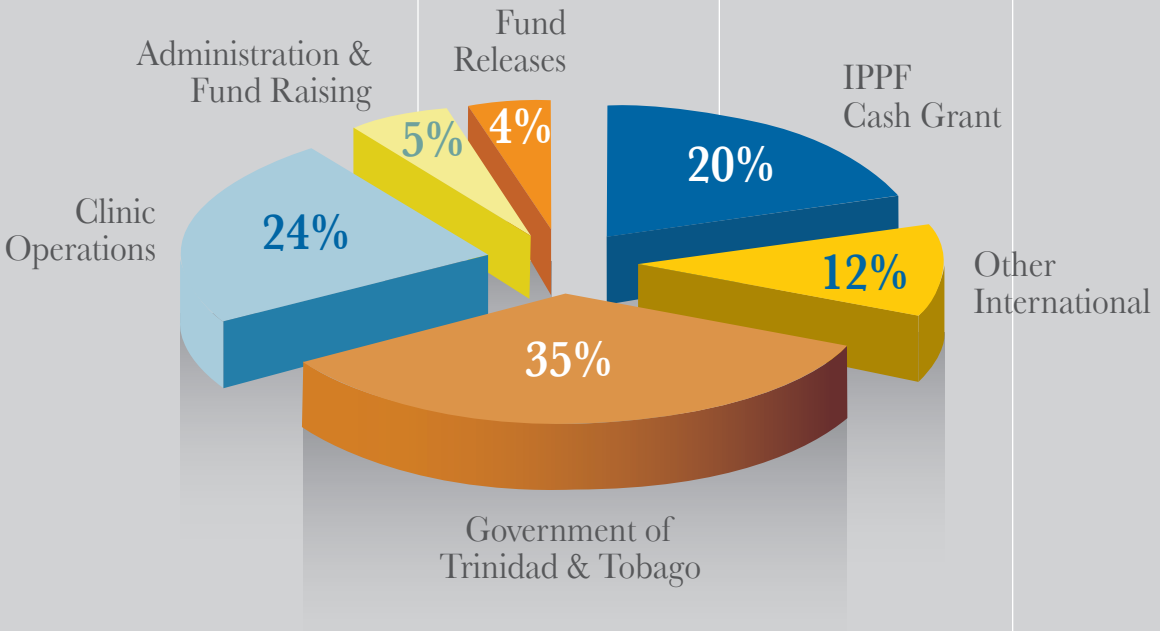
Treasurer's Report 2010 Relna Vire

2010



EXPENSES

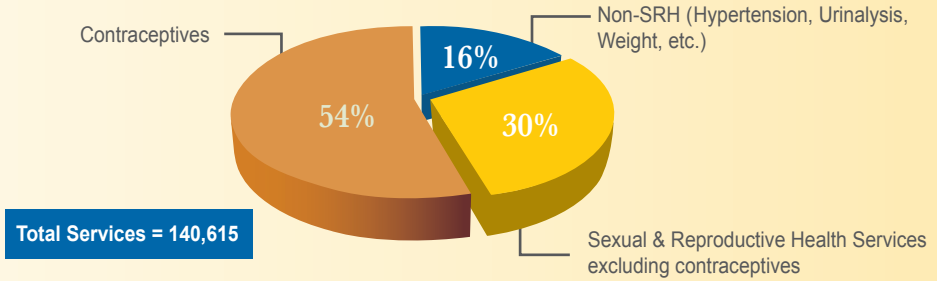
INCOME



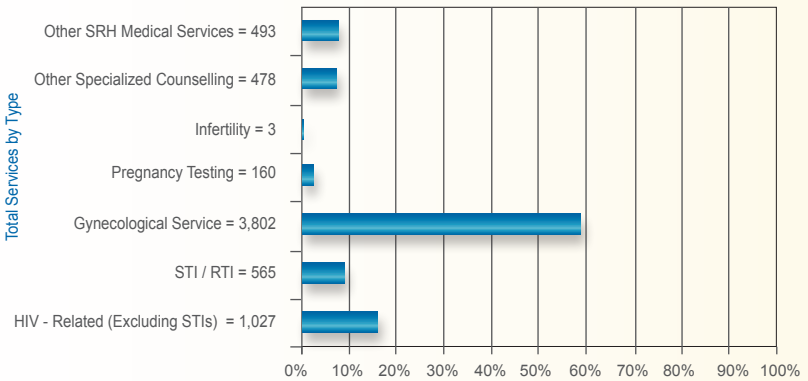
Services of the Family Planning Association in 2009 and 2010

Service	2009		2010	
	No of Visits	% of Service Mix	No. of Visits	% of Service Mix
Contraceptives	7,970	10.7	73,758	52.75
Pap Smears	7,917	10.7	7,117	5.09
Breast Examinations	8,213	11.1	7,199	5.15
Cytology Screening	7,662	10.3	7,130	5.10
HIV Voluntary Counselling and Testing	2,315	3.1	4,407	3.15
Counselling	7,085	9.5	15,922	11.39
Family Health	30,890	41.6	22,841	16.34
Other Sexual Reproductive Health Services	2,233	3.0	1,448	1.04
Services	74,285	100	139,822	100

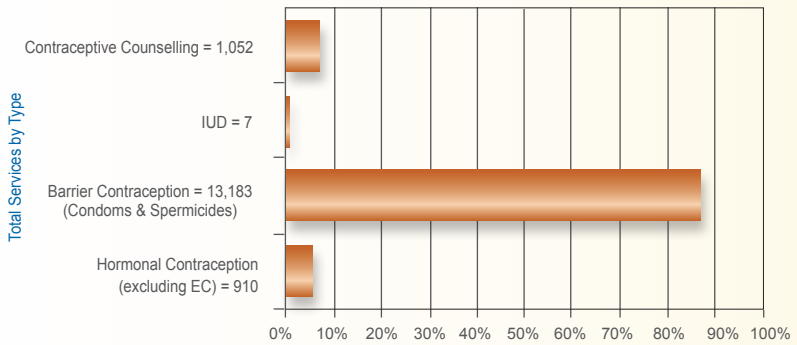
Percentage of Total Services Provided by Type 2010



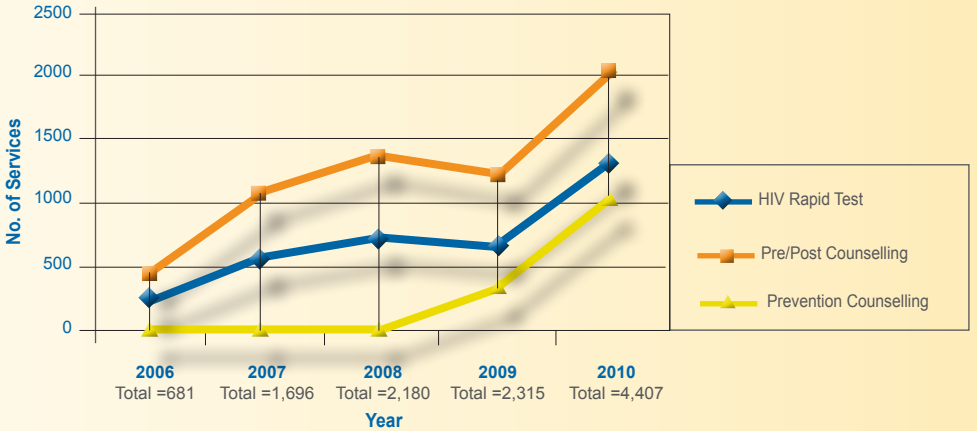
Proportion of Total Non-Contraceptive Services SRH Provided to Youth by Type 2010



