



**National  
Family Planning  
Board**

**ANNUAL REPORT**

**For Years  
1st April, 1976  
- 31st March, 1981**

NATIONAL FAMILY PLANNING BOARD  
REPORT FOR 5 YEAR PERIOD  
National Family Planning Board  
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National  
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NATIONAL FAMILY PLANNING BOARD

REPORT FOR 5-YEAR PERIOD

1976 - 77 TO 1980 - 81

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INTRODUCTION

This report incidentally reviews the activities of the National Family Planning Board for the 5-year period during which the Ministry of Health assumed greater involvement and control of policy and implementation of Family Planning Services.

The National Family Planning Act promulgated on the 13th of August, 1970, empowered the National Family Planning Board "to prepare, carry out and promote the carrying out of family and population planning programmes in Jamaica and to act as the principal agency of Government for the allocation of financial assistance, or grants to other bodies or persons engaged in the field of family and population planning in Jamaica".

Prior to the establishment of the National Family Planning Board, private individuals and voluntary organisations were involved in Family Planning activities from the late 1930s.

The major target of the Board on establishment, was to reduce the crude birth rate to 25 per 1,000 by 1978 from a rate of 38.8 per 1,000 in 1966. To achieve this goal, a massive public education programme was launched islandwide and a network of nearly 200 family planning clinics was established.

Activities undertaken were Research, Library Services, Family Planning Education Services, Statistical Services, Clinical Services and Supplies, Cytology Services, International Assistance and the Commercial Distribution of Contraceptives.

In 1974 the Government integrated family planning field services with the primary health care delivery services of the Ministry of Health. This involved the placement of the responsibility for the delivery of family planning education services in the Bureau of Health Education and the clinical services within the Nursing Division of the Ministry of Health.

In 1976 the operations of the National Family Planning Board were to a greater extent amalgamated with the Health Care Services of the Ministry of Health and in fact represented greater Ministry involvement and control of policy and implementation. Consequent on this merger the programmatic responsibilities of the Board were revised to include responsibility for management in the following areas:

1. Public information and communication on all aspects of family planning including family life education.
2. Intensive training in clinical services delivery and family life education.
3. Promoting family life education through special projects and through liaison with Government agencies, church and civic organisations.
4. Maintaining an Advice Service on problems related to contraception, adolescent development and concerns, family relationships and human sexuality.

5. Maintaining a reference library, acquiring or developing material for public dissemination, maintaining exchange of population and family planning information locally and internationally.
6. Maintaining statistical records of information on maternal and child health and contraceptive usage and effects.
7. Initiating research and evaluating of population and family planning issues.
8. Monitoring projects supported by international funds.
9. Procuring, storing and distributing a wide range of contraceptives and related medical supplies to clinics.
10. Procuring, packing and supplying subsidized contraceptives through the commercial market.
11. International assistance.

The overall evaluation of the Board's activities and achievements for the years 1977-1980 revealed that the Family Planning Programme lost much of its momentum since the integration process was undertaken.

## MEMBERSHIP OF BOARD

During this period of integration an "In House" Board of Directors was appointed with membership comprising the main Senior Ministry of Health Officials with the Permanent Secretary as Chairman. However, in September, 1979 the Minister of Health directed that a new Board be constituted to facilitate wider representation including a representative of the Jamaica Family Planning Association.

As a result of this change of membership of the Board effective February 1, 1980 was as under:

Mr. Donald Miller	—	Permanent Secretary — Ministry of Health — Chairman
Mr. R.A. Ramcharan	—	Ministry of Health
Dr. Christine Moody	—	Ministry of Health
Mr. L.L. Woolery	—	Ministry of Health
Mrs. L. Hunter-Scott	—	Ministry of Health
Miss D. Goldson	—	Ministry of Health
Dr. Deanna Ashley	—	Ministry of Health
Dr. Lenworth Jacobs	—	Jamaica Family Planning Association
Mr. John Allgrove	—	
Miss Barbara Boland	—	National Planning Agency
Mrs. E. Manning	—	NFPB (Staff Representative)
Mr. S. Cheddar	—	NFPB (Executive Director)

### **PARTICIPATING AGENCIES:**

Several Government Ministries and Departments, Religious and Social Groups and private organisations continued during these five years to collaborate with the National Family Planning Board in the family planning and family life education programme.

The Board is grateful for the cooperation and assistance rendered by members of staff attached to the following Ministries and Agencies:

- Ministry of Health
- Bureau of Health Education
- Public Health Department
- Ministry of Youth and Community Development
- Ministry of Agriculture
- Ministry of Labour
- United States Agency for International Development (US AID)
- United Nations Fund for Population Activities (UNFPA)
- Jamaica Family Planning Association
- University of the West Indies
- Operation Friendship
- Young Women's Christian Association
- Private Medical Centres

## THE DEMOGRAPHIC SITUATION

Changes in population size are due to the interplay of three components, fertility, mortality and migration. Migration has historically played a dominant role in the demographic transition of the island. Over the years it has cushioned the effects of a high natural increase. Jamaica's population increased nearly six-fold from its first census count in 1844 of 377,000 to its latest count in 1982 showing a population of 2,095,878 persons.<sup>1</sup> The island's annual rate of growth has always been contained at under 2 per cent with its lowest being an average growth of 0.32 per cent during the period 1881 - 1921 and its highest 1.7 per cent during the intercensal period 1921-1943. The latest available growth rate shows 1.0 per cent per annum for the intercensal period 1970 to 1982.

Family Planning as a national program was introduced in Jamaica in 1968. The primary goal of the program was to effect a reduction in the crude birth rate from its then 39 per 1000 to 25 per 1000 by 1978. The course of fertility decline particularly since that period will therefore be of particular relevance to the work of the Family Planning Programme. With the brief summary of salient features of past population movements contained in the previous paragraph, the rest of the report highlights the island's demographic experience since 1970.

The crude birth rate at 1970 stood at 35 per 1,000. It represents a continued declining trend which became obvious around the mid 1960's. The island's population in 1970 was 1.8 million representing an intercensal increase of 238,700, and an annual growth rate of 1.2 percent. By 1974, the population of the island passed its 2 million mark. This occurred despite a continued decline in the crude birth rate which registers 30.1 in 1975. The latest available figure shows the crude rate for 1981 as 26.8 per 1000 population.

Other measures of fertility have confirmed the declining trend which first became obvious in the 1960's.<sup>2</sup> Age specific fertility rates for the decade of the seventies indicate that declines in fertility have been taking place among women of all ages. This is in contrast to the patterns observed for the 1960's, when declines were occurring only among women 30 years old and over. The total fertility rate that is, the number of children born per woman has declined from an average of 6.0 in the 1960's to around 4.0 in the late 1970's.

The role played by other components of population change is instructive. The crude death rate in 1970 was 7.7 per 1000 maintaining a consistent decline which first started in 1921. The latest available value 6.1 for 1981 places Jamaica on par with some developed countries and certainly much better than several of her developing counterparts. With such a course of mortality and still relatively high levels of fertility, there is still a sizeable gap between the two sets of population movements. (Figure 1). The natural increase, that is the difference between births and deaths, in 1970 was 50,000 but fell to 45,500 in 1981. The annual rate of growth for 1981 was 1.4 per cent and has been the largest rate since 1976.

Other features of a favourable mortality situation of the island are worth noting. There has been marked improvements in the average length of life which in 1970 registered 66.7 years for males, a 31 years gain over its level in 1921. Gains for females were more marked with an increment of 32 years bringing the average length of life for females in 1970 to 70.2 years. Progress has also been made with respect to infant mortality which stood at 20.4 in 1976 representing a downward trend from its level of more than 150 per 1000 live births in the 1920's.

Migration despite its fluctuation over the decade continued to act as a brake on rates of population growth. Net migration for the year 1970 was 23,000, just about 46 per cent of the natural increase for that year. The largest outward movement for the decade was 31,500 in 1971. The numbers then declined drastically averaging about 11,000 annually up to 1976 when it again started to increase. It peaked in 1980 at 24,300, representing 53 per cent of natural increase. A very drastic fall in migration took place in 1981, a mere 5,900 persons. This explains a rise in the rate of population growth between 1980 and 1981 despite the prevailing fall in the crude birth rate. Figure 2 shows the contrast between the three components. See also Appendix 1 for appropriate figures.

The decline in fertility levels is no doubt dependent on a number of factors. It has been taking place against the background of a very dynamic society in which changing social, economic and cultural factors could have influenced fertility decision-making. The indications are that the main factor accounting for the declines of the 1960's could have been migration. Outward movements were age and sex selective and attracted large numbers of women in the child-bearing age. Migration continue to be influential in the decade of the 1970's. However, the observed trend of a fertility decline as seen in both periods and cohort rates suggests that such declines are the result of a genuine change in fertility behaviour. The role of modern contraceptives which have become increasingly available to Jamaican women cannot be overlooked.

The Jamaica Fertility Survey 1975 recorded a 35 per cent current user rate among women who have ever been in a union. The contraceptive Survey of 1979 gave the user rates for a comparable group of women as 50.5 per cent. Even taking variations in sampling into account, the data suggest that more Jamaican women are using contraceptives. The Family Planning program has without doubt made an impact on reproductive behaviour in the island, though it is not easy to separate the effects of the program from effects of other factors. However, despite the availability of contraceptive services throughout the island, data from the most recent survey show that approximately 57 per cent of the ever union women wanted no more children yet were not using contraceptives.

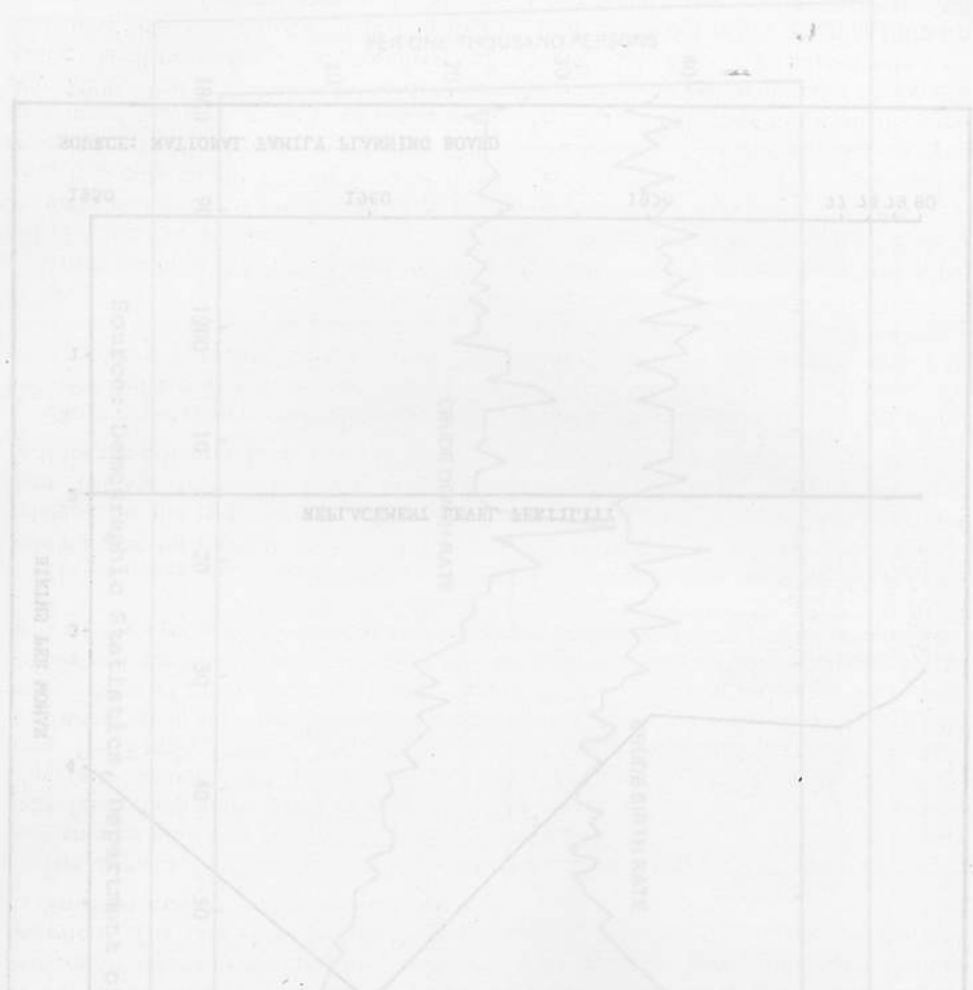
The evidence also suggests that women were more willing to use contraceptives for spacing than for postponing a first birth. The continued early entry into child bearing as reflected in the large number of teenagers becoming mothers is still a matter of concern. The age structure of the Jamaican population warns that despite declining levels of fertility the potential for a turn around is still very great.

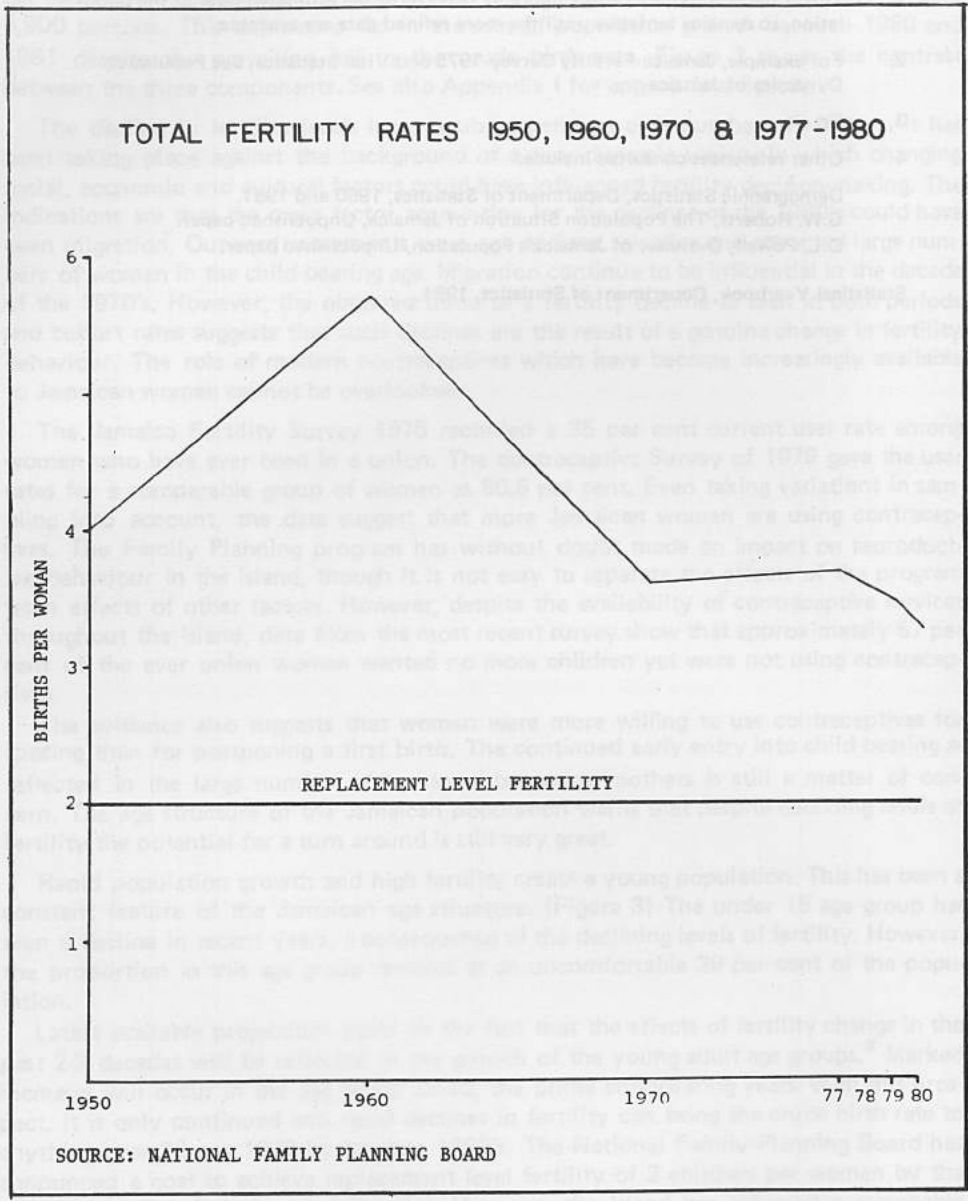
Rapid population growth and high fertility create a young population. This has been a constant feature of the Jamaican age structure. (Figure 3) The under 15 age group has seen a decline in recent years, a consequence of the declining levels of fertility. However, the proportion in this age group remains at an uncomfortable 39 per cent of the population.

