



ANNUAL
REPORT
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PARTNERSHIPS FOR CHANGE

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.

COVER

YAM members participate at the International HIV/AIDS Candlelight Memorial

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THE REGIONAL DIRECTOR INTERNATIONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE REGION



DR CARMEN BARROSO

The raison d'être of the International Planned Parenthood Federation (IPPF) and of its members worldwide, centers on "helping to create a world where youth, women and men everywhere have control over their own bodies, and therefore their destinies, a world where current and future generations are free to choose parenthood or not; free to decide how many children they will have and when; free to pursue healthy sexual lives without fear and without violence and discrimination." In a world of contradictions and competing values, this is an overwhelming and daunting task for any organization, and one which cannot be achieved without the equal and committed support of a wide range of partners – international, regional and national.

Partnerships at the national level are particularly crucial in facilitating the efforts of our member associations in making sexual and reproductive health services available to the men and women who need them most. As the Family Planning Association of Trinidad and Tobago looks back over yet another year of highly commendable benchmarks in meeting its goal, it is particularly grateful for the stellar support of all of the many partnerships that made this possible.

In 2008, through the combined efforts of its staff, volunteers and extended partnerships FPATT surpassed the volume of services delivered in previous years, making it the highest service provider among the Member Associations in the English speaking Caribbean. The IPPF, Western Hemisphere Region would like here to join the board, management and staff of FPATT in

acknowledging and celebrating the contributions of all partners who were an invaluable part of this achievement, with special mention here of just a few. Primary among these is the government of Trinidad and Tobago, whose generous funding made it possible for FPATT to create easy access to services for rural communities across the country through its Mobile Clinics and Roving Tents. This would not have been possible however without the community based health workers who facilitated entry into their varied communities and also the members of FPATT's Youth Advocacy Movement who regularly fanned out into the streets to draw clients to the mobile services. In an era where economic challenges threatens to erode the spirit of volunteerism, the dedication to community of FPATT's team of volunteers is worthy of the highest praise.

Assistance from faith-based communities are especially valuable. This was the case in 2008 when the The Anglican Church in the Diocese of Trinidad and Tobago expanded the work initiated by FPATT's CHAMP Project by integrating it into their educational program. In this way many more families were trained and assisted in addressing issues of HIV/AIDS and human sexuality with sensitivity within the home. This is a tribute to the value of taking the first step. Valuable initiatives tend to take on a life of their own, well beyond the wildest dreams of the source of origin. It is a tribute too to the value of remaining open in forging new partnerships. The IPPF/WHR joins FPATT in expressing gratitude to the Anglican Church.

In 2008 too, FPATT took some bold and unprecedented steps in addressing some of the more controversial issues related to sexual and reproductive health, bringing national attention to the ramifications of the law in relation to abortion and also addressing the special needs of sex workers in the country. The NGOs and individuals who rallied around the association in this effort are to be specially commended for stepping into difficult and untested territory.

In addressing human sexuality, FPATT's work embraces issues fundamental to our humanity, issues that do not easily lend themselves to general consensus, but are however central to the nurturance of both the individual and the nation. Forward movement in these broad areas cannot be achieved in isolation. The IPPF/WHR therefore joins FPATT in celebrating the many partnerships, including those not referenced here, that have made possible yet another highly successful year for FPATT, in meeting its mission.

Sincerely,

Carmen Barroso
Regional Director, IPPF/WHR

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DR THE HONOURABLE AMERY BROWNE

The Ministry of Social Development remains pleased to be affiliated with the Family Planning Association of Trinidad and Tobago (FPATT), and wishes to commend the organisation for the invaluable range of services it provides to the national and regional community. For over fifty years FPATT has distinguished itself as one of the region's foremost agencies focused on the promotion, enabling and preservation of the sexual and reproduction rights of men, women and young people. FPATT's initiatives have meant that both the information and the opportunity to access reproductive health services are delivered straight to the heart of our communities and organisations, thereby ensuring that various target groups benefit from relevant, age-appropriate, and evidence-based programmes.

There has perhaps never been a more pressing need for services that treat with reproductive and sexual health. Contemporary realities such as HIV and AIDS, other sexually transmitted infections, and pervasive misinformation and stigmatization pertaining to issues of human sexuality and gender all underscore the critical role that FPATT must continue to serve. Furthermore, the provision and expansion of family planning services means that more citizens would be able to make informed choices regarding their reproductive health, including the capacity and freedom to plan if, when and how to have children.

Trinidad and Tobago is currently at work toward our overarching national goal of attaining developed nation status by the year 2020, and the Government recognises that reproductive health

is a critical component of human development. This has been consistently acknowledged at the highest international level, and world leaders have added universal access to reproductive health into the Millennium Development Goals framework.

In this vein, our Government continues to employ legislation, policy and strategic action including significant support for relevant NGOs, in order to improve the sexual and reproductive health of key sub-populations.

The theme for this year's annual report – "Partnerships for Change" – is well in tandem with the Government's mode of operation. We have increasingly sought to enhance the effectiveness of the delivery of public services through innovative partnerships with civil society and the private sector; like FPATT we recognise that participation and partnership are essential components of sustainable development and meaningful progress.

With FPATT and other key stakeholders in the field, we can envision a tomorrow in which the sexual and reproductive health needs of all citizens are met, regardless of age or other demographic factors. It is high time that we remove the negativity and sensationalism surrounding human sexuality, and treat it as a social concern, which necessitates a mature social response.

As the Minister of Social Development, I wish to thank the Family Planning Association of Trinidad and Tobago for its tireless work and unparalleled service to the citizens of our beloved country.



May God continue to bless our Nation.

A blue ink signature of Dr. The Honourable Amery Browne. The signature is stylized and fluid, written in a cursive-like script.

Dr The Honourable Amery Browne
Minister of Social Development



GERRY BROOKS

It is with conviction that I attest to evident positive change in 2008 for our organization. The Family Planning Association of Trinidad and Tobago (FPATT) has made some significant strides this year, all of which was made possible by strategic liaisons with like-minded institutions and groups, or with those that were in a position to join forces with us in a way that propelled our vision and objectives so ahead of expectation that we brought the future nearer in less time than was expected.

According to Thoraya Obaid, the Executive Director of UNFPA, ‘...when we speak of partnerships this goes beyond just networking to integrating and co-ordinating the activities of various stakeholders. This will ensure that each group and organisation plays its role and uses its comparative advantage...’. FPATT wears many hats as the leader in sexual and reproductive health, as a rights-based, service-oriented advocate piloting what we call the five A’s: Access, Advocacy, HIV/AIDS, Adolescents, and Abortion. However, regardless of the ability and grand scale of an organization’s operations, banding together with the community only re-enforces and makes more visible the efforts and gains of any dedicated enterprise.

Sexual and reproductive health does not exist in a vacuum. It is a human right, a human need, and a human responsibility. An individual’s access to this is influenced by sexual behaviour, societal norms, religious, cultural and personal beliefs, laws and education, availability to services, the media, and the list can go on. These external forces directly impact a person’s decision or

ability to demand what is essentially their basic human right. These forces can have an impact through messages, regulations, persuasion, support, penalty and even legislation. FPATT under no circumstances takes this knowledge for granted. How can our young people safeguard their bodies and minds if we do not equip them with the knowledge to do so? How can we say we value human life if access to safe abortion is limited or denied? And if we scorn sex workers in our clinics, or fail to share with them pertinent information regarding safe sex negotiation, are we really moving towards positive change? If we truly desire change, to move even closer to equity of sexual and reproductive health and rights (SRHR) and access, then we have to first understand that we are a people, a nation, and a global community. WE make the difference.

While pioneering change our sexual and reproductive health programs have changed with our growing focus on human rights:

- We challenge fundamental issues of gender and sexuality that stand in the way of improving sexual and reproductive health
- We advocate for policy change to improve health systems and access to care
- We embrace and assist in empowering marginalized groups, such as young people and sex workers, encouraging them to speak on issues that concern them
- We challenge traditions and practices that promote vulnerability in women and girls, including domestic violence and inadequate comprehensive sexuality education

- We stay abreast with increasing demands for critical services by integrating them into current programmes and service provisions, such as Voluntary Counselling and Testing for HIV, and cancer screening

During the International Conference on Population and Development (ICPD) in Cairo in 1994, more than 180 countries agreed on principles outlined in the Programme of Action, and they concluded that in order to achieve further progress and to reach the objectives adopted, that broad and effective partnerships among governments, NGOs, the private sector and the international community in all aspects of program development, implementation and evaluation, was vital. It was emphasized that such partnerships will depend on appropriate systems that enable each organization to contribute according to its distinctive role, responsibility, autonomy and capacity.

A section of the tenth principle of the ICPD states that ‘Education should be designed to strengthen respect for human rights and fundamental freedoms, including those relating to population and development. The best interests of the child shall be the guiding principle of those responsible for his or her education and support; that responsibility lies in the first place with the parents.’ There are times where the work of an organization such as ours overlaps in a way that blurs the distinctions of what we do and how far we are required to travel in the distance to real change. Sometimes we have to come out of ourselves, beyond our clinic doors to stretch our arms out as caregivers, listeners,

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supporters, role models and motivators. Our own sense of volunteerism is brought to life through the spirited young people with whom we work, whose convictions about a better future are just as or even more acute than ours. The financial assistance from developmental agencies such as the UNDP and UNFPA and UNAIDS has really allowed us to combine forces with youth this year. You could sense their heightened confidence and pleasure at being taken seriously, as they earnestly sought more accountability through increased activities with higher levels of responsibility. At FPATT we understand that this is not the ideal world. We recognize that although parents should be the main guiding force in a child and young adult's life, that in most cases these caregivers are quite evasive in communicating about SRHR concerns. FPATT understands that avenues must be opened for our youth, in providing them with strategic information and services that will enable them to make informed choices.