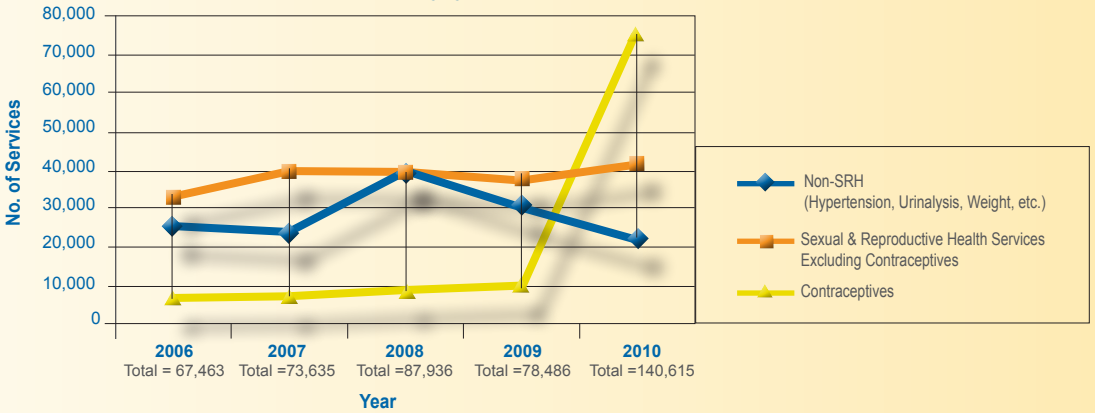
Proportion of Total Contraceptive Services Provided to youth by Type of Service 2010



Total HIV - Related Services Provided by Type of Services 2006 - 2010



Total Services Provided by Type 2006 - 2010



SEXUAL RIGHTS ARE HUMAN RIGHTS: Everyone's Business

Mr. Gerry Brooks, Chairman of FPATT, delivering his speech during the seminar Sexual Rights are Human Rights: Everyone's Business

Mr. Stephen Lewis, Co-Director of AIDS-Free World and keynote Speaker addressing the audience

Mr. Stephen Lewis, Co-Director of AIDS-Free World, and Ms. Grace Talma, FPATT Board Member, share a light moment after his presentation

Members of the head table Ms. Carol Jacobs, Board Member of IPPF/WHR, Dr. Gill Greer, Director General, IPPF, and Ms. Verna St Rose Greaves, former Senator

World AIDS Day

Dr. Brian Amour, Acting Director of the HIV/AIDS Coordinating Unit of the Ministry of Health, and his team visiting City Gate on World AIDS Day

Members of the public getting SRH information as they pass through the Public Service Transportation Hub in Port-of-Spain

Members of the Public view a demonstration on proper condom usage

Franzy Bowen, FPATT Youth Officer conducting a Condom Demonstration to the general public

New graduates of YAM

YAM

Mrs. Martinez places a YAM pin on new member of Youth Advocacy Movement, Ms. Khadine Ali

COOL CONDOM LAUNCH

Grace Talma, Member of the Board of Directors of FPATT, Mr. Dale Enoch, Head of News of i95.5FM, Mrs. Hazel Browne, Co-ordinator of the Network of Non-Government Organizations of T&T for the Advancement of Women

Ms. Julia Roberts of Population Services International Caribbean, Dr. Jacqueline Sharpe, FPATT President, and Mrs. Dona Da Costa Martinez, FPATT Executive Director, cutting the ribbon at the launch of the Cool Condom

Members of the Head Table from L. to R. Dr. Jacqueline Sharpe, President of FPATT, Dr. Gill Greer, Director General IPPF, Mr. Stephen Lewis, Co Director of AIDS-Free World, Mr. Gerry Brooks, Chairman of FPATT, Mrs. Dona Da Costa Martinez, Executive Director of FPATT

Dr. Gill Greer and Mr. Stephen Lewis judging the different booths displayed by FPATT's clinic staff for AGM 2010

AGM

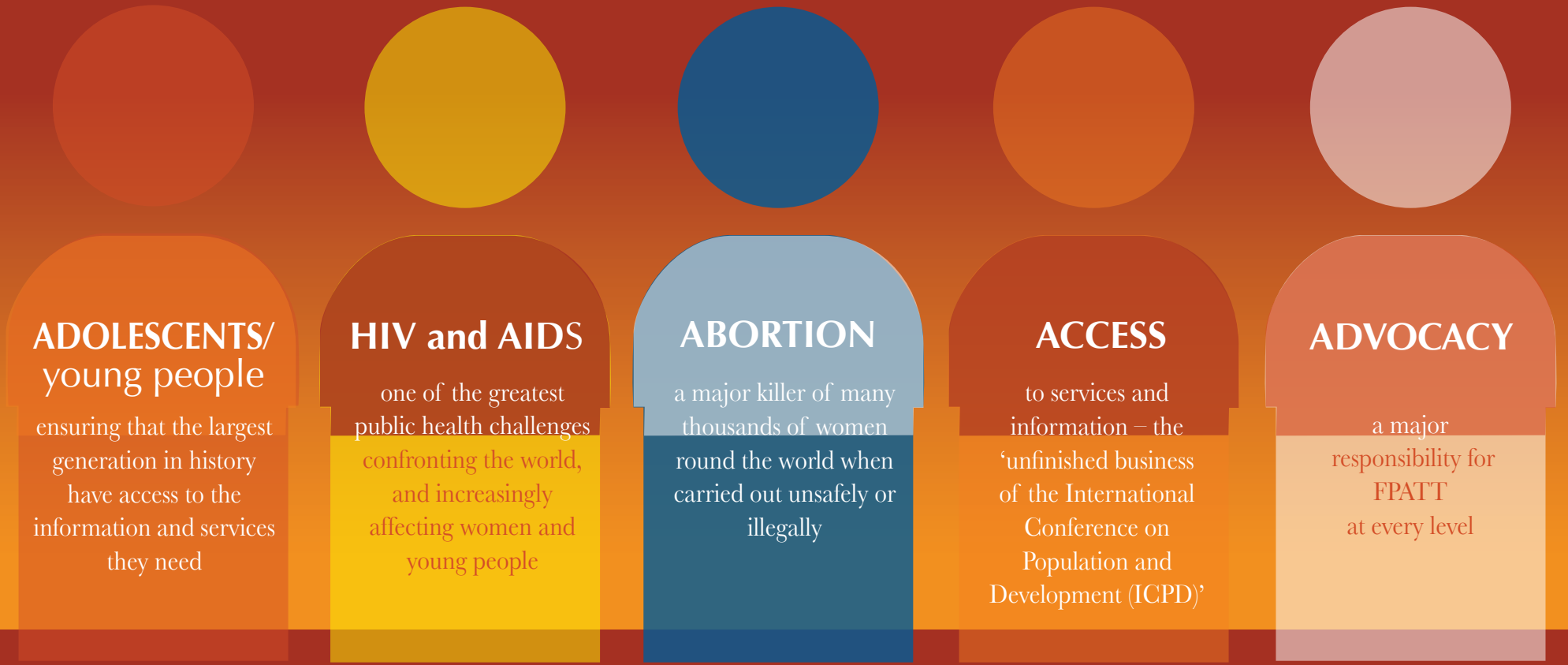
Ms. Rose Ambrose, Tobago Clinic Coordinator, greets Dr. Gill Greer, Director General, IPPF, and Mrs. Dona Da Costa Martinez, Executive Director of FPATT

