

*Sexual and Reproductive Health:
Through Your Eyes*

ANNUAL REPORT 2006

aboutArtist

Jason Reid is a young visionary Caribbean artist and photographer with professional goals of one day operating as an independent studio artist and becoming a teacher of Fine Art.

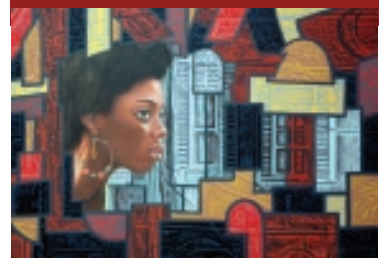
With his current painting style strongly influenced by realism, cubism and neo-plasticism, Jason has since achieved a Bachelors Degree in Visual Arts at the University of the West Indies and is currently preparing to pursue a Master of Fine Arts Degree at the University of Arkansas.

In the future he would like to use his paintings in a contemporary manner to highlight key social issues that have been facing Trinidad and Tobago... rising inflation, economic stability, crime and post-colonialism.

Career Highlights

- In the second year of pursuing his Bachelor of Arts degree, he was commissioned by The University of the West Indies to design the first and only mural at the university.
- In 2002 he was selected as one of forty artists to be featured in a national celebration, titled "Forty Years of Art in Trinidad and Tobago", which was held at the National Museum and Art Gallery, in Port of Spain, Trinidad
- In 2006 he was commissioned to do a painting that was presented to the Prime Minister of Trinidad and Tobago at a conference hosted by the British Gas Co. Ltd.

Cover



"Reflections" by Artist Jason Reid (Trinidad)

This painting depicts a young woman as she reflects on the impact of colonialism on our society.

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ourMission

To Promote optimal *Sexual & Reproductive Health*,
by providing high quality services to Men, Women
and Young People in Trinidad & Tobago.





THE REGIONAL DIRECTOR
INTERNATIONAL PLANNED PARENTHOOD
FEDERATION WESTERN HEMISPHERE REGION
DR CARMEN BARROSO

To Our Friends and Supporters:

The Caribbean is a region of contrasts. Its economic advancements mask great inequalities and significant disparities between rich and poor. Several years ago, many Caribbean countries received the well earned distinction of being graduated from the category of “Lesser Developed Countries.” Unfortunately this was accompanied by a lessening of donor interest in Latin America and the Caribbean. Following the decrease in funding for development work in our region, the poorest have been falling further and further behind; in the area of health, basic reproductive care is acutely lacking.

The Millennium Development Goals - the United Nations’ ambitious plan for reducing poverty in the next 10 years - has brought into sharp focus the great economic disparities in our region. The very basic human right to health care is guaranteed only for those who can afford it. Within this context, making quality services available and accessible to those most in need is an urgent priority. A large part of our services reach the poorest of the poor - people who would otherwise never receive health care in their lifetime. Our commitment to guaranteeing the rights of all also includes ensuring access to sexual and reproductive health care to other overlooked populations, including young people and sexual minorities.

Defending the rights and meeting the health needs of poor and marginalized communities has always been at the heart of our mission. A recent survey of the largest Member Associations in the Western Hemisphere has shown that on average, 40% of our clients come from extremely poor communities and 69% come from poor communities. In the Caribbean too, a large percentage of our clientele are from the lower income groups.

We have responded to the needs of these communities through innovative approaches, such as collaborating with local governments to improve the accessibility and quality of public services. Our community outreach programs and mobile health units also reach rural areas and marginalized communities, helping to fill the gap in governments’ overburdened public health facilities. Beyond targeted efforts to reach the poor, all of our program areas support poverty alleviation, whether through advocating for human rights, empowering women, or educating future generations. The Family Planning Association of Trinidad and Tobago (FPATT) has distinguished itself as a proven leader in all of these areas over the years.

Additionally, as is the case in many other countries in the Caribbean where HIV/AIDS threatens to overwhelm a population in its prime, FPATT’s work in HIV prevention education and more recently in providing voluntary counseling and testing, contributes significantly to securing the future of the people of Trinidad and Tobago.

Dr. Jacqueline Sharpe’s unanimous election to the Presidency of the IPPF extends the contribution of FPATT worldwide, and her outstanding leadership fills our Region with pride.

Sincerely,

International Planned Parenthood Federation/ Western Hemisphere Region, Regional Director

“
*Defending the rights
and meeting the
health needs of poor
and marginalized
communities has always
been at the heart of
our mission.*
”

MINISTER IN THE MINISTRY OF FINANCE
SENATOR THE HONOURABLE CONRAD ENILL

On behalf of the Government I am pleased to associate my support for the goal of improved health care for all. The Government of Trinidad and Tobago is resolute in its vision to achieve developed nation status by the year 2020, if not before, and it is through partnerships such as these between non governmental organisations and the public sector that we can achieve our goal. Through a comprehensive Health sector Reform Programme the government has been systematically building a client centered environment with a focus on primary health care. A nationwide campaign has also been launched to encourage people to take responsibility for their own health.

The theme for your meeting this year “Sexual and Reproductive Health: Through your eyes” places sexual and reproductive health on the public agenda. Activities such as family life education for parents, easier availability of information on family planning services to those who live far away from health services and to the socially vulnerable can help foster stronger, stable, nurturing families. Stronger families play a key role in building stronger communities.

FPATT’s program is holistic in its approach as the focus of sexual and reproductive health begins from birth straight up until adulthood. You have been successful in achieving a growing acceptance of family planning methods which has resulted in smaller families and better cared for children. With your greater focus on STI/ HIV screening this can help not only prevent the spread of these diseases but also diminish the rampant stigmatization that person living with or affected by HIV face on a daily basis in our society.

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***FPATT’s program is holistic
in its approach as the focus
of sexual and reproductive
health begins from birth
straight up until adulthood.***

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As positive as your programs have been thus far, much effort is still needed in getting these services available to every single citizen of Trinidad and Tobago. It is through the continuation of Mobile Services that those persons in the rural communities and the socially marginalized communities can truly benefit. We therefore look forward to strengthening and continuing our partnership.

Finally I would like to take this opportunity to thank FPATT for partnering with the government in this auspicious program and we look forward to continuing our mutually benefit relationship.

May God Bless you!!



*Senator the Honourable Conrad Enill
Minister in the Ministry of Finance.*



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Greetings



MINISTER OF SOCIAL DEVELOPMENT THE HONOURABLE ANTHONY ROBERTS

“Government is seeking to provide accessible, affordable and age-appropriate reproductive health care services, including family planning methods, to all our citizens.”

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With 50 years of experience and expertise, the Family Planning Association of Trinidad and Tobago (FPATT) remains the leading advocacy and implementation agency for sexual and reproductive health issues in Trinidad and Tobago and the wider Caribbean Region. It is against this backdrop that the Government of Trinidad and Tobago, through the Ministry of Social Development, has recently partnered with FPATT to expand its existing range of sexual and reproductive health services and programmes into rural and underserved communities, with particular emphasis on Youth and Community Outreach.

As a young nation striding confidently towards the goal of developed nation status, the Ministry of Social Development and by extension the Government, views all matters pertaining to the sexual and reproductive health of our citizens, particularly our youth, as being of the utmost importance.

The need for universal access to education, counselling and testing, and support services on matters of sexual health, becomes more poignant in light of data which indicates that, in Trinidad and Tobago, young people between the ages of 15-24 years comprise the fastest growing demographic in terms of HIV infection, with women accounting for 67% of that age group. Government, therefore, is seeking to provide accessible, affordable and age-appropriate reproductive health care services, including family planning methods, to all our citizens.

We believe that partnership with FPATT is a key mechanism for achieving this objective. Similar to many of our dedicated Non Governmental Organisations, FPATT has the technical know-how and Government will assist in building the capacity of the organisation to deliver key services to our citizens. While the

Government fully accepts its responsibility for creating the legislative, economic, social and physical environment within which all our citizens are empowered to achieve their full potential, we also recognise that to efficiently and successfully implement our policies and programmes, we must partner with and strengthen those organisations already actively involved in providing services to vulnerable and at risk communities.

We also encourage FPATT to continue to liaise and form strategic alliances with local, regional and international organisations working towards HIV/AIDS prevention, the reduction of sexually transmitted diseases, gender equality, planned parenthood and healthy family functioning. It is only through such collaborative efforts that current lifestyle trends, which are negatively impacting our communities, may be counteracted and reversed.

In my capacity as Minister of Social Development, I wish to acknowledge and pay tribute to the Family Planning Association of Trinidad and Tobago for your exemplary service to the people of Trinidad and Tobago and I look forward to the positive outcomes that will be achieved from the partnership between the Family Planning Association and the Government of the Republic of Trinidad and Tobago. Together we will become a formidable force focused on effectively managing and delivering high quality sexual and reproductive health services to the people of Trinidad and Tobago.

May God continue to bless our beautiful nation.


The Honourable Anthony Roberts

CHAIRMAN'S REVIEW

GERRY BROOKS

It was a year unlike any other. It seemed to the staff and volunteers of FPATT, that 2006 was the year destined to be the one of tremendous change and victory. While working on the Historical Booklet, reading through and compiling 50 years of history, the advocacy efforts of our pioneers, their diligence and struggles to make FPATT's work recognised in Trinidad and Tobago as a much needed element of the health sector and national development, the staff often wondered if this vision would ever come to light.