According to the ICPD's fourth principle 'Advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programmes.' The human rights of women and the girl-child are an inalienable, integral and indivisible part of universal human rights. 'FPATT has really charted new territory with the launch of A Legal Interpretation of the Trinidad Abortion Law, and a Situational Analysis of Unsafe Abortion in Trinidad and Tobago.' These valuable documents are testament to strong partnerships. FPATT could not have made such

a leap without the assistance and trust of medical and legal practitioners that either lent their support as our board members Douglas Mendes did by drafting the Interpretation, or Dr. Spencer Perkins who presented at the health forum. As an organization that is committed to positive change with regard to every aspect of SRHR, we sometimes face obstacles that challenge our level of dedication and sense of purpose. I am pleased to commend FPATT on its unwavering focus and its sincere promise to answer to every citizen and circumstance that depends on us for hope. I am equally touched that professionals in the health and legal sector have also banded with us in this mission. With their input in an area of SRH so affected by current laws and current restrictions to safe medical care, they succeed in highlighting the efforts and hard work of NGOs like FPATT and ASPIRE, opening the discourse through multiple channels, making us all a combined force to reckon with.

Oftentimes when we think of developmental and non-governmental entities we draw a mental separation between them and the commercial sector. In the Programme of Action some key notes are made about the 'important role of the private sector in social and economic development, including production and delivery of reproductive health-care services and commodities, appropriate education and information relevant to population and development programmes, and that 'by acknowledging the contribution of the private sector, and by seeking more programme areas for mutually beneficial cooperation, Governments and non-governmental organizations alike may strengthen the efficiency of their population

and development activities. This year FPATT can boast of an influx of in-kind and financial support from a range of small businesses to large corporations. World Contraception Day is a perfect example as a leading company in the private sector provided financial backing for a health fair at Woodford Square. Here several NGOs and Government-run affiliates were able to combine their resources for a very informative public presentation. The North West Regional Health Authority (NWRHA) offered free HIV rapid tests and prostate examinations while FPATT offered Pap Smears and health checks. Increased awareness of corporate responsibilities encourages decision makers in the private-sector to search for new ways to work with Governments and NGOs on issues affecting population and development. However, as the ICPD rightfully acknowledges, 'private-sector involvement may assist or supplement but must not mitigate the responsibility of Governments to provide full, safe and accessible reproductive health services to all people.'

The Government of Trinidad and Tobago assists FPATT by providing an annual subvention that contributes towards expansion of its facilities, programmes and activities. We were able to begin renovations to the Port of Spain, San Fernando, and Tobago clinics, making necessary adjustments to infrastructure that would enable us to increase service provision, as well as improve the overall quality of care. This support is fundamental to an institution that is not motivated or sustained by profit. Supplemental income allows us to concentrate efforts on areas of development within the organization that would

otherwise suffer without this additional support. However, it is with great certainty that I beckon the Government to contribute more holistically to the sexual and reproductive health of its entire population. More funding is necessary for programmes to have greater outreach and impact. Priority must be given to our young people and children, by amending current laws and acts, and by making comprehensive sexuality education a mandatory course in schools. The Government's role is to guide its country. It should remain neutral, diplomatic, and free of bias when forming policies and strategic plans for the nation and its people. The state needs to take a firm position that is not influenced by cultural and religious pressure, but rather one that is confident in its conviction to improved health, mental well-being, gender relations, and community involvement.

I am pleading with the Government to take a good look around at the current state of our nation. The barriers to equitable sexual and reproductive health do not exist in isolation. They exist as stigma, prejudicial laws, lack of financial investment, and poorly formed policies. They exist in a social environment that is more at flux than we realize. We cannot just surrender to what sometimes seems like too big a task to conquer. We need to recognize that we as a people constitute this social reality, that if we join forces we can change that very reality. FPATT gained progress with the Anglican Church, the business community, fellow NGOs and developmental organizations. We held hands with our young people, with marginalized groups such as sex workers, with our volunteers such as the CBHWs

and YAM members. With so much human resources willing to, and currently working, the main resources that remain elusive are increased financial capacity and public programmes and policies that are implemented firmly into systems – such as political, education, and social systems. I predict that if the government were to become a stronger partner in our field of work, with FPATT and other like-minded institutions, that change would not be possible, it would be inevitable.

Improving SRH and addressing the unmet need for family planning is at the core of our commitment to poverty reduction and gender equity. It is undisputable that improvements in SRH and health in general, are linked to economic and social development and must be addressed to achieve sustainable reductions in poverty. But we cannot do this alone, we must have partners.

In 2009 we pledge to increase our efforts towards increased financial sustainability even as we continue to serve increased numbers of marginalised, underserved and vulnerable groups. We will continue to fight for the recognition of sexual and reproductive rights as a human right of every citizen of Trinidad and Tobago. This will include our call for the elimination of unsafe abortion practices and increased accessibility to emergency contraception; the decrease in stigma and discrimination against people living with HIV and AIDS and increased access to sexual

and reproductive health services to sex workers. We will continue to design new services to cater to the specific needs of our varied clientele. All of this will be done against the backdrop of an organization-wide restructuring that would allow us to continue to deliver with the consistently high standards that our clients have grown accustomed to.

On behalf of the Board, I extend sincerest appreciation to all our international, regional and local partners, volunteers, friends and supporters, too numerous to mention individually, for believing in the work that we do and for contributing to the advancement of our cause. To the International Planned Parenthood Federation, our parent body, we say special thank you for their role in charting the course to guide our work at the national level. We acknowledge with great pride the support of the Regional Office staff who work very closely with us by providing the necessary technical assistance and support that allow us to contribute to the global vision of the IPPF. To the Government of Trinidad and Tobago, Government Ministries, more particularly the Ministry of Social Development, the Ministry of Health including the Population Programme Unit, the National AIDS Coordinating Committee, I say a special thank you for their unstinting support to our work. I would like to thank every member of the Central Committee who comprise a multi-disciplinary pool of skills that add significant value to every sphere of work in the Association. I would like to thank the extraordinary group of staff members under the sterling leadership of

Executive Director Dona Da Costa Martinez for their outstanding contribution to the realization of FPATT's vision in spite of the many challenges that they oftentimes face. We look optimistically to another year marked by significant changes to the sexual and reproductive health landscape in Trinidad and Tobago.



Gerry Brooks
Chairman, FPATT

EXECUTIVE DIRECTOR'S REPORT

DONA DA COSTA MARTINEZ

As Mahatma Ghandi once keenly observed, we must be the change that we wish to see in the world. 2008 was a remarkable year for the Family Planning Association of Trinidad and Tobago (FPATT). We confidently stepped into partnerships that not only targeted sexual and reproductive health and rights (SRHR), but which strategically focused on the marginalised and underserved groups. Operating within a region that still struggles against legal, societal, behavioural, and physical barriers to equitable access to sexual and reproductive health and rights, it has become imperative to engage more collaboratively with like-minded institutions and individuals.

FPATT understands what is needed to successfully and positively affect sexual behaviour, to effectively challenge the barriers to safe and stigma-free services, and to contribute to the progress of sexual and reproductive rights. We cannot achieve this task by ourselves, as we are but one in a collective that constitutes an entire community. I am proud to report that in 2008, partnerships were formed with Youth, the Church, the Government, families, volunteers, sex workers, other NGOs, the business community, and the legal fraternity. Particular attention was given to a holistic approach, in reaching out to every sector of our nation so that our work at FPATT would reach even further than before.

I would like to begin by highlighting the strides we have made with the Anglican Church with steadfast assistance from Anglican priest Michael Chatfield, who has played an instrumental role in integrating the Collaborative HIV AIDS

Management Programme (CHAMP) into his parish. According to an article entitled 'Churches in the lead on HIV prevention reinvigoration,' published in Contact 2006, 'Churches must become the trusted source for accurate information to members about human sexuality. Such knowledge is required to understand HIV and how to prevent HIV transmission.' Father Chatfield has been at the forefront of engaging families with this programme, hosting workshops for pre-adolescent youth and their caregivers. He has managed to integrate with ease, components of sex education into that curriculum that most parents have a difficult time addressing with their children in their pre-teens.

CHAMP is also taking a leap in its scope for tackling teenage sexuality, peer pressure, violence, and youth self-perception. Dr. Donna Baptiste, Associate Professor at the University of Illinois at Chicago, chaired a two-day focus session in Trinidad towards a Radio Serial Drama that would target young people in Trinidad. These meetings were instrumental in formulating a way forward in achieving this goal, in accumulating important feedback through vital discussion, with the ultimate objective of acquiring funding for this venture. Members of the media, the church, developmental organizations and the Population Media Center (PMC) were present. The incorporation of a radio serial drama would utilise new media in reaching young people on their level, and this, coupled with the CHAMP family intervention programme would help to build a stronger approach in addressing the HIV pandemic in Trinidad and Tobago and in the wider Caribbean.

A resource from the 4th Asia Pacific conference entitled, 'Meeting the needs and aspirations of young people, including addressing the importance of male involvement', pinpoints the necessity for youth to be empowered in making decisions regarding their own sexual well being, and our responsibility in ensuring they can make informed choices. According to this address, 'Young people's first need is to be treated as thinking beings that have agency. Too often, we decide against involving young people because they don't have enough experience or skills. These notions are not evidence-based.'

The Youth Advocacy Movement (YAM), partnered with us this year by increasing their responsibility to their peers and by forming an editorial committee for the YAMMER, a quarterly magazine that will be produced completely by our youth advocates. This full colour publication will be conceptualized, written, designed, and distributed by youth, giving them critical control and firsthand influence over what they know to be pressing concerns, in their own voice, and on their own terms. The first issue which will be launched at the 2009 Annual Report to the Nation, will focus on HIV/AIDS, testifying to the impact that such collaborations can foster.

In the Caribbean, the highest incidence of HIV transmission occurs among young people and females. I am excited to announce that FPATT has partnered with two developmental organizations for projects that will systematically seek to reduce HIV transmission, through



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accessible information, and through wider access and promotion of protective contraceptives.

The UNFPA was instrumental in focusing on women's sexual and reproductive health and rights by strategically launching a programme that sought to distribute female condoms, disseminate information on them, and gather field research to improve their use. The UNDP collaborated with us by funding a project which allowed for the development of HIV VCT materials that specifically targeted youth, with a gender-specific focus.

The UNFPA donated 12 000 female condoms to FPATT and several other NGOs, allowing them to distribute these contraceptives for free. The female condom is particularly effective for women who find it difficult to negotiate condom use. Sometimes it can be difficult for women and men alike to embrace this new form of contraception and this is why the UNFPA also implemented a monitoring system. In this way integral empirical research was gathered to help improve the marketing, design, and distribution of this barrier method. Over a thousand female condoms were distributed at a health fair on the Brian Lara Promenade on International Women's Day, and the remainder through various outreach activities and our walk-in clinics. Our Carnival Campaign with its slogan 'Relax!... you're protected!' also incorporated female condoms into 'survival kits', which comprised of the male condom also, lubricant, and newly designed Information leaflets including one on the female condom, dental dams, and emergency contraception. Demonstrations on how to use the female condom were also mandated with this free distribution, ensuring that women are not only given the means to safeguard their bodies, but

also the tools to do so correctly and consistently.