Dr. Michael Alleyne makes a contribution at the Report to the Nation 2010

FPATT HAS CHOSEN TO FOCUS ON FIVE PRIORITY AREAS ADOPTED FROM IPPF

WE CALL THESE OUR ...

FIVE As



ADOLESCENTS/ young people

ensuring that the largest generation in history have access to the information and services they need

HIV and AIDS

one of the greatest public health challenges confronting the world, and increasingly affecting women and young people

ABORTION

a major killer of many thousands of women round the world when carried out unsafely or illegally

ACCESS

to services and information – the 'unfinished business of the International Conference on Population and Development (ICPD)'

ADVOCACY

a major responsibility for FPATT at every level

ADOLESCENTS

REACHING YOUTHS ON THEIR OWN TERMS

Benedict Rousseau is an enrolled nursing assistant based at the FPATT Youth Clinic, De Living Room, in Port-of-Spain.

The misconception that children and teens shouldn't know too much about sex and sexuality is persistent and pervasive. Many adults feel that keeping such information away from young people will protect those youths from early sexual activity, when, in fact, the opposite is true: having better information empowers young people to make better choices. With the teen pregnancy rate in Trinidad and Tobago hovering around 14 per cent, and with youths being those most at risk of contracting HIV, it is imperative to change the culture so that youth seeking SRH services and information are not stigmatised or discriminated against.

Benedict Rosseau, an enrolled nursing assistant at FPATT's youth clinic De Living Room, has found stigma and discrimination to be a major factor militating against young people reaching out for help or information. "At the clinic here, since it's a youth-friendly space, we don't have any issues. But [elsewhere] the stigma and discrimination comes out like this: 'All them young people have disease.' 'Only sex on their mind.' 'Sex education won't help them.' 'They too young for this sex thing, whether the act or the thought.'

"Who wants to go where everybody will watch you and say, 'Hmmm. What she doing having sex at her age? At her age she shouldn't be thinking about having sex at all, only about her academic work or sports.' What I realise is that they have to deal with SRH myths and facts. That is the number one thing. But because of the same discrimination, who's going to come forward? Nobody wants to be laughed at or looked upon as if you're nasty or you're a 'ho'."

De Living Room and its mobile outreach arm De Rovin' Living Room, sounds a different note. The clinic is specially designed for younger clients and offers services and education to users aged 14-25 without judgment, stigma or discrimination. It is open daily from 8.30am-4pm, Monday to Friday, and 8.30am-noon on Saturdays. "We give services from Pap smears, breast examinations, STI testing and HIV testing, to doctor's visits. Schools come here on a Friday. They make appointments through Anna Maynard, the Co-ordinator of Quality of Care and Training. They can come here and get advice and lectures on SRH issues and what FPATT provides," explained Rosseau. "Franzy Bowen is responsible for the Youth Advocacy Movement (YAM), their training and all their programs that they would go out on, for instance, at UTT, in Woodford Square, and various places they would go to distribute information. They are trained in giving information on SRH and contraceptives. The youth arm of the outreach called De Rovin' Living Room, with the YAM, will go to places like Toco, Mayaro, Matelot, and have a day of lectures, SRH games, HIV games, games that educate you. There's a lot that goes on at FPATT where youth are concerned."

FPATT is active in the lobby for the review of the current Health and Family Life Education (HFLE) national curriculum to ensure its relevance and that it is fully integrated into the school curriculum before it is implemented by schools; and the Collaborative HIV/AIDS Management Programme (CHAMP), an initiative that brings parents and teens together to give information on SRH and develop communication in families and negotiation skills that help teens make the kinds of decisions that keep them safe. It is already being conducted with the Anglican Church. FPATT also partners with the Child Welfare League on their Choices programme for teen mothers, which provides counselling, lectures and skills training to help them cope with parenting and prevent a second pregnancy too soon. Choices runs bi-monthly in Port-of-Spain, Laventille and La Horquetta.

"They have to deal with SRH myths and facts. That is the number one thing."

Comprehensive sexuality education is a process through which young people can acquire information and form attitudes and beliefs about sex, sexual identity, relationships and intimacy. It can also help them to develop their skills so that they can make informed choices

"Who wants to go where everybody will watch you and say, 'Hmmm. What she doing having sex at her age?'"

about their behaviour and feel confident and competent about acting on the choices they make, while at the same time helping them to protect themselves against abuse, exploitation, unintended pregnancies and sexually transmitted diseases, including HIV/AIDS.

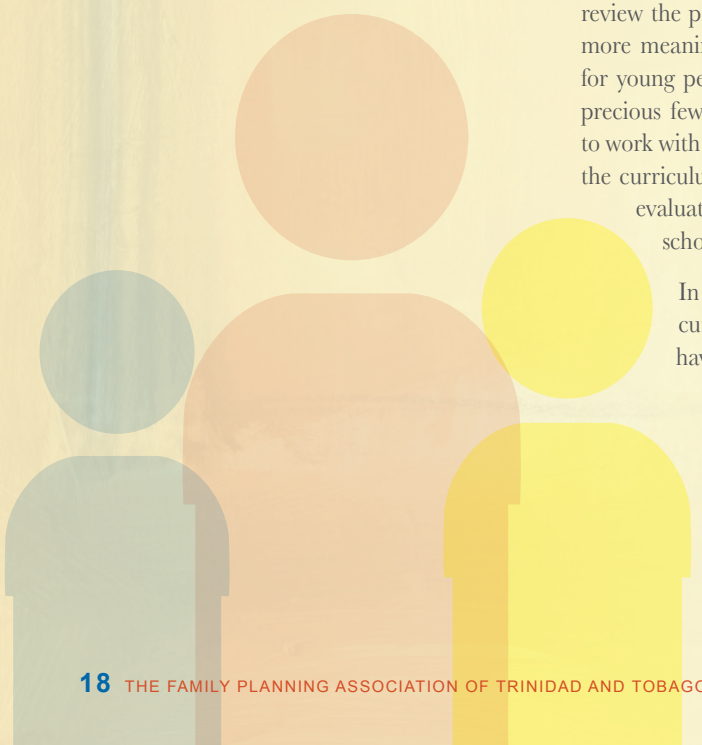
A good HFLE curriculum, in addition to delivering education on human sexuality; would also include information on communication, environment, nutrition, and relationships. Developing and implementing that would take a collective effort, involving school administrators, teachers, parents, the National Parent-Teacher Association (NPTA) and youths themselves. Together we can review the present HFLE curriculum to make it more meaningful, age-appropriate and relevant for young people who have many questions but precious few correct answers. FPATT is willing to work with the Ministry of Education to review the curriculum, train teachers and monitor and evaluate the teaching of the curriculum in schools.