We looked onwards to the next 50 years, when we would be celebrating our 100th anniversary, and felt if ever there was a year that brought about the catalyst needed, it was 2006.

It began with a phone call and a request for a meeting with the Minister in the Ministry of Finance Conrad Enill. A meeting was granted to FPATT on the 4th of August 2006. A team consisting of a Board Member, the Executive Director and I met with Minister Enill and presented our case for an increased subvention. This was to be followed by a second meeting at the request of the Minister of Finance on Monday 6th August 2006. The task: to present to the budget committee a breakdown of plans for increasing service availability in underserved areas we had not accessed before.

Working through the weekend to come up with a strategy that resulted in a TT\$6 million subvention to FPATT seemed natural. Perched on the edge of our seats, we listened to the 2006/2007 budget speech being read by the Honourable Prime Minister Patrick Manning that October. It was stated clearly for all to hear, 50 years of dedication and diligence had paid off.

We made our pioneers proud.

The grant is a testament to our Government's

commitment to ensuring national development by the year 2020, and is an acute contrast to steadily decreasing sources of funding in the region for human development. With the deadline for achieving the United Nations Millennium Development Goals looming closer and closer and their direct link to the Government's Vision 2020 plan for developed nation status, equal access to basic health care for all, should be treated as a right and not a privilege in Trinidad and Tobago.

FPATT's mission to defend the rights and meet the health needs of poor and marginalized communities has finally been recognized as a critical area for development by our Government.

Yet this is just the beginning.

In the midst of this success for FPATT, came the reality of digression in other national areas. The move to rewrite the Constitution of Trinidad and Tobago, to include the affirmation, *"Everyone has the right to have his life respected and this right shall be protected by law and in general, from the moment of conception,"* highlighted once again, the failure to recognise the reality facing many in Trinidad and Tobago. The adoption of such a document as the law of the land would stymie the reproductive rights struggle and ensure that the public health crisis of unsafe abortion in this nation remains on the back burner.

As such, FPATT has recognised the vital role it plays in ensuring national awareness on the issue of the Elimination of Unsafe Abortion Practices and Abortion Law Reform. There is need for a clear distinction to be made between religious teachings and the responsibility of legislators to use prudent judgement in developing public policy. Separation between the Church and State must be honoured. Public policy should serve the public good rather than the interests of only select groups.



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2006 saw a reinforcement of FPATT's role as the premier sexual and reproductive health educator in the country.
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Review

At the same time the rights of all citizens, including sexual and reproductive rights, must be protected. This is the essence of democracy.

FPATT made its position on this clause of the draft Constitution clear in a letter to the Secretariat for the Draft Constitution in 2006. With no positive action to date FPATT is still hopeful that the door has not been shut on the issue.

The support of the Ministry of Community Development and Gender Affairs has given us hope of a breakthrough in the establishment of the critical National Gender Policy that was shelved by our Government in the 2005-2006 National Budget. Along with a coalition of supportive NGOs, FPATT worked to ensure that the importance of the adoption of measures that correct gender inequity was kept alive in the public arena. The Government now views its partnership with FPATT as the critical first step in the realisation of at least six major recommendations of the National Draft Gender Policy which includes the design of innovative and interesting ways of teaching sex education in schools; upgrading of primary care facilities country wide to increase the range, quantity and quality of services offered, thus strengthening the access to health facilities especially for persons in rural areas; and the training and retraining of all categories of health professionals for gender sensitivity, particularly in areas of reproductive and sexual health, breast and cervical cancer, prostate cancer, male reproductive health and sexually transmitted diseases. The importance of the advocacy work done by this Association cannot be understated.

In the area of HIV and AIDS, FPATT called on the government to live up to its commitments to respond to this global emergency under the 2001 United Nations General Assembly Special Session (UNGASS) on HIV and AIDS with a letter to the Minister of Health. The correspondence included a plea for decision-makers at the 2006 UNGASS to call on those in authority to take specific actions in order to combat HIV and AIDS, including recognition of gender equality and the special needs of

women and young persons.

Recognising the importance of the work we do as an Association, the international and regional framework within which our ideals and visions are based cannot be brushed aside. As part of an international body for sexual and reproductive health and rights, we take into account the larger arena in which we operate.

At the regional office level, ground breaking interventions have begun with the creation of a Bill of Sexual Rights, which will be based on the IPPF's 1996 Charter on Sexual and Reproductive Rights. This new declaration will emphasize sexuality from a human rights perspective and will also address highly complex issues such as sex trafficking, sex work, the rights of the gay, lesbian, bisexual, transgender community, hate crimes and other issues.

This declaration will be the foundation for our advocacy efforts, for defining policies and for planning programmes with the goal of reducing stigma and discrimination on issues of sexuality. It will also increase visibility of the International Planned Parenthood Federation/Western Hemisphere Region and the Federation as a whole, thereby strengthening our role as experts in this field.

2006 saw a reinforcement of FPATT's role as the premier sexual and reproductive health educator in the country. Through our clinics, community outreach programme, youth arm and media activities, we let the nation know about the importance of protecting one's sexual and reproductive health. Each time we attended a health fair or conducted a radio programme or carried out a youth outreach activity, the hope was to create an eddy of awareness that would continue to have impact long after our work was done for the day.

All of this has occurred in the absence of structured education programmes within the education and health care systems. The work of the Association in this regard will continue until such national programmes are put in place and beyond. Our experience and expertise will allow us to partner with the public sector

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Significantly, the Association was the first in the Caribbean to meet all 65 criteria in the areas of programmes and services, constitution, governance and management necessary for accreditation.
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to ensure the success of future initiatives like a Health and Family Life Education module in schools. A framework for comprehensive sexuality education was developed last year by IPPF. FPATT plans to use this tool to help us strengthen our educational approaches throughout Trinidad and Tobago.

IPPF recently conducted a survey of its largest Member Associations in the Western Hemisphere region. The results emphasised the stark reality of the region and the intense need for community outreach programmes for marginalised groups. With 40% of our clients within the extremely poor economic bracket and 69% coming from poor communities, it is no stretch of the imagination to understand the void in our health care service that is being filled by FPATT.

This is why we have always been exceptionally proud of our Outreach programme. Providing much needed sexual and reproductive health care within marginalised communities has made a tremendous impact on many lives, as is evident in the interview done with Hafeeza Khan in this issue of the Annual Report. The expansion of this programme was therefore the logical next step for FPATT and this has been our focus when planning and implementing activities under the government grant.

At the regional level FPATT solidified its place as a leader in the area of sexual and reproductive health care. With its success in being awarded full accreditation status by IPPF, FPATT has ensured the recognition of its name and work for the next 50 years. Significantly, the Association was the first in the Caribbean to meet all 65 criteria in the areas of programmes and services, constitution, governance and management necessary for accreditation. As a result, clients and donors can be assured that FPATT operates according to the highest possible global standards.

A significant step was made last year to ensure increased youth representation by reforming the Youth Advocacy Movement (YAM) into a cohesive, well-trained and vibrant youth force. The YAM has now elected their executive officers as well as a representative to FPATT's Board. The youth representative will be elected by the YAM annually. This step not only

infuses new energy into the decision making processes of the Association, but also puts us one step closer to reaching the 20 per cent youth representation quota established by the IPPF/WHO Governing Council Resolution in 2005.

Such milestones in 2006 serve to spur us on with the work we have committed ourselves to doing. This year we will continue our efforts towards financial sustainability even while we are making significant increases in the number of persons and communities and marginalised groups we serve. We will continue to work in the areas where the greatest needs exist and still fight for the recognition of sexual and reproductive rights. These areas include the elimination of unsafe abortion practices, scaling up of voluntary counselling and testing for HIV, and increased accessibility to emergency contraception. We will continue to ensure that FPATT is a household name as we improve the quality of our services to clients.

On behalf of the Board, I wish to express sincerest appreciation to all our Partners, volunteers and friends for steering the course with us. I wish to officially acknowledge the Government of the Republic of Trinidad and Tobago, PAHO/WHO, the Ministry of Health, the Ministry of Social Development, Culture and Gender Affairs, the Government's Population Programme, the National AIDS Coordinating Committee, the German Embassy, PAHO/WHO, CAREC, J.B. Fernandes Trusts I and II, Emile Elias and Company Limited, UNAIDS, UNDP, IPPF and IPPF/WHO, and the Caribbean Family Planning Affiliation (CFPA) for their unstinting support of our work. Finally, to the extraordinary staff of the Association led by the indefatigable Dona Da Costa Martinez, Executive Director, we say thank you for the commitment and dedication to the cause. We approach the future with commitment, determination and optimization.

Gerry Brooks
Chairman, FPATT





EXECUTIVE DIRECTOR'S REPORT

DONA DA COSTA MARTINEZ

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In 1999 PAHO/WHO reported that Trinidad and Tobago was identified as one of the countries in the region where abortion and its complications were the leading cause of maternal morbidity.
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From painting and cleaning, to replacing signage and dumping ancient boxes filled with old files and forgotten memories, 2006 started with an FPATT variation on spring cleaning.

The mission: to ensure everything was up to scratch for the arrival of the Quality of Care (QOC) assessment team from IPPF. In 2006, almost five years of preparations was finally about to be tested and we knew we could live up to the challenge. The Association was split into five teams, each under an appointed Quality of Care focal person.