The funds from the UNDP allowed FPATT to develop a new publication that specifically focuses on young females and on young males. These full coloured booklets were taken past the design stage in 2008, with all editing and layout completed and ready for its launch. In a male-dominated society where men are encouraged to be 'macho' and women pressured to be sexy through popular media and the carnival culture, young men and women often receive very different messages on what sexual behaviour is appropriate for them, either as a male or as a female. It is therefore crucial that our young people not only receive the relevant information, but that it is coded to suit their personal language. This gender-sensitive material, coupled with the introduction of HIV Voluntary Counselling and Testing (VCT) at the 'De Living Room' youth centre this year, is a sure sign that access is being increased for our adolescents and young adults both with regards to services and to education.

Another exciting alliance that was formed this year, and which also directly impacts young people, is one we have formed with the creative commercial industry. I remember when Richard Rawlins, a young designer from advertising agency, Collier Morrison Belgrave Limited (CMB) was introduced to me by Teresa White, one of our board members. He was someone who wanted to give back to his community, and who had been particularly affected on seeing a girl his daughter's age (about 13) pushing a baby stroller. Mr. Rawlins got to work late one night sketching and conceptualizing a series of advertisements which he is willing to donate to FPATT pro bono, interested strongly in collaborating with our youth volunteers, and producing advertisements

which double as posters for our youth clinics. His effective and even sometimes hard hitting messages targeted teenage pregnancy, with one such design boasting that I got 'my own wheels!', the image reflecting a baby stroller.

The results were amazing, giving fruit to focus group sessions between CMB's creative personnel and our own youth group. Our young people were excited, expressing ideas and noting that Mr Rawlins' images and taglines were catchy, 'hip' and looked like something they would see on MTV and other youth-related media. These ideas spread even further to discussions for future carnival campaigns, drama sessions, and live performances. This element of creativity is key, and this partnership with a creative business institution is enlightening, showing that there are ways that the commercial and non-governmental sector can merge, mutually benefiting one another and working towards a common goal of positive societal influence. FPATT is determined to change with the times, to embrace new media and innovative approaches when strategizing for a progressive way towards our goals.

There is one thing inevitable in life, and that is change. Most noteworthy changes or turning points in history however, are borne out of struggle or gained by taking risks with the expectation that the greater good will prevail. The Caribbean, and even more specifically, Trinidad and Tobago, is still grappling with its moral stance on various areas of sexual and reproductive rights.

Women seeking to terminate a pregnancy and sex workers are two groups of people that become the most vulnerable with regards to their sexual health. Oftentimes they exist on the margins of society, fearing stigma.

These are men and women that are often viewed as perpetrators of wrongdoing, rather than seen as human beings of varying circumstances, and who reserve the right to safeguard themselves from illness, injury or death that may result from poor access to adequate health services for their specific needs. One major barrier to equitable sexual rights for these groups, is current legislation.

In 2008 we conducted a workshop for staff, which involved a sex worker as our invited guest. Like workshops conducted before on safe abortion, we sought to sensitize our employees, an indispensable process for individuals working in the field of SRHR, as they learn to understand the wide range of our clients' needs. FPATT also participated in a conference hosted by the Caribbean Vulnerable Communities (CVC), of which we are a member, and which provided a forum for a group of sex workers to present their views, their testimonies, and their needs as a community. This valuable meeting allowed key organizations like ourselves, who each play integral roles, or who have the potential to positively affect the lives of sex workers, to listen firsthand to the real stories and opinions held by this vulnerable group. This can be nothing but beneficial for future programmes and SRH service provision.

The Safe Abortion project also came to a close in 2008. The end of this project signified success in its mission and was celebrated by two very successful events; both launches of two very important publications, produced by FPATT in collaboration with key legal and medical associates. At the Launch of 'A Legal Interpretation of the Trinidad and Tobago Abortion Law,' local constitutional lawyer, commissioned writer of the published document and board member of

FPATT, Douglas Mendes, together with guest speaker, Lord David Steel, retired Speaker of the Scottish Parliament, addressed an audience of over eighty representatives from the government ministries and the legal fraternity; magistrates, judges, lawyers and the like. The decision to broach abortion in our local context was not one of choice alone, but of necessity.

It is reported from the Beijing Platform for Action, Fourth World Conference on Women 1995, that 'unsafe abortions threaten the lives of a large number of women, representing a grave public health problem as it is primarily the poorest and youngest who take the highest risk.' A document like this supports a practical and progressive approach to this sensitive issue in Trinidad and Tobago, where abortions occur frequently regardless of current legislation and public objection. A document like this that subtly but thoroughly presents an interpretation to the current law on abortion in Trinidad and Tobago, is a step towards shaking the tallest barrier to achieving a woman's right to choose, by questioning through and from a very legitimate legal medium and standpoint, what the current law really states. The second publication, 'A Situational Analysis of Unsafe Abortion in Trinidad and Tobago' is precious as an addition to our national medical and statistical resources, as local statistics and documented research on unsafe abortion in Trinidad and Tobago is often sparse.

The Government of Trinidad and Tobago is a critical partner that has collaborated with us by providing funding for the expansion of our clinics and by extension our services.

We were able to expand our Port of Spain Clinic, our San Fernando Clinic, and look forward with great excitement for a new opening of our Tobago Clinic, which would now be in a position to operate on a full time basis Monday to Friday and through outreach activities, advancing from just two days a week. Our Port of Spain clinic, will not only double in size and capacity, relocating to the downstairs of our building to better serve the differently able and the elderly, but the introduction of testing for select sexually transmitted infections is on schedule for the beginning of 2009!

In 2008, our community outreach programme continued to expand SRH service provision to rural villages. This success is due mainly the combination of a fully equipped mobile unit, our indefatigable outreach team, and forty community based health workers (CBHWs), the latter being pivotal in promoting the service, and creating a climate of acceptance in the communities. Urological services to men saw an increase from 891 in 2007 to 940 in 2008. Male clinics were conducted on average three times per month signifying that more men are taking control of their sexual health. Of the total male packages provided in 2008, 33% were done through the outreach programme. There are plans for increasing services to this important target group. As part of our expansion plans, we initiated discussions with the University of Trinidad and Tobago (UTT) for the provision of

SRH services, and in 2008 we provided services in all six of its campuses. Our Healthlink program, which seeks to provide SRH services at the workplace, incorporated 3 new companies to the already established 14 and provided 255 Women's Health Packages and 25 Men's Health Packages through these partnerships.

There is so much progress to mention that it is difficult to summarize for the purposes of this report. I would like to close by highlighting once again our volunteers, the CBHWs and YAM members who continue to emerge in their numbers. I must make special mention of an initiative that started this year, borne out of a blossoming collaboration between Population Services International (PSI) and FPATT. PSI and FPATT have been working towards a condom social marketing strategy whereby our CBHWs would now increase their responsibility and agency by acting as condom distributors. They would be responsible for actively supplying these condoms to retail outlets and to individuals to whom they advocate. I am proud to say that although we are still in the process of making this marketing strategy a reality that the CBHWs have already begun to distribute condoms to clients. These condoms are now reaching barber shops, bars, parlours, small groceries and people's homes, breaking from the restrictions of established pharmacies alone.

2009 promises further expansion, with greater opportunities through our partnerships which will collectively address the unmet sexual and reproductive health needs of our nation's women, men and young people.

Our achievements in 2008 would not have been possible without the continued support of our partners including UNFPA, UNAIDS, UNDP, UNIFEM, the National AIDS Coordinating Committee (NACC), Population Services International (PSI), the Government's Population Programme, PAHO/WHO, the Ministry of Social Development, the Ministry of Health, the Eastern Regional Health Authority (ERHA), the North West Regional Health Authority (NWRHA), ASPIRE, the Media, and numerous other partners who have collaborated with us. We especially thank the Government of Trinidad and Tobago for their continued demonstration of the importance of our work by providing us with an annual subvention. The contributions of IPPF and IPPF/WHR continue to be invaluable for advancing the cause in Trinidad and Tobago and we extend special thanks to all the officers of the Regional Office for their continuous support

and understanding in spite of our challenges in 2008. The camaraderie, technical assistance and experience-sharing of our regional partners, the Caribbean Family Planning Affiliation (CFPA), including all our sister Member Associations and the Caribbean Vulnerable Communities (CVC), continue to strengthen our resolve that together we can make a difference in the region.

To our board members, volunteers, life and annual members who continue to advocate for a changing sexual and reproductive health landscape marked by a respect for the sexual rights of individuals, we say thank you. To our most precious resource, the staff of the Association, I offer my most heartfelt thanks. Their continued commitment through the toughest times, propels us forward, breaking barriers and charting new courses, giving life to Mahatma Ghandi's famous words "You must be the change you wish to see in the world".



Dona Da Costa Martinez
Executive Director, FPATT



RELNA VIRE



It is my pleasure to report on the Association's solid performance in spite of the global economic turmoil. At the beginning of 2008 we had anticipated some economic challenges and developed appropriate plans to deal with them, but the year evolved unpredictably. By the end of 2008, oil prices plummeted from a high of near \$150 in July to around \$50 and the resources of corporate donors shrivelled as the US stock market lost 38.5% of its value.

In the face of these developments, we had to continuously assess conditions to better manage our resources. We kept our prices at the 2007 levels which allowed our clients to affordably protect their health. We also understood the value of time, outstanding customer service and convenience, which allowed us to deliver services effectively and efficiently.

OPERATING REVIEW

Notwithstanding the economic turbulence, the net operating results for 2008 declined marginally from the results for 2007 as we moved from a deficit of \$232,536 in 2007 to a deficit of \$235,508 in 2008. Total income in 2008 showed a net decrease of \$168,033 or 2.7% from total income 2007 while total expenses in 2008 showed a net decrease of \$165,061 or 2.6% from total expenses for 2007.

In 2008 total international grants, local grants and income from clinic operations increased by \$79,607 or 4.0%, \$50,290 or 2.5% and \$76,236 or 8.2%, respectively. In contrast, administrative income and fund raising declined by \$248,279.