In the absence of an adequate HFLE curriculum, Rosseau said, "What I have recognised is that children from the more affluent schools tend to get their information from the Internet. They use the Internet as their source for educating themselves on SRH and HIV issues. The more 'rootsy' class tends to learn from the street. They pick up things from their peers or from older ones on the street. There is where we need to clarify the myth and fact issues."

But using the Internet as one's source isn't perfect. While good SRH information may abound there, the Internet is also packed with misinformation, presenting a maze a young person would have to find his or her way through to get to the truth. "You don't know if the source is correct or not," Rosseau said. "So the issue with education and knowledge affecting how willingly an adolescent will access SRH services depends on where they're getting the information from, and how well that youth is able to decipher that information. We all interpret things differently and that's half of the problem there, the interpretation."

Youths accesing SRH information and services from De Living Room have an advantage. "How the information is given, and by whom, is very important in teaching young people. What I have recognised with young people is you must use their terms. The facilitator or the person giving the advice must be 'with it', for want of a better word. For instance, you can't use the word 'semen' too often, or they would say, 'What? Semen?' You have to get down to the language they would use regularly to get the information across."

Peer educators, community health educators and social networking Internet sites are the future of educating youth on SRH issues and ending stigmatisation and discrimination against youth who are curious about or having sex, Rosseau thinks. "There must be a way that the youth themselves in their peer groups can come together and devise a plan as to how they can go about making it relevant to themselves. The Internet is big. Facebook is big. So you have something on Facebook, there's a young person who may get it, who gets a Tweet, or whatever. Electronic media is the way now to get all the information across. Someone drops something in your email and you read it and the information is passed on."



"Electronic media is the way now to get all the information across."

HIV and AIDS

SMALL GAINS, FAR TO GO

David Soomarie is the co-ordinator of Community Action Resource (CARe), an HIV/AIDS community based organization that provides HIV/AIDS counselling and education and an anti-retroviral adherence programme. He is himself living with HIV.

Q: What are the main effects of stigma and discrimination regarding HIV/AIDS in Trinidad and Tobago?

A: Stigma and discrimination isolate people, simply put. It makes them fearful of rejection, pain and hurt, and "less than human". It forces some into denial about their own status, and so they delay treatment until it's too late, in some cases. It affects their ability to adhere to anti-retroviral therapy (which speaks not only to treatment but other factors such as support, healthy lifestyle, etc). Additionally, they may not disclose to their partner(s), thereby increasing the chances of transmission.

Q: What are some of the key areas of stigma and discrimination facing persons with AIDS and HIV-positive people?

A: Unfortunately, there is still a high level of discrimination that exists in Trinidad and Tobago, and some people continue to actively discriminate against people living with HIV. Ironically, the place you expect to get the most support—at home—you find that's where you have been discriminated against. People refuse to eat from the same pot or share utensils with someone from the household if they are HIV positive. They face rejection, and often it is kept a tight secret lest the neighbours find out.

Then there is the issue of internalised stigma, something that we fail to address in our interventions. Because of the shame, fear, and feeling of low self-worth upon receiving an HIV positive diagnosis, many persons living with HIV/AIDS (PLWHA) suffer from a sense of being victimised.

Q: Is there a legal basis in this country to fight stigma and discrimination of HIV-positive people and persons with AIDS?

A: There is no legal basis to fight stigma and discrimination against PLWHA in Trinidad and Tobago. What we do have is interventions that have no legal teeth, such as the Human Rights Desk and the Ministry of Labour's HIV in the Workplace Sustainability Unit. They can only mediate and record, but cannot, in the face of no legislative framework, provide any justice. The current administration has before it several pieces of legislation to consider, including a National AIDS Policy.

If I were to suggest a starting point, the framework should be an anti-discriminatory one, one that includes not just people living with HIV, but sexual minorities as well.

I think if we get people to agree that discrimination on any basis is wrong then we can get somewhere. We should start at the level of health care, and have people face repercussions for discriminating against PLWHA.

Q: Do you think the Caribbean and Trinidad and Tobago are especially affected by stigma and discrimination regarding HIV/AIDS?

A: Yes, I think that the Caribbean—and especially Trinidad and Tobago—is affected by stigma and discrimination. But I am of the view that stigma and discrimination did not begin with HIV, it added additional prejudices on society's existing biases, such as issues of race, colour, class, gender, etc. With particular reference to HIV, however, the effects of stigma and discrimination have trickled down into the fear of getting tested, because of a possible "death sentence" result. However, I have noted the gains we have made recently. For instance, the testing on the Brian Lara Promenade and at City Gate for World AIDS Day last year saw crowds waiting to get testing publicly and there's the fact that people are more open to discuss the issues of their own status with the media.

Ironically, the place you expect to get the most support—at home—you find that's where you have been discriminated against.

Q: How does CARe help to fight stigma and discrimination?

"I think if we get people to agree that discrimination on any basis is wrong, then we can get somewhere."

A: CARe, in collaboration with its partners, continues to be an active partner in the fight against stigma and discrimination. We conduct workshops at a community level, where members freely discuss what it's like living with HIV. At national levels, we continue to advocate for the equality of treatment for PLWHA and we are in the process of developing an advocacy strategy, one in which members record their accounts of being discriminated against and these accounts form the basis for advocacy.

CARe has enjoyed a mutually beneficial and healthy relationship with FPATT. The Family Planning Association has been one of its strongest allies in the field. Recently, we (both FPA and CARe), along with South AIDS Support, highlighted the concerns with regards to the closure of the National AIDS Co-ordinating Committee. CARe has reshaped its culture and rebranded its image; this was largely due to the leadership and expertise of Dona Da Costa Martinez in her capacity as Executive Director of FPA.

We were proud to sit alongside the FPA as part of a national delegation for a Guyana study tour that took place two weeks ago. We note with extreme pride the stance that FPA has taken on sexual rights and recognising minority populations, including sex workers.

Q: Paint a picture of a "before and after" scenario regarding one incident of HIV/AIDS stigma or discrimination you have witnessed or know of that saw a positive outcome.

A: We have a member who walked in our doors very despondent about her status, and, more so, how her family has rejected her as a result. After coming to a couple of meetings, she announced that she had told her family that "she don't need them, she have a new family in CARe."

CARe prides itself on being able to provide a family-type environment for those who have been rejected by their own biological families. However, this does not negate the importance of strengthening support within families. Often times, we are able to intervene, dispel myths surrounding HIV transmission and confront issues of discrimination. Part of CARe's legacy is that we have healthy negative children born to HIV-positive parents as part of our membership.

Q: What can people (not working in the sexual and reproductive health sector) do to stop stigma and discrimination?