Latest available projections point to the fact that the effects of fertility change in the past 2-3 decades will be reflected in the growth of the young adult age groups.<sup>3</sup> Marked increases will occur in the age group 20-29, the prime childbearing years. With this prospect, it is only continued and rapid declines in fertility can bring the crude birth rate to anything near 20 per 1000 by the late 1980's. The National Family Planning Board has announced a goal to achieve replacement level fertility of 2 children per woman by the year 2000. This is indeed a tall order. However, the island has achieved a reasonable level of fertility decline without the level of modernization usually associated with such consistent falls. It would be interesting to see if with a vigorous family planning program and new inputs of modernization the island achieves replacement level by the year 2000 and still outside the context of legalized abortion.

References

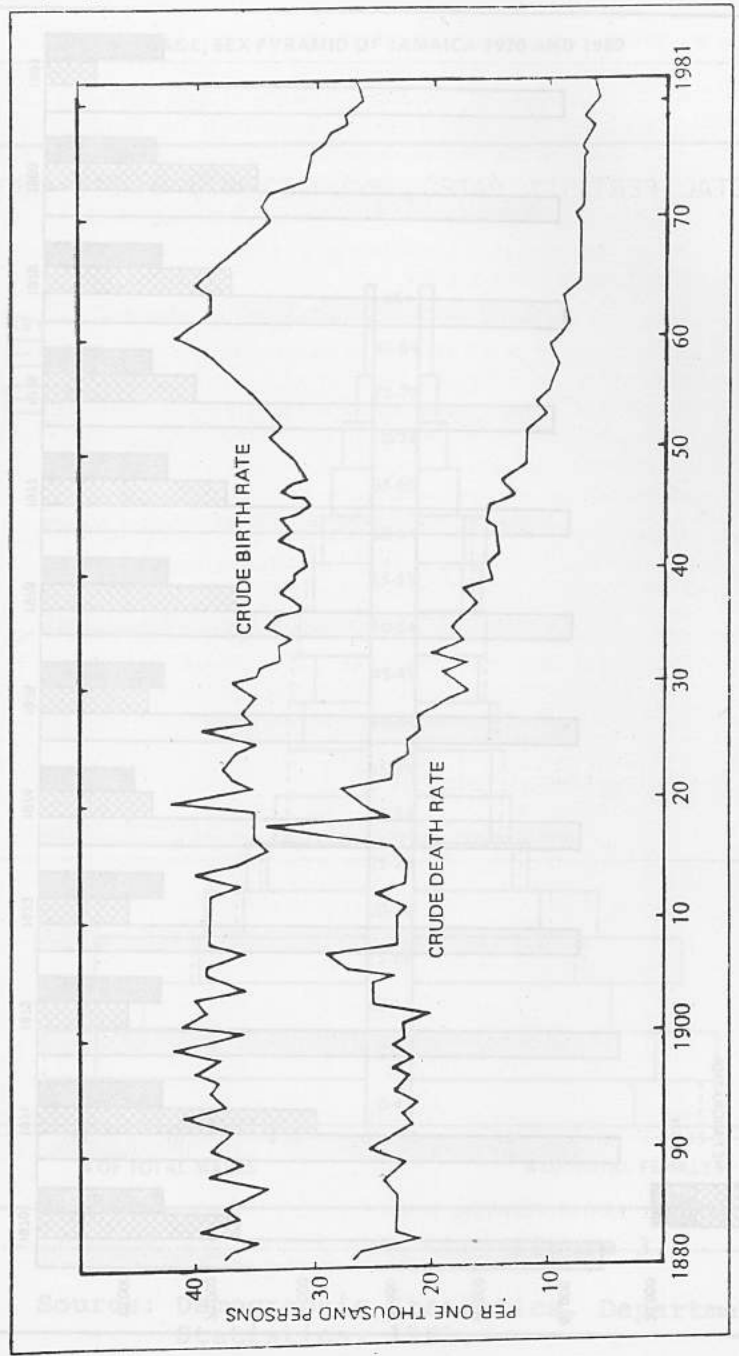
1. This is the preliminary census figure. It falls below the estimated level of the population, so remains tentative until the more refined data are available.
2. For example, Jamaica Fertility Survey 1975 and Vital Statistics, See Population Dynamics of Jamaica.
3. Op cit
4. Other references consulted include:  
 Demographic Statistics, Department of Statistics, 1980 and 1981.  
 G.W. Roberts, The Population Situation of Jamaica, Unpublished paper.  
 D.L. Powell, Overview of Jamaica's Population, Unpublished paper.  
 Statistical Yearbook, Department of Statistics, 1981.



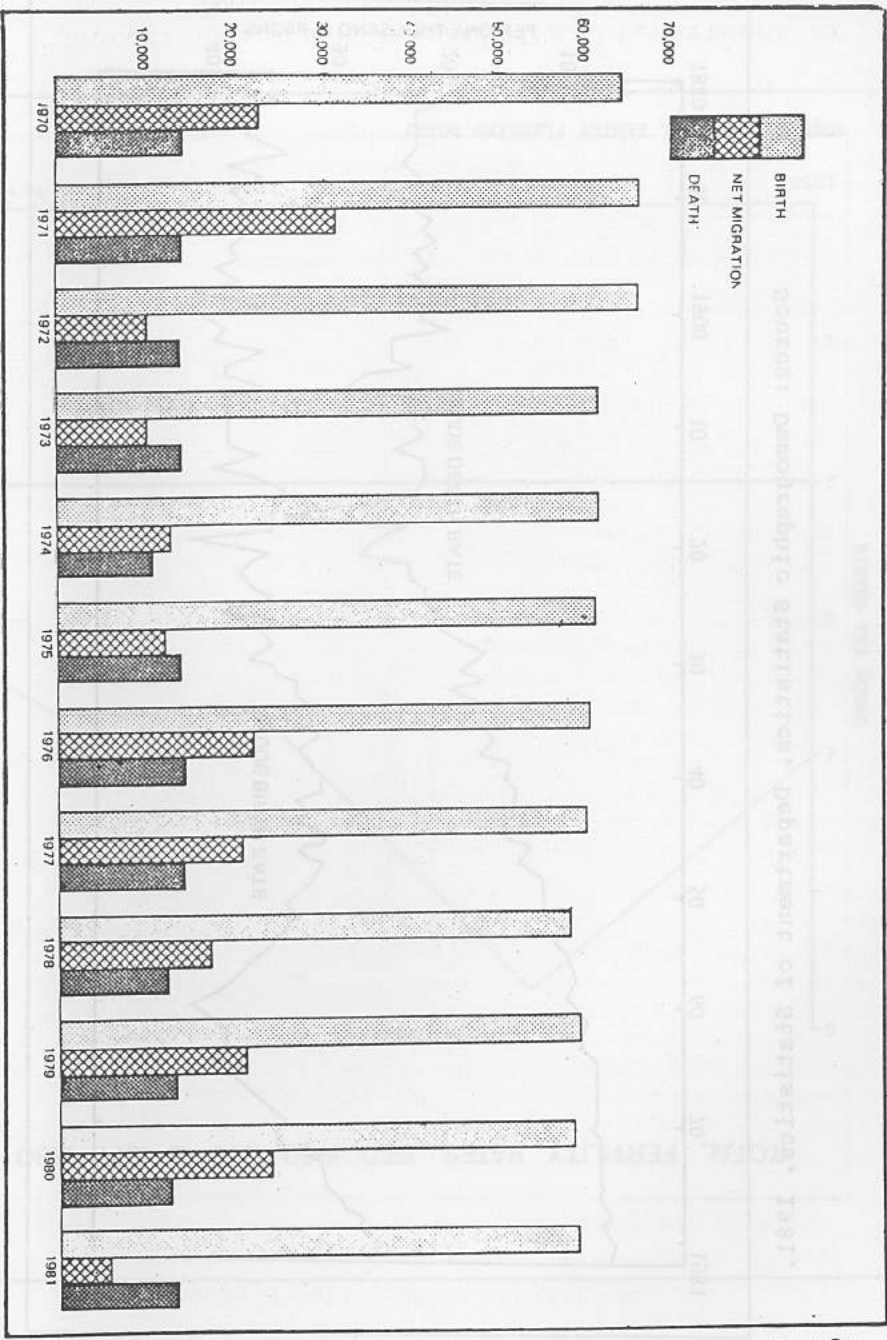


### CRUDE BIRTH AND DEATH RATES 1880 - 1981

Figure 1



Source: Demographic Statistics, Department of Statistics, 1981.



Source: Demographic Statistics, Department of Statistics.

Figure 2

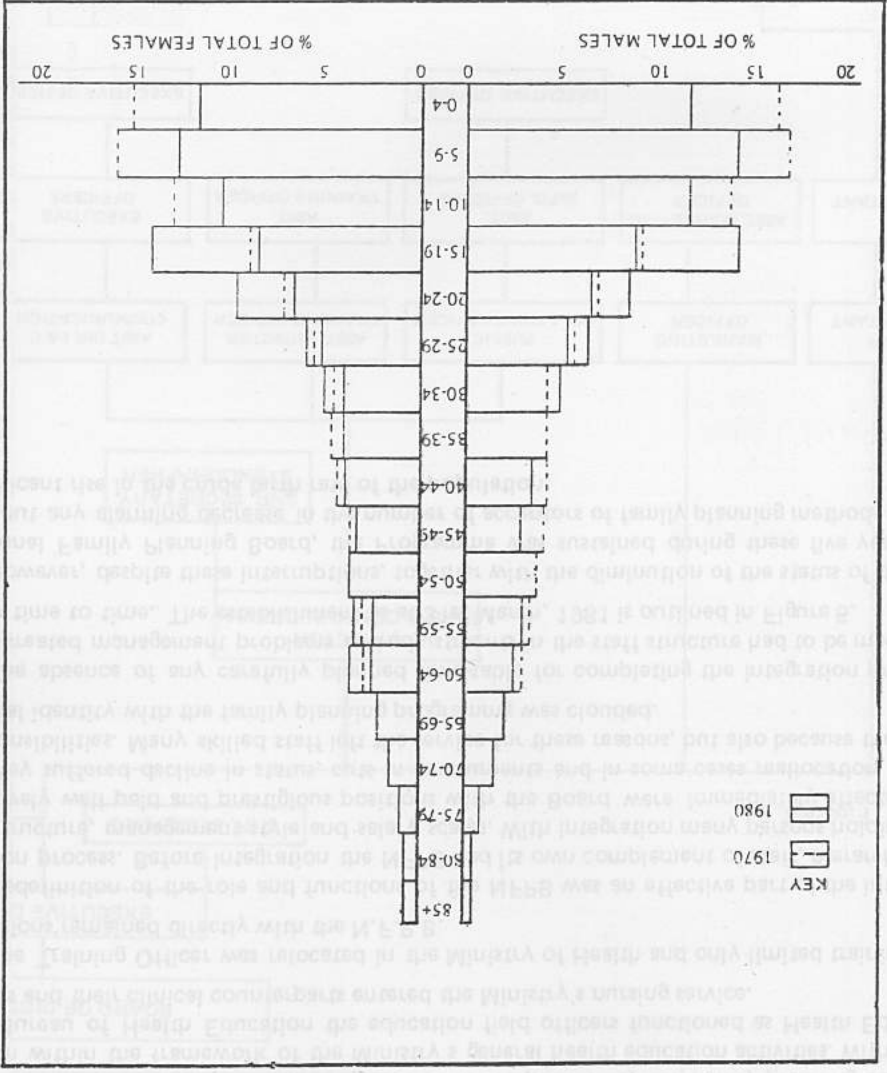


Figure 3.

Source: Demographic Statistics, Department of Statistics, 1981.



**ORGANISATIONAL STRUCTURE**

The preliminary phase of integration involved the transfer of the educational component of Information, Education and Communication (I.E.&C.) to the Ministry of Health. In this exercise approximately 120 educational and clinical staff were transferred. The Bureau of Health Education assumed prime responsibility for family planning education within the framework of the Ministry's general health education activities. Within the Bureau of Health Education the education field officers functioned as Health Educators and their clinical counterparts entered the Ministry's nursing service.

The Training Officer was relocated in the Ministry of Health and only limited training functions remained directly with the N.F.P.B.