This was mainly due to the economic situation which translated into lower local donations, a decline in investment income and negative exchange rate adjustments brought on by the weakening US dollar in 2008.

The decrease in total expenses was due to a significant contraction of administrative expenses. This was achieved by sound managerial control of expenditures.

FINANCIAL POSITION

At 31st December 2008, both total assets and total liabilities decreased by \$2,788,882 or 23.2% from \$12,045,828 in 2007 to \$9,256,946 in 2008. These decreases reflect the normal use of funds to execute projects and settle both current and long-term liabilities.

The current asset ratio stood at 104.6% at the end of 2008 in comparison to 105.3% at the end of 2007, indicating that the Association remained in a relatively strong liquidity position. The remaining term on the mortgage loan at 31 December 2008 is now down to 42 months.

OUTLOOK AND SUSTAINABILITY

In 2008, the Government of Trinidad and Tobago became fully engaged in the provision of free sexual and reproductive health (SRH) services and contraceptives at most of its 112 health facilities throughout Trinidad and Tobago. As the pioneers in SRH services in Trinidad and Tobago, we welcomed the Government's initiatives which we see as a collaborative intervention to bring the much needed SRH services to the underserved

communities. In 2009, the Association will adjust its community outreach services to complement the Government's programmes.

In 2009, support from the International Planned Parenthood Federation is expected to increase while support from the Government of Trinidad and Tobago is expected to remain around the same level. We anticipate that the global economy will begin to emerge from the recession by the end of 2009, but we do not believe that this will translate into significant increases in support from local and international corporate donors.

We anticipate that in 2009 prices will continue to rise at the international level as the demand for natural resources continues to increase while availability is decreasing. We believe that the local economy will not lag far behind and expect price levels to continue to rise in Trinidad and Tobago as well, driving increases in expenses. At FPATT, we will conclude in 2009, a new 3-year collective agreement with the union and this will also contribute to higher expenses in 2009 and beyond.

To meet the expected economic challenges of 2009 and beyond, the Association has conducted a sustainability assessment of its programme of work and operations to:

- Anticipate and modify our business models to the changing needs of our clients;
- Improve relations with our stakeholders through informed and effective communication and

WE ARE NOW IN OUR 52ND YEAR OF OPERATION AND THE ASSOCIATION HAS SUCCESSFULLY CONFRONTED UNEXPECTED CHALLENGES ALONG THE WAY. OVER THE YEARS WE REMAINED FOCUSED ON OUR MISSION AND DEVELOPED SUSTAINABLY.

- Streamline all operations for effective management of resources.

We are now in our 52nd year of operation and the Association has successfully confronted unexpected challenges along the way. Over the years we remained focused on our mission

and developed sustainably. In 2008 we rose to every financial challenge while maintaining our core values that define who we are. In 2009 and beyond, we will continue to commit to and deliver sustainable growth of the Association and positively contribute to the sustainable development of Trinidad and Tobago.



Relna Vire
Treasurer, FPATT

FINANCIAL HIGHLIGHTS

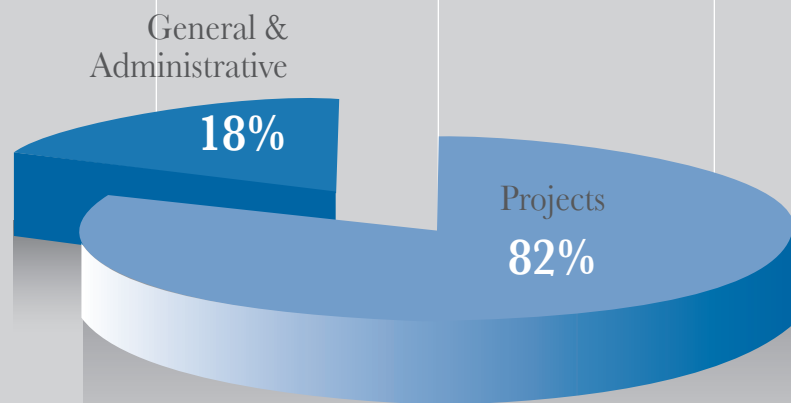
SUMMARIZED CONSOLIDATED INCOME STATEMENT

(TT Dollars)	2008	2007	% Change
INCOME			
IPPF Cash Grant	802,504	1,044,406	-23.2%
Other International	1,263,957	942,448	34.1%
Government of Trinidad & Tobago	2,073,185	2,022,895	2.5%
Clinic Operations	1,009,730	933,494	8.2%
Administration & Fund Raising	596,583	845,372	-29.4%
Fund Releases	244,216	369,593	-33.9%
Total Income	5,990,175	6,158,208	-2.7%
EXPENSES			
Projects	5,078,159	4,869,944	4.3%
General & Administrative	1,147,524	1,520,800	-24.5%
Total Expenses	6,225,683	6,390,744	-2.6%
Surplus/(Deficit)	(235,508)	(232,536)	1.3%

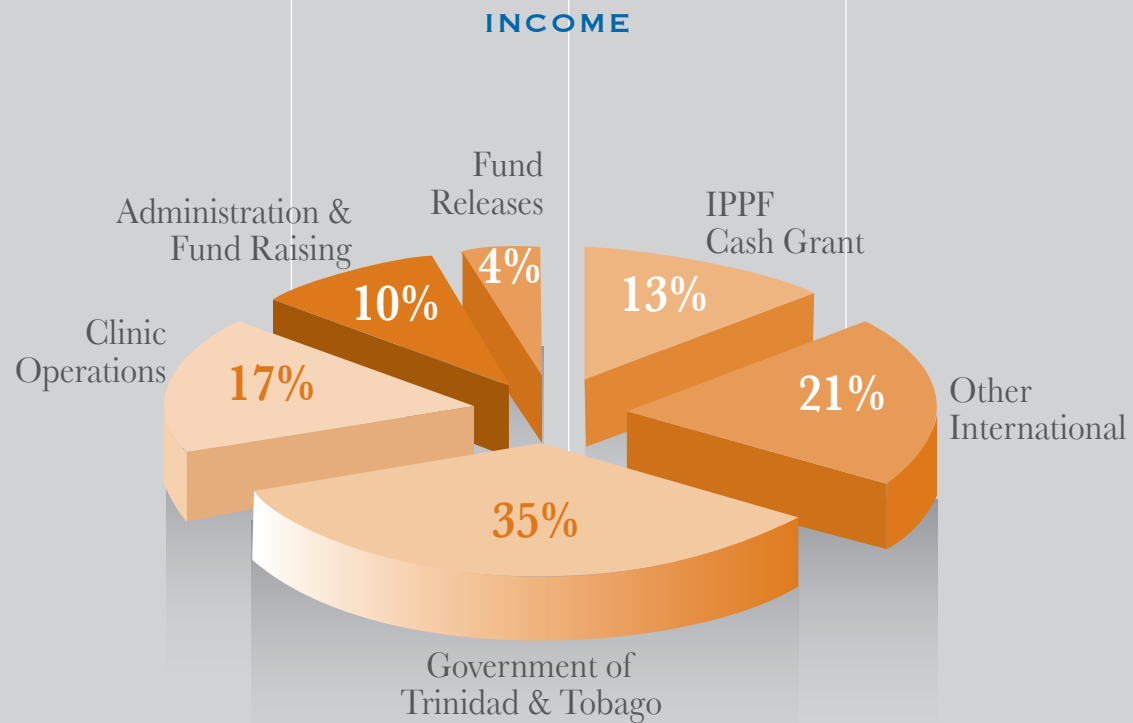
SUMMARIZED CONSOLIDATED BALANCE SHEET

(TT Dollars)	2008	2007	% Change
ASSETS			
Current Assets	5,915,115	8,574,573	-31.0%
Non-Current Assets	3,341,831	3,471,255	-3.7%
Total Assets	9,256,946	12,045,828	-23.2%
LIABILITIES & FUND BALANCES			
Current Liabilities	713,922	1,214,815	-41.2%
Long Term Liabilities	282,150	395,010	-28.6%
Deferred Income	4,938,749	6,923,554	-28.7%
Fund Balances	3,322,125	3,512,449	-5.4%
Total Liabilities & Fund Balances	9,256,946	12,045,828	-23.2%