A: We can all play a part in fighting stigma and discrimination. We all know someone or have heard of someone living with HIV, or someone who died from the disease. We can play a part by educating ourselves and becoming more vocal on the issues.

There is a saying that goes, "Do unto others as you would have them do unto you." This nugget of wisdom can be applied to how we respond or not respond to issues of discrimination. Often times we are guilty of judging a person and acting on those judgments negatively, particularly when we make assumptions based on people's perceived sexuality.

In order to truly challenge stigma and discrimination, we must strive to peel off the layers of our own prejudices and biases and identify with the dignity of the individual. There is indeed a common thread that transcends race, creed, colour, class, religion and sexual orientation. That common thread is our humanity.

The testing on the Brian Lara Promenade and at City Gate for World AIDS Day last year saw crowds waiting to get testing publicly.

ABORTION

NOT AN EASY CHOICE TO MAKE

Giselle* is in her mid-thirties and the mother of two young children. She terminated a pregnancy last year for the first time. She agreed to talk about her experience on the condition of anonymity.

People of faith are often in a quandary when it comes to abortion. Giselle* is one of those women.

"Even though I am a Christian and our teachings are pro-life, I was always of the view that there are certain circumstances, like rape and incest, which make being pro-life a hard choice for women," she said. "It is only when we are confronted with situations like these that we see how clear the decision is made for us.

"Did those feelings change after I terminated my pregnancy? No, they didn't."

Giselle is not the first Christian woman to have an abortion. With women in Trinidad and Tobago having an estimated 20,000 illegal abortions each year, close to 5,000 of which lead to hospitalization, there is clearly a demand for the safe, legal termination of pregnancy. However, abortion has a shadowy legal status in Trinidad and Tobago. Current legislation regarding abortion comes under the Offences Against the Person Act, 1861, under British Commonwealth Law and an illegal abortion carries a penalty of four years in jail. It is only legal when done to save the life or health of the mother—a position that FPATT considers antithetical to our own feeling that it is a woman's right to procure a safe, legal abortion on demand without regard to extraneous considerations.

But how did a woman who considers herself a strict Christian, who goes to church on Sundays and prays daily, find herself in that position?

"I am unmarried and thought I was having protected sex with a guy I was seeing. I heard the condom box open, and he paused before entering and everything, saying he was putting it on. It was only after the deed when I got off the bed I saw the condom on the bed unopened. It was then that he confessed that he had had unprotected sex with me because he wanted me to have his baby."

With two children already, the single mother didn't feel she was ready for another child but could consider the possibility with a partner. Then things went south.

"Two weeks after my pregnancy test was positive, he did a 180-degree-turn, cursing me out and saying that he didn't want the baby and that, on second thought, he didn't think he could take care of a baby and that I had better get rid of it because he had no intention of sticking around. "I was devastated."

She added, "I didn't share my experience with family and I told only one friend who told me to weigh the pros and cons of having a baby against having an abortion and make a decision. She didn't try to convince me either way but said she would support whatever decision I made. When I decided to terminate she gave me her support and even came to the hospital that day when I called for her.

"I didn't tell my other friends and family because I didn't want to be judged by them."

The fear of being stigmatized kept her in virtual isolation. The choice to have an abortion—of an unplanned pregnancy that she neither wanted nor could afford to keep—was deeply against her faith as a Christian. She was afraid that her friends and family members wouldn't understand why she had done it, that it would cheapen her Christianity in their eyes. But she still stands by the choice.

"'Who in the kitchen does feel the heat,' as the saying goes. Any woman can cry down abortion until she is faced with that choice herself. Expose the general public to real stories from real women in different salary brackets, of different ethnicity, of different geographic locations in T&T on the circumstances that led to their abortions. It is only then, I think, that people would understand that abortion is more than just 'wanting to kill a baby'."

Giselle considered a medical abortion—the

"I was in such turmoil battling with my religious belief and what I thought was best for me."

"I was always of the view that there are certain circumstances, like rape and incest, which make being pro-life a hard choice for women"

abortifacient misoprostol is widely available and not expensive and she had long heard about it. However, the idea of taking a pill without a doctor's supervision frightened her. What if something went wrong? She lived alone with two young children and her partner had abandoned her after she told him she was pregnant. Instead, she asked around and found a reputable doctor who would do a surgical procedure.

"It cost me $3,500. I had to take a salary advance, so that should tell you how many bills were left out that month." However, she did not regret the expense, as she had no ill effects after her termination and was reassured that the doctor would provide follow-up care if she needed it. She recovered quickly and was back at work shortly afterwards. It would have been a different story if she had to carry the baby alone, give birth alone and raise the child alone.

As a Christian, however, she still feels lingering guilt that she had been punished for having sex outside of marriage. "The night before my abortion I was in constant prayer and on my bed crying out to the Lord to forgive me for what I was about to do. I felt that I was at fault for fornicating in the first place and that this dilemma was punishment for my act of disobedience."

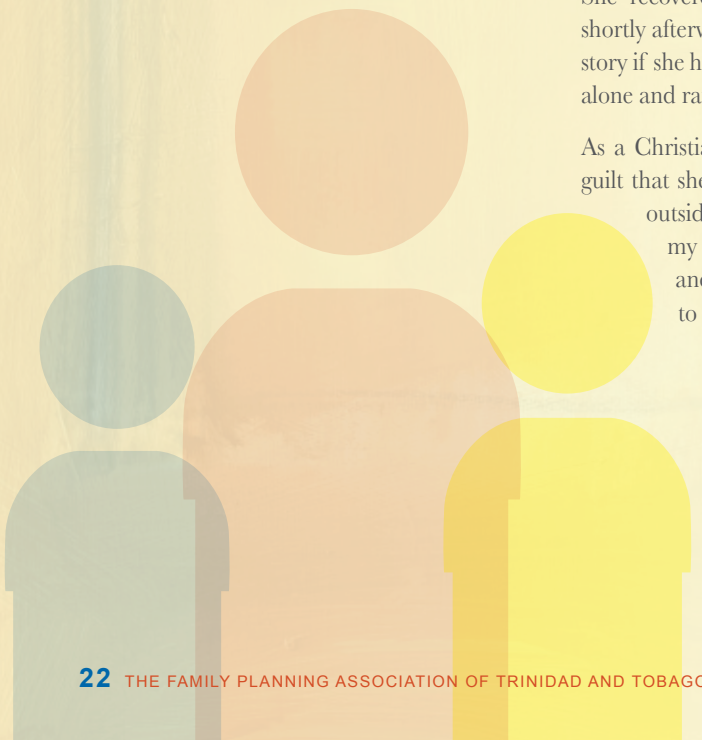
But Giselle is realistic about the need for abortion, in spite of her misgivings as a Christian, and agrees it should be made more accessible to women. "Yes, but with some conditions taking into consideration that multiple or unsafe abortions could lead to complications like ectopic pregnancies and miscarriages later on. You also don't want abortion to be the new contraceptive for women who constantly have unprotected sex." Indeed, healthcare professionals would probably agree with her on that point as they emphasise the need for pre- and post-abortion counseling by qualified persons.

What would she tell a woman who is considering having an abortion?