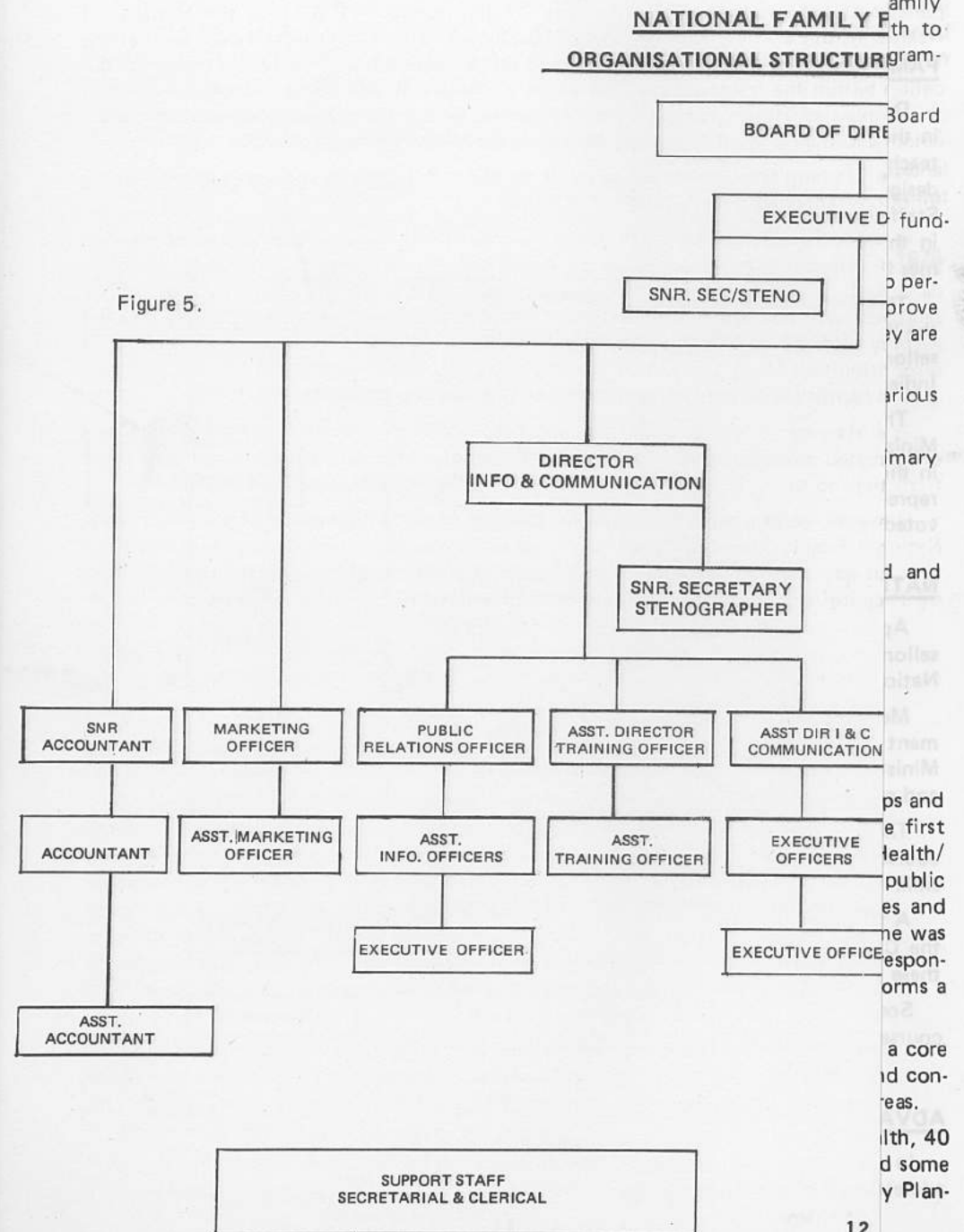
Redefinition of the role and functions of the NFPB was an effective part of the integration process. Before integration the NFPB had its own complement of staff, hierarchical structure, management style and salary scales. With integration many persons holding relatively well paid and prestigious positions with the Board were immediately affected as they suffered decline in status, cuts in emoluments and in some cases reallocation of responsibilities. Many skilled staff left the service for these reasons, but also because their special identity with the family planning programme was clouded.

The absence of any carefully planned time-table for completing the integration process created management problems and adjustments in the staff structure had to be made from time to time. The establishment as at 31st March, 1981 is outlined in Figure 5.

However, despite these interruptions, together with the diminution of the status of the National Family Planning Board, the Programme was sustained during these five years without any alarming decrease in the number of acceptors of family planning methods or significant rise in the crude birth rate of the population.



Figure 5.



**NATIONAL FAMILY PLANNING BOARD**  
**ORGANISATIONAL STRUCTURE AS AT 31st MARCH, 1981**

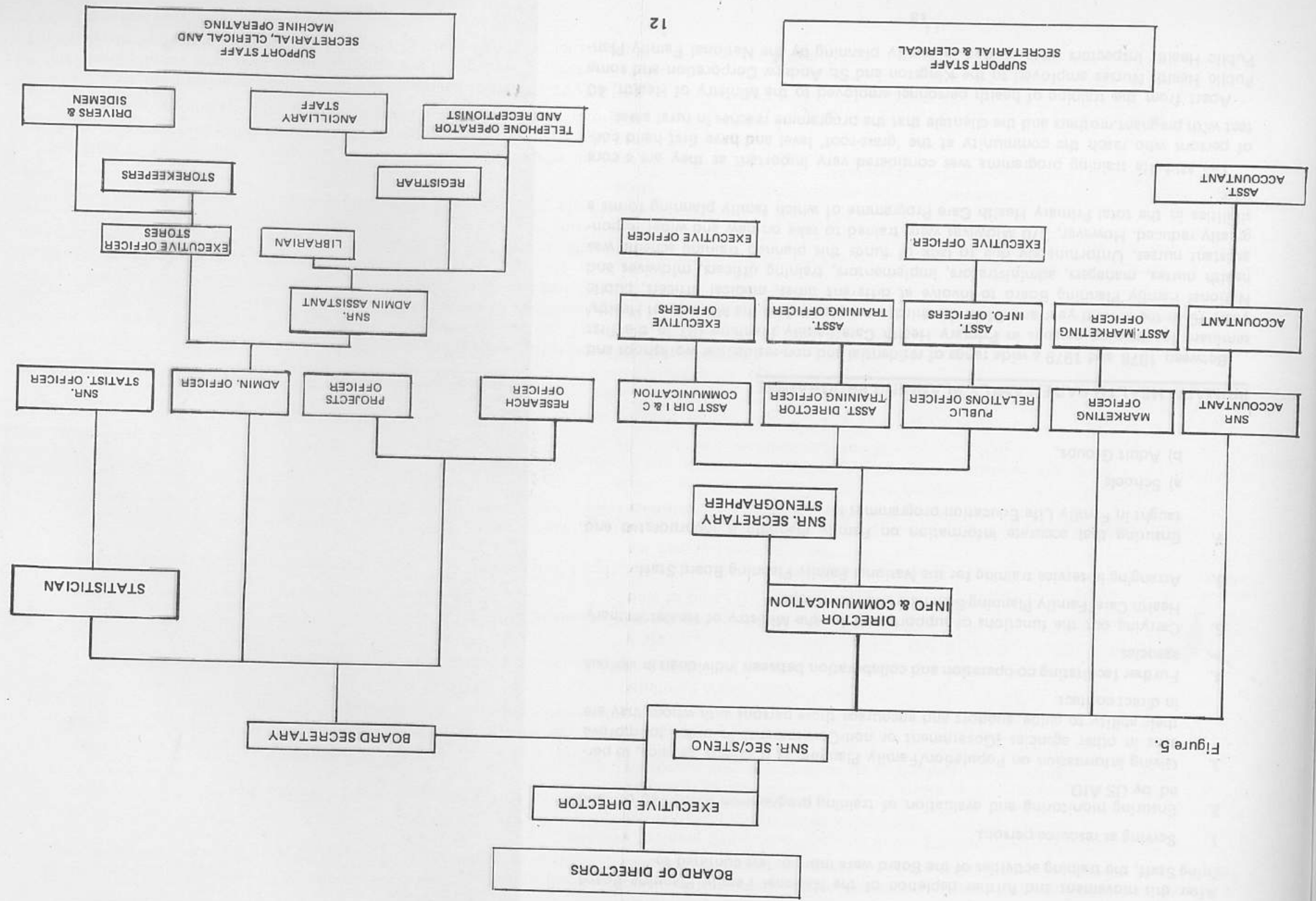
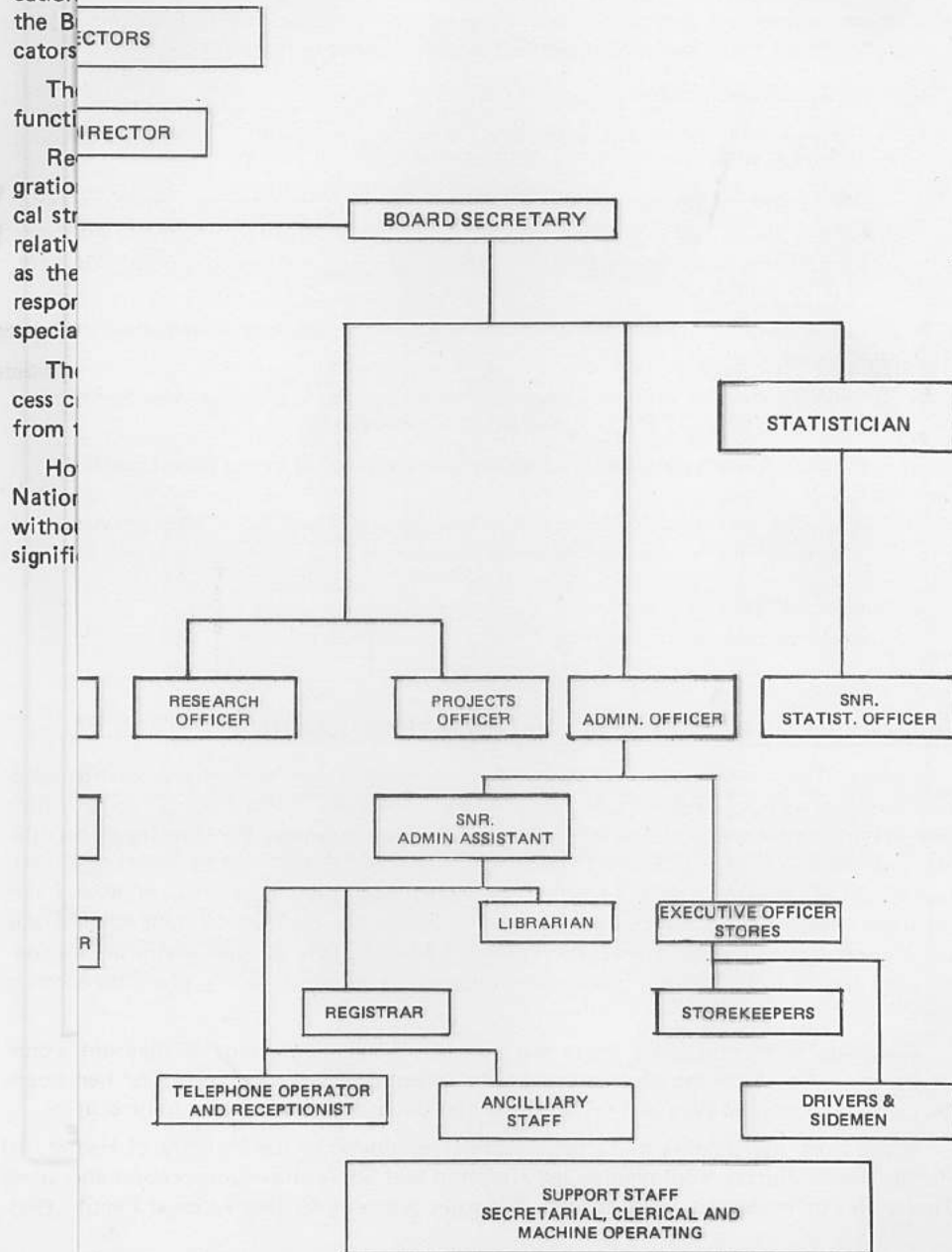


Figure 5.

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**NATIONAL FAMILY PLANNING BOARD**  
**AS AT 31st MARCH, 1981**



**TRAINING**

Integration brought about a split in the Training Division of the National Family Planning Board. The Training Director was transferred to the Ministry of Health to strengthen the family planning component in the Primary Health Care Training Programme.

After this movement and further depletion of the National Family Planning Board Training Staff, the training activities of the Board were more or less confined to:

1. Serving as resource persons.
2. Ensuring monitoring and evaluation of training programmes sponsored or funded by US AID.
3. Giving information on Population/Family Planning as it affects Jamaica, to persons in other agencies (Government or non-Government) in order to improve their ability to guide, support and encourage those persons with whom they are in direct contact.
4. Further facilitating co-operation and collaboration between individuals in various agencies.
5. Carrying out the functions of support staff for the Ministry of Health Primary Health Care/Family Planning Seminars and Workshops.
6. Arranging in-service training for the National Family Planning Board Staff.
7. Ensuring that accurate information on Family Planning is incorporated and taught in Family Life Education programmes in:
  - a) Schools
  - b) Adult Groups.

**PRIMARY HEALTH CARE/FAMILY PLANNING PROGRAMME**

Between 1976 and 1979 a wide range of residential and non-residential workshops and seminars for training persons in Primary Health Care/Family Planning (27 in the first year, 19 in the second year and 21 in the third) were planned by the Ministry of Health/National Family Planning Board to involve at different times, medical officers, public health nurses, managers, administrators, implementors, training officers, midwives and assistant nurses. Unfortunately due to lack of funds this planned training scheme was greatly reduced. However, 370 Midwives were trained to take on new and wider responsibilities in the total Primary Health Care Programme of which family planning forms a part.

The Midwife training programme was considered very important as they are a core of persons who reach the community at the 'grass-root' level and have first hand contact with pregnant mothers and the clientele that the programme reaches in rural areas.

Apart from the training of health personnel employed to the Ministry of Health, 40 Public Health Nurses employed to the Kingston and St. Andrew Corporation and some Public Health Inspectors were trained in family planning by the National Family Plan-

ning Board. The Board also became directly involved with the training of 37 selected members of the Jamaica Federation of Women through assistance sought by that body to help members working in their community to provide better family life. Because of their involvement in community affairs, these women have the opportunity to promote family planning and better family living in various group settings, thus playing a vital role in the family planning programme.

#### FAMILY LIFE EDUCATION PROGRAMME

During the period under review the National Family Planning Board was fully involved in the Ministry of Education Family Life Education Training Programme for counsellors, teachers and others in schools and tertiary institutions. Workshops and seminars were designed and arrangements made for them islandwide and National Family Planning Board staff functioned as resource persons. Senior officers of the Board were actively engaged in the Curriculum Thrust Development as well as the preparation of teaching programmes for the various grades in High and All-Age Schools.

Through the National Family Planning Board sixty Guidance Counsellors qualified at the Western Carolina University, U.S.A. and thirty-nine attended a one-year guidance counsellors training course at the Educational Training Centre of the University of the West Indies.

The in-service workshops on Family Planning/Family Life Education arranged by the Ministry of Education/National Family Planning Board were relatively more stressed than in the University Courses. About 20% of the programme dealt with administration, 80% represented instruction time and about 75% of the professional instruction time was devoted to Family Life Education including Family Planning topics.

