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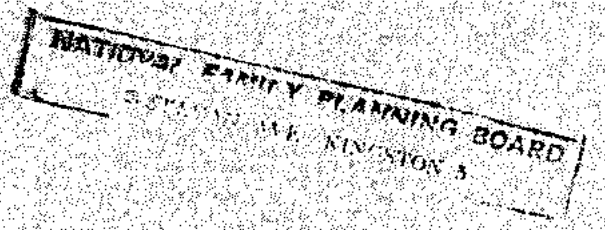
NATIONAL FAMILY PLANNING BOARD

ANNUAL REPORT



FOR YEAR 1992-1993

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ANNUAL REPORT
1992-1993

During the period under review members of the Board were:

Mr. Alvin Rattray	-	Chang Rattray & Co., Chairman
Dr. Ina Barrett	-	Dept. of Government UWI
Dr. Carmen Bowen-Wright	-	P.M.O. P.H.C. - Ministry of Health
Mr. Al Stewart Grynor	-	Blue Cross of Jamaica
Principal Nursing Officer	-	Ministry of Health
Rev. Webster Edwards	-	C.E.O. Operation Friendship
Mrs. Sheila Rose Green		
Mr. H. Peter Myers	-	Myers, Fletcher & Gordon
Mr. Vernon James	-	Director General, STATIN
The Executive Director	-	Mrs. Beryl Chevannes

Mrs. Norma Allen, staff Representative resigned effective May 5, 1992 and was replaced by Mr. Easton Josephs on June 9, 1992.

A new Board was appointed and approved in Cabinet Decision No. 48/92 dated December 12, 1992 to serve for a period of three years with effect from 1st November 1992 as follows:

Mrs. Mabel Tenn	-	Director, Grace Foundation, Chairman
Dr. Aileen Standard Wilson	-	Representative, MAJ
Mrs. Faye Simpson	-	Attorney-at-Law

Reappointments were:

Rev. Webster Edwards
Mr. Peter Myers
Dr. Ina Barrett
Mr. Easton Josephs
Dr. Carmen Bowen-Wright
Principal Nursing Officer
Ex officio, Mrs. Beryl Chevannes

This Board was not constituted however due to the calling of elections, The Minister of Health requested that the existing Board chaired by Mr. Rattray continue to serve until further notice (letter dated March 8, 1993).

Meetings of the Board were held during the period as follows:

Board of Directors	-	Monthly
Finance committee	-	Monthly

Sustainability Committee	-	on demand
Personnel Sub-committee	-	on demand
Board of Trustees	-	on demand

INTRODUCTION

In 1967, the Jamaica Government officially recognized the problem of rapid population growth and provisionally constituted the National Family Planning Board. A subsequent National Family Planning Act of 1970 empowered the National Family Planning Board as a statutory Board under the Ministry of Health to:

"...prepare, carry out and promote the carrying out of population and family 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 planning and population planning.

In addition the National Family Planning Board was empowered to:

a. Co-ordinate and where it thinks necessary direct the work of other bodies or persons in the fields of family planning in order to ensure an effective and economical national effort.

b. Undertake and promote research and disseminate information in relation to family planning and population planning.

c. Arrange and participate in national and international courses, seminars and conferences in relation to family planning.

d. Provide for sex education and encourage the development thereof.

e. Collaborate with other bodies and persons in the preparation and carrying out of family planning programmes.

f. Operate and collaborate with Government and other bodies in operating clinics and other institutions concerned with maternity and child welfare and other family planning and population programmes.

The major objectives are:

1. To increase contraceptive prevalence among fecund women in union (age 15-49 from 55 in 1989 to 62% by year 2000.

2. To restrain population growth and fertility to achieve national development goals within a fragile macro-economic context (that is 1% population growth per annum)

3. To implement a cost-effective family planning programme to conserve scarce financial and institutional resources.

The long term goal of the National Family Planning Programme currently is:

- To limit the population to within ↓ million by the year 2000.

POPULATION ACTIVITIES

Population issues form the basis for almost all planning in the world today as attempts are made to distribute scarce resources among a growing number of inhabitants. In Jamaica the social contract is guided by the current and projected status of the population as articulated in the Population Policy Document. The local family planning programme has a major contribution to make in the achievement of stated goals in this document i.e. the achievement of Replacement Level Fertility by year 2000 with the realization of this being dependent on an increase in the Contraceptive Prevalence Rate from 55% to 63% by the year 2000.

Population information allows us to assess the impact of the family planning programme and also to chart the course for future activities, hence its inclusion in the report. This section is concerned mainly with the three components of population growth - births, deaths and migration with special emphasis on births because of the direct relationship between this component and family planning.

At the end of 1992 Jamaica's population was estimated at 2,460,500 an increase of 1.0% over the 1991 estimates. There were 58,600 births, 13,200 deaths and net migration losses of 20,460. Natural increase was 45,400 and net migration as a percentage of natural increase 45%.

TABLE 1

Population by Broad Age Groups 1970 & 1992

Age Group	1970		1992			
	No.	%	No.	%	% Change	Classification
Total	1,868,900		2,460,500		3.17	
Under 5	317,100	17	282,580	12	-10.9	Young Pop.
5-14	526,000	28	517,650	21	-1.6	Young Pop.
15-64	919,800	49	1,471,650	60	60	Working Pop.
65 & Over	106,000	6	188,710	8	78.0	Aged Pop.
15-49	383,600	21	633,000	26	65.0	Child bearing Pop.
(Female) Total Fertility Rate	5.5		2.9			No. of children per woman

The aging process continues based on available data from the 1992 intercensal estimate. The youth population has declined by one percentage point from 44% in 1991 to 43% while an estimated 11% of the population lies between 15 and 19 years of age. Table B shows a further decline in Youth dependency from 55.5% in 1991 to 54.4%, while there was little change in the age dependency ratio which stands at 12.8% currently.