2008



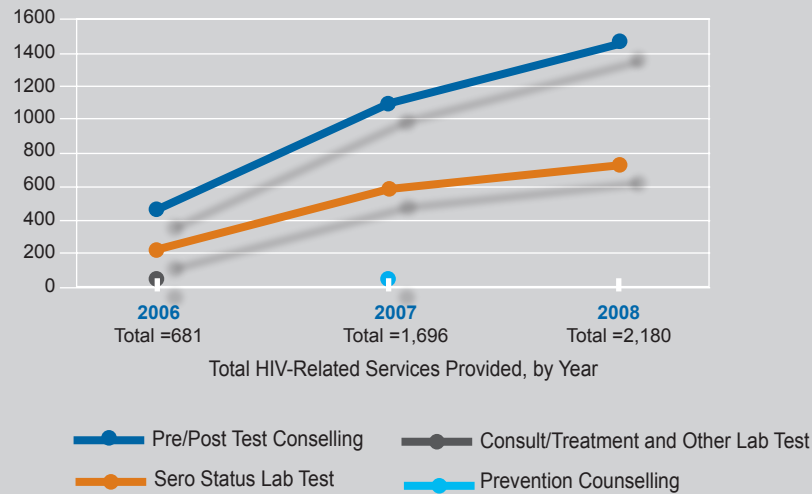
EXPENSES



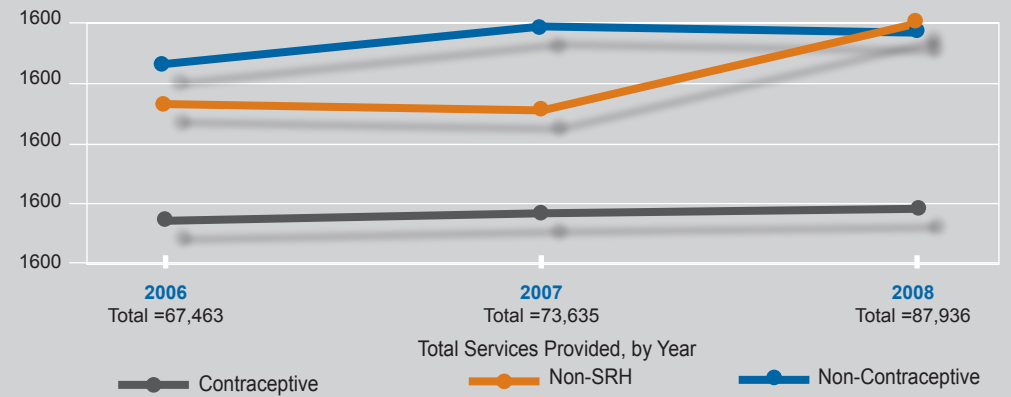
INCOME

STATISTICS 2008

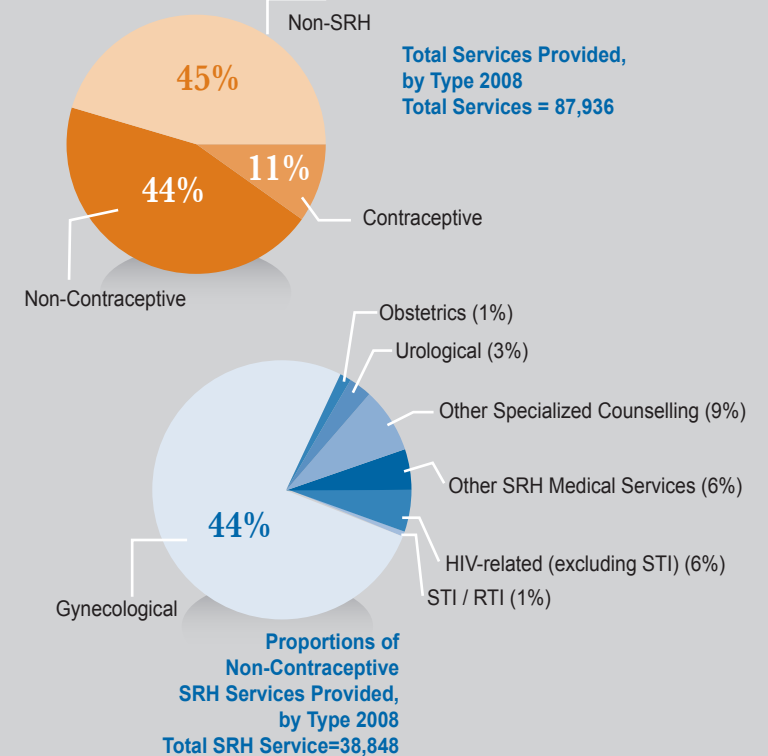
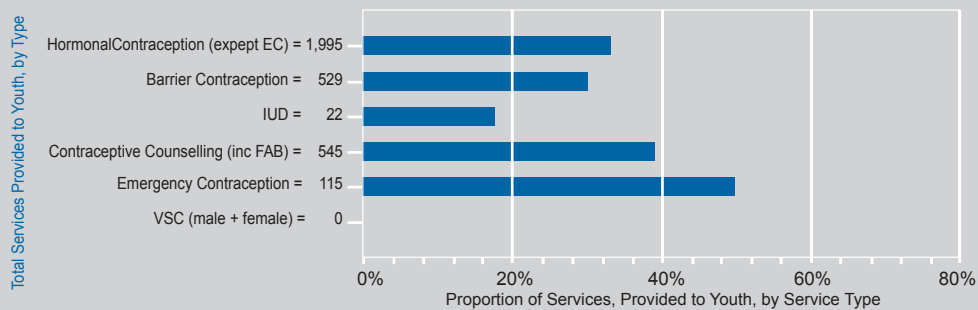
HIV Related Services Provided (excluding STI), by Type 2006 - 2008



Total Services Provided, by Type 2006 - 2008



Proportion of Contraceptive SRH Services, by Type, Provided to Youth 2008





YAM members at the 2008 AGM



Executive Director and members of YAM during the 2008 AGM



YAM member in full costume at the 2008 AGM



Dame Billie Miller greets Life Member Maria Habib after the 2008 Report to the Nation



Dame Miller speaks with a guest after the Report to the Nation while Chairman Brooks looks on



FPATT Chairman Gerry Brooks delivers his passionate address at the 2008 Report to the Nation



Honorary Secretary of the Board Roger Mc Lean and Board Member Myrtle Ward show their appreciation at the Report to the Nation



Creative display at the youth health booth at the 2008 AGM



Dame Billie Miller engages YAM member in roleplay



Mr. Gerry Books welcomes Dr. Linda Baboolal, Patron of FPATT to the Report to the Nation



Board Member Grace Talma presents a token of appreciation to Lord David Steel at the Launch of the Legal Opinion on Abortion



Board Member Teresa White and her husband peruse documents during the Launch of the Legal Opinion

YEAR IN REVIEW 2008



FPATT treasurer Relna Vire and fellow board members peruse the programme of a fundraiser held during the Board Development Workshop in Mexico



Minister of Social Development, the Honourable Amery Browne, and Dr. Amalia Del Riego of PAHO HIV Caribbean Office at FPATT's annual Christmas Drop In



Participants at the CHAMP communications workshop towards a radio serial drama



Participants at the CHAMP communication workshop listen attentively to the presentation by Dr. Donna Baptiste



Carnival Campaign promotion at Woodford Square



YAM member performs condom demonstrations at Island People's Mas Camp as part of the Carnival Campaign



International Women's Day at the Brian Lara Promenade



Informative health booth sparks discussion with schoolgirls



YAM member demonstrates proper condom use at health fair to the Protective Services



YAM members distribute new information material on International Women's Day



World Contraception Day: FPATT in collaboration with NWRHA for service provision



Sharing information at a health fair





YAM Member presents survival kits to Roy (Hal Greaves) and Gloria (Dawn Henry)



YAM members demonstrating and explaining correct use of the female condom



International Women's Day on the Brian Lara Promenade



Nurse Hunte hosts lecture for clients waiting for services on the Mobile clinic



Celebrating with Benedict Rousseau, a musical champion and member of staff



Celebrating Staff achievements with an elegant brunch



FPATT client receives hamper on Mother's Day



Women attending a health lecture at the Port of Spain Clinic



Dona Da Costa Martinez distributes corsages to staff for Mother's Day



Marketing and Communications Coordinator Jaime Lee Loy pins a corsage on Dona Da Costa Martinez in celebration of Mother's Day



Dona Da Costa Martinez presents tokens of appreciation to member of staff



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

PARTNERING WITH THE CHURCH:

A CONVERSATION WITH ANGLICAN PRIEST MICHAEL FRANCIS CHATFIELD ABOUT CHAMP

'You could say I tried very hard to escape but eventually I could not deny my faith much longer.'

It is this same sense of coming home, of returning to his faith that brought Michael back to Trinidad these past years.

'I trained in the UK where I became a priest, and this is where I met and married my wife. Helen always knew we would be coming to Trinidad to spend some time. I needed to reconnect with the place I am from.'

Brother Chatfield first heard about the Collaborative HIV/AIDS Management Programme (CHAMP) from a member of his church. FPATT's advertisements for facilitators who may be interested in training for this pilot initiative could not go unnoticed, as it championed family values, heralded communication between adolescents and their caregivers, and sought to provide young people with necessary information that would reduce risky sexual behaviour. At this time, Chatfield was already trained in Voluntary Counseling and Testing (VCT), and CHAMP was of interest to him by its focus on HIV/AIDS. Having been trained through a government initiative that sought voluntary counselors and testers for HIV, Chatfield was frustrated by the lack of opportunities outside the main city, as the government placed most if not all facilitators in the Port of Spain Area, and Chatfield himself resided in the East. He received VCT training in 2006 and by 2007 he entered into a collaboration with FPATT through CHAMP. To date Chatfield has facilitated our workshops in schools in Chaguanas and Marabella.

'What really struck me was the age group for this programme, that they were taking in those

between eleven and fourteen, which is the same age range for young people in our confirmation classes. Often times they are prepared spiritually in these classes but in our Catechism it clearly states that we are to train youth in marriage and in family life issues. It is important to strengthen the bond between parents and their children or teens. I thought that it would be useful to integrate CHAMP as a necessary part and parcel of the confirmation experience. The parenting side is so important to this experience, it is only progressive when we work together with the youth and their caregivers at once.'

Brother Chatfield admits it is a challenge to get pre-teens and parents into this programme, but once they're in they thoroughly enjoy it. He confides that they sometimes get scared when they hear the words HIV, but that once they open up to the wide scope of this learning experience, they really do come to love it.

'It's a great opportunity as the guardians may think they are there to help the young people but in fact they need help also. There are a lot of people struggling for information out there, and they may not want to admit it. In some respects

CHAMP works as a parent support group too, just without the name. This programme is immensely powerful in the way it develops the relationships between these young people and their parents. It can help to combat peer pressure and foster better communication skills.'

According to Chatfield, the Church is ideal as a starting point for such a programme, as it tends to have influence and presence in diverse communities, with an overreaching capacity. He believes that it is beneficial for the lessons and information to filter through the substructure of the church, and by so doing, positively affect a greater number of young people. He states that the Anglican Church is not against the use of contraceptives within the sacred bond of marriage. Although it is still considered sinful to have premarital sex, the Church is split with regards to its congregation. Some followers may not want their children to know anything about sex while some may prefer that they do. Some may not agree or promote pre-marital sex but they may also want their children to be capable of protecting themselves should they find themselves in a compromising position, and therefore avoid long lasting consequences such as unplanned pregnancy or the transmission of HIV.

'The Church has its fingers in diverse communities. The reach of the Anglican Church is quite significant though it may not be one of the largest in the country. And when you are tackling something as pervasive as HIV/AIDS you need reach, you need to cover as wide an area as possible. I don't think a collaboration like this is unorthodox or that unique. As it



MICHAEL FRANCIS CHATFIELD IS AN ANGLICAN PRIEST THAT HAS BEEN LIVING IN TRINIDAD FOR THE LAST FIVE YEARS. BORN IN TRINIDAD, HIS FATHER AND GRANDFATHER ARE ALSO ANGLICAN PRIESTS.

stands, Archdeacon Steve West is on the Board of Directors for the Family Planning Association of Trinidad and Tobago (FPATT). However, in these collaborations it is striking the balance that really makes it special. Projects that are simple and easily implemented are essential. We must always ensure we move beyond simply talking about change, and make certain that we impact as many children as possible. That's where it gets intense. This relationship with a non-governmental organization and a religious body is very positive. All we need now is more support from the Government. We have the human resources, the unbending volunteerism and commitment by people who are willing both to participate and to facilitate. The lack of sufficient funding is always the spoke in the wheel, and the government, in light of the HIV epidemic facing our young people in the Caribbean, along with all the other threats to their health and lives living in this overtly sexy society, really should make it a primary focus to provide ample support both in finance and in principle to such programmes. We

need to consider what development really means. Is it about high rise buildings and grand shows of wealth and economic prosperity alone? What is real wealth? The health and well being of our future communities, leaders in organizations, spiritual advocates, heads of households and so on, what about them?