"I would tell her to write down why she wants to have an abortion, and the pros and cons of having an abortion. When she has satisfied herself that this is absolutely what she wants to do then she should write down a list of questions to ask her doctor before having the termination. That's what I did because I wanted to ensure that I understood what they were going to do.

"And I can't stress enough the connection with one's maker. Pray for the peace that passeth all understanding before and after the termination," she added. Giselle has not left her church and continues to be a staunch Christian.

*Not her real name.



"I felt that I was at fault for fornicating in the first place"

ACCESS

IMPROVING ACCESS FOR THOSE MOST AT RISK

Gracelyn Peters, RN, is an outreach assistant at FPATT. A retired district health visitor, she has spent eleven years with the Outreach Department.

Q: What are the impediments to accessing SRH services and information?

A: Information is available but I don't know how easy it is to access. We have it here at the clinic and, if we're on outreach, when we're out there with the mobile clinic. I think, probably, it is not easily accessible in other places. The services are the same—we have it here, in Port-of-Spain, in Tobago, in San Fernando, and at the outreach clinics. The mobile clinic can go to places in the far country areas, or even places here in town where you don't get people to come out easily. Besides that, we make [SRH services] even cheaper than they already are at our static clinics when we go to them.

I think we are getting to the men, especially, now. Before, it was a problem; they had this macho thing, they wouldn't come to the clinic. Now, they are actually asking for the services. Our prostate clinic has stepped up in the last three years, in that we have men actually asking for the services.

Q: Who is affected most by the lack of access?

A: The poor and youth.
The poor people have no other places to go but to either the free government clinic or the FPA, which is cheaper than going to the private doctor. If we cannot give the service it is those people that would go without.

It's the same thing with the youth. They meet up a lot of barriers and you find that they will not go [seeking SRH services]. And this is one of the reasons the FPA thought about opening De Living Room for the young people. Before we had De Living Room they had to come to adult clinics and they would say the big people would watch at them and ask them why they weren't in school, so they wanted a clinic of their own.

Q: What are some of the things government and civil society should be doing to improve access to SRH services and information for the most at-risk populations?

A: The most at risk would be the young people that are getting pregnant very early, sex workers and men who have sex with men.

Information is important and we should use the media more, both the written media and television. We need to get this information on at prime time when most people can access it.

We need to have cheaper services, which is one of the reasons FPATT has the Outreach, so we can go to those people that are not coming to us and carry our services cheaper.

Going to people instead of waiting for them to come to you works. You need the mobile services, especially for housewives, who can't go far from home. If we go to them we will be able to serve them.

Then we have the young people. The earlier you start giving them information, the better—from primary school, rather than waiting until they reach to high school and university.

Education is extremely important and we need to get many more health educators out on the field. It's much better [than playing an educational video] when you have someone there who you can ask questions.

Q: Is the Caribbean, and particularly Trinidad and Tobago, especially affected by stigma and discrimination? How does it affect access to SRH services and information?

A: It's a small country and sometimes you [refer clients to another service provider] and they say, "Nurse, I don't want people to see me going in there." Sometimes they wouldn't go at all; or they would go to a private doctor and spend money when they could get all that information and the service for free.

We visit business places [through the HealthLink programme] and they don't mind us coming

"I think we are getting to the men, especially, now."

"The most at risk would be the young people that are getting pregnant very early, sex workers and men who have sex with men."

there, but if you tell [some clients] to come here, they don't want to. There are still people with hang-ups. We are not as open minded as other people in larger countries.

Q: In what ways does FPATT improve access to SRH services and information?

A: We are reaching out by giving the services and making the services available in all areas and at a cheaper price.

Outreach is divided into two kinds of programmes. We have where we go to communities throughout Trinidad on a monthly basis. We have over 50 communities that we go to, and we do all the services—Pap smears, contraceptives, counselling, VCT if requested.

Then we have one-off programmes; these are communities and churches that would call us once a year to their area or congregation to provide services and education. Some business places would also call us once a year to do those programmes.

And then we have HealthLink. [HealthLink is an Outreach service for businesses. The mobile clinic sets up on site at business places, providing a full range of SRH services and information to clients there. In 2010 there were 17 companies and organisations using HealthLink.]

In the communities we go to every month, in some areas we get 25-30 clients per session. The one-off programmes are larger programmes. In some places we get as many 50 people. We go to Point Fortin for Borough Day and get as many as 120 people; this year we didn't have the mobile unit so they provided tents and we worked from the tents.

We do a special programme for sex workers with PSI.

Q: What can people do to stop stigma and discrimination from impeding access to SRH services?

A: It would take being informed. We have to educate ourselves, be informed of what is happening in the wider world out there.

We should have an open mind and refer [clients to other service providers]. We shouldn't just turn people away. Those persons should be referred to places where they can get information, instead of just sending the person away without any information. When you send that person away you don't know where they will end up going for information or what they may do.

"We are not as open minded as other people in larger countries."

ADVOCACY

FIGHTING FOR OUR FREEDOM TO BE

Lucella Campbell, Senior Programme Advisor at IPPF/WHR, talks about the importance of advocacy in fighting stigma and discrimination.

Q: What is advocacy?

A: Advocacy is aimed at creating a policy change that would significantly improve a particular situation. If on the books, for instance, there are laws that discriminate against people in whatever way—in relation to abortion, a woman's right to choose is something that's not allowed in several territories, according to an 1861 law that's still on the books that's very punitive—those are laws that discriminate against individuals' being able to act within what we consider their rights. Advocacy is aimed at changing those laws, creating policy changes that make it much easier for people to operate within a certain range of rights.

We often misunderstand advocacy as whatever kinds of awareness building that operate in terms of information, education, but it's more focused at creating legal change and policy change to improve life conditions for a population or sector of the population.

Q: What are some of the key areas of stigma and discrimination in sexual and reproductive health worldwide?

A: When we talk about stigma for the most part we are talking about a person's own internal feelings that limit them because of how they're perceived by society and how they internalize that. So that stigma relates to your own relationship with yourself or your own inability to operate and be free in a societal context in relation to something that society looks down on or frowns upon. Discrimination is externally imposed and relates to how others may seek to ostracise or limit a group or person exercising their individuality or rights because of the biases that attach to that person or group. There's discrimination, for instance, in relation to sexual diversity—that's one of the biggest ones—where the only thing that's endorsed by certain societies is male-female relationships when it comes to sexual exchange, sexual intimacy.

There's discrimination in terms of HIV/AIDS. People with HIV are seen as having fallen short of societal expectations and are treated as such. This is largely so because HIV/AIDS, to an extent, is related to sex and sex is taboo, so to have contracted HIV/AIDS is interpreted by many to mean that you've engaged in questionable behaviour, and therefore you "ought" to be ostracized.

Sex work is a big one. It's almost as if sex workers don't even have human rights; they're way at the bottom of the pile and [treated as] less than human sometimes.

We need to take a human attitude that allows for a diverse range of people, a richly diverse human race.

Q: What are the main effects of stigma and discrimination?