#### NATIONAL FAMILY PLANNING BOARD STAFF - TRAINING PROGRAMME

Apart from the intensive training of the health staff in family planning, and counsellors and teachers in Family Life Education, attention was given to the training of National Family Planning Board Staff Members.

Members of the Accounts and Stores Departments attended courses at the Government Finance and Accounts College of Training (FACT) through the courtesy of the Ministry of the Public Service. Other Staff Members received training in communication and office procedures.

The Marketing Officer for the Commercial Distribution of Contraceptives attended courses in marketing offered by local management institutes with a view to upgrading his skill.

A training programme to spread over four years was devised for retailers of the Pill and the Condom to increase their knowledge in family planning in general, and the use of these two contraceptive agents in particular.

Some senior staff members, through the assistance of US AID went on short-term courses overseas, particularly in Management of Family Planning Programmes.

#### ADVANCED TRAINING AND RESEARCH IN FERTILITY MANAGEMENT

In response to growing concern throughout the Caribbean area at the increase of adolescent parenting, the Family Planning Unit of the University of the West Indies deve-

loped and conducted courses in "Advanced Training and Research in Fertility Management". The National Family Planning Board worked in close collaboration with the Unit in the presentation of these training courses which were well attended.

#### INDUSTRIAL WORKERS

A programme was planned by the National Family Planning Board to conduct training sessions in factories and the programme actually got under way during the period under review. Unfortunately some proprietors did not give the level of co-operation which was expected of them.

#### FUNDING

Funds were made available for training of health personnel through some international agencies, particularly US AID. In spite of the generous help from US AID there was not sufficient funds to carry out all the planned training programmes.

Appendix "A" shows the number of training conferences held during the years 1976-1977 to 1979-80, the number of participants and the cost.

"A"

NATIONAL FAMILY PLANNING BOARD

SUMMARY - TRAINING CONFERENCES - 1976-77 - 1979-80

YEAR	1976-77	1977-78	1978-79	1979-80	GRAND TOTAL
NUMBER OF COURSES	28	22	21	10	81
NUMBER OF PARTICIPANTS	970	893	1,170	400	3,433
TOTAL COST	126,938	\$107,258	\$73,008	\$28,713	\$335,917

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PUBLIC INFORMATION AND COMMUNICATION

During the early stages of the period under review, integration of the family planning functions into the wider activities of the Ministry of Health continued and as a result of this action, reorganization of the staff of the Information and Communication Division of the National Family Planning Board and readjustment of its programme became necessary.

Notwithstanding this disruption and the shortage of funds during the latter part of this period the following functions were satisfactorily administered:

- Providing of suitable material for information on Family Life Education island-wide.
- Collaborating with the Ministry of Education's programmes on Family Life Education (FLE) and Personal Development Education Programme (PDEP).
- Maintaining the Inter-Agency Committees to bring about sharing of information and co-operation among all agencies actively involved in Family Life Education Programmes.
- Maintaining an Answering Service to meet the needs of a vast number of Family Planning clients and potential acceptors.
- Promoting Mass Media Advertising on Family Life Education/Family Planning, Planning and vetting suitable programmes for radio and press advertisements.
- Training.

Family Life Education

It is emphasized in the Ministry Paper No. 1 of 1974 on Family Planning policies and strategies, that Family Life Education should be given the highest priority in Family Planning and the National Family Planning Board in its new role was assigned this responsibility.

In pursuance of this commitment, revised plans and procedures were introduced by the Board in order to implement as fully and as speedily as possible activities aimed at reaching certain goals which were set for accomplishment.

During the period under review, the committees designated the Policy Co-ordinating and the Inter-Agency Committee, formulated arrangements acceptable to the Ministries of Education, Youth and Community Development and Health, facilitated co-ordination, maximized the use of human physical resources and ensured a consistent and rigorous execution of the Family Life Education Programme.

A master plan for the programme was developed and after a series of Committee Meetings a curriculum was drafted for the various school grades and some schools prepared syllabuses based on this curriculum.

Up to the end of March, 1977 over 3,000 School Teachers and Guidance Counsellors were trained to carry out effectively the Family Life Education programme in Primary and Secondary Schools and in Tertiary Institutions.

At the commencement of this period it was recognized that in order to pursue suc-

successfully the whole concept of the schools programme and to ensure implementation of the plans, the training of counsellors and teachers had to be intensified.

In this regard, the Ministry of Education in collaboration with the Ministry of Health/National Family Planning Board with funds provided by US AID, increased the training sessions of the Personal Development Education Project which was centered in the Ministry of Education. The project plan for 1976-1980 aimed at the integration of FLE into the programmes of primary, secondary and tertiary education institutions through teachers, counsellors and lecturers. An integral part of the Personal Development Education Project was the continuing selection from trainees of teachers with potential for development as Resource Persons and this had a multiplying effect as the project proceeded through the planned phases.

Most of the training in Family Life Education was carried out by a series of in-service, non-residential regional workshops.

During this 5-year period the Family Life Education Programme was widened to:

- i) create a greater understanding of the religious and spiritual aspects of family life to the individual and the family.
- ii) create a greater understanding of Teenage sexual behaviour;
- iii) give a full understanding of the use and effectiveness of the contraceptive agents available.

Training was extended to school nurses, social workers, army personnel, factory workers and other persons from various disciplines and backgrounds.

A Parent Education Project was designed to enable parents and those in parenting roles to educate their children on the topics of sex values, relationships and birth control. Training sessions for groups under this project were carried out at community level when such topics as controversial sexual behaviour, child abuse, incest, rape and teenage pregnancy were discussed and explained.

In order to maintain the momentum of the family life programme, the Board continued to examine the various types of family structures that exist locally and devised appropriate strategies in an effort to make the concept of family life and family planning more meaningful to the public; and to persuade them ultimately to adopt patterns of behaviour that will lead to an improvement in the quality of life.

The Information and Communication Staff of the Board, with the support of the Committees, were constantly engaged in:

- a) building group cohesion.
- b) preparing and delivering talks to schools, institutions and various groups of persons.
- c) assessing the needs of schools, parents, students, educators.
- d) developing Family Life Education programmes for schools and the general public.
- e) identifying and developing training skills in family planning.
- f) preparing specific implementation plans.
- g) establishing and maintaining linkages in the interest of family planning generally.
- h) preparing radio programmes.

### Media Production and Distribution

The mass media and publicity programme was confined mainly to radio and press. In addition, the use of audio-visual aids was adopted for transmitting information to small groups and for creating motivation.

Five-minute dramatised family life education radio programmes were broadcast twice weekly on both radio stations. The series related to interpersonal relationships, human sexuality, human production, contraception, venereal diseases and communication in the context of adolescent concerns and sexual behaviour. Judging from the number of telephone calls and letters received by the Board the public response to these radio programmes was quite good.

Another Radio Programme under the caption "MY PROBLEM" was transmitted live once weekly and covered an exceedingly wide range of individual and family problems and their solutions. This programme, among other objectives, was slanted towards dispelling the many local myths associated with birth control.

### Press

From time to time the National Family Planning Board used the press to spread Family Planning and Family Life messages.

The press releases were of two types:

- a) Press releases of informative material.
- b) Paid advertisements. These were intended to create awareness of and motivation for Family Planning and promote the service of the National Family Planning Board.

The black and white posters produced by the National Family Planning Board under the title "Have a Heart" were used for the press advertisement.

Due to staff and budgetary restrictions, the press messages were reduced during this period under review.

### Exhibitions

The Information and Communication Division of the Board prepared and presented Family Planning materials at a number of exhibitions and fairs.

### Answering Service

The Answering Service developed out of the public response to the radio programme on Family Life which began in 1975. Since letter answering was the major activity, the service in December 1976 was named "Answering Service" and members of the public were invited via press and radio to write, telephone or visit the National Family Planning Board's office for advice and/or information pertaining to Family Life Education/Family Planning.

The pseudonym "MARGE ROPER" was used for the Radio Programmes allowing the public to address the National Family Planning Board in a personal way.

The answering service tries to respond to letters in a personal way, including direct personal or technical advice and answers to questions. In addition printed material like booklets, leaflets, brochures partly from the Bureau of Health Education, or if these are not available, copies of radio programmes dealing with the problem are attached to the replies.

The Answering Service is aimed at four objectives:

1. to promote Family Planning and Family Life
2. to establish a feed back mechanism for the media programmes.
3. to indicate whether and how the programmes are understood by the public
4. to form a base for Family Life Education Radio Programmes.

The answering service functions in three different ways — through letters, by telephone and through personal counselling. During the period 1977 to 1981 a total of 16,480 persons were served.

The majority of persons who used the service were teenagers and young adults. Students and teachers also used the service to acquire information and material on special Family Planning and Family Life Issues. More than 50 percent of the letters sought advice or information on reproduction.

### **PUBLIC RELATIONS AND PUBLICITY**

#### **Review:**

After an advertising campaign spanning 4 years the National Family Planning Board in 1974-75 declared an hiatus in its advertising and commissioned a research study primarily to:

- a) determine the effectiveness of its advertising messages in creating an awareness of the meaning of family planning;
- b) determine the information needs of the target population in order to meet more effectively those needs in future advertising programmes;
- c) determine the effectiveness of the various media and campaign strategies in reaching the target audience.

The results of the study indicated that —

- a) knowledge of the concept of family planning was fairly widespread;
- b) knowledge and even acceptance of the family planning philosophy did not necessarily lead to positive action in terms of using contraceptive;
- c) there was a lack of precise information on contraceptive methods, and an absence of information on the basic aspects of human reproduction. This leads to a greater susceptibility to rumours and superstitious beliefs;
- d) young people in particular were anxious to be informed.

#### **Strategy Applied**

Based on these findings, a 3-phased campaign was devised and implemented during this period under review. An overall theme — "Have a Heart" was adopted; the underlying

message being caring about one's family and caring about one's self.

Emphasis was placed on the educational with only the first phase addressing itself to a philosophical dialogue.

**Phase one** attempted to broaden the concept of family planning to show:

- a) the role of family planning within the framework of national development;
- b) the relationship of family planning and the individual, family and national stability.
- c) the role of family planning in helping to improve the quality of life.

**Phase two** evolved around the Brochure "The Miracle of Life" which deals very simply and graphically with basic human reproduction. This booklet which reflects areas of family life education, conception and contraception was produced by the staff. It is widely used by educators, community leaders, parents, teachers and teenagers and identified as being a vital contribution in information and education.

**Phase three** dealt again simply and graphically with each contraceptive method, how they are used and their effectiveness.

#### **Media**

With phase one the media used were Press, Radio, Television, Cinema, Billboards and Buses. Only Press and Radio were used for phases two and three. Radio was in the form of 5-minute programmes.

In order to achieve the greatest amount of publicity and reach the largest number of persons the Board utilized the services of a commercial advertising agency to develop and monitor the programme and in both cases the result proved satisfactory.

The messages were restructured to convey a fresh appeal and to emphasise the family responsibility inherent in every family planning programme which seeks among other things, to identify a better quality of life as an essential component of family planning.

### **PUBLIC RELATIONS**

In the area of Public Relations the National Family Planning Board:—

1. Supplied Press, Radio and television with facts on the programme in the form of news releases and photographs.
2. Gave editors, columnists and commentators information and background material in the family planning programme. This was not only for possible use in their particular medium, but also to keep them abreast of developments in family planning locally and on the international scene.
3. Maintained its contacts with miscellaneous magazines and other publications in order to enlist their interest in publishing family planning feature articles.
4. Arranged for media coverage and dissemination of information on events within the programme.
5. Held a Press Conference to announce the Board's expanded concepts, its educational programmes and plans for the commercial distribution of contraceptives.

6. Established an editorial committee comprised of members of the National Family Planning Board's Staff which compiled and published periodically a magazine — "Family Planning News". This magazine carries interesting and informative articles on family planning and population control. The publication proved popular and as a result of increased demand, 13,000 copies of the last issue for the period under review were printed.

In addition to the mailing list and distribution in rural areas through Health Educators of the Bureau of Health Education, the magazine was distributed to all pharmacies in the corporate area as well as some schools and supermarkets.

The cost of printing was subsidized by income derived from payments by commercial firms for advertising space.

7. Established an Advice Service. By way of Press advertisements and the 5-minute radio programmes members of the public were invited to write to the Board for information and advice on family planning and related matters.

In addition, workshops and seminars were arranged in specified areas, involving mainly the persons of these communities and these helped to form a sound basis for consolidating the family planning drive.

**STATISTICS**

**MAIN TRENDS IN FAMILY PLANNING AND POPULATION CONTROL**

1976-'77 TO 1980 - '81

**REVIEW**

Formal Government policy toward fertility control or population planning began in 1964. Official commitment, policy and other outlines of population control strategy were articulated in the Government Five Year Independence Plan published in 1966.

Policy leadership fell to the Ministry of Health and the National Family Planning Board was established to co-ordinate and direct population policies that had fixed targets. In the Three Year Programme of the National Family Planning Board (1968-'71). The objectives of the family planning programme, included lowering Jamaica's Birth Rate from the 1968 level of 35.94 per 1,000 population to a level approaching 25 per 1,000 by 1977; having in operation enough clinics to serve the needs of all the people who wish birth control information, facilities and devices and; organizing and implementing facilities for the early detection and treatment of cases of uterine cancer.

Radically different policies and plans were introduced in 1974 by the integration of a number of family planning programmes into the regular health services of the Ministry of Health. As a result of this change, the 163 Family Planning Clinics which were being operated by the Board were taken over by the Ministry. At the same time the Family Planning Education officers were transferred from the Board to the Bureau of Health Education.

The National Family Planning Board in its new role retained responsibility for the collection and processing of statistical data emanating from the clinic records islandwide. The Statistical Branch was structured to work in close collaboration with the island Record Office in the computation of demographic statistics for guidance in the family planning programme.

**Clinic Statistics**

Integration had mixed results on the entire management process at the clinic level. Management approach to family planning became less clinical and more field oriented. Although the clinic network expanded from the pre-integration number of 163 to over 250 by the end of 1979 many of these clinics did not offer family planning services on a daily basis. Shortage of equipment and staff impeded quality and quantity of services.

**New Female Acceptors by Parish and by Year 1977-81 and 1972-76 TABLE**

There was a total number of 133,053 acceptors for the period 1977-81 and 111,950 for the preceding five year period.

The total number of acceptors in Kingston and St. Andrew fell from 47.3% for the period 1972-76 to 42.35 for the period 1977-81 while the number for St. Catherine moved up from 7% to 13%. In Kingston and St. Andrew the decline in the number of clinic users is partly a reflection of internal migration to the vast housing estates in St. Catherine which showed a marked increase in new clients between 1977 and 1981. Another explanation for the Kingston decline was the social unrest in West Kingston and other depressed areas during the period under review which prevented clients from reaching the clinics.