Speaking on the intricacies of the CHAMP workshops, Chatfield stressed the importance of diplomacy. He noted that there will always be cultural barriers and differences in beliefs among members of any clergy, parish, community, family etc, and that before any session would begin, all participants were given a very clear and comprehensive overview of the objectives of the programme. Also, any activities that posed potential discomfort to any of the youth or the parents were always left as optional. For instance, the session would be completed, all information and lessons having been already imparted, before any condom demonstrations were performed. Persons wishing to exit at that

point were then given the chance to do so.

‘I am proud to report however that in the schools I visited ninety-nine percent of the people stayed for the entire session. At All Saints Church all participants followed through and at my parish only two young people who were just barely eleven left close to the very end- but their parents stayed with the intention of passing the information onto them later on, in a more familial setting. I believe that the key is communication, honesty and the right attitude. In this way collaborations and good relationships are developed. We can move mountains, we just have to be consistent, persistent and partner with those who are guided by the same good principles. CHAMP was definitely one of the best involvements I have had while in Trinidad and Tobago. I feel honoured and privileged. FPATT has been incredibly supportive and I trust and pray that this initiative grows and continues. I am sad that I have to leave Trinidad at this point but I have faith in the potential and scope of this programme.’

PARTNERING WITH YOUTH

According to a publication by Sarah Audelo, writing for Advocates for Youth, 'young people represent almost half of all new HIV infections. Every day, as many as 2,320 young people ages 15 through 24 become infected with HIV.' HIV transmission is but one of a number of SRH concerns that face sexually active young people. Added to this are sexually transmitted infections (STIs), unplanned pregnancy, and pressure from peers and/or sexual partners.

What places these young people at most risk is their social environment, the intricacies of changes in hormones, the increase of sexual desire, the newness of burgeoning sexual experience, and the conflicting messages received by peers, adults, and the popular media. It often seems that the ones making the decisions about what and when young people should learn about and engage in sex, remains everyone but the young people themselves.

FPATT's very own Youth Advocacy Movement (YAM) volunteers blossomed in 2008, taking charge and displaying leadership in a manner that is nothing short of commendable. They rose beyond their status as volunteers to that of equal partners, organizing and representing themselves with fearless confidence, and embracing increased responsibility and challenge. This first began with our Carnival campaign at the beginning of the year. The campaign was youth-focused, the slogan reading 'Relax! You're protected!', which chose to highlight the benefit of a less stressful sexual experience as fun, countering the attitude that condoms reduce sensitivity which results in less pleasure. Condom packets had been specially

designed with a catchy front cover and packed as 'survival kits' with information brochures, lubricant, and male and female condoms, still preserving a portable and attractive size. All our information brochures were re-designed, the text made more youth friendly, and the overall size and appearance adjusted to be more appealing to youth. The YAM came in their numbers to assist with the packing of these 'kits.' Up to Carnival Friday they patrolled j'ouvert and mas camps, radio stations, bars and other youth-centered outlets to distribute them, and to promote the campaign.

As part of our carnival campaign, a new collaboration was formed between our outreach and youth advocacy volunteers. De Rovin Living Room was officially launched at Woodford Square, which combined our usual outreach efforts and mobile clinic with a youth focus. The advertisements in the newspapers reflected this approach with a catchy image and illustrations that resembled that found in comic novels. Pap smear and HIV VCT services were offered to young people and hundreds of our condom survival kits were distributed. It is hoped that this new programme can continue once a month, and that locations throughout Trinidad will be chosen to access youth that live in areas that are not as frequently targeted by such programmes. New media will also be a main focus for the marketing of these outreach events. The services provided may be the same as with our usual mobile clinic initiatives, but to attract youth to these specific outreach ventures, we must advertise or persuade them through the channels that they trust and respect.

Partnering with youth is always a refreshing experience. They are able to incorporate the knowledge and concerns of the older generation with a vibrant and creative approach. When designer Richard Rawlins from advertising agency, Collier Morrison and Belgrave (CMB) approached us with a new campaign, our young people were exactly who he had in mind. Richard came with the same dynamism and energy as our youth advocates and the focus group sessions that followed were an immediate hit. The feedback was overwhelmingly positive because the designs, the slogans, and the concept of this campaign was youth-oriented, using their language, their terms, with an edgy, to the point feel.

Too often are safe-sex messages for youth relayed through mediums that are deemed as old fashioned or 'uncool' by the very target group they seek to influence. These posters could easily showcase as advertisements on Facebook, Synergy TV, on printed jerseys, and the list can go on. FPATT recognizes that to evoke any real change in youth sexual behavior, we must first communicate to them in a way they are receptive to, and yes, sometimes it should be fun. This new campaign is earmarked for a Carnival campaign in the future or for another youth driven event. This collaboration sparked such interest with our youth that discussions have already begun around skits and public performances, costuming and guest appearances at fetes and popular hangouts. The change will not only be in the results but change is already evident in our approach, as we explore different avenues from which to send the same message.



AS PART OF OUR CARNIVAL CAMPAIGN, A NEW COLLABORATION WAS FORMED BETWEEN OUR OUTREACH AND YOUTH ADVOCACY VOLUNTEERS. DE ROVIN LIVING ROOM WAS OFFICIALLY LAUNCHED AT WOODFORD SQUARE, WHICH COMBINED OUR USUAL OUTREACH EFFORTS AND MOBILE CLINIC WITH A YOUTH FOCUS.



YAM Members during their presentation at the 2008 AGM

The YAM has managed to diversify their initiatives, by forming a team of spirited volunteers that utilize role-play and performance-based strategies to attract young people to their message, to our health fairs, and to join as some of our newest YAM members. At the 2008 Annual General Meeting we were pleasantly surprised and entertained by this group, clad in masks and costumes, dressed as mimes, as clowns, and even a grim reaper. They flagged signs with startling statistics on HIV/AIDs amongst youth, about unsafe abortion, and teenage pregnancy. If guests did not gravitate to the five health booths at the back of the conference room, our volunteers approached them firsthand.

Another performance led by the YAM is currently being organized for a new and exciting launch. This launch, which will coincide with the 2009 AGM, will be for a youth magazine 'The Yammer,' a publication that is designed, researched, written and edited by youth advocacy members. This collaboration is promising, as YAM exhibits maturity and responsibility by forming yet another stronghold amongst themselves; an editorial committee. They decide the topics, the layout, the images, and the overall content. Guided by executive management, these young people are committing to a quarterly, full-coloured magazine, that will move beyond just educational material. The Yammer will be widely distributed as an enjoyable read, using terminology and citing situations that young people know to be real.

The first issue of the YAMMER focuses on HIV/AIDS, one of the major health concerns

facing Caribbean youth under the age of twenty-five. According to the Global Youth Coalition (GYCA) on HIV/AIDS, 'of the 2.5 million people infected yearly, young people ages 15-24 account for 40 percent of new infections. Poverty, unemployment, a lack of education, sexual violence and gender inequality increase the vulnerability of young people to HIV infection.' Research conducted in the Caribbean strongly suggests that the social environment in which we operate contributes significantly to the HIV/AIDS epidemic. If men and boys pride themselves as being 'macho' which is often linked to low condom use, multiple sex partners and a low tendency to test for sexually transmitted infection including HIV, then immediately they put themselves and women at risk. Then on the other side of the same coin, we have women and girls who often struggle with safe-sex negotiation, who may not feel confident enough to demand STI testing, or women who also have multiple sex partners or allow risky sexual behaviour for fear of rejection.

FPATT partnered with the UNDP and YAM in 2008 in working towards a gender-sensitive marketing strategy for youth on HIV voluntary counselling and testing (VCT). The timing and strategy of this project is ideal as HIV VCT was also introduced at De Living Room (FPATT's Youth Centre) this year.

Offering this confidential service at the Youth

clinic is a necessity as young people may often fear judgement from older persons and may hesitate or decline from accessing HIV VCT at our adult clinic in Port of Spain. The formulation of a gender-specific booklet complements the VCT as a service. Some young people may still be unclear as to what voluntary counselling really is. These booklets explain in clear terms that VCT is confidential, and that contraceptive use and informative discussions around sexual behaviour is also a part of the process. It quells fears of testing by describing the rapid test method and the benefits of knowing your HIV status. Diagnosing HIV in the early stages can lengthen and save lives, and young people need to know this. In sexual relationships between young men and women, each partner has a responsibility to safeguard his or her health. This targeted approach is a true breakthrough, in further closing the communication gap between the older generation and youth with regards to sexual and reproductive health, and between the youth themselves.

We at FPATT fully support the GYCA's findings, where 'evidence shows that young people are most effective at changing the risk behaviours of their peers and at shaping a better future for themselves and their families.' This is why we are joining hands with our young leaders, rather than guiding or instructing them alone. We are keeping our ears open and delegating control and responsibility in an appropriate manner. In this way FPATT is better equipped to protect and assist young people of Trinidad and Tobago, the children of the future who not only need our help, but need us to let them help themselves.

TO ADDRESS UNWANTED PREGNANCIES AND UNSAFE ABORTION IN LATIN AMERICA AND THE CARIBBEAN

It was an honor to have Dame Billie Miller, the former Barbadian parliamentarian who led the Medical Termination of Pregnancy Act there in 1983, as the feature speaker at FPATT's Report to the Nation in July. Dame Miller spoke of the process of decriminalization abortion in Barbados and the subsequent improvement in women's health.