With the competitive energy running high, each team set off to ensure their areas were up to mark and in keeping with the international standards outlined by IPPF. Each area represented one of FPATT's five main clinics: Outreach, San Fernando, Port of Spain, De Living Room and Tobago, which were ranked based on criteria such as Right to Information, Right to Access, Right to Choice, Right to Safety, Right to Privacy, and Right to Continuity of Care, just to name a few. This meant that each clinic, with the guidance of their focal person, needed to ensure it was providing exceptional care under exceptional conditions.

The results were astounding; all of FPATT's clinics more than exceeded the standards necessary for QOC certification. The Outreach team claimed the prize, and Marlon Elcid Primus shined as an individual with unmatched commitment and foresight. From unparalleled teamwork to individual commitment and dedication, the staff of FPATT made the Association extremely proud both at the board level and at the international level.

With QOC accomplished, the staff set in motion the creative wheels to plan a stellar, unforgettable special edition 50th Anniversary and Annual General Meeting.

2006 was to be a year for the record books.

They spent hours rummaging through old files, newspaper clippings, aged pictures and 50 year old interviews, to piece together FPATT's legendary history. The result was a unique Historical Booklet that accounts with nostalgia and pride, the journey of the Association over the last 50 years.

This achievement was coupled with the pleasure of having Sir George Alleyne, Chancellor of the University of the West Indies as the feature speaker at the Annual General Meeting. We were also privileged to have The Honourable Dr Linda Baboolal, President of the Senate, give her support. Dr Baboolal has always been a valued supporter of FPATT and her contributions, both as a doctor in the early years and recently, as an advocate of our mission has been invaluable to the Association.

With hearts full of pride and heads full of new ideas and careful planning, the Association embarked on ensuring the successful start of some major projects in 2006.

In 1999 PAHO/WHO reported that Trinidad and Tobago was identified as one of the countries in the region where abortion and its complications were the leading cause of maternal morbidity. In early 2005, FPATT took a stance to ensure its position in the area of unsafe abortion practices was clearly known by the national public and to frame unsafe abortion as a major public health issue. The Association, with the support of IPPF, began working in this area with the start of the Safe Abortion Project in 2006. The goal was universal recognition of a woman's right to choose and the elimination of unsafe abortion practices.

The project objectives were set in motion with the training of staff in a Values Clarification Workshop conducted by Catholics for Free Choice. A major step was securing the consent of a local constitutional lawyer to provide guidance and legal advice. At the same time a proposal was submitted to the Northwest Regional Health Authority for collaboration and the methodology for a client research project designed.

Our advocacy efforts in this regard were rewarded by IPPF/WHR with a grant of US\$10,000 from the West Wind Foundation. These funds will be used to conducting research with our clients to determine areas to be addressed in seeking to eliminate unsafe abortion practices locally.

This project is not without its challenges but FPATT will continue to advocate for this issue to be placed high on the public health agenda. Abortion has never been a coffee table topic in Trinidad and Tobago, but the reality of the country makes it an issue that should never be shelved, locked away or forgotten, because of the widespread effect it has on the lives of our women.

In late 2006, a goal which began decades ago was finally achieved with FPATT securing a \$6 million partnership with the Government. This landmark collaboration will allow increased access to Sexual and Reproductive Health Services in rural and underserved communities, increased provision of youth friendly services, integrated cancer screening for rural communities and increased access to HIV Voluntary Counselling and Testing. The ultimate aim is to increase service provision by 50 per cent at the end of three years while expanding the portfolio of services provided and improving quality of care.

The significance of the accomplishments the Collaborative HIV/AIDS Management Programme (CHAMP) cannot be overstated. Spearheaded by Dr. Donna Baptiste, Principal Investigator and Associate Professor of the University of Illinois at Chicago, research from this programme is already showing the importance of the methodology used in educating parents and young people about HIV and AIDS. This year the programme will be implemented with the collaboration of several churches.

In 2005, FPATT embarked on an exciting project that focused on increasing access to sexual and reproductive health care for sex workers. Having had its concept paper accepted by the Innovation Fund of IPPF in 2005, FPATT and IPPF finalised the major components of the project in 2006, paving the way for the programme to begin in 2007.

Another project came to fruition in 2006. It aims to increase awareness of emergency contraception and improve access among the women of Trinidad and Tobago. The project is expected to be off the ground in 2007 with the hiring of a Project Coordinator.

Also expected in 2007 is the commencement of the Diploma Course in Sexual and Reproductive Health for nurses, in collaboration with the University of the West Indies School of Continuing Studies. A team consisting of Dr. Gina Watson of the Pan American Health Organisation/World Health Organization (PAHO/WHO), Ms. Sheila Samiel of the Caribbean Epidemiology Centre (CAREC) and I designed the curriculum for this programme which was eventually approved and an agreement secured with the University to implement it. FPATT acknowledges the contribution of Dr.



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*All systems are go,
2007 will hold no
challenge that we will
not surmount and no
opportunity that we
will not embrace.*

”

Brader Brathwaite, Curriculum Development Specialist to this project.

It is the Association's fervent wish that this collaboration will further contribute to the enhancement of the national sexual and reproductive health landscape through the institutionalization of a national programme of training and development in sexual and reproductive health for nurses. The result will be a ready pool of human resources with specialised SRH training.

At the international and regional levels, FPATT participated in several meetings and technical assistance workshops last year. The Youth Officer attended a South-South exchange in Mexico City to improve youth service provision. FPATT teams attended an abortion advocacy workshop in Uruguay and an emergency contraception advocacy workshop in Barbados. The Regional Council meeting in Toronto and CFPA Annual General Meeting in Grenada were attended by the Executive Director, volunteers from the Board as well as youth representatives from the YAM.

The work done by FPATT would not have been possible without the continued support of our partners including PAHO/WHO and Dr. Gina Watson in particular, Ms. Sheila Samiel CAREC, the National AIDS Coordinating Committee (NACC), the Ministry of Health, the North West Regional Health Authority, the National Oncology Programme, JB Fernandes Trust, the National Population Programme, YMCA, Population Services International (PSI) and ASPIRE. There are so many other partners too numerous to mention here who have partnered with us to ensure that all citizens have access to the SRH services they need.

As always, the contributions of IPPF in the areas of financial and technical support were invaluable. We would like to say a special thanks to all the Officers of the Western

Regional Hemisphere Office for their belief in us and for their continuous support and understanding during our peculiar challenges in 2006.

Our strong association with the Caribbean Family Planning Affiliation allows us to benefit from technical assistance and support in the area of information and education materials and other communication support. This is important for us as a Caribbean sub-region as we continue to address issues of commonality given our rich cultural diversity and the need for us to maintain our leadership position as the specialists in the area of sexual and reproductive health in the Caribbean region.

With 2006 ending with such an immense bang, the staff, volunteers, clients and donors are sure to expect even greater things from the Association in 2007. As we wrap up the year, it is vital that I give my most heartfelt thanks to those who have continued to make FPATT shine in 2006. To my staff: you have done us proud. Your commitment through our toughest of times and your smiles and cheers through our darkest of moments, have carried us forward, beyond the expectations of many.

To our board and volunteers: your advocacy and support throughout the year has allowed this Association to grow in the eyes of our local, regional and international peers.



Dona Da Costa Martinez
Executive Director, FPATT

TREASURER'S REPORT 2006

RELNA VIRE



OVERVIEW

Financially 2006 was a challenging year! Our operating deficit grew by 14% to \$287,862 from \$251,502 in 2005. This occurred in the context of headline inflation of 9.1% in 2006, the filling of Senior Staff positions and expanded operations in 6 projects incurring additional expenses. FPATT also continues to experience decline in income from traditional sources – clinic visits and contraceptive sales.

However we are experiencing stability and growth in administrative income and restricted project income. We paid closer attention to cost containment and cost recovery and believe that we can reverse the trend towards deficits in 2007.

An investment by the Government of Trinidad and Tobago of \$6 million in the 2006/2007 national budget, along with FPATT's proven ability to lobby donors and deliver on Sexual and Reproductive Health projects are factors that will ensure the medium to long term financial viability of the Association.

INCOME

FPATT's income grew by 3% from \$4,717,695 to \$4,902,360 in 2006. Income from the government remained unchanged at \$1 million and overall we experienced a decline of 29% in grants from local sources. There were noteworthy income changes which illustrate how the Association is adapting to its current financial reality.

- Income from international grants increased by \$227,414.52 from \$678,557.53 to \$906,107.52, this 34% growth will be sustained in 2007.
- There was a 200% increase of income from donations from \$48,404.71 to \$142,116 the result of more aggressive fundraising activities by the Board and

Executive Management.

- An increase of car park rental income to \$28,870 from \$50,524 to \$79,394.
- The Cash grant from our parent IPPF increased by 20% from \$807,649 to \$969,860.

EXPENSES

Total expenses for the financial year were \$4,902,360 versus the \$4,717,695 spent in 2005 or 4% higher year on year.

This was due to greater overhead cost allocation to projects. In the face of our declining market share for our clinic services we recognize that Projects will be a driving force of cost recovery for the Association and for introducing the FPATT to new market segments in the future.

FINANCIAL POSITION

Our asset based climbed by \$771,231, from \$7,181,684 to \$7,712,523 on the back of an increase in amounts receivable from our parent body and from trade debtors along with an increase in the investment funds under management.