A: In a context of no discrimination, let's think of what kind of world we would be dealing with. We would be dealing with people who easily and freely express their caring for somebody of their own sex without having to feel the effects of a society that says, absolutely, "No," and closes down on them and robs them of some of the basic rights of a usual relationship. They're not allowed title to property after their partner's death, they're not allowed to express affection not even privately in some instances. They're not allowed a whole number of privileges that are normal for others.

With regard to youth sexuality, we are at best ambivalent about youth sexuality and at worst very punitive. According to the law, the age of consent is sixteen, but youth are not allowed to access contraceptives until age eighteen. What a contradiction. For two years they can by law be sexually active, but ought not to protect themselves from unwanted pregnancy, STIs, HIV and AIDS. No wonder AIDS is one of the main causes of death in this age group. These kinds of attitudes make it very

We often misunderstand advocacy as awareness building... but it's more focused on creating legal change and policy change aimed at enhancing life in a certain direction.

The end aim is to create that political and legal change that allows people the freedom of expression and the freedom of being.

difficult for a young person to walk into a store and access condoms. It's so surreptitious. There's a lot of hiding… it isn't an easy process.
In terms of stigma, the mental hospitals are full of people who have ended up there because of turning in on themselves, because they don't seem to fit into society in the ways that society dictates. There's just a tremendous amount of psychological damage that comes out of stigma and discrimination. In everyday living there's so much that derives from stigma and discrimination. There's discrimination between men and women, what men and women are allowed to do and what is endorsed by society as being acceptable for female behaviour and male behaviour. Men are allowed a whole lot more leeway than women are, in terms of their sexual behaviours. A man can have five and six women and they're smiled at, and it's something that's encouraged and endorsed. If a woman even has two partners then she's called names.

Q: In what ways do FPATT and IPPF practice advocacy?

A: IPPF has been around for almost six decades now and we're one of the leading organizations addressing sexuality and sexual health. IPPF was one of the leading agencies at the International Conference on Population and Development, which helped to bring attention to the fact that sexual rights are human rights and that helped to expand the conversation. Recently the IPPF put together the *Declaration of Sexual Rights*, which is sort of the cornerstone of how IPPF operates right now. Our programme is very rights-based.

In the Caribbean we have to call out FPATT for the work that they've done in relation to the *Declaration of Sexual Rights* and promoting sexual rights, especially over the last three years. We've seen them take the lead in the Caribbean in terms of addressing very difficult groups to work with, in relation to their work with sex workers and their work with men who have sex with men—difficult because it's not the kind of work that gets easy support from partners or gets support from the establishment at all, yet they've gone out on a limb and made efforts to present to society the fact that in a diverse world we will have varied expressions of human sexuality. . Because of FPATT's work we have seen a shift in some of their partners of the issues, as they become more sensitive to the realities , and are more willing to work alongside FPATT.

In terms of advocacy, of special note was FPATT's initiative along with UNICEF to convene a Caribbean Parliamentarians Round Table to address the issue of the human rights of sex workers and to underscore that when we respect the rights of the sex worker to health care and more, we also allow for a safer, more healthy environment for this work which seems to take place despite whatever limitations we put on it. That is difficult area of work that FPATT has taken on ... and work that some of our member associations are still not ready to enter into but FPATT has taken the lead and has moved in that direction and is continuing to try to sensitise the society to sexual rights as human rights.

We have to call out FPATT for the work that they've done in relation to promoting sexual rights, especially over the last three years. We've seen them take the lead in the Caribbean…

IPPF AFFIRMS THAT SEXUAL RIGHTS ARE HUMAN RIGHTS

Article 1

Right to equality, equal protection of the law and freedom from all forms of discrimination based on sex, sexuality or gender

Article 2

The right to participation for all persons, regardless of sex, sexuality or gender

Article 3

The rights to life, liberty, security of the person and bodily integrity

Article 4

Right to privacy

Article 5

Right to personal autonomy and recognition before the law

Article 6

Right to freedom of thought, opinion and expression; right to association

Article 7

Right to health and to the benefits of scientific progress

Article 8

Right to education and information

Article 9

Right to choose whether or not to marry and to found and plan a family, and to decide whether or not, how and when, to have children

Article 10

Right to accountability and redress

EMPLOYEES 2010

EXECUTIVE DIRECTOR

Dona Da Costa Martinez	Executive Director

OFFICE OF THE EXECUTIVE DIRECTOR

Roxanne Layne	Executive Secretary
Dinnora Gil Anthony	Communications & Development Officer
Anna Maynard	Co-ordinator of Training and Quality of Care
Mark Shaun Charles	Information Systems Officer
Rhonda Cardinez	Technical Support Assistant

OUTREACH

Sherry Paul	Sessional Nursing Assistant
Theresa Francis	Sessional Nurse
Mercia Ramirez	Sessional Nurse
Gracelyn Peter	Sessional Nurse
Lena Pegus	Sessional Nurse
Evette Chang	Sessional Nurse Educator
Geraldine Hunte	Sessional Midwife/ Educator
Arthur Esdelle	Sessional Driver
Avalyn Lewis	Sessional Cleaner
Frances Lopez	Sessional Cleaner
Dean Rayside	Sessional Driver
Bernard Subran	Sessional Driver

OUTREACH GOVERNMENT

Elijah Oyebambo Fagorala	Sessional Doctor
Oladapo Olutayo	Sessional Doctor
Adeola Shotunde	Sessional Doctor
Anthony Olabanji	Sessional Doctor

FINANCE & ADMINISTRATION

Trezdivaughn Nedd	Senior Accounts Clerk
Rosanne Cox	Accounts Clerk -Payable
Shanelle Cindy Felix	Receivable Clerk
Marlon Elcid Primus	Messenger/Driver
Stacy Ector	Clerk/Typist
Suzette Youlanda James	Storekeeper
Debra Butte	Office Attendant

SAN FERNANDO CLINIC

Lystra Parris Phillip	Senior Clinic Clerk
Wynette Dalrymple	Office Attendant
Lima Sealey	Nursing Assistant
Jacqueline Weekes	Clinic Clerk
Faria Moonah	Sessional Nurse
Jennifer Jones Joseph	Sessional Nurse
Natasha Felix	Sessional Nurse
Ann-Marie Jogie	Sessional Nursing Assistant
Balkaran Shivnauth	Sessional Doctor
Ashmeed Mohammed	Sessional Doctor
Jacob Oba	Sessional Doctor

YOUTH CLINIC

Claret Whiteman	Office Attendant
April Adams	Sessional Clerk
Merle George Paul	Sessional Nurse
Revillac Allison	Counsellor
Oseye Andrews	Sessional HIV/VCT Tester
Marva James-Frank	Sessional Nurse
Diann Fraser	Sessional Nursing Assistant
Benedict Rousseau	Nursing Assistant