On the evening of Monday October 13 2008 "A Legal Interpretation of the Trinidad and Tobago Abortion Law" was launched at the Courtyard Marriott Hotel. The Launch featured a presentation by Board Member, Mr. Douglas Mendes S. C. constitutional lawyer, and author; a summary of "Death and Denial" by FPATT and IPPF President Dr. Jacqueline Sharpe; and special guest speaker Lord David Steel who in 1966 tabled the Private Member's Bill that reformed the law on abortion through the English Parliament. Sixty-two persons including two Judges of the Caribbean Court of Justice, two Judges from the Trinidad & Tobago High Court, six officers of the Trinidad and Tobago Law Association, lawyers, doctors, representatives of PAHO/WHO, UNFPA, and local NGOs along with FPATT Board and Staff attended the Launch. This Interpretation has been published and is being distributed locally, regionally and internationally to libraries, legal organizations and interested bodies.

On October 23rd, FPATT presented "A

Situational Analysis of Unsafe Abortion in Trinidad and Tobago." This document was the result of a call by the International Federation of Gynecology and Obstetrics (FIGO), inviting countries to collate all existing data around the issue of unsafe abortion. Although Trinidad and Tobago could not be an official contributor because the Gynecology and Obstetrics Society of Trinidad and Tobago (GOSTT) is not a FIGO affiliate, FPATT saw the value in conducting this exercise. FPATT's President Dr. Jacqueline Sharpe presented this document at a breakfast seminar, and Dr. Spencer Perkins, local gynecologist/obstetrician and FPATT's Board Member, opened the proceedings by examining the issue of terminations of pregnancy from the doctors' perspective. Dr. Carol Boyd-Scobie, PAHO/WHO Representative, shared the international experience paying particular attention to maternal mortality and morbidity and their underlying causes. The Guest Speaker was Dr. James Boyd, a Barbadian Gynecologist/Obstetrician who related the Barbados experience of Abortion Law Reform and its impact on society. A lively discussion session followed and it was reiterated that a woman's entire socio-economic state has to be considered in the fight to eliminate when seeking to reduce the incidence of abortion. Thirty-six persons including Health Professionals from the Ministry of Health, representatives of other NGOs, and FPATT Board and Staff attended the forum. These three activities reinforced FPATT's position at the forefront of local SRHR advocacy.

FPATT formed these imperative links with the medical and legal fraternity to advance the

reproductive health and rights of women in Trinidad and Tobago. In further strengthening ties with influential partners, FPATT sought to collaborate with Advocates for Safe Parenthood: Improving Reproductive Equity (ASPIRE), through the sharing of information and the combining of available resources. FPATT and ASPIRE met in May to share work plans, discuss strategies, and to identify spaces for collaboration at a meeting organized and attended by representatives of IPPF/WHR and PPFA-I. ASPIRE is also a member of FPATT's NGO Media Think-Tank, a group committed to the development of SRHR knowledge and for building on the communications skills acquired in the Media training facilitated by Catholics For a Free Choice (CFFC) in 2007.

The group comprising other local participants of the Communications Program met monthly to further enhance their communication skills while developing their knowledge base. Special guest presenters were invited to chair some of these meetings. For instance, a local researcher, Dr. Brader Brathwaite, presented the results of a survey of sex work she conducted in Trinidad and which was commissioned by a local NGO. At another session, a local journalist, Mr. Dale Enoch hosted a panel discussion of the participants on the topic of "Sex work". For International Women's Day 2008, participants prepared press releases on behalf of their organizations, on the theme "Financing Gender Equality"; these were submitted to the local



MD, 2008. When Abortion Becomes an Option. Express, pg 15, 15 July 2008

ON THE EVENING OF MONDAY
OCTOBER 13 2008 "A LEGAL
INTERPRETATION OF THE TRINIDAD
AND TOBAGO ABORTION LAW" WAS
LAUNCHED AT THE COURTYARD
MARRIOTT HOTEL.



Pickford-Gordon, Lara, 2008. Newsday, Section A, pg 5, 24 October 2008

newspapers and some were published. Letters to the Editor dealing with rape were also submitted and one of them was published and generated much discussion. Participants expressed their pleasure in having the opportunity to gain information and share opinions on the various topics discussed at these sessions making for a more knowledgeable and communicative SRHR NGO sector.

In June, Helena Acosta of Oriéntame in Colombia, conducted training with members of FPATT's Clinic staff sensitizing them to some of the issues that may impact their interaction with clients seeking post abortion care. A counselor, Ms. Kerriann Toby, was also hired by the Association to support this critical project.

SEXUAL HEALTH INTEGRATED PROGRAMME (SHIP)

The Sexual Health Integrated Programme for Sex Workers (S.H.I.P.) will increase social awareness of, and stigma-free access to, sexual and reproductive health services by sex workers, while providing them with a safe, client-friendly space in which to seek care and support. This programme also aims to increase safer sex practices among sex workers who access peer education and clinical services at FPATT. Public and political sensitivity to the rights, health and vulnerability of sex workers, mainly amongst police officers, social workers, health

care providers, immigration authorities and the media, is essential in achieving these objectives.

2008 saw the completion of some very innovative activities, such as a National Consultation with sex workers, a clinic audit, and sensitization and peer education workshops. FPATT is taking the necessary steps in ensuring that we engage persons involved in sex work professionally, sensitively, and respectfully. Empirical research gathered, coupled with the assessment of our own services, paved the way for us to begin public sensitization, ensuring first that we can operate at an optimum level before we impart our expertise to others.

A National Consultation coordinated by Caribbean Vulnerable Communities (CVC), based in Jamaica, was held in an effort to gather baseline information on the needs and status of sex workers in Trinidad and Tobago. This gave participants a forum in which to express not only their thoughts and opinions but to share that information with an organization that could have both local and regional impact. Representatives from key developmental organizations, the government, the medical community, fellow NGOs, and the media were present at this meeting, the most integral attendees to this meeting being the group of sex workers equipped with testimonies and presentations, systematically outlining their needs, obstacles, and vision for improved access to health services and care.

A thorough review and assessment of FPATT's clinical services was also conducted this year, to establish our ability in to provide adequate services to sex workers.

A good standing relationship with Dr. John

Waters of Centro de Orientacion Integral (COIN) combined with FPATT's knowledge of the work COIN does with sex workers in the Dominican Republic, made him the easiest and most appropriate choice to conduct our clinic review to establish our ability to provide adequate services to sex workers. His overall findings were positive and he concluded that with minor modifications to the clinic space and protocols, FPATT would be legible to provide the necessary services to sex workers.

Staff sensitization workshops facilitated by Juanita Dest-Altenberg, Executive Director of Stichting Maxi Linder Association of Suriname were well received, and staff's knowledge about sex work was inevitably broadened. Regardless of whether a client can be identified as a sex worker or not, it is imperative that all levels of staff working at FPATT embrace and demonstrate the organization's principles, especially those of equitable access to stigma-free health care.

We collaborated closely with UNAIDS on various aspects of their sex work project. This partnership has lead to involvement in a number activities geared towards meeting the needs of local sex workers, such as the peer educator training workshop. A number of regional organizations working with sex workers nominated individuals to take part in this initiative. The workshop covered topics such as self-esteem, advocacy, STI/HIV transmission and effective referrals. A total of 17 persons, 10 originating from FPATT, received quality training, and are now certified as peer educators. Of these 10 sex workers, 6 attended an additional training session on facilitating support groups. Although the training was intended for

staff of the various organizations, the Association felt it was important to include the sex workers in this training as well. As part of the 2009 work plan, the sex workers will be supported to lead their own groups.

Coming out of a number of meetings with both sex workers and community partners, the exploration of alternative employment was raised. Some sex workers have voiced a desire to explore alternatives to sex work. Although the focus of this project is providing sexual and reproductive health services, we recognize the need to provide support to those wishing to exit from the industry. As a result, FPATT will explore available options offered through government employment programmes as well as collaborate with other organizations to see how best this particular need can be met.

Several factors contributed to the success of the above accomplishments, namely careful planning and teamwork, partnerships with

various community members and collaborations with both local and regional organizations. Throughout the year, a core group of sex workers who have become both friends of the Association and who will come on board to work as peer educators and outreach workers, were consulted at various times along the way to provide input on a number of the project's intended activities. They provided crucial support, feedback and insight.

FPATT has partnered with other key organizations to make S.H.I.P a reality. The United Nations Population Fund (UNFPA), the lead Agency dealing with sexual and reproductive health including sex work, collaborated with us on the sensitization of professionals, offering input on subject matter and deliverables as well as providing technical assistance.

Through the HIV/AIDS coordinators of the Ministries of National Security, Health, and Social Development, personnel were invited to take part in the two day training sessions which focussed on many complex factors including human rights, stigma and discrimination that surround individuals involved in the trade of sex for goods, monies or other compensation. The workshop incorporated both individual and group activities which added interest and variety to the session.

FPATT maintains a close working relationship with the National AIDS Coordinating Committee (NACC) and participates in all meetings pertaining to sex workers. Additionally, Population Services International (PSI), Friends for Life and Red Initiatives have been at the forefront of much collaboration and remain key partners in our work. FPATT looks forward to maintaining these as well as building new relationships in the future.