The Parish of St. Ann dropped from 4.3% in 1972-76 to 2.9% during 1977-81. St. James went down by 2.9% and Manchester by 1.6%. All the other parishes recorded increases in the number of acceptors during the period under review resulting in an overall increase of 21,103 new acceptors over the preceding five year period.

**Number and Percentage of New Acceptors by Method and Year 1977-1981 TABLE**

During the year 1977, of the 27,518 new acceptors, 12,933 representing 47% chose the pill as a method and second choice was the injection by 7,430 new acceptors representing 27%. The condom took third place with 3,853 users.

The use of both the pill and the injection fluctuated during 1977-1981 and in 1981 there were 14,792 new acceptors on the pill representing 45% and 8,877 receiving injections and remaining at 27%. Over this same period the acceptance of the condom increased from 14% usage to 23%.

**New Acceptors Classified by Age Group 1977-79 and 1974-76 TABLE**

During the years 1977-1979 there was a steady decline in the number of acceptors; but when the total figures for this period are compared with the figures for the period 1974-1976, there is an increase in new acceptors in all age groups except the 35-39 group.

There was a significant increase in new acceptors in the age groups 15-19 and 20-24 during the 1977-1979 period.

**Total Number of Visits made by Previous Acceptors by Parish 1977-1981 - 1972-1976 TABLE**

There was a slight increase in the number of visits by previous acceptors during the five year period under review over the preceding five year period. There were fluctuations in the Parish figures throughout the period with very sharp increases in 1981. Although the revisits in the Parishes of St. Ann, St. James and Hanover showed great improvement in 1981 total figures for those Parishes fell below the 1972-1976 totals.

**Use of Contraceptives by Men**

It has been difficult to estimate the impact clinics have on the male users since records are not usually kept of males.

During the period under review a study of a group of males from the Parishes of Kingston and St. Andrew and a rural parish revealed that 49% of the group had used contraceptives in the past and 41% were currently using a method. The condom was the method most frequently mentioned.

**Delivery of Service**

Although family planning services are offered in approximately 75% of the Health Centres throughout the island, surveys since integration have shown serious deficiencies in the programme among which is that of inadequate counselling services in the clinical programme due somewhat to a shortage of staff, but primarily to the absence of staff adequately trained in family planning service delivery. It became evident also that the vital education programme, particularly at the community level has not been maintained and this lack of information resulted in a slow growth in the number of clinic users.

It is reasonable to conclude that the Family Planning Programme although it did not suffer a reversal up to March 1981 lost much of its momentum since the 'integration' process was undertaken.

**NATIONAL FAMILY PLANNING BOARD  
COMPONENTS OF THE POPULATION 1972-1980**

YEAR	END OF YEAR POPULATION	NO. OF BIRTHS	DEATHS	NATURAL INCREASE	NET MIGRATION	TOTAL POPULATION INCREASE
1972	1,953,500	66,200	14,000	52,200	10,200	42,100
1973	1,991,000	61,900	14,200	47,700	10,200	37,500
1974	2,025,000	61,500	14,400	47,100	13,000	34,000
1975	2,060,300	61,400	14,000	47,000	12,100	35,300
1976	2,084,200	60,700	14,700	46,000	22,200	23,800
1977	2,109,300	60,400	14,200	46,200	21,100	25,100
1978	2,137,800	58,200	12,100	46,100	17,600	28,500
1979	2,162,200	59,100	13,300	45,800	21,400	24,400
1980	2,183,800	58,600	12,700	45,900	24,300	21,600

Source: Demographic Statistics - Department of Statistics

NATIONAL FAMILY PLANNING BOARD  
POPULATION, RATE OF INCREASE, BIRTH AND DEATH RATES, 1972-1980

YEAR	END OF YEAR POPULATION	MEAN POPULATION	ANNUAL PERCENTAGE RATE OF GROWTH	CRUDE RATE OF NATIONAL INCREASE PER 1,000		CRUDE BIRTH RATE MEAN POPULATION	CRUDE DEATH RATE
				NATIONAL INCREASE	PER 1,000		
1972	1,953,500	1,932,400	1.6	27.1	27.1	34.3	7.2
1973	1,991,000	1,972,000	2.0	24.2	24.2	31.4	7.2
1974	2,025,000	2,008,000	1.8	23.4	23.4	30.6	7.2
1975	2,060,300	2,042,700	1.7	23.2	23.2	30.1	6.9
1976	2,084,200	2,072,300	1.4	22.2	22.2	29.3	7.1
1977	2,109,300	2,096,800	1.2	22.0	22.0	28.8	6.8
1978	2,137,800	2,123,500	1.3	21.7	21.7	27.4	5.7
1979	2,162,200	2,149,900	1.2	21.3	21.3	27.5	6.2
1980	2,183,800	2,172,900	1.1	21.1	21.1	27.0	5.8

NATIONAL FAMILY PLANNING BOARD  
NEW FEMALE ACCEPTORS BY PARISH AND BY YEAR 1977-81 AND 1972-76

PARISH	NEW		ACCEPTORS					TOTAL 77 - 81		TOTAL 72 - 76	
	1977	1978	1979	1980	1981	NUMBER	PERCENT	NUMBER	PERCENT		
K S A C	13,095	11,578	11,577	7,789	12,210	56,249	42.3	52,915	47.3		
St. Thomas	680	650	721	926	1,358	4,335	3.3	3,110	2.8		
Portland	1,421	1,258	893	1,003	1,196	5,771	4.3	3,222	2.9		
St. Mary	745	720	924	1,622	1,348	5,359	4.0	3,598	3.2		
St. Ann	734	606	606	328	1,312	3,586	2.9	4,806	4.3		
Trelawny	1,399	1,230	1,185	965	1,436	6,215	4.7	2,356	2.1		
St. James	1,568	1,596	1,124	1,380	1,868	7,536	5.7	9,503	8.5		
Hanover	420	373	387	460	1,017	2,657	2.0	2,721	2.4		
Westmoreland	807	772	822	766	1,054	4,221	3.2	4,250	3.8		
St. Elizabeth	1,022	923	1,250	1,200	1,456	5,851	4.3	4,807	4.3		
Manchester	1,300	1,170	1,170	1,914	2,178	7,732	5.7	8,139	7.3		
Clarendon	909	1,005	596	1,809	1,917	6,236	4.6	4,585	4.1		
St. Catherine	3,414	3,241	3,177	2,958	4,515	17,305	13.0	7,938	7.0		
TOTAL	27,514	25,122	24,432	23,120	32,865	133,053	100.0	111,950	100.0		

NATIONAL FAMILY PLANNING BOARD  
NUMBER AND PERCENTAGE OF NEW ACCEPTORS BY METHOD AND YEAR 1977-81

METHOD	1 9 7 7		1 9 7 8		1 9 7 9		1 9 8 0		1 9 8 1	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
TOTAL	27,518	100.0	25,121	100.0	24,432	100.0	23,123	100.0	32,870	100.0
Pill	12,933	47.0	11,556	46.0	11,483	47.0	9,712	42.0	14,792	45.0
Injection	7,430	27.0	7,034	28.0	7,085	29.0	6,706	29.0	8,875	27.0
I U D	826	3.0	1,005	4.0	733	3.0	462	2.0	657	2.0
Condom	3,853	14.0	3,266	13.0	3,909	16.0	5,549	24.0	7,560	23.0
Other	2,476	9.0	2,260	9.0	1,222	5.0	694	3.0	986	3.0

NATIONAL FAMILY PLANNING BOARD  
NEW ACCEPTORS CLASSIFIED BY AGE GROUP 1977 -79 AND 1974-76

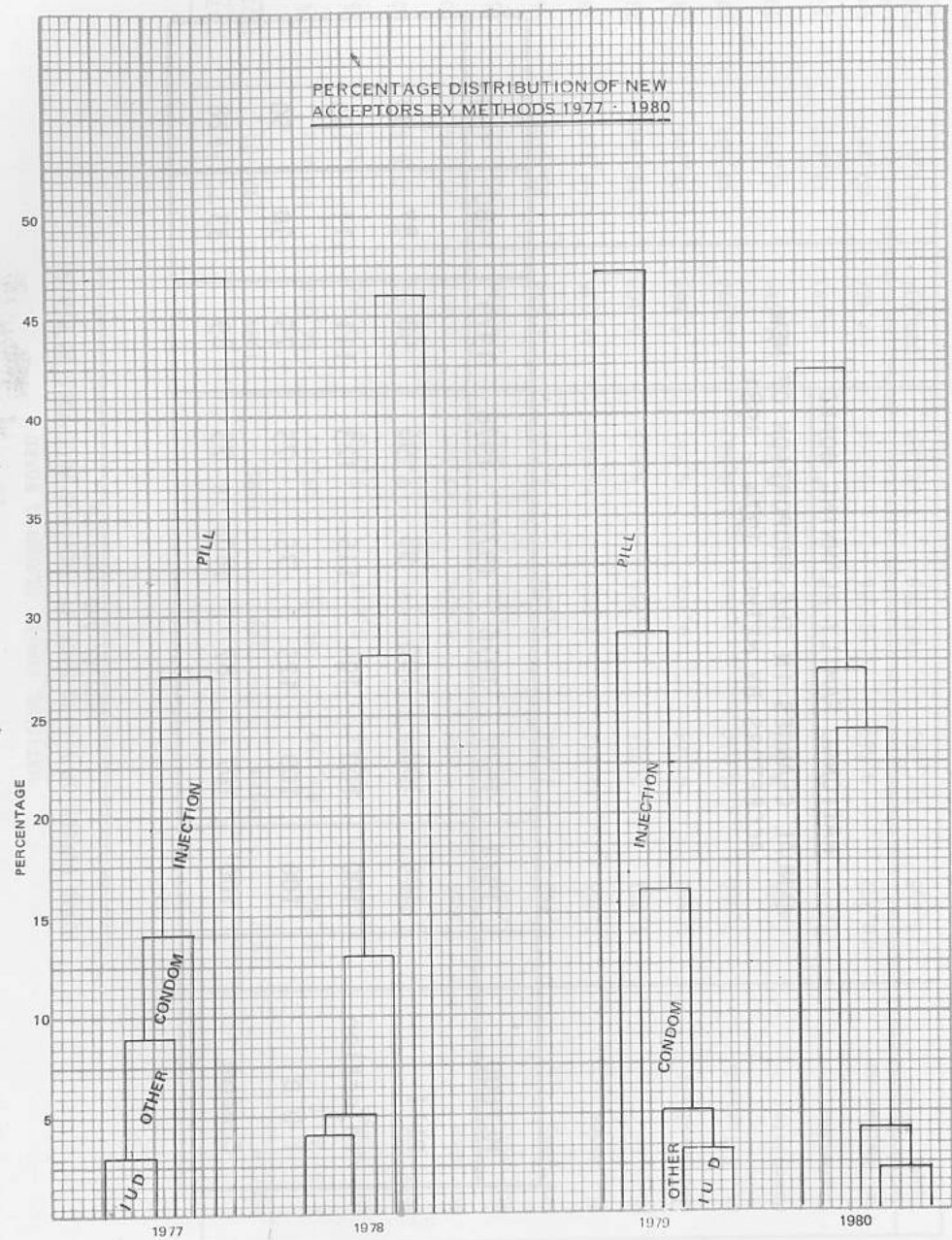
AGE GROUP	N E W A C C E P T O R S			TOTAL 1977-79	TOTAL 1974-76
	1977	1978	1979		
14 and Under	248	171	225	644	489
15 - 19	7,429	7,278	7,035	21,739	16,830
20 - 24	9,372	8,548	8,738	26,658	21,993
25 - 29	4,686	4,264	3,811	12,761	11,020
30 - 34	3,027	2,289	2,259	7,575	6,497
35 - 39	1,073	1,079	1,031	3,183	3,424
40 - 44	688	573	678	1,939	1,655
45 and Over	358	196	653	1,207	997
Not Stated	633	723	0	1,356	1,003
Total	27,514	25,121	24,427	77,062	63,908

NATIONAL FAMILY PLANNING BOARD  
TOTAL NUMBER OF VISITS MADE BY PREVIOUS ACCEPTORS BY PARISH  
1977-81 AND 1972-76

PARISH	R E V I S I T O R S					TOTAL 1977-81	TOTAL 1972-76
	1977	1978	1979	1980	1981		
K S A C	81,847	89,030	89,030	56,122	86,004	402,033	414,786
St. Thomas	5,824	6,046	5,218	5,930	7,506	30,524	18,348
Portland	9,008	3,855	10,149	8,510	9,096	40,618	30,409
St. Mary	7,096	5,628	5,474	10,321	9,417	37,936	30,550
St. Ann	5,464	2,544	2,544	799	4,976	16,327	35,702
Trelawny	8,383	3,773	6,320	5,024	6,449	29,949	16,527
St. James	17,205	14,812	7,223	13,360	14,336	66,936	78,943
Hanover	3,711	2,754	2,754	4,015	6,109	19,343	23,633
Westmoreland	5,572	6,105	6,105	5,861	8,663	32,306	24,052
St. Elizabeth	7,040	8,340	4,210	8,647	9,770	38,007	37,752
Manchester	7,985	8,443	8,443	9,555	11,549	45,975	39,721
Clarendon	8,711	10,050	4,943	11,235	8,793	43,732	35,828
St. Catherine	10,852	9,667	15,386	14,856	17,966	68,727	47,228
TOTAL	178,698	171,047	167,789	154,236	200,634	872,413	833,479