PORT-OF-SPAIN CLINIC

Pam Thomas	Nursing Assistant
Marcia Dennis	Senior Clinic Clerk
Rosa Rivas	Clinic Clerk
Edicta Carty Antoine	Clinic Aide
Marcia Guerra-Neckles	Nurses' Assistant
Marlene Ali-Garcia	Sessional Nurse
Glenda Abraham	Sessional Nurse
Bernadette Mc Leod	Nursing Assistant
Odette Mason	HIV/VCT Tester
Yvonne Paul	Sessional Nurse
Petula Lee	Sessional HIV/VCT Tester
Ainsley Nixon	Sessional Nurse
Shiv Mehrotha	Sessional Doctor
Saa Gandi	Sessional Doctor
Dorothy Williams Chandler	Sessional Doctor
Dexter Thomas	Sessional Doctor
Robert Ugbekele	UNV Doctor

PORT-OF-SPAIN CLINIC - LABORATORY

Nakisha John	Senior Clerk
Anesha Darcell-Thomas	Laboratory Clerk
Mona Lisa Ali	Laboratory Technician
Neisha Mohammed	Sessional Cytoscreener
Desire Knott	Sessional Cytoscreener

TOBAGO CLINIC

Stephanie Tam-Fraser	Sessional Doctor
Rose Ambrose	Clinic Co-ordinator
Pierre Inez	Sessional Cleaner
Avianne Charlene Dempster	Sessional Cleaner
Sinnelle Patterson	Clinic Clerk

1. San Fernando Clinic
2. Staff of the Executive Director's office and Administrative staff
3. De Living Room Clinic and Laboratory Staff
4. Tobago Clinic
5. Port-of-Spain Clinic
6. Outreach Team
7. Youth Advocacy Movement (YAM)
8. Executive Director

1

2

3

4

5

6

7

8

First Row L - R
Gerry Brooks, *Chairman*
Roger Mc Lean, *Honorary Secretary*
Myrtle Ward, *Member*

Second Row L - R
Dr. Jacqueline Sharpe, *President*
Paul Hee Houng, *First Vice President*
Grace Talma, *Member*
Dr. Steve West, *Member*
Dona Da Costa Martinez,
Executive Director

Third Row L - R
Relna Vire, *Honorary Treasurer*
Dr Spencer Perkins, *Member*
Douglas Mendes, *Member*
Marc Clarke, *Youth Representative*

VOLUNTEERS 2010

Community Based Health Workers

Name	Area
Mr. O'leo Lokhai	Arima
Ms. Kaysee Boodoo	Barrackpore
Ms. Maria Hamilton	Indian Walk
Ms. Rosalyn Indarsingh	Barrackpore
Ms. Alicia Hamlet	Maloney
Ms. Yvette Neebar	San Francique
Mahadeye Sookoo	Boodoo Trace

Youth Advocacy Movement

April Adams
Khadine Ali
Kurnisha Beckles
Gerard Brathwaite
Jabari Brusco
Marc Clarke
Georgia Cordner
Alicia Glanville
CY Goodridge
Shantel Grant
Kevin Harper
Rachael Harry
Joel Jordan
Avalon La Guerre
Brian McCarter
Avinash Mutroo
Leighenne Rivero
Kendra Samuel
Nico Singh
Ife Smith
Lesedi Tidd
Jemima Toby
Steffi Torres
Matthew Vernette
Sonia Walker
Ainka Williams
Samantha Xavier
Neil Young

Other Volunteers

Ruby-Ann Westfield
Peter Lim Choy

DONORS 2010

CASH

International Planned Parenthood Federation / Western Hemisphere Region
Government of Trinidad & Tobago / Ministry of the People and Social Development
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R. Montano
Fanella Barnes
Tonni Ann Brodber
Haji Gokool Memorial Trust
Women's Medical Ltd
University of the West Indies Central Medical Laboratory
RBTT Financial Group
Agostini's Ltd
Public Transport Service Corporation

DEEDS OF COVENANT

Republic Bank Limited

PROJECTS

International Planned Parenthood Federation
United Nations Development Programme
United Nations Development Fund for Women
United Nations Population Fund

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Puff 'n' Stuff Bakery San Fernando
Rhand Credit Union Cooperative Society Ltd
Sacha Cosmetics Ltd
The Co-operative Citrus Growers Association of Trinidad & Tobago Ltd
The Face and Body Clinic Ltd
The Herbarium Ltd (Cher Mère Spa)
The Little Store
3M Interamerica Inc

ACRONYMS

AGM	Annual General Meeting
AIDS	Acquired Immunodeficiency Syndrome
ASPIRE	Advocates for Safe Parenthood: Improving Reproductive Equity
CAISO	Coalition Advocating for Inclusion of Sexual Orientation
CARe	Community Action Resource
CHAMP	Collaborative HIV/AIDS Management Programme
DRLD	De Rovin' Living Room
FPATT	Family Planning Association of Trinidad and Tobago
GLBT	Gay, Lesbian, Bisexual and Transgender
HELE	Health and Family Life Education
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
IPPF	International Planned Parenthood Federation
IPPF/WHR	International Planned Parenthood Fedeation/Western Hemishpere Region
IUCD	Intrauterine Contraceptive Device
MSM	Men who have Sex with Men
NGO	Non Governmental Organization
NPTA	National Parent-Teacher Association
PAHO/WHO	Pan American Health Organization/World Health Organization
PLWHA	Persons Living with HIV/AIDS
PSI	Population Services International
RN	Registered Nurse
RTI	Reproductive Tract Infections
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
UNAIDS	United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund For Women
UTT	The University of Trinidad and Tobago
VCT	Voluntary Counselling and Testing for HIV
YAM	Youth Advocacy Movement

THE FAMILY PLANNING ASSOCIATION OF TRINIDAD AND TOBAGO

LOCATIONS

HEAD OFFICE AND PORT-OF-SPAIN CLINIC

79 Oxford Street, Port-of-Spain
Tel: (868) 623-5169/4764, 627-6732
Fax: (868) 625-2256
Email: fpattrep@ttfpa.org

SOUTH CLINIC

6a Lord Street, San Fernando
Tel: (868) 652-3065 Fax: (868) 652-3491

TOBAGO CLINIC

61 Bacolet Street, Scarborough
Tel/Fax: (868) 639-6892

DE LIVING ROOM

(Youth Centre - 25 years and under)
141 Henry Street, Port-of-Spain
Tel: (868) 623-4764 ext 212

OUTREACH (Mobile Clinic)

Tel: (868) 623-5169/4764, 627-6732 Ext. 163

SERVICES

SERVICES FOR YOUTH

- Counselling
- In-School Programme
- Counselling on Adolescent Sexual and Reproductive Health Issues
- Peer Services
- Non-permanent Contraceptives
- Health Packages
- Pregnancy Testing
- Voluntary Counselling and Testing for HIV
- Health Education Programmes
- Outreach Services
- Testing for Sexually Transmitted Infection (STI)

SERVICES FOR MEN

- Counselling
- Male Health Package
- Prostate Examination
- Non-permanent Contraceptives
- Voluntary Counselling and Testing for HIV
- Health Education Programmes
- Outreach Services
- Testing for Sexually Transmitted Infection (STI)

SERVICES FOR WOMEN

- Counselling
- Female Health Package
- Pap Smear
- Breast Examination
- Non-permanent Contraceptives
- Pregnancy Testing
- Voluntary Counselling and Testing for HIV
- Health Education Programmes
- Outreach Services
- Testing for Sexually Transmitted Infection (STI)

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