ASSETS

Current Assets increased by \$1,025,143 from \$3,880,172 to \$4,905,315. This 26% increase was principally due to increases of \$344,395 in receivables from debtors for the provision of outreach services and cytology laboratory services and an increase of \$641,595 over 2005 in the amounts receivable from our parent body IPPF.

Our short term cash resources remained relatively unchanged increasing by \$84,531 to \$3,356,348. The 15% decrease in our non current assets is due to the normal depreciation of our fixed assets.

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The Government of Trinidad and Tobago in the 2006 /2007 national budget awarded the Association a \$6 million grant to upscale our services across the country.

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Report

LIABILITIES AND FUND BALANCES

Total liabilities and fund balances as at 31 December 2006 showed an overall increase of 7.39%. The result of marginal increases of 10% and 2% in current and long term liabilities, significant increases in deferred income and 3% decrease in our overall Fund balances.

We continue to actively seek and be awarded funds by donors to execute projects. The deferred income liability represents funds received from donors for projects yet to be executed, increased by \$567,049 to \$2,495,769 from \$1,928,720 in 2005. This augurs well for the sustainability of the organization.

FUTURE OUTLOOK & SUSTAINABILITY

FPATT has devised the following strategies to remain relevant and ultimately increase our client throughput and cash flow.

- The introduction of HIV Voluntary Counselling and Testing (VCT) at all our Service Delivery Points.
- A review of the FPATT fee structure in relation to our competitors
- A partnership with the government to upscale our services across Trinidad and Tobago.
- Launching new projects in the areas of Safe Abortion Advocacy, Increasing SRH access for Sex Workers, Emergency Contraception and the introduction of Sexual and Reproductive Health Curriculum at the UWI School of Continuing Studies for Nurses.
- Introduction of a roving youth clinic as well a Saturday Clinic for our clients under 25 years.
- Greater administrative cost containment

The road ahead for FPATT has financial challenges and unique opportunities for a proactive dynamic organization.

FINANCIAL HIGHLIGHTS

INCOME	2006 TT\$	2005 TT\$
INTERNATIONAL GRANTS		
IPPF Cash Grant	969,860	807,649
Other International	906,108	678,693
Sub total	1,875,968	1,486,342
LOCAL GRANTS		
Government	1,000,000	1,000,000
Other Local	408,921	
Sub total	1,000,000	1,408,921
INCOME FROM OPERATIONS, INVESTMENTS & FUNDRAISING		
Operations	1,436,947	1,362,186
Investments	159,467	160,339
Fundraising	142,116	48,405
Sub total	1,738,530	1,570,930

and along with cost recovery from projects.

- More aggressive marketing of products and services.

As has been widely reported the Government of Trinidad and Tobago in its budget for financial year October 2006 to September 2007 awarded the Association a 6M grant to upscale our services across the country. The FPATT's strategy is to use these funds to establish a presence in communities without access to Sexual and Reproductive Health services. To do this we envisage the establishment and equipping of 4 hubs from which our teams will deliver SRH services across the country.

To cater to the client increase as a result of this greater access to services, the Association will be investing in vehicles, upgrading its

cytology laboratory, renovating its operating room facilities and expanding the youth outreach services.

The road ahead for FPATT has financial challenges and unique opportunities for a proactive dynamic organization. I am confident led by our Chairman, President and Board of Directors, our energetic Executive Director and with the commitment of our staff these opportunities shall be grasped and exploited to the financial benefit of the FPATT.

Relna Vire
Treasurer, FPATT.

YEAR ENDED DECEMBER 31 (TT DOLLARS)

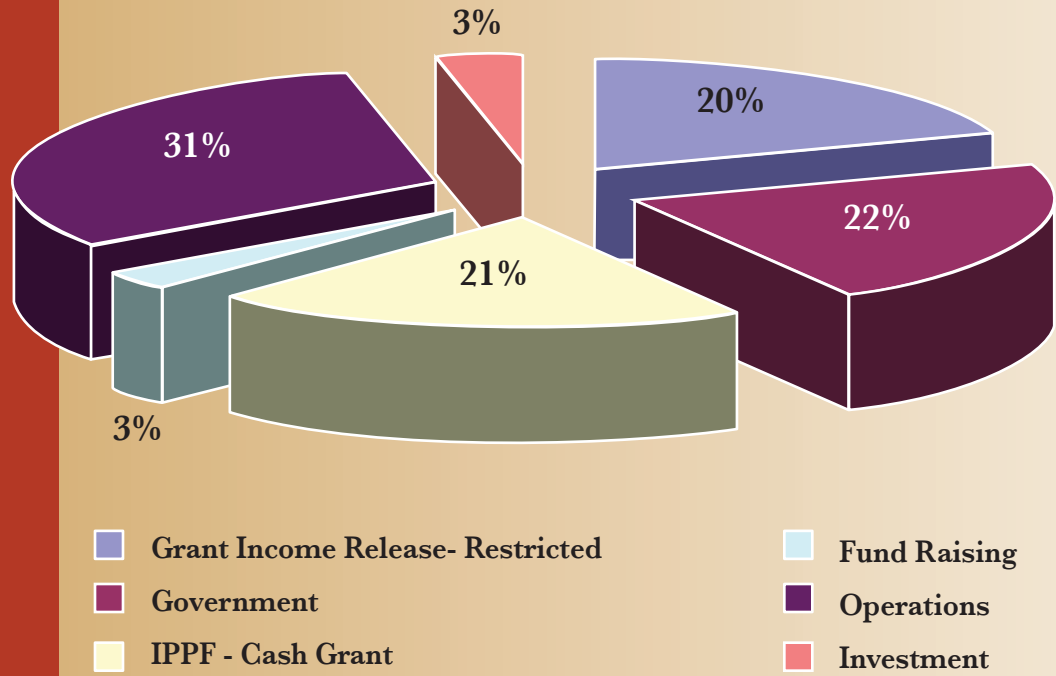
EXPENSES	2006 TT\$	2005 TT\$
Project Expenses	4,420,659	3,724,767
General & Administrative	481,701	992,928
Total Expenses	4,902,360	4,717,695
Surplus/(Deficit)	(287,862)	(251,502)
ASSETS		
Current Assets	4,905,315	3,880,172
Non Current Assets	2,807,208	3,301,512
Total Assets	7,712,523	7,181,684
LIABILITIES & FUND BALANCES		
Current Liabilities	733,039	666,468
Long Term Liabilities	638,335	624,105
Deferred Income	2,495,769	1,928,720
Fund Balances	3,845,380	3,962,391
Total Liabilities & Fund Balances	7,712,523	7,181,684