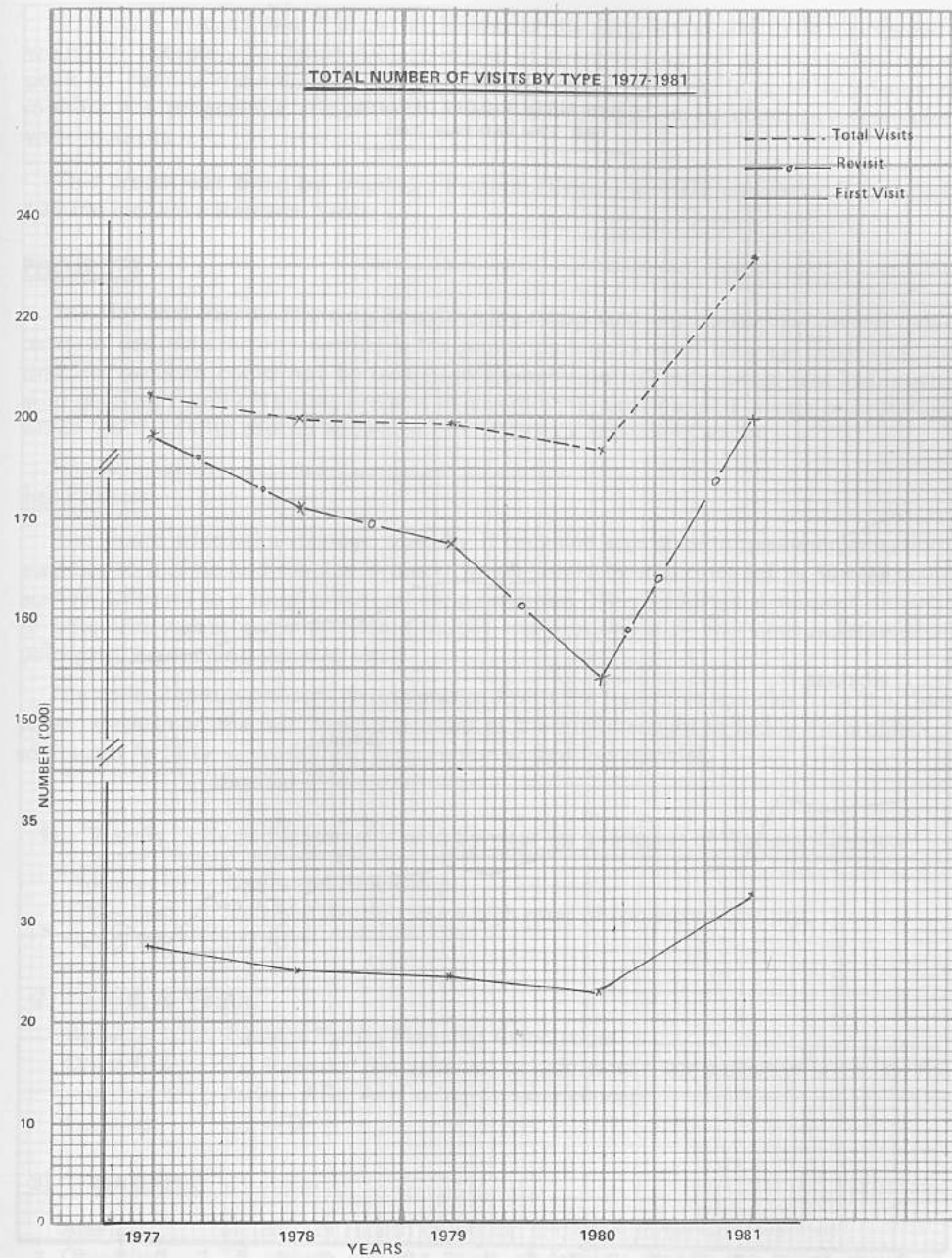
NATIONAL FAMILY PLANNING BOARD  
ANNUAL CHANGES IN THE PROPORTION OF NEW  
ACCEPTORS BY METHOD 1974 - 1981

METHOD	1974	1975	1976	1977	1978	1979	1980	1981
Pill	100	100	100	98	96	98	87	94
Injection	100	100	104	115	123	111	111	104
I U D	100	100	125	75	75	75	50	50
Condom	100	107	87	80	73	89	133	128



## PROJECTS AND RESEARCH

The Board, due to loss of critical staff and limited resources together with the discontinuation of its trust, was unable during this period to effectively plan and implement a full range of activities.



## PROJECTS AND RESEARCH

The Board, due to loss of critical staff and limited resources together with the diminution of its status, was unable during this period to effectively plan and implement a full slate of activities.

It became evident that if the effectiveness of the programme was to be maintained it would be necessary to design projects aimed at strengthening and expanding various aspects of Family Planning and Family Life Education; and that in order to adequately monitor the programme critical and exhaustive investigations by competent researchers were requisite.

This breach was filled by creating a Projects Division in 1979 and expanding same in 1980 to include a Research Section.

## PROJECTS

The National Family Planning Board having recognized that among the critical determinants to desirable fertility decline is the prevailing high rates of teen age pregnancy and that the problem could not be tackled in a wholly centralized manner was instrumental in devising Family Planning projects in government ministries and private organizations which interface with captive audiences of adolescents and young adults.

## Sub-Projects

The Board adopted a strategy whereby it provided assistance to special organizations/agencies to initiate and develop projects which would be implemented by the particular agency, utilizing to a large extent existing resources. Where additional support, financial or otherwise was required the Board sought and provided such assistance — for example personnel, equipment, vehicles etc.

The following sub-projects were developed with the respective agencies from the "idea stage" through to the full fledged projects as the Board sought to tackle the problem of adolescent fertility by working in conjunction with other agencies.

### 1) "Family Life and Maternal Health Services for Teenagers of Western Kingston"

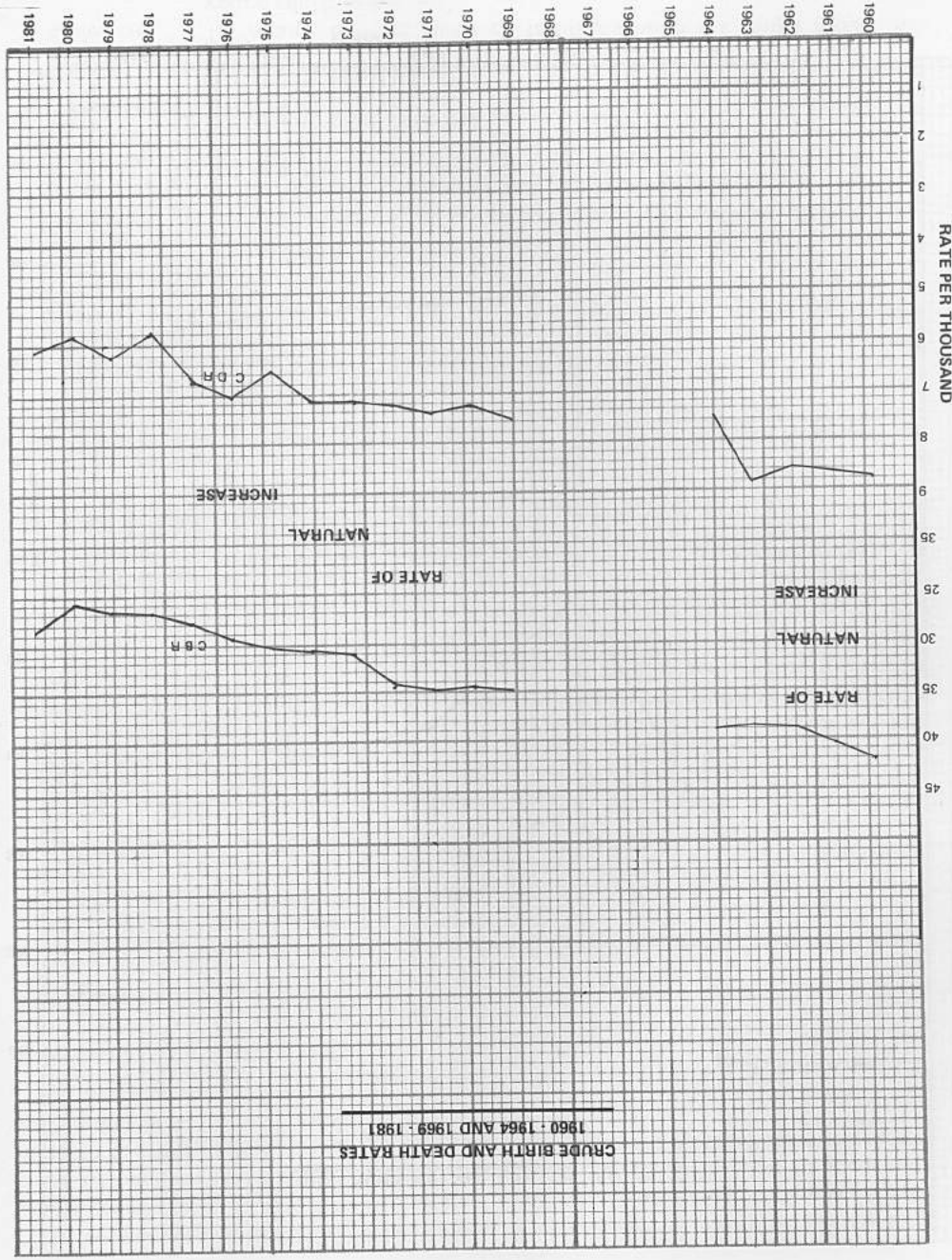
Agency: Operation Friendship  
Objective: To significantly reduce high rates of adolescent fertility.  
Funding: US AID

### 2) "Youth to Youth"

Agency: Jamaica Family Planning Association  
Objective: To increase the number of adolescent contraceptive users in the Parish of St. Ann, using the peer concept.  
Funding: US AID

### 3) "Teen Scene"

Agency: Ministry of Health (Kingston and St. Andrew Corporation)  
Objective: To reduce existing levels of fertility among the target group of young adults in K.S.A.C.  
Funding: US AID



#### 4) "NEET" (Now Entering Education for Tomorrow)

Agency: Young Women's Christian Association  
Objective: To provide counselling and contraceptive services to sexually active teenagers in all branches of the Y.W.C.A. activities.  
Funding: Pathfinder/ US AID

The Board also approved a project for the procurement of Mobile Units to be operated by the Ministry of Agriculture (Home Economics Division) to facilitate the provision of educational and contraceptive services to farming communities in rural areas.

## RESEARCH

During the period 1978-79 a large-scale evaluation of the Jamaica Family Planning Programme was carried out by a team of lecturers in various disciplines from the University of the West Indies.

Three main areas were specified for review and analysis:

- i) To determine the up-to-date status of the Family Planning programme
- ii) To identify major problems in the implementation of the Family Planning Programme.
- iii) To make recommendations for the strengthening of the programme and expanding those aspects of the programme that could have greater impact on the fertility pattern and general health of the population.

The evaluation team was engaged in extensive desk research, reviewing reports and studies prepared by previous evaluation teams and consultants. A part of the research strategy focused on interviewing personnel critically placed at every level of the Family Planning network, also persons structurally linked to the Ministry of Health and others outside of the organisation.

An additional component of the research strategy involved the conduct of survey studies. Separate surveys were designed and conducted for a knowledge, attitude and practice (KAP) study of male users of contraceptives and clinic profile.

On completion of the study, the team compiled a volume of their findings along with general recommendations for overall improvement of the Family Planning programmes and their effectiveness. More detailed, specific recommendations were completed and submitted as a separate document.

Apart from the general recommendations on the overall policy and functions of the National Family Planning Board specific recommendations were made in respect of each area of the Board's responsibility, as well as those integrated into the Ministry of Health.

The team strongly suggested that a comprehensive policy document incorporating a coherent definition of the scope, role and status of the Family Planning programme and its relationship to the national development process should be designed without delay. It was further suggested that the integration process should cease until the family planning programme is revamped along the lines of the recommendations.

Certain recommendations which were not in anyway complex were put into effect immediately and action taken by the Board for the implementation of others as early as possible.

In 1979, the Department of Sociology, of the University of the West Indies undertook a Survey of Contraceptive Use, on behalf of the Board. It collected information on knowledge, attitude and use of contraceptives. The data have been used to complement other efforts which evaluated the national family planning programme.

A number of small studies were done including one on Family Planning Practices and Attitudes in Jamaica. The study was based on over 2,000 clinic records drawn from a systematically selected sample of 39 clinics throughout the island.

The study was intended to reveal why women drop out of the clinic and this question was answered by a group of women from the clinic sample who were followed up and interviewed at their homes.

There were other surveys in relation to methods of contraceptives used.

Towards the close of the period under review the Board realizing that if the goals for accomplishment were to be reached it would be necessary to improve substantially the then somewhat disjointed family planning programme.

The first step taken in this direction was the sponsoring of a 3-day Retreat (11th - 13th June 1980) with the theme "Developing Directions for the 80's. Members and Senior Staff of the National Family Planning Board and some 60 other persons drawn from Government Ministries, Religious, Cultural and Social Groups, Private Sector Organizations, Women's Movements, Family Planning Association, University of the West Indies, United States Agency for International Development (US AID) Educational Institutions, Students' Councils and the Jamaica Advanced Movement for Adult Literacy (JAMAL) participated in this Retreat.

Several papers were presented and apart from general discussions the participants formed workshop groups on specific topics to study these segments of the programme, to report findings and submit recommendations for the general improvement and acceleration of the family planning programme during the 1980s.

A number of significant and feasible recommendations were produced and were accepted by the Board for adoption in due course.

Below are some of the recommendations:

Research:

The Board should -

i) develop and expand research programmes

ii) collaborate with the U.W.I. and utilize other established sources of research

iii) define the parameters for all research done in family planning

iv) give priority to KAP studies.

Information and Education:

i) to accelerate the outreach education programme

ii) to establish the publication of a Newsletter

iii) be more involved in promotion of the knowledge aspects of family planning as the responsibility has mainly been that of the Ministry of Health

iv) establish counselling services in all schools.

Goals and Targets:

The Board should aim -

i) at zero population growth by the year 2000 or whenever the population reached

4 million, which ever is earlier

ii) at contraceptive coverage of fifty per cent of the approximately 600,000 women

in the child bearing age

iii) at reducing the birth rate from 27.1/1000 to 23.1/1000, or less by 1983

iv) at improving the organisational structure to reflect needs and provide better field services.

Strategies:

That the Board should -

i) review the role of the Ministry of Health on the Board and explore the possibility of substituting representatives from other Ministries/Agencies

ii) consider restoring the post of Medical Director as heretofore obtained especially in light of reports on side effects of contraceptives

iii) expand the Commercial Distribution of Contraceptives programme to cover all Jamaica at the earliest possible date

YEAR	NO. CLINICS	CONC.	TOTAL
1977	3,202,123	719,712	
1978	2,683,200	826,308	
1979	2,506,192	893,308	
1980	3,018,194	845,308	

C O N D O M S - ALL BRANDS



## STORES AND SUPPLIES

The National Family Planning Board as a semi-autonomous unit within the Ministry of Health, has primary responsibility for the family planning component of general health programmes and it is for practical purposes the only source of contraceptives and related family planning supplies used in the public health centres. This source is physically and administratively executed through a central warehouse quite separate and apart from the Island Medical Stores.

During the 5-year period under review, the National Family Planning Stores continued to function to the satisfaction of the Board and the Ministry of Health.

Almost all of the 373 Health Centres which were in operation during the period received contraceptive and related family planning supplies from the Board on a regular basis.

Four new motor vans for delivery purpose were received from US AID between 1976 and 1981 and with this fleet in place the distribution of supplies Islandwide was maintained at a very efficient level.

During the five year ending 31st March, 1981, the US AID maintained an adequate and steady flow of contraceptives and medical supplies to the National Family Planning Board Stores.

In January 1981 a management audit was carried out on the "Supply Management and Distribution Procedures" of the Stores by trained personnel provided by US AID. A favourable report on this audit has since been submitted to the National Family Planning Board and the Ministry of Health.