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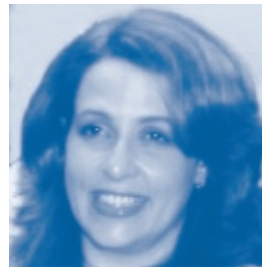
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Executive Director

MANAGEMENT AND STAFF



Staff of the Executive Director's Office



Information Systems Unit (ISU)



Finance



General Services



Port of Spain Clinic



San Fernando Clinic



Tobago Clinic



Outreach Team



De Living Room

EMPLOYEES 2008

EXECUTIVE DIRECTOR

Dona Da Costa Martinez Executive Director

OFFICE OF THE EXECUTIVE DIRECTOR

Roxanne Layne	Executive Secretary
Dr. Sandra Celestine	Program Manager
Jaime Lee Loy	Communications Manager
Anna Maynard	Coordinator VCT Integration
Desi-Anne Charles	Library Clerk
Mark Shaun Charles	Information Systems Officer
Rhonda Cardinez	Information Systems Assistant
Tricia Ramai	Resource Development Assistant

ADMINISTRATION

Debra Butte	Office Attendant
Stefan King	Front Desk Clerk
Garren Nurse	Messenger/Janitor
Marlon Elcid Primus	Messenger/Driver
Emery Richards	Messenger/Janitor
Genisa St. Hillaire	Clerk Typist
Kevin Walker	Data Entry Clerk - OJT

FINANCE

Rosanne Cox	Accounts Clerk
Suzette James	Storekeeper
Arthur Janneire	Finance Manager
Trezdivaughn Nedd	Senior Accounts Clerk

PORT OF SPAIN CLINIC

Edicta Carty Antonie	Nurses Aide
Marcia Guerra-Neckles	Nurses Aide
Kerri-Ann Toby	Counsellor
Dexter Thomas	Sessional Doctor/Specialist
Petula Lee	Sessional VCT Nurse
Monica Moore-Yearwood	Sessional Nurse
Genevieve Nedd	Sessional Nurse
Ituba St Clair	Sessional Nurse
Karen Small	Sessional Nurse
Mahalia Alexander	Sessional Nurse
Susan Cox-Baptiste	Sessional Nurse
Vicky Charles	Sessional Nurse
Geraldine Hunte	Sessional Nurse
Glenda Abraham	Sessional Nurse
Marlene Ali-Garcia	Sessional Nurse
Bernadette Mc Leod	Sessional Nursing Assistant
Kim Chadband	Sessional Nursing Assistant
Yvonne Paul	Sessional Nursing Assistant
Angelie Chotalal	Clinic Administrator
Marcia Dennis	Senior Clinic Clerk
Pamela Ramsay	Clinic Clerk
Shanelle Felix	Clinic Clerk
Pam Thomas	Nursing Assistant
Dorothy Williams Chandler	Sessional Doctor
Francis Saa Gandhi	Sessional Doctor
Robert Ugbekele	Sessional Doctor
Shiv Mehrotha	Sessional Doctor

SAN FERNANDO CLINIC

Ria Kanick	Senior Nurse
Joyce Lyman	Senior Nurse
Lima Sealey	Nursing Assistant
Jacqueline Weekes	Clinic Clerk
Lystra Parris Phillip	Clinic Clerk
Wynette Dalrymple	Part-time Cleaner
Ashmeed Mohammed	Sessional Doctor
Balkaran Shivnauth	Sessional Doctor
Jacob Oba	Sessional Doctor
Graceline Elie	Sessional Nurse
Donna-Mae Alexis	Sessional Nurse
Farah Moonah	Sessional Nurse
Suseenath Bisnath	Properties Assistant

YOUTH CLINIC

Ayana Brewster	Clinic Clerk
Monica Moore - Yearwood	Clinic Nurse
Claret Whiteman	Office Attendant

TOBAGO CLINIC

Rose Ambrose	Clinic Coordinator
Sonia Telfer	Sessional Doctor/General
Adama Tejansie	Sessional Nurses Aide
Aveanne Charleen Dempster	Sessional Cleaner

EMPLOYEES 2008

LABORATORY (PORT OF SPAIN CLINIC)

Jacette Taylor	Cytoscreener
Sucann Sai Ling	Cytoscreener
David Ho	Sessional Cytoscreener
Desiree Knott	Sessional Cytoscreener
Gloria Granderson	Sessional Cytoscreener
Shaheeba Barrow	Consulting Pathologist
Rickson Thomas	Lab Assistant
Nakisha John	Senior Clerk
Anesha Darcell-Thomas	Data Entry Clerk - OJT

OUTREACH

Lara Smith	Outreach Coordinator
Benedict Rousseau	Nursing Assistant / Driver
Kevin Munroe	Sessional Driver
Elijah Fagorala	Sessional Doctor
Gracelyn Peters	Sessional Nurse
Lena Pegus	Sessional Nurse
Theresa Francis	Sessional Nurse
Ann Marie Jogie	Sessional Nursing Assistant
Anna Persad	Sessional Nursing Assistant
Sherry Paul	Sessional Nursing Assistant
Daniel Ojatele	Sessional Doctor
Arthur Esdell	Sessional Driver (Mobile Clinic)
Evette Chang	Sessional Family Life Educator
Avalyn Lewis	Sessional Cleaner

PROJECTS

Maureen Searles	Project Coordinator
Priya Ganness-Nanton	Project Assistant
Rhonda Leach	Project Coordinator – SHIP

DE LIVING ROOM

Melissa Gabriel	Youth Officer
Ayana Brewster	Clinic Clerk
Merle St. George-Paul	Sessional Nurse
Debra De Leon	Sessional Nurse
Frances Lopez	Nursing Assistant
Allison Reveillac	Sessional Counsellor
Oseye Andrews	Sessional Doctor
Claret Whiteman	Office Attendant

VOLUNTEERS 2008

Community Based Health Workers

Name	Area
Natasha Allen	Arima
O'Leo Augustus	Arima
Annette Belle	Arima
Tahasha Boatswain	Barataria
Rosalyn Boodoo	Barrackpore
Kaysee Chadec	Barrackpore
Josephine Charles	Basse Terre
Satie Douglas	Enterprise
Cheryl Farnum	Enterprise
Alana Felix-James	Enterprise
Janice George	Westmoorings
Taramatie George	Chaguanas
Marixa Hamilton	Enterprise
Alicia Hamlet	Claxton Bay
Adanna Harding	Claxton Bay
Bernadette Indarsingh	Cocorite
Candis John	D'Abadie
Karen Khan	Enterprise
Deborah Khan	Arouca
Maria LoKai	India Walk
Joseann London	Morvant
Sandra Mahabir	Maloney
Ellica Martin Cuffy	Maloney
Gerard McBurnie	Maloney
Edicta Modeste	Peytonville
Lynette Mohammed	Princes Town
Yvette Mohan	San Francique

Community Based Health Workers

Name	Area
Candice Neebar	St Augustine
Ann Marie Paul-Reyes	Talparo
Suzie Persad	Talparo
Cindy Savitri	Felicity
Mahadeye Sooko	Boodoo Trace

Other Volunteers

Peter Lim Choy
Ruby-Ann Westfield

Youth Advocacy Movement

April Adams	Avalon La Guerre
Rachel Andrews	Brian McCarter
Raquel Ashton	Sarah-Lee McKnight
Candis Benjamin	Denzil McMillan
Gerard Brathwaite	Taranah Mohammed
Sade Chadec	Marisha Morris
Amos Charles	Brent Pereira
Marc Clarke	Debbie Pereira
Angel Cox-Alexander	Renee Pereira
Corintha Elliot	Sarah Ramcharan
Avionne Francis	Alisha Renaud
Anna Fraser	Leighenne Rivero
Shawn Freeman	Kendra Samuel
Keisha Garcia	Maurisa Sebro
Alicia Glanville	Kameise Shaw
CY Goodridge	Ife Smith
Sian Rose Granger	Jacette Taylor
Shantel Grant	Steffi Torres
Rachael Harry	Matthew Vernetie
Randell James	Sonia Walker
Heidi Jones	Samantha Xavier
Joel Jordan	Sabrina Yatali
Rayhaan Joseph	Bascombe Janine

DONORS 2008

CASH

Christine Jones –Vire
 Community Based Health Workers
 DOMA –Downtown Owners & Merchant Association
 First Citizens Bank Corporate Centre
 Gerry Brooks
 Grace Talma
 Jacqueline Sharpe
 La Romain SDA
 Myrtle Ward
 Rhand Credit Union
 The Fracture & Orthopedic Clinic

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 Hetty Serjeant
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Aflan Bakery
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 Caribbean Paper and Printed Products
 Face and Body Clinic Port of Spain
 Face and Body Clinic San Fernando
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 Hi Lo Supermarket
 JTA supermarket
 Kelly Supermarket
 Kiss Baking Co Ltd
 Laughlin and De Gannes Ltd
 Marlon Griffith
 Nandlal and Sons Ltd
 National Flour Mills
 Oscar Francois Ltd
 Pennywise Cosmetics, Port of Spain
 Puff and Stuff Bakery Port of Spain
 Puff and Stuff Bakery San Fernando
 Rhand Credit Union
 Sacha Cosmetics
 The Little Store
 Top Imports Ltd
 Undercover Nurseries Ltd

PROJECTS

JB Fernandes Trust 1
 The Government of Trinidad and Tobago
 University of Illinois at Chicago
 International Planned Parenthood Federation
 International Planned Parenthood Federation/
 Western Hemisphere Region
 International Planned Parenthood Federation/
 Innovation Fund
 United Nations Development Programme
 United Nations Population Fund
 The Community Development Fund
 UNIFEM - United Nations Development Fund
 for Women

ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome	NGO	Non Governmental Organization
ASPIRE	Advocates for Safe Parenthood: Improving Reproductive Equity	NWRHA	North West Regional Health Authority
CBHW	Community Based Health Workers	OJT	On the Job Trainee
CFFC	Catholics For a Free Choice	PAHO/WHO	Pan American Health Organization/World Health Organization
CFPA	Caribbean Family Planning Affiliation	PMC	Population Media Center
CHAMP	Collaborative HIV/AIDS Management Programme	PSI	Population Services International
CMB	Collier Morrison Belgrave Limited	SHIP	Sexual Health Integrated Programme
COIN	Centro de Orientacion Integral	SRH	Sexual and Reproductive Health
CVC	Caribbean Vulnerable Communities	SRHR	Sexual and Reproductive Health and Rights
ERHA	Eastern Regional Health Authority	STI	Sexually Transmitted Infection
FIGO	International Federation of Gynaecology and Obstetrics	SW	Sex Workers
FPATT	Family Planning Association of Trinidad and Tobago	UNAIDS	United Nations Programme on HIV/AIDS
GOSTT	Gynecology and Obstetrics Society of Trinidad and Tobago	UNDP	United Nations Development Programme
GYCA	Global Youth Coalition	UNFPA	United Nations Development Fund For Women
HIV	Human Immunodeficiency Virus	UNIFEM	United Nations Development Fund For Women
ICPD	International Conference on Population and Development	UTT	The University of Trinidad and Tobago
IPPF	International Planned Parenthood Federation	UWI	University of the West Indies
IPPF/WHR	International Planned Parenthood Federation/Western Hemisphere Region	VCT	Voluntary Counselling and Testing for HIV
NACC	National AIDS Coordinating Committee	YAM	Youth Advocacy Movement

**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 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
STI Testing

SERVICES FOR MEN

Counselling
Male Health Package
Prostate Examination
Non-permanent Contraceptive
Voluntary Counselling and
Testing for HIV
Health Education Programmes
Outreach Services
STI Testing

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
STI Testing