STATISTICS

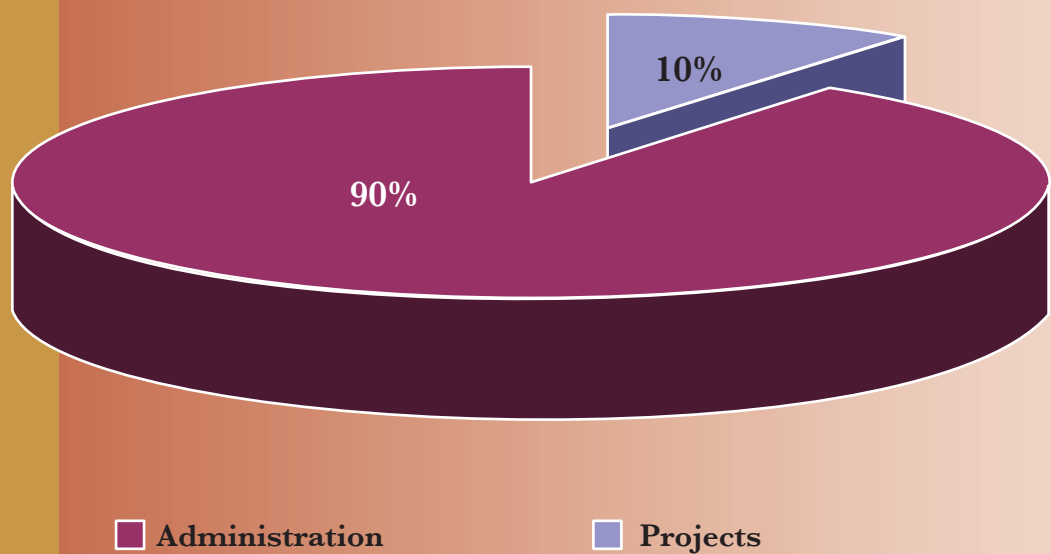
2006

INCOME



14

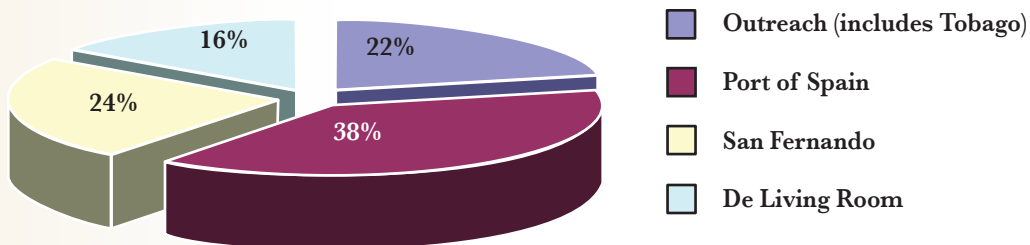
EXPENSES



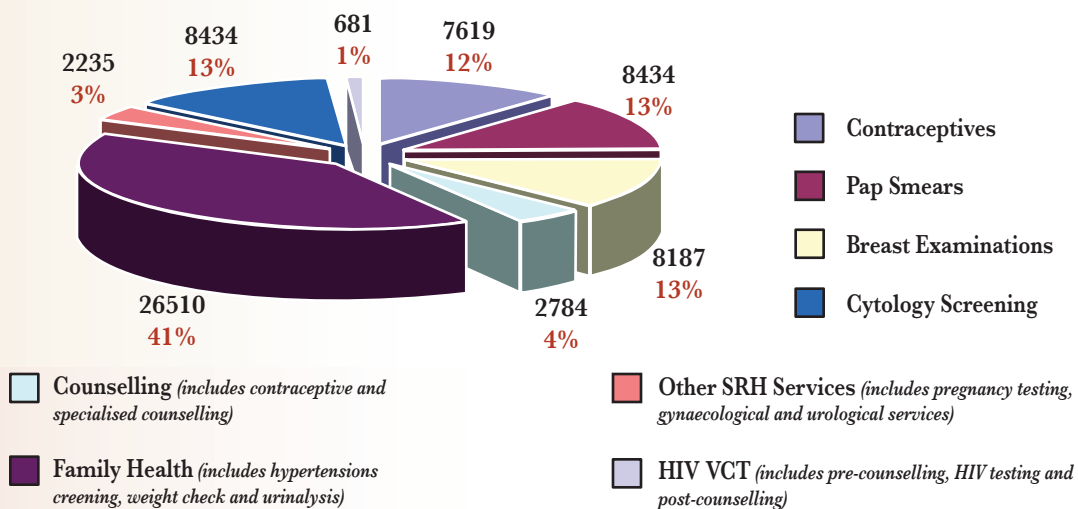
STATISTICS

2006

TOTAL SEXUAL & REPRODUCTIVE HEALTHCARE SERVICES by Service Delivery Points 2006

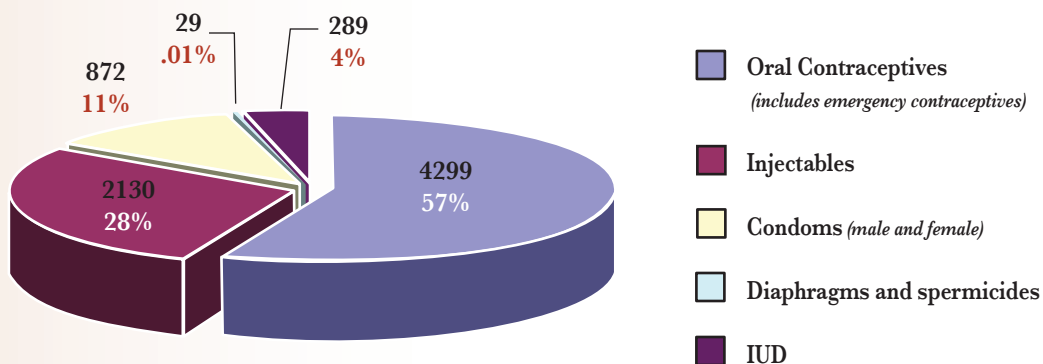


TOTAL SEXUAL & REPRODUCTIVE HEALTHCARE SERVICES Portfolio Mix 2006



CONTRACEPTIVE SERVICES BY METHOD

2006



YEAR IN REVIEW



Quality of Care (QOC) Team, Ilka Rondinelli, QOC Advisor, IPPF/WHO, and Vicente Diaz, Executive Director of MEXFAM, assess the Mobile Clinic



Ann Marie Jogie, Nursing Assistant prepares a client for service on the Mobile Clinic



Dr. Jacqueline Sharpe, President, visits the Outreach Programme



Ilka Rondinelli, conducts a QOC audit of the Mobile Clinic



Mrs. Zelayhar Hassanali, former First Lady listens to Guest Speaker during the Report to the Nation



Employees Trezdivaughn Nedd, Debra Butte and Yvonne Paul at the Report to the Nation



Feature Guest Speaker, Sir George Alleyne, Chancellor of the University of the West Indies addresses the audience at the Report to the Nation



Paul Hee Hwang, 1st Vice President makes a presentation to Ms. Vernetta Calvin Smith of the Ministry of Planning and Development.



Gerry Brooks speaks with Ms. Jacinta Bailey Sobers of the Ministry of Social Development



Guests at the Report to the Nation view FPAT's History Exhibition



Dawn Foderingham of UNAIDS, Verna St. Rose Greaves - Social Worker and Dona Lisa Pena of UNDP in discussion



Hetty Sarjeant, former Executive Director and Myrtle Ward, Board Member, chat after the Report to the Nation



Two stalwarts and long time friends of the FPA, Drs. Mervyn Henry and Winston Ince

2006

YEAR IN REVIEW



Now it's time to add up the scores



The outreach team outside the Mobile Clinic with Dona Da Costa Martinez, Dr. Jacqueline Sharpe and QOC Assessment Team



QOC focal persons discuss the results of the QOC assessment over breakfast



Board Members Paul Hee Houg, Myrtle Ward, Grace Talma and Relna Vire with the President of the Senate, the Honourable Dr. Linda Baboolal and her husband Dr. Michael Baboolal



Chairman Gerry Brooks and President Dr. Jacqueline Sharpe, receive the Association's Accreditation Certificate from Ilka Rondinelli



Executive Director Dona Da Costa Martinez receives the Association's Quality of Care Certificate from Ilka Rondinelli



Mrs Wilma Donald (second from left) former Board Member chatting with a guest after the Report to the Nation



Dr. Linda Baboolal and Grace Talma listen as Gerry Brooks makes a point



Friends meet – Dr. Jacqueline Sharpe, Dr. Violet Duke of the Ministry of Health and Dr. Karen Sealy of UNAIDS



Roger Mc Lean – Honorary Secretary, FPATT, Dr. Lilian Reneau - Vernon, PAHO/WHO Country Representative listen to Ilka Rondinelli



Dr. Linda Baboolal chats with Dr. Monica Davis, Volunteer of FPATT, while Dr. Michael Baboolal looks on



Glynne Gordon-Carter, former Executive Director chats with Dr. Margaret Watts after the Report to the Nation

2006

YEAR IN REVIEW



Frances Lopez, Nursing Assistant, demonstrates the use of a sterilizer donated by the German Embassy



Dr. Jacqueline Sharpe, Chairman of IPPF/WHO at the Regional Council Meeting in Canada in August.



Gerry Brooks, Chairman, and Marc Clarke, Youth Advocacy Movement (YAM) member participate in the IPPF/WHO Regional Council Meeting.



Dona Da Costa Martinez and Joan Burke, Executive Director of Belize Family Life Association volunteer their services at the IPPF booth at the International AIDS Conference in Canada



Joan Burke and Dona Da Costa Martinez with some members of the Trinidad and Tobago contingent at the International AIDS Conference

Monica Roa of Women's Link Worldwide, presents on "High Impact Litigation: Case for Constitutional Reform in Colombia"



High impact
The uncor

Cross section of guests listen to Monica Roa's presentation



Esuyemi Ogunbanke, Media personality, Crystal Brizan, FPA Intern and Shivanne Du Barry, Planning and Evaluation Officer participate in a Workshop with Monica Roa



FPA mobile clinic at Woodford Square in Port of Spain on World AIDS Day



Nadine Hosein, Communications and Development Officer, greets the Technical Director of NACC Dr. Amery Browne, at FPATT's Christmas Drop-In



President of the Association of Caribbean Media Workers, Dale Enoch, listens to a guest, at the Christmas Drop-In while Svenn Grant from the YMCA looks on



2006

YOUTH ADVOCACY MOVEMENT

Sonia Walker (YAM Vice President)

YAM is the youth arm of the Family Planning Association. We represent and bridge the communication gap, between adult and youth; ensuring that in the process information is communicated to youth, and maintaining a high and unique level of access to sexual and reproductive health services.

Belonging to YAM has enforced my desire for change and highlighted the fact that there are like minded persons that are as passionate in reversing the negative effects of our youth culture.



Reaching out to the community



The Safe Sex Caravan disseminated information and promotional items along with services for Carnival 2007

yam



Learning how to use a condom correctly

Brian Mc Carter Jr. (YAM Member)

YAM has empowered me to go out and encourage my peers in the safe choice. I've enjoyed the unity and freedom of being around people of different backgrounds. Coming together for a common goal has created a sense of trust and friendship.

Sade Chadee (YAM Member)

YAM to me is an ongoing learning experience in which I have had the chance to address major issues afflicting my peers. I pride myself in being a part of the driving force responsible for educating myself and my peers by raising awareness about these said issues.



UWI students get all their questions answered by YAM members



YAM members hard at work spreading awareness in San Fernando



Yvette "Patsy" Chang, Health Educator, facilitates a YAM training session on Sexual and Reproductive Health

Alisha Renaud (YAM Secretary)

When I first joined the Youth Advocacy Movement (YAM) last year, I originally thought that it would only be dealing with HIV/AIDS and STIs. But I was soon proven wrong as throughout our training we were told repeatedly of what was expected of us and what areas we would be dealing with.

YAM has broadened my knowledge. It has opened my eyes to many things that go on in today's society that I've been unaware of such as the number of botched abortions in Trinidad, the increase of STIs and HIV in our society and many other issues. Because of YAM, a lot in my life has changed and I've been able to mentor to my fellow young people by giving advice and correct information where needed.