The figures appearing in Table 1 show the quantities of Condoms and Orals issued from the Stores during the years 1977-1980 and reveal that there was no increase in the quantities required by the clinics.

An inventory of contraceptives was conducted on January 15, 1981 and confirmed that stocks were as shown in Table II.

CONTRACEPTIVE DISTRIBUTION  
NFPB STORES AND COMMERCIAL PROGRAMME (CDC)

1977 - 1980

YEAR	C O N D O M S - ALL BRANDS			O R A L S - ALL BRANDS			
	MOH CLINICS	CDC	TOTAL	YEAR	MOH CLINICS	CDC	TOTAL
1977	3,202,128	719,712	3,921,840	1977	514,650	143,533	658,183
1978	2,698,800	826,848	3,525,648	1978	298,680	175,644	474,324
1979	2,904,192	893,808	3,798,000	1979	239,060	212,160	451,220
1980	3,018,144	845,856	3,864,000	1980	362,268	226,332	588,600





**Packaging and Sales**

An ample supply of packaging materials was maintained in stock. The firm which has the contract for packaging the products and the commercial firm commissioned to distribute them continued to perform satisfactorily during the period under review.

Net sales were recorded as under:

YEAR (Jan - Dec)	PERLE AMOUNT	PANTHER AMOUNT
1978	X Ja\$24,980.30	X Ja\$23,116.58
1979	X 29,890.24	X 24,520.32
1980	X 36,333.60	X 26,209.44

**Advertising**

A normal level of advertising was maintained throughout this period. Radio, television, press and billboards were the major media used. The messages and themes were tailored to complement and support the communication programmes of the National Family Planning Board aimed at reinforcing in the public a responsible approach to family life and to further encourage contraceptive usage.

Indications are that the pills and condoms distributed through the commercial programme continued to reach persons other than those who normally use the services of the clinics and therefore this commercial enterprise served to widen the family planning outreach.

The new products in the family planning field are being marketed through the commercial channels. The major products are the 'PANTHER' brand of condoms and the 'PERLE' brand of pills. The 'PANTHER' brand of condoms is being marketed through the commercial channels and the 'PERLE' brand of pills is being marketed through the commercial channels.

The sales of the products are being recorded as under:

YEAR (Jan - Dec)	PERLE (PILLS)	PANTHER (CONDOMS)
1978	848,108	175,271
1979	801,888	230,278
1980	818,818	282,848

**POST PARTUM PROGRAMME:**

During the period under review efforts were made to expand the Post-Partum Programme and to accelerate the provision of educational and clinical services in Maternal and Child Health, Family Planning and Family Life Education to mothers, prospective and potential mothers/fathers throughout the island.

Post-Partum services were expanded from 9-14 Hospitals in 11 parishes. At the 31st March, 1981 there was a cadre of 25 Nurse Educators in the 14 parishes covering 19 hospitals.

The education activities of the post partum programme/nurse educator, are on-going. The client is seen and given service at the antenatal clinic and this is carried through to the Hospital antenatal and puerperal ward, and through a referral system is continued at the clients home up to the time of her six weeks visit to the post-natal clinic examination. During the process, and through individual and group counselling clients were exposed to educational information (with the assistance of visual aids) designed to influence a change in behaviours and facilitate the acceptance of Maternal and Child Health and Family Planning Practices.

The male clients were educated about vasectomy through individual counselling. The Nurse Educators facilitated doctors in the Hospitals to perform Tubal Ligations by encouraging and referring selected mothers and by encouraging male partners to agree. At the Victoria Jubilee Hospital, Cornwall Regional Hospital, Spanish Town and Man-deville the patient load was much greater than at many other hospitals.

The Nurse Educators continued to play a vital role in the delivery of Family Planning/Family Life Education services in Hospitals, Clinics, Schools and other community institutions/organizations throughout the island.





Less Surplus – Inventories Adjustment Account	287,916	—
	<u>311,384</u>	<u>(73,751)</u>
: Surplus/(Deficit) Brought Forward	(47,787)	31,096
	263,597	(42,655)
Add: Capitalized Expenditure for year	10,996	5,132
	<u>\$ 274,593</u>	<u>\$ 47,787</u>

REPORT OF THE AUDITORS

TO THE MEMBERS OF

NATIONAL FAMILY PLANNING BOARD

We have examined the balance sheet of the National Family Planning Board as at 31st March 1978 and the accompanying income and expenditure account.

In our opinion, the said balance sheet and income and expenditure account give, respectively, a true and fair view of the financial state of the Board at 31st March, 1978 and of the surplus for the year then ended.

We have obtained all the information and explanations which we considered necessary. In our opinion, the Board has kept proper books and the financial statements are in agreement with them.

CHARTERED ACCOUNTANTS

2 Ripon Road  
P.O. Box 26  
Kingston 5  
JAMAICA

September 11, 1978

	1,116,280	1,116,280
Cash and bank balances	1,007,139	1,007,139
Investments	288,208	288,208
Prepaid expenses	4,028	4,028
Accounts receivable	382,072	382,072
Inventory	92,778	92,778
Other receivables	108,182	108,182
Prepaid insurance	2,740	2,740
Prepaid rent	40,218	40,218
Prepaid telephone	20,472	20,472
Prepaid electricity	37,858	37,858
Prepaid general expenses	18,858	18,858
Prepaid printing and stationery	29,922	29,922
Prepaid motor vehicle expenses	13,284	13,284
Prepaid board expenses	11,888	11,888
Prepaid general expenses	8,807	8,807
Prepaid printing and stationery	9,218	9,218
Prepaid motor vehicle expenses	17,390	17,390
Prepaid board expenses	9,072	9,072
Prepaid general expenses	11,428	11,428
Prepaid printing and stationery	800	800
Prepaid motor vehicle expenses	1,780	1,780
Prepaid board expenses	9,870	9,870
Prepaid general expenses	3,722	3,722
Prepaid printing and stationery	23,722	23,722
Prepaid motor vehicle expenses	18,660	18,660
Prepaid board expenses	10,480	10,480
Prepaid general expenses	2,018	2,018
Prepaid printing and stationery	1,088,782	1,088,782
Prepaid motor vehicle expenses	18,488	18,488
Prepaid board expenses	3,970	3,970
Prepaid general expenses	23,468	23,468
Prepaid printing and stationery	(73,781)	(73,781)
Prepaid motor vehicle expenses	—	—
Prepaid board expenses	(73,781)	(73,781)
Prepaid general expenses	—	—
Prepaid printing and stationery	—	—
Prepaid motor vehicle expenses	—	—
Prepaid board expenses	—	—
Prepaid general expenses	—	—
Prepaid printing and stationery	—	—
Prepaid motor vehicle expenses	—	—
Prepaid board expenses	—	—
Prepaid general expenses	—	—
Prepaid printing and stationery	—	—
Prepaid motor vehicle expenses	—	—
Prepaid board expenses	—	—
Prepaid general expenses	—	—
Prepaid printing and stationery	—	—
Prepaid motor vehicle expenses	—	—
Prepaid board expenses	—	—
Prepaid general expenses	—	—
Prepaid printing and stationery	—	—
Prepaid motor vehicle expenses	—	—
Prepaid board expenses	—	—
Prepaid general expenses	—	—
Prepaid printing and stationery	—	—
Prepaid motor vehicle expenses	—	—
Prepaid board expenses	—	—
Prepaid general expenses	—	—
Prepaid printing and stationery	—	—
Prepaid motor vehicle expenses	—	—
Prepaid board expenses	—	—
Prepaid general expenses	—	—
Prepaid printing and stationery	—	—
Prepaid motor vehicle expenses	—	—
Prepaid board expenses	—	—
Prepaid general expenses	—	—
Prepaid printing and stationery	—	—
Prepaid motor vehicle expenses	—	—
Prepaid board expenses	—	—
Prepaid general expenses	—	—
Prepaid printing and stationery	—	—
Prepaid motor vehicle expenses	—	—
Prepaid board expenses	—	—
Prepaid general expenses	—	—
Prepaid printing and stationery	—	—
Prepaid motor vehicle expenses	—	—
Prepaid board expenses	—	—
Prepaid general expenses	—	—
Prepaid printing and stationery	—	—
Prepaid motor vehicle expenses	—	—
Prepaid board expenses	—	—
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Prepaid printing and stationery	—	—
Prepaid motor vehicle expenses	—	—
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Prepaid motor vehicle expenses	—	—
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Prepaid general expenses	—	—
Prepaid printing and stationery	—	—
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Prepaid board expenses	—	—
Prepaid general expenses	—	—
Prepaid printing and stationery	—	—
Prepaid motor vehicle expenses	—	—
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Prepaid printing and stationery	—	—
Prepaid motor vehicle expenses	—	—
Prepaid board expenses	—	—
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Prepaid printing and stationery	—	—
Prepaid motor vehicle expenses	—	—
Prepaid board expenses	—	—
Prepaid general expenses	—	—
Prepaid printing and stationery	—	—
Prepaid motor vehicle expenses	—	—
Prepaid board expenses	—	—
Prepaid general expenses	—	—
Prepaid printing and stationery	—	—
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Prepaid general expenses	—	—
Prepaid printing and stationery	—	—
Prepaid motor vehicle expenses	—	—
Prepaid board expenses	—	—
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Prepaid printing and stationery	—	—
Prepaid motor vehicle expenses	—	—
Prepaid board expenses	—	—
Prepaid general expenses	—	—
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Prepaid motor vehicle expenses	—	—
Prepaid board expenses	—	—
Prepaid general expenses	—	—
Prepaid printing and stationery	—	—
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Prepaid board expenses	—	—
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Prepaid printing and stationery	—	—
Prepaid motor vehicle expenses	—	—
Prepaid board expenses	—	—
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Prepaid printing and stationery	—	—
Prepaid motor vehicle expenses	—	—
Prepaid board expenses	—	—
Prepaid general expenses	—	—
Prepaid printing and stationery	—	—
Prepaid motor vehicle expenses	—	—
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Prepaid board expenses	—	—
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Prepaid printing and stationery	—	—
Prepaid motor vehicle expenses	—	—
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Prepaid printing and stationery	—	—
Prepaid motor vehicle expenses	—	—
Prepaid board expenses	—	—
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Prepaid printing and stationery	—	—
Prepaid motor vehicle expenses	—	—
Prepaid board expenses	—	—
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Prepaid printing and stationery	—	—
Prepaid motor vehicle expenses	—	—
Prepaid board expenses	—	—
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Prepaid printing and stationery	—	—
Prepaid motor vehicle expenses	—	—
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Prepaid printing and stationery	—	—
Prepaid motor vehicle expenses	—	—
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Prepaid printing and stationery	—	—
Prepaid motor vehicle expenses	—	—
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Prepaid printing and stationery	—	—
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Prepaid motor vehicle expenses	—	—
Prepaid board expenses	—	—
Prepaid general expenses	—	—
Prepaid printing and stationery	—	—
Prepaid motor vehicle expenses	—	—
Prepaid board expenses	—	—
Prepaid general expenses	—	—
Prepaid printing and stationery	—	—
Prepaid motor vehicle expenses	—	—
Prepaid board expenses	—	—
Prepaid general expenses	—	—
Prepaid printing and stationery	—	—
Prepaid motor vehicle expenses	—	—
Prepaid board expenses	—	—
Prepaid general expenses	—	—
Prepaid printing and stationery	—	—
Prepaid motor vehicle expenses		

**NATIONAL FAMILY PLANNING BOARD  
INCOME AND EXPENDITURE ACCOUNT  
YEAR ENDED 31st MARCH, 1978**

<b>INCOME</b>	
1977	1978
\$ 696,505	\$ 667,510
312,772	504,634
14,523	25,098
91,980	51,769
480	755
<u>1,116,260</u>	<u>\$1,249,766</u>
<b>EXPENDITURE</b>	
288,208	345,228
5,550	6,048
353,072	455,326
93,206	78,507
106,182	82,713
3,140	4,150
40,516	28,717
15,000	15,000
37,558	69,556
19,658	21,062
29,956	32,100
13,294	15,844
11,566	10,302
5,807	6,448
17,300	18,006
9,972	12,799
800	800
9,600	9,714
3,732	3,897
23,723	18,891
8,173	8,255
659	-
<u>1,096,762</u>	<u>1,243,363</u>
19,498	6,403
3,970	-
23,468	6,403
287,916	-
311,384	6,403
(47,787)	274,593
263,597	280,996
10,996	(836)
<u>\$274,593</u>	<u>\$ 280,160</u>

**NATIONAL FAMILY PLANNING BOARD  
BALANCE SHEET  
AT 31st MARCH, 1978**

<b>NET</b>		
1977	1978	1977
BOOK VALUE	DEPRN	COST
<b>FIXED ASSETS</b>		
Furniture, fixtures and equipment	\$61,553	39,960
Motor vehicles	10,504	8,025
<u>\$72,057</u>	<u>47,985</u>	<u>24,072</u>
Inventories	350,050	287,916
Accounts receivable and prepayments	42,487	77,325
Cash and bank balances	13,790	3,031
<u>406,327</u>	<u>368,272</u>	<u>31,491</u>
<b>CURRENT ASSETS</b>		
Special Deposits projects	1,080	1,080
Adjusted profit per Income & Expenditure Account	280,160	274,593
Depreciation Provision	40,190	40,190
Accumulated at 1.4.77	836	(10,996)
Expenditure for year	71,221	82,217
<u>\$393,487</u>	<u>\$387,084</u>	<u>\$387,084</u>
<b>CURRENT LIABILITIES</b>		
Accounts payable and accruals	36,912	12,679
Depreciation Provision	280,160	274,593
Special Deposits projects	1,080	1,080
Adjusted profit per Income & Expenditure Account	280,160	274,593
Depreciation Provision	40,190	40,190
Accumulated at 1.4.77	836	(10,996)
Expenditure for year	71,221	82,217
<u>\$393,487</u>	<u>\$387,084</u>	<u>\$387,084</u>

For and on behalf of the Board:



REPORT OF THE AUDITORS

TO THE MEMBERS OF

NATIONAL FAMILY PLANNING BOARD

We have examined the financial statements set out on pages to and have obtained all the information and explanations which we required. Our examination was made in accordance with generally accepted auditing standards and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary.

In our opinion, proper accounting records have been kept and the financial statements, which are in agreement therewith give a true and fair view of the state of the company's affairs at 31st March, 1979 and of the results for the year then ended and comply with the provisions of the Companies Act.