I see myself going very far with the Youth Advocacy Movement because I've always dreamed of being involved in a group that deals with these types of issues and I'm very happy to be a part of this group.

OUTREACH

MEN'S CLINIC

DE LIVING ROOM

BREAST CLINIC

LAB

A VIEW OF SEXUAL AND REPRODUCTIVE HEALTH



20

,,,THROUGH THE EYES OF OUR CLIENTS

OUTREACH

On the winding, scenic drive down to Mayaro, you will encounter a small, sleepy town called Indian Walk, where the people seem like a family of thousands.

FPATT's mobile clinic has been making the trek to Indian Walk for the last 7 years and in that time, Hafeeza Khan has made sure she was there to greet them every month. Hafeeza has been a client of FPATT for the last 30 years. Now 65, she can speak of a time when many of us were not even around. She first started going to the clinic at 6A Lord Street in San Fernando, where she received her first contraceptive pill.

"I used to travel from my little village, to Indian Walk and to San Fernando every month for a check up and to get my pill from the clinic. I wanted to get my tubes tied but Dr. (St.) George told me I should use the loop. I wore it until I was 52," said Hafeeza. Hafeeza has six children; one of which died and the youngest is now 32. She began going to the clinic to ensure she did not have any more children and with the constant worry of contracting cervical cancer. She was a housewife, who spent her time putting in the garden with her husband. They grew cassava, yam and plantains, and for Hafeeza, this life was what she wanted. Sometimes she wonders if her life could have been better if she worked outside the home.

"You know how long time, women had to stay home, so I never thought about going and finding work. I didn't know better. I was taking care of my children and my husband," said Hafeeza. When the clinic started coming to Indian Walk, Hafeeza took advantage of this opportunity. The cost of travelling to San Fernando was taking a toll on her finances and she boasts now of being able to walk from her home to the mobile clinic at Indian Walk. "It also made a huge difference to the people in this area, who cannot even imagine of going in to San Fernando. They may not have known about the service before, but everyone here can tell you, they know when the big white bus is coming around the corner and they know what it means for this community."

If ever there was a strong willed, determined advocate for the sexual and reproductive health of the women in her area, it is Hafeeza. Every opportunity she gets, she tells her friends and family about the clinic and how it has changed her life. She passes around the flyers provided by the Community Based Health Workers, placing



Through Hafeeza's *eyes*

“
*If it wasn't for
FPATT I think I would
be dead by now.
I would have had a
lot more kids to
take care off.*

them in pharmacies and Doctor's offices. No opportunity to tell people about FPATT is missed. For her, the service has been exceptional over the years. She feels like she is a part of the family, because she knows the nurses and can talk to them about anything. "Even though I am 65 and the nurses tell me I have less chance of getting cervical cancer, I still come because I want to make sure and the nurses are easy to talk to and friendly. I think it is important for women, even women my age to be sure they are checking themselves often; you never know what can happen. "I want to make sure that everything is OK," she keeps repeating.

She adamantly believes that coming to the clinic has saved her life. She imagines herself having more kids and possibly dying from childbirth or from cervical cancer. "If it wasn't for FPATT I think I would be dead by now. I would have had a lot more kids to take care off. I keep telling my friends and family to come. Some don't listen some "harden" but I still trying. Women are scared of the pap smear hurting and I keep telling them no, you need to come; it is for your own good and your own health to come in and check yourself. I have been doing it for so long you think I would be doing it if it hurts."

She reminisces about the time a few years back when she stopped coming for a few months and the nurses called her to find out why. "I feel like I am part of this family and it is something I will treasure until the day I die."



Dana in *Retrospect:* Men and their prostate.

For over 13 years, coming to the Family Planning Association of Trinidad and Tobago on Oxford Street once a year for a prostate check up, has been the routine of Dana Joseph.



Dana was born in St. Joseph and spent the last 33 years working at the Water and Sewerage Authority (WASA) as the Senior Safety Officer. With two adult kids, a boy 23 and a girl 25, and a wife of 26 years, Dana has a full and comfortable life.

Dana's father passed away from prostate cancer many years ago, leaving Dana and his two siblings with his mom who is still alive. After witnessing first hand the effect prostate cancer can have on a life, he made the decision to take his health seriously. As the owner of a gym in Trincity, where he now lives with his family, Dana listened to the conversations of his friends and clients. "Men will talk, we will talk about everything and sometimes the talk strayed to prostate exams," said Dana, "I came to the clinic not sure what to expect. I heard all about the Doctor inserting his finger in your anus, and even that didn't scare me. I made up my mind to do it no matter what, but I was extremely curious about it all."

Dana's experience turned out to be life changing. Coming to FPATT clinic provided him valuable information, which he took back to his friends. "The thing I noticed the most was how many myths were circulating out there. Before I came to the clinic, I heard things like 'Prostate cancer was based on ethnicity' and 'once you have a swollen prostate, it must be cancerous'."

After coming to the clinic for so many years,

Dana said he has been able to absorb so much information about sexual and reproductive health for men. He frequented the Father's Day programme every year and loved listening to the monthly lectures on male health. Yet as a veteran he can see ways in which the services can be improved to better serve the needs of the clients. "Now I feel like an expert and I keep asking myself, what else is there for me to learn in this area? The answer was simple, documentaries highlighting the issues and stories of men around the world, to give our men a broader perspective. This is something many men would not have access to otherwise and probably would not sit down and watch in any other situation."

Dana also commended FPATT on the internal changes it has made over the last couple of years. He was adamant that the one thing that remained the same was the service provided by the staff. "I have been coming here for so long and the one thing that never wavered was the service provided by the doctors and the nursing staff. I have so many adjectives I can use to describe the staff but I don't want to sound cheesy! Words like caring, genuine, mature, and professional. You get the feeling that these people have been hand picked by someone, because even when the faces change, the attitude and service never does. It was also a huge transformation from the old clinic", he added. "When the male clinic was up on Henry Street by the Youth Centre, there was limited space in the waiting room".

He had some additional words of wisdom for FPATT. "I would recommend getting the word out more", said Dana. "And to me the best way to do it is to ensure that the information gets out. Put those great brochures you have in the clinics in places where they can make the biggest impact, where men gather and more importantly where their wives gather. Places like gyms, supermarkets, and bars. It is only when you have already made the decision to come to the clinic you get these brochures, they need to be out there for the public to see".

FPATT's Male Clinic has been a landmark service for the Association from its inception. By breaking the cliché of "one clinic for all" and creating personalised spaces for its clients, FPATT's reputation for comfort and professionalism has skyrocketed. Men are able to access contraceptives services, blood pressure testing, weight checks, urine tests for sugar and albumen, counseling on infertility, prostate gland exams and digital rectal screening, all in the comfort of their own space, time and day.

DE LIVING ROOM

The response she got was very clear: There is nothing about your situation that is unusual in our society. What you may not realize is that, you have the experience and the knowledge to give to young people. They relate to peers and they will relate to you because you can draw on your personal experiences. When you give off yourself, you get in return and they will listen to you much more than someone who is talking from theory rather than practice.

Her anxious facial expression cleared up, like someone who finally saw a positive in all the seemingly negative aspects of her life. Kinda, is like many of the young women who visit the FPATT youth centre, De Living Room. A mature, poised young lady, she has been coming to the clinic for the last three years, since the birth of her son.

“Actually, my mom is the reason I started coming. She has been coming to FPATT for a very long time and she insisted I came. I am the oldest child and she is very protective. As a nurse, my mom is always talking about family planning, and she makes sure her daughters take care of themselves. I think it comes from having so many kids, she wants us to be careful and take our sexual health seriously,” said Kinda.

With the expert advice of a nurse for a mom, it is not a mystery that Kinda has been looking after herself, ensuring she has her yearly pap smear and check ups without fail. She looks on the clinic with the intelligent eyes of someone who knows what she wants and expects as a client. The biggest plus for her, she said, could be summed up in one word: Confidentiality.

“The layout is great, especially the counseling room, you walk and you’re at ease, the place is so comfortable and you feel like nothing can go wrong. I love the fact that the nurses whisper when they talk to you and they are so meticulous about ensuring your privacy, making sure your back is to everyone else when you enter the room or when they speak to you. It makes a huge difference in calming someone down, especially if it is your first time there,” she said.

During her interview she first heard about the Youth Advocacy Movement (YAM), the youth arm of FPATT. She immediately perked up and began asking questions. What do they do? How can you get involved? Is it too late to join? And she began to question her single mom status at once. By the end, she was excited at the prospect of going into schools and talking to young people about their sexual health, working at health fairs and in marginalized communities, the possibilities seemed endless.



Like Mother,
Like Daughter:
Kinda's *Experience*.

“

Do you think kids would even want to hear about having safe sex and their sexual and reproductive rights from a girl who is 23, in a common law relationship and had a three year old child?

They would laugh!

said Kinda Coutou, during her interview.

”

In 2006, DLR had over six thousand visits (6000) from one thousand three hundred and seventy-nine (1379) clients. The clinic has been successful in meeting the needs of clients between the ages of 14 and 25. Clients have access to the internet to do research, documentaries on sexual and reproductive health, lectures and counseling. All the services offered in FPATT's adult clinics are offered here, but with the unique touch needed to make young people feel comfortable and welcomed.

In 2006, the YAM was reformed, with forty-five members on board. They have been working diligently at health fairs, outreach and other programmes to sensitize young people about their SRH health and rights. Without a doubt, this programme has become an inspiration to many young people like Kinda, who recognize the value they can give back to their peers.