CHARTERED ACCOUNTANTS

P.O. Box 26  
2 Ripon Road  
Kingston 5  
JAMAICA

January 4, 1979

NATIONAL FAMILY PLANNING BOARD

BALANCE SHEET  
AT 31st MARCH, 1979

			1978	
			NET BOOK VALUE	
<u>FIXED ASSETS</u>	<u>COST</u>	<u>ACCUM DEP'RN</u>		
Furniture, fixtures & equipment	\$58,353	45,295	13,058	\$ 21,593
Motor vehicles	10,504	9,488	1,016	2,479
	<u>\$68,857</u>	<u>54,783</u>	14,074	<u>24,072</u>
<u>CURRENT ASSETS</u>				
Inventories		295,773		350,050
Accounts receivable and prepayments		18,085		42,487
Cash and bank balances		43,829		13,790
		<u>357,687</u>		<u>406,327</u>
<u>CURRENT LIABILITY</u>				
Accounts payable and accruals		67,852		36,912
			289,835	369,415
			<u>\$303,909</u>	<u>\$393,487</u>
<u>REPRESENTED BY:</u>				
<u>CAPITALIZED EXPENDITURE</u>				
Accumulated at 1.4.78			\$ 72,057	\$ 71,221
Expenditure for year			—	836
			72,057	72,057
Depreciation provision			40,190	40,190
Adjusted Profit/(Loss) per Income & Expenditure account			191,336	280,160
			303,583	392,407
Special Deposit — Project			326	1,080
			<u>\$303,909</u>	<u>\$393,487</u>

For on behalf of the Board:

NATIONAL FAMILY PLANNING BOARD

INCOME AND EXPENDITURE ACCOUNT  
YEAR ENDED 31st MARCH, 1979

INCOME		58	
Government grants	\$ 681,510	\$ 681,510	
U S A I D (Programme)	652,501	652,501	
Sale of contraceptives	46,852	46,852	
Contribution — UNICEF	3,014	3,014	
Miscellaneous	573	573	
	<u>1,384,309</u>	<u>\$1,384,309</u>	
Salaries and wages	356,887	345,228	
N I S contribution — employer	6,328	6,048	
Drugs and medical supplies	520,917	455,326	
Education, promotion and publicity	192,041	78,507	
Research	19,080	82,713	
Professional charges	4,000	4,150	
Date processing	17,059	28,717	
Subsidies to voluntary agencies	111,304	15,000	
Training, conferences and seminars	58,297	69,556	
Transport and subsistence	22,332	21,062	
Rent	27,320	32,100	
Electricity	9,711	15,844	
Telephone	12,912	10,302	
General repairs and maintenance	8,834	6,448	
Printing and stationery	27,434	18,006	
Motor vehicle expenses	16,825	12,799	
Board expenses	800	800	
General expenses	14,595	9,714	
Entertainment	3,106	3,897	
Pension scheme	19,991	18,891	
Depreciation	7,298	8,255	
	<u>\$1,457,071</u>	<u>\$1,243,363</u>	
Surplus/(Deficit) for year	(72,762)	6,403	
Advance Account — Min of Health written off	(16,062)	—	
	(88,824)	6,403	
Surplus brought forward	280,160	274,593	
Less Capitalized Expenditure for year	—	280,996	
Surplus Carried Forward	\$ 191,336	\$ 280,160	

REPORT OF THE AUDITORS  
TO THE MEMBERS OF  
NATIONAL FAMILY PLANNING BOARD

We have examined the financial statements set out on pages 10 and 11 with the reservation noted in the following paragraph, have obtained all the information and explanation which we required. Our examination was made in accordance with generally accepted auditing standards and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary.

There was no physical stock taking at the year end.

In our opinion, subject to the effect of such a reservation, proper accounting records have been kept and the financial statements, which are in agreement therewith, give a true and fair view of the state of the Board's affairs at 31st March, 1980 and of the results for the year then ended.

CHARTERED ACCOUNTANTS

P.O. Box 26

2 Ripon Road

Kingston 5

Jamaica

December 10, 1980

**NATIONAL FAMILY PLANNING BOARD**

**BALANCE SHEET  
AT 31st, MARCH, 1980**

	<u>1979</u>			
	<u>COST</u>	<u>ACCUM. DEP'RN.</u>	<u>NET BOOK VALUE</u>	
<b><u>FIXED ASSETS</u></b>				
Furniture, fixtures and equipment	\$67,233	52,018	15,215	13,058
Motor vehicles	30,668	11,991	18,677	1,016
	<u>\$97,901</u>	<u>64,009</u>	<u>33,892</u>	<u>14,074</u>
<b><u>CURRENT ASSETS</u></b>				
Inventories		695,540		295,773
Receivables & advances		34,279		18,085
Cash and bank balances		<u>129,218</u>		<u>43,829</u>
		859,037		357,687
<b><u>CURRENT LIABILITY</u></b>				
Accounts payable & accruals		<u>7,444</u>		<u>67,852</u>
		851,593		<u>289,835</u>
		<u>\$885,485</u>		<u>\$303,909</u>
<b><u>REPRESENTED BY :</u></b>				
<b><u>CAPITALIZED EXPENDITURE</u></b>				
Accumulated at 1.4.79		\$ 68,857		\$ 72,057
Expenditure for year (net)		29,044		—
		97,901		72,057
Depreciation provision		40,190		40,190
Surplus per Income and Expenditure Account		<u>747,068</u>		<u>191,336</u>
		885,159		303,583
Special deposit – project		<u>326</u>		<u>326</u>
		<u>\$885,485</u>		<u>\$303,909</u>
For and behalf of the Board:				
				Director
				Director

**NATIONAL FAMILY PLANNING BOARD**

**INCOME AND EXPENDITURE ACCOUNT**  
**YEAR ENDED 31st, MARCH, 1980**

	<u>1979</u>	
<b><u>INCOME</u></b>		
Government grants	\$ 823,144	\$ 681,369
U.S. A I D (Programme)	1,037,024	652,501
U.N.I.C.E.F. contribution	18,834	3,014
Sales of contraceptives	40,757	46,852
Miscellaneous	504	573
A.V.S. contribution	<u>17,612</u>	<u>—</u>
	<u>\$1,937,875</u>	<u>\$1,384,309</u>
<b><u>EXPENDITURE</u></b>		
Personnel emoluments	387,359	356,887
N.I. S. contributions	7,683	6,328
Drugs and medical supplies	275,112	520,917
Education, promotion and publicity	138,820	192,041
Research	3,375	19,080
Professional charges	4,800	4,000
Data processing	13,194	17,059
Subsidies to voluntary agencies	18,343	111,304
Training conferences and seminars	283,217	58,297
Travelling and subsistence	27,095	22,332
Rent	23,831	27,320
Electricity	12,866	9,711
Telephone	11,566	12,912
General repairs and maintenance	14,923	8,834
Printing and stationery	17,469	27,434
Motor vehicle expenses	23,156	16,825
Board expenses	800	800
General expenses	8,816	14,595
Entertainment	800	3,100
Pension scheme	20,984	19,991
Depreciation	12,405	7,298
Family planning evaluation	56,464	—
	<u>1,363,078</u>	<u>1,457,071</u>
Surplus /(Deficit)	574,797	( 72,762)
Advance account – Ministry of Health	—	( 16,062)
	<u>574,797</u>	<u>( 88,824)</u>
Profit on disposal of fixed assets	<u>6,779</u>	<u>—</u>

Surplus/(Deficit) brought forward	\$ 191,336	
Add prior year adjustment	3,200	
	<u>194,536</u>	
Less Capitalized expenditure (net)	29,044	
	<u>\$ 175,492</u>	

280,160	
191,330	\$ 181,330

581,576	( 88,824)
191,336	\$ 280,160

**REPORT OF THE AUDITORS  
TO THE MEMBERS OF  
NATIONAL FAMILY PLANNING BOARD**

We have examined the financial statements set out on pages 10 and 11, with the reservation noted in the following paragraph, have obtained all the information and explanations which we required. Our examination was made in accordance with generally accepted auditing standards and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary.

In our opinion, subject to note 5, proper accounting records have been kept and the financial statements, which are in agreement therewith, give a true and fair view of the state of the Board's affairs at 31st March, 1981, and of the results for the year then ended.

CHARTERED ACCOUNTANTS  
P. O. Box 26  
2 Ripon Road  
Kingston 5  
JAMAICA

October 21, 1981

280,160	
191,330	\$ 181,330

**NATIONAL FAMILY PLANNING BOARD**

**BALANCE SHEET  
AT 31st MARCH, 1981**

<b><u>FIXED ASSETS</u></b>	<b><u>COST</u></b>	<b><u>ACCUM. DEF'N.</u></b>	<b><u>NET BOOK VALUE</u></b>	<b><u>1980</u></b>
Furniture, fixtures and equipment	\$ 71,070	59,125	11,945	15,215
Motor vehicles	69,508	24,427	45,081	18,677
	<u>\$140,578</u>	<u>83,552</u>	57,026	<u>\$ 33,892</u>
<b><u>CURRENT ASSETS</u></b>				
Inventories		170,046		695,540
Receivables & advances		38,145		34,279
Cash and bank balances		<u>75,000</u>		<u>129,218</u>
		283,191		859,037
<b><u>CURRENT LIABILITY</u></b>				
Accounts payable and accruals		<u>9,300</u>		7,444
		273,891		851,593
		<u>\$330,917</u>		<u>\$885,485</u>
<b><u>REPRESENTED BY:</u></b>				
<b><u>CAPITALIZED EXPENDITURE</u></b>				
Accumulation at 1.4.80		\$ 97,901		\$ 68,857
Expenditure for year (net)		—		29,044
		97,901		97,901
Depreciation provision		40,190		40,190
Surplus per Income and Expenditure Account		<u>192,500</u>		<u>747,068</u>
		330,591		885,159
Special deposit — project		<u>326</u>		<u>326</u>
		<u>\$330,917</u>		<u>\$885,485</u>
For and on behalf of the Board:				
			Director	
			Director	

**NATIONAL FAMILY PLANNING BOARD**

**INCOME AND EXPENDITURE ACCOUNT  
YEAR ENDED 31st MARCH, 1981**

		<b><u>1980</u></b>
<b><u>INCOME</u></b>		
Government grants	\$1,123,650	\$ 823,144
U. S. A I D (Programme)	648,630	1,037,024
U.N.I.C.E.F. contribution	—	18,834
Sale of contraceptives	14,180	40,757
Miscellaneous	187	504
A.V.S. contribution	—	17,612
	<u>1,786,647</u>	<u>1,937,875</u>
<b><u>EXPENDITURE</u></b>		
Personnel emoluments	\$ 474,472	\$ 387,359
N.I.S. contributions	9,647	7,683
Drugs and medical supplies	1,032,672	275,112
Education, promotion and publicity	200,428	138,820
Research	13,588	3,375
Professional charges	4,800	4,800
Data processing	11,833	13,194
Subsidies to voluntary agencies	36,160	10,343
Training conferences and seminars	248,750	283,217
Travelling and subsistence	31,966	27,095
Rent	23,709	23,831
Electricity	17,955	12,866
Telephone	12,924	11,566
General repairs and maintenance	16,020	14,923
Printing and stationery	24,594	17,469
Motor vehicle expenses	30,309	23,156
C.D.C. scheme	26,828	—
Board expenses	—	800
General expenses	19,491	8,816
Entertainment	2,850	800
Pension scheme	26,759	20,904
Depreciation	19,543	12,405
Family planning evaluation	55,917	56,464
	<u>2,341,215</u>	<u>1,363,078</u>
(Deficit)/Surplus	( 554,568)	574,797
Profit on disposal of fixed asset	—	6,779
	<u>( 554,568)</u>	<u>581,576</u>

**NATIONAL FAMILY PLANNING BOARD  
YEAR ENDED 31st MARCH, 1981**

**Personnel Emoluments**  
Personnel \$ 474,982  
Less rental - S. Chedder 510  
\$ 474,472

**Receivables and Advances**  
Motor car loans \$ 14,826  
U.S. AID - advance 799  
Gas coupons 1,844  
Salaries 4,200  
Telephone 207  
C. Allison - sale of motor car 3,303  
Association of Voluntary Sterilization Inc. 12,966  
\$ 38,145

**Cash and Bank Balances**  
Petty cash \$ 100  
N.C.B. current account 38,092  
N.C.B. current account - C.D.C. 36,808  
\$ 75,000

**Drugs and Medical Supplies**  
Inventories at 1.4.80 \$ 695,540  
Add inventories received during the year 507,178  
1,202,718  
Less inventories at 31.3.81 170,046  
\$1,032,672

Surplus brought forward 747,068  
Add prior year adjustment -  
194,536  
192,500  
776,112  
29,044  
\$ 747,068

Less Capitalized expenditure (net) -  
\$ 192,500  
\$ 747,068

747,068  
3,200  
194,536  
747,068  
192,500  
776,112  
29,044  
\$ 747,068

747,068  
3,200  
194,536  
747,068  
192,500  
776,112  
29,044  
\$ 747,068

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747,068  
3,200  
194,536  
747,068  
192,500  
776,112  
29,044  
\$ 747,068

## CONCLUSION

The five-year period reviewed in this report is the most significant, or perhaps controversial period in the history of the National Family Planning Board as it reflects the overall performance of the various functions of the Board under the 'integration' system.

During this period Phase II of the integration process was initiated and although the Ministry of Health opted for a phased process, no meaningful feasibility/pilot strategy was practiced. Neither was priority given to establishing new co-ordinating mechanisms.

This phase involved the transfer of the Statistical Division and the Library to the Ministry of Health, and most important the appointment of an "In-House" Board of Directors with membership comprising the main senior Ministry of Health officials and the Permanent Secretary as Chairman.

At this stage the National Family Planning Board had only a marginal service function in the family planning system and management communication gaps were experienced between the different components of the Board. The integration process demonstrated that the Board's special status as a Statutory Body was somewhat compromised.

Many of the changes which were associated with integration determined that the NFPB implementing role became, to some extent, fluid, imprecise and less directly focused.

Lines of communication which were established before integration and were functioning effectively were largely eliminated on the premise that integration would make them irrelevant. This premise proved incorrect.

Divisions were transferred from the National Family Planning Board with little consideration of the possible consequence for the functioning of the remaining sections; and these movements demanded regular regrouping and restructuring of the staff to fill the breaches as they occurred.

Integration had mixed results on the entire management process at the clinic level. On the positive side there was more productive use of clinic time and available personnel. Focus on the client became more pronounced within the clinic network and integration produced a larger number of nursing and para-nursing services.

On the negative side, there was no defined mechanism for a direct link between the directorate of the Bureau of Health Education and clinic personnel and this gap adversely affected both the premises and the trajectory of family planning/health education.

By the end of this period under review, the strengths and weaknesses of the integrated system were exposed and as a result a much better understanding of the system emerged.

Notwithstanding the difficulties and uncertainties experienced during this transition period the Directors of the Board and the staff at both the Ministry of Health and the National Family Planning Board worked assiduously at the new system and kept the programme going with reasonable success.