After taking a few moments to think at the end of the interview to find an answer to the question, “What else would you like to add?” she came up with some words of advice for FPATT, “Never lose the personal touch you offer at the clinic, the privacy and the respect the nurses show are invaluable. But we need a lot more in terms of information. Young people these days like the Internet and like having things they can read beforehand. More brochures and materials are needed in the clinics, always have them in high supply.”

With that said, she went out the door with the intention to join the YAM and the next available opportunity.



Gale Woods:
Surviving
Breast Cancer

“

After doing a self breast exam, I felt a lump in one of my breasts. At first I didn't think about it too much, but it started to worry me.

”



Nothing can describe the heart wrenching feeling that comes with finding out you have cancer. Gale Woods has been a client of the Port of Spain Clinic for the last twenty years. She began attending at age 16 after the birth of her first daughter. A resident of the Beetham Gardens, it was easy for Gale to come across to the clinic when she needed to get her pap smear done or get a check up.

After years of meticulously ensuring her sexual and reproductive health was great, something she thought could never happen to her, did.

“After doing a self breast exam, I felt a lump in one of my breasts. At first I didn't think about it too much, but it started to worry me. My best friend kept insisting I come to the Family Planning Association and have it checked out,” said Gale. She went to the doctor and his constant questions about the medical history of her family around cancer filled her with fear.

“I couldn't understand why he kept asking me. I began to feel like he wasn't telling me something important. He gave me an appointment to have the lump checked out. I left his office not knowing what to do and what to think. Thankfully I have a wonderful friend who helped me a lot and gave me good advice. She insisted in come to the (FPA) clinic and I did.”

Gale was screened for breast cancer at the clinic, which conducts sessions every first Tuesday and third Monday of every month.

“I was examined by Dr Williams and sent to get a mammogram done. It was determined that I needed to have the lump removed. Nothing can describe that feeling. It was like all the air was knocked out of me. All I could think about was death, because to me cancer had no cure.”

Her surgery was scheduled and all that was left was to wait. As fate would have it her surgery had to be postponed further due to her asthmatic condition. The wait was slowly taking its toll on her. With her friends and family by her side, she depended on the expertise of those at FPATT's clinic to guide her through. Gale eventually had the surgery and is now almost done with her eight rounds of chemotherapy.

“The hardest part of the chemo is losing my hair. It started to fall out one day and I went to the hairdresser to have it cut off and they made such a mess of it I started to cry. I had to get someone to shave it off completely because I didn't want to watch it fall off. It's now growing a little, but very sparse. It's sad for me because as a woman your hair should be so beautiful and now I have to wear wigs. I also get very tired and upset because of the chemo and soon I will be starting the radiation.”

With her four kids and her best friend, Gale has been able to deal with living with Breast Cancer. She has always been a great advocate for sexual and reproductive rights, pushing her friends to come into the FPATT clinic and get themselves checked out and have their pap smears done.

“People need to take care of themselves. If I didn't come to the clinic I would not have had this much information about breast cancer and been able to deal with this properly.”

LABORATORY

Mona Lisa Ali started working at the Family Planning Association of Trinidad and Tobago in June of 2001 after studying to be a lab technician at the John Donaldson Technical Institute. She began her days at FPATT training to be a cyto-screener, which by any standard is an unusual passion for a young girl, but Mona loved it. She remembers being trained by Gloria Granderson, a cyto-screener par excellence at FPATT and then being assessed by Dr Shaheeba Barrow, who has been overseeing the cytology lab for a number of years.

With a calm, mellow personality, Mona started her job in the lab ready to tackle the daily incoming pap smears from all five FPATT clinics. “You need to have a lot of patience for this type of profession. You are locked away for hours, sometimes not speaking for a long time while you read slide after slide. It is not something everyone can handle and I think I have done a pretty good job,” said Mona.

Like with all other procedures done in a clinical environment, clients are not always privy to what goes on behind the scenes. The process that takes place during that time is very intricate and detailed and takes the concentration and accuracy of a team of cyto-screeners. A trained doctor or nurse takes a smear from the cervix (mouth of the womb) and smears this secretion onto a glass slide. The slide is sprayed with a fixative and then packaged and sent to the lab with the client's form.

Yet it is straightforward and eliminates any chance for errors. Once the client has completed the pap smear, the slide is sent to the lab, along with the client form which includes the client's medical history, clinical observations made by the doctor or nurse during examinations, particularly the state of the cervix. The slide then goes through a process of staining by being immersed in special stains and solutions in an automatic staining machine. This highlights the cell make up and shows the details. Once the slide is stained, a special cover slip is placed over it and left overnight to dry. The next day the slides and the forms are sent to cyto-screeners for reading and then to the Consulting Pathologist for review.

A report is then written with an assessment of the slide and then sent to the Pathologist, for verification. The pathologist sends it back to the lab with her signature for release to the clinics.



Mona *Reveals:*
the process of
a pap smear.

*Patience, Accuracy,
Precision, Calm...*

“

*You need to have a
lot of patience for this
type of profession.
You are locked away
for hours, sometimes
not speaking for a long
time while you read
slide after slide.*

”

Before the slides are sent back to the clinics, the results are recorded to ensure all data is kept up to date and can be easily accessed later on. All the information regarding the client is put into a computer data base including the result.

“It is important to note that even when the cyto-screener finds something abnormal on the slide, the Pathologist is the one making the final decision. All results are sent back to the respective clinics and the clients with abnormalities are referred for treatment or further testing,” said Mona.

The cyto-technician based at the lab reads approximately 40 slides daily. This is the maximum requirement so that no mistakes are made on reading. Three other cyto-technicians also read slides for the FPATT. The slides and forms are collected by them and returned. An average of 40 slides is read per day at the FPATT cytology lab. In addition to reading slides for the in-house clinics, the lab also handles all slides for the South West Regional Health Authority. It takes about two weeks for the results to reach the client and the lab is meticulous in ensuring this time frame is not breached often.

Quality Control is an important aspect of pap smear screening. A random sampling of one in ten slides is re-read by the pathologist for correlation. This is done continuously to ensure that the pap smear service provides accuracy in reporting and to assure clients of the high quality of the service.

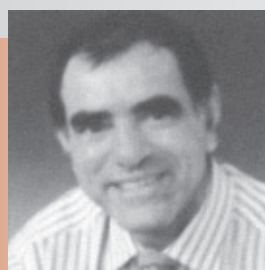
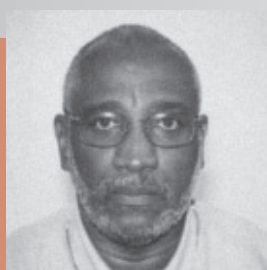
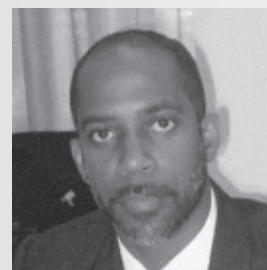
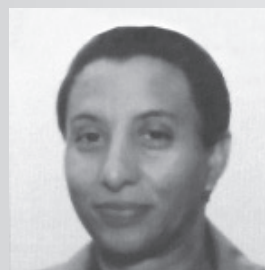
With nearly 9,000 pap smears being done by FPATT in 2006, the process of screening slides plays an integral role in the success of the this service. FPATT is well known for its moderate pricing and the exceptional quality of the service, which it provides. Staff members like Mona Lisa ensure that this standard is maintained at all times.



25

Profiles

BOARD OF DIRECTORS



1st row left to right:

Dr Jacqueline Sharpe, *President*
Gerry Brooks, *Chairman*

2nd row left to right:

Paul Hee Houn, *First Vice President*
Relna Vire, *Honorary Treasurer*
Roger Mc Lean, *Honorary Secretary*

3rd row left to right:

Grace Talma, *Member*
Dr Spencer Perkins, *Member*
Myrtle Ward, *Member*

4th row left to right:

Canon Steve West, *Member*
Emile P. Elias, *Honorary Life Member*
Dona Da Costa Martinez, *Executive Director*

MANAGEMENT AND STAFF



Staff of the Executive Director's Office



Administrative and Project Staff



Finance Department



Port of Spain Clinic



Laboratory Staff



San Fernando Clinic



De Living Room



Outreach Team



EMPLOYEES 2006

EXECUTIVE DIRECTOR

Dona Da Costa Martinez	Executive Director
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OFFICE OF THE EXECUTIVE DIRECTOR

Anna Maynard	Coordinator VCT Integration
Desi-Anne Charles	Library Clerk
Karen Pantin	Executive Secretary
Kathy Rovedas	Executive Secretary
Kim Bernard	Communications Assistant
Mark Shaun Charles	Information Systems Officer
Nadine Hosein	Communications and Development Officer
Rhonda Cardinez	Information Systems Assistant
Roxanne Layne	Administrative Assistant
Shivonne Du Barry	Programme and Evaluation Officer

FINANCE & ADMINISTRATION

Bernard Subran	General Services Assistant
Dean Rayside	Driver/Messenger
Debra Butte	Office Attendant
Deron Assing	Security Officer
Diallo Straughn	Messenger/Janitor
Genisa St. Hillaire	Clerk Typist
John Polite	Messenger/Janitor
Larry Kowlessar	Manager of Finance
Marchalene Gill	Clerk Typist
Marlon Elcid Primus	Messenger/Driver
Onika Alleyne	Accounts Assistant
Reisa Young	Accounts Clerk
Ricardo Cayones	Store Keeper
Rosanne Cox	Accounts Clerk
Shanelle Felix	Accounts Clerk
Shantel Grant	Clerk Typist
Steve Mulrain	Manager of Finance
Trezdivaughn Nedd	Senior Accounts Clerk

OUTREACH

Lara Smith	Outreach Coordinator
Zelda Muller	Sessional Midwife
Gracelyn Peters	Sessional Nurse
Lena Pegus	Sessional Nurse
Ann Marie Jogie	Sessional Nursing Assistant
Anna Persad	Sessional Nursing Assistant
Sherry Paul	Sessional Nursing Assistant
Dr. Daniel Ojatele	Sessional Doctor
Arthur Esdell	Sessional Driver (Mobile Clinic)
Evette Chang	Sessional Family Life Educator
Gloria Holder	Sessional Cleaner (Mobile Clinic)

EMPLOYEES 2006

PORT OF SPAIN CLINIC

Monica Olivier	Senior Nurse
Felitia Campbell	Sessional Nurse
Judy Alexander	Sessional Nurse
Geraldine Hunte	Sessional Nurse
Glenda Abraham	Sessional Nurse
Marlene Ali-Garcia	Sessional Nurse
Natalie Chance	Sessional Nurse
Natasha Felix	Sessional Nurse
Pauline Bramble	Sessional Nurse
Theresa Francis	Sessional Nurse
Bernadette Mc Leod	Sessional Nursing Assistant
Yvonne Paul	Sessional Nursing Assistant
Marcia Dennis	Senior Clinic Clerk
Pamela Ramsay	Clinic Clerk
Nakisha John	Clinic Clerk
Pam Thomas	Clinic Aide
Dr. Caroline Grant	Sessional Doctor
Dr. David Josa	Sessional Doctor
Dr. Dorothy Williams Chandler	Sessional Doctor
Dr. Francis Saa Gandhi	Sessional Doctor
Dr. Robert Ugbekele	Sessional Doctor
Dr. Sagubadi Sreekanth	Sessional Doctor
Dr. Shiv Mehrotha	Sessional Doctor

LABORATORY

Mona Lisa Ali	Lab Technician
Maria Pereira	Lab Assistant
Giselle Dyal	Lab Assistant
Mark Hypolite	Lab Assistant
Alicia Simmons	Senior Clerk
Aaron Gooding	Data Entry Clerk
Kevon Finch	Data Entry Clerk
Diane St. Hillaire	Data Entry Clerk
David Ho	Sessional Cytoscreener
Desiree Knott	Sessional Cytoscreener
Gloria Granderson	Sessional Cytoscreener
Shaheeba Barrow	Consulting Pathologist
Stanley Khan	Sessional Cytoscreener
Amelia Cariah	Sessional Cytoscreener

DE LIVING ROOM

Jacette Taylor	Clinic Clerk
Merle St. George-Paul	Sessional Nurse
Debra De Leon	Sessional Nurse
Frances Lopez	Nursing Assistant
Allison Reveillac	Sessional Counsellor
Dr. Derryck Holder	Sessional Doctor
Marlene Russell	Part-time Cleaner

SAN FERNANDO CLINIC

Joyce Lyman	Senior Nurse
Graceline Elie	Sessional Nurse
Joycelyn Boodasingh	Sessional Nurse
Donna-Mae Noel Alexis	Sessional Nurse
Michelle Thompson	Sessional Nurse
Lima Sealey	Nursing Assistant
Jacqueline Weekes	Clinic Clerk
Lystra Parris Phillip	Clinic Clerk
Wynette Dalrymple	Part-time Cleaner
Dr. Ashmeed Mohammed	Sessional Doctor
Dr. Balkaran Shvinauth	Sessional Doctor
Dr. Jacob Oba	Sessional Doctor

TOBAGO CLINIC

Aveanne Charleen Dempster	Sessional Cleaner
Dr. Sonia Telfer	Sessional Doctor
Adama Tejansie	Clinic Aide

PROJECTS

Maureen Searles	Safe Abortion Project Coordinator
Crystal Brizan	Safe Abortion Project Assistant
Karen-Jo Bennett	CHAMP Programme Coordinator
Alana Hosten	CHAMP Facilitator
Nicole Henry	CHAMP Facilitator
Verna St. Rose Greaves	Referral Coordinator for Voluntary Counselling and Testing for HIV



Community Based Health Workers

Christine Mendoza-Hills
Ericka Hamlet
Faria Mohammed
Gerard Boatswain
Gina Parmanand
Hyacinth Culley
Josephine Balbosa
Josephine D. Cummings

Kaysee Boodoo
Maria Hamilton
Nina Fortune
Rosalyn Indarsingh
Sandra Augustus
Shirley Woods Mahadeo
Yvette Neebar

Youth Advocacy Movement

Alicia Glanville
Alisha Renaud
Angel Cox-Alexander
Anna Phylisia Fraser
April Adams
Avion Francis
Brent Pereira
Brian Mc Carter
Candis Benjamin
Cassandra Pran
Cassie Ann James
Corintha Elliot
Debbie Pereira
Denzil Mc Millan
Ife Smith
Jacette Taylor
Keisha Garcia

Kendra Samuel
Kevon Carrington
Leighenne Rivero
Marc Clarke
Matthew Vernetto
Maurisa Sebro
Rachael Harry
Racquel Ashton
Randel James
Sabrina Yatali
Sade Chadee
Samantha Xavier
Sarah Lee Mc Knight
Shantel Grant
Shawn Freeman
Sian Rose Granger
Siobhan Perkins
Sonia Walker

Interns

Simone Martin

DONORS 2006

CASH

Ms. Allison Mc Eachrane
Mr. David Nanton
Mr. Gerry Brooks
Mrs. Hetty Sarjeant
Mr. and Mrs. Codrington
Mr. Ian Mc Bride
Guardian Life
Happi Products Limited
Bee Jay's Sales and Services Ltd.
Michael Lee Kim and Company
Petroleum Company of Trinidad and Tobago
The Fracture and Orthopaedic Clinic Limited
Trinidad Cement Limited
United Nations Development Programme
UNAIDS

DEEDS OF COVENANT

Emile Elias and Company Limited
Haji Gokool Meah Memorial Trust
Republic Bank Limited

PROJECTS

The Government of Trinidad and Tobago
J B Fernandes Trust I
Pan American Health Organization/World Health
Organization
International Planned Parenthood Federation
International Planned Parenthood Federation/Western
Hemisphere Region
University of Illinois at Chicago

IN KIND

Mr. Denzil Mohammed
Ms. Ayanna Gellineau
Ms. Simone Martin
Powdercoat-IT
Smith Kline Beecham Limited
Sasha Cosmetics
The Little Store
Swirls & Curls Ltd.
Agostini Marketing Ltd.
Bermudez Biscuit Factory
Universal Foods Ltd.
Maharaj Better Deal Ltd.
Hi Lo Food Stores
S. M. Jaleel Ltd.
Carib Brewery
Kelly's Supermarket
Rhand Credit Union
Top Imports Ltd.
Lychee Gardens
Sing Chong Grocery
Payless Supermarket
Pennywise Cosmetics
Freddie's Food Basket
Oscar Francois Ltd.
Artworks Printing
Caribbean Media Arts Workshop Ltd.
Aegis Business Solutions
Agostini Marketing
Camacho Brothers
Caribbean Bottlers
Cariflex 1994 Ltd.
Hand Arnold



ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
CAREC	Caribbean Epidemiology Centre
CFPA	Caribbean Family Planning Affiliation
FPATT	Family Planning Association of Trinidad and Tobago
HIV	Human Immunodeficiency Virus
IPPF	International Planned Parenthood Federation
IPPF/WHR	International Planned Parenthood Federation/Western Hemisphere Region
MEXFAM	Fundacion Mexicana para la Planeacion Familiar
NACC	National AIDS Coordinating Committee
NGO	Non Governmental Organization
PAHO/WHO	Pan American Health Organization/World Health Organization
QOC	Quality of Care
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UNAIDS	United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session
UWI	University of the West Indies
VCT	Voluntary Counselling and Testing for HIV
YAM	Youth Advocacy Movement

Family Planning Association of Trinidad & Tobago

HEAD OFFICE AND PORT OF SPAIN CLINIC

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

SOUTH CLINIC

6a Lord Street, San Fernando
Tel: (868) 652-3065 Fax: (868) 652-3491
Counselling Tel: (868) 653-6514

TOBAGO CLINIC

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

DE LIVING ROOM

141-143 Henry Street, Port of Spain
Tel: (868) 627-1760

SERVICES FOR YOUTH

Counselling
In-School Programme
Counselling on Adolescent Sexual
and Reproductive Health Issues
Peer Services
Non-permanent Contraceptives
Health Packages
Pregnancy Testing

SERVICES FOR MEN

Counselling
Male Health Package
Prostate Examination
Vasectomy
Infertility Investigation
Non-permanent Contraceptive
Voluntary Counselling and
Testing for HIV

SERVICES FOR WOMEN

Counselling
Female Health Package
Pap Smear
Breast Examination
Laparoscopy
Non-permanent Contraceptive
Tubal Ligation
Infertility Investigation
Pharmaceutical Items
Voluntary Counselling and
Testing for HIV



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