Table 2

Dependency Ratio - 1970 and 1983-1992

YEARS	YOUTH DEPENDENCY	AGED DEPENDENCY	TOTAL DEPENDENCY
1970	91.7	11.5	103.2
1983	68.1	12.6	80.7
1984	66.0	12.5	78.5
1985	64.0	12.5	76.5
1986	62.0	12.5	74.5
1987	60.4	12.6	73.0
1988	59.0	12.8	71.8
1989	57.5	12.8	70.3
1990	56.4	12.9	69.3
1991	55.5	12.9	68.4
1992	54.4	12.8	67.2

Just under 60% of the population were to be found in the middle age or working age a slight increase over the previous years estimate. The median age increased from 22.8% years to the current 23.2years.

In 1992 there were 1,078,900 persons in the labour force an increase of 0.25 over the 1,076,600 obtained in 1991. Of this number 15.9% were unemployed with rates of 9.7 and 22.0% among males and females respectively.

This represents a slight increase over 9.4% for males and 22.8% for females. Among the age groups the rate went down in all categories except those 14-19 years and 20-24 years. A similar pattern was observed among males but among females the opposite was obtained i.e. increases in all age groups except the 14-19 and 20-24 age groups. There was a slight increase in the number of women in the childbearing ages. In 1992 there were 633,000 women in this category, 1.2% more than the 624,300 of 1991. The number of births reported among these women was 2% less than was reported in 1991 and the lowest number in the four years after the sharp increase that began with Hurricane Gilbert. The crude birth rate is down to 23.9 per 1000 population, a decline of just under 1 percentage point. The general fertility rate (a more refined fertility indicator) has declined further from 95.8 per 1000 women 15-49 years in 1991 to 92.6 currently. This movement, 3.2 percentage points to be exact, is a direct result of the number of births in 1992. The total fertility rate is estimated to be 2.8 based on trends observed is the 1989 Contraceptive Prevalence Survey. In the next annual report the actual rate will be presented as the 1993 Contraceptive Prevalence Survey is well underway.

There was an increase in the number of deliveries in public institutions. In 1992 there were 44,193 such deliveries, 4.6% more than the figure for 1991. The corporate area was responsible for approximately one-third of these deliveries though reporting almost 3% less than was reported in 1991. The Victoria Jubilee

Hospital accounted for 79% of all corporate area deliveries and 26% of deliveries isalndwide.

The increase of 24,900 to Jamaica's population in 1992 is clearly influenced by a 20% decline in net migration outflows. The other two components (births and deaths) showed very little changes. The reduction in net migration as a percentage of natural increase from 55% in 1991 to 45%, points clearly to the contribution of net migration to the latest increase. The impact of migration on Jamaica's population change comes into greater focus when population data for the past quarter of a century examined. In 1983 when the lowest outflow of 4,300 was recorded the largest population growth of 44,517 was experienced. In 1988 when the highest outflow of 38,900 was recorded population growth was at its lowest, a mere 2,556. Data for all the years during this period show that changes to population occur based on changes to net migration more than any other component of population. The difference between the two sets of migration figures above show the extremes of this component and hence its unreliability as a means of population control.

Conclusion

The decline in fertility for 1992 manifested not only in fertility rates but absolute number of births as well, is very encouraging. This has occurred at a time when the number of births was expected to increase based on negative developments in the family planning programme. Chief among these were the scarcity of the depo provera injection (in 1992 the most popular method of contraceptive among women in the clinic programme), and the placing of prices on some contraceptives in the programme.

The above-mentioned factors will definitely impact on the family planning and ultimately fertility in Jamaica. The full effect of the depo provera scarcity may not reflect in fertility increases until late 1993.

TABLE 3

POPULATION MOVEMENTS - 1982-1992

Year	End of Year Population	Births	Deaths	Natural Increase	Net Migration	Total Population Increase
1982	2,218,600	61,477	12,700	48,777	9,800	38977
1983	2,263,600	61,417	12,600	48,817	4,300	44517
1984	2,296,600	57,533	13,405	44,128	10,500	33628
1985	2,325,500	56,210	13,918	42,292	13,400	28892
1986	2,346,100	54,067	13,341	40,726	20,079	20600
1987	2,355,100	52,270	12,352	39,918	30,903	9015
1988	2,357,700	53,623	12,167	41,456	38,935	2556
1989	2,392,000	59,104	14,315	44,789	10,446	34343
1990	2,414,900	59,606	12,174	47,432	24,562	22800
1991	2,435,500	59,879	13,319	46,560	25,912	20648
1992	2,460,500	58,627	13,225	45,402	20,462	24940

TABLE 4

VITAL STATISTICS 1992

Parishes	Mean Population	Births	Deaths	Crude Birth Rate Per 1000	Crude Death Rate Mean Population
TOTAL	**2,448,000**	**58,627**	**13,225**	**23.9**	**5.4**
K.S.A	683,000	18,653	3,648	27.3	5.3
ST. THOMAS	87,800	1,918	546	21.8	6.2
PORTLAND	77,800	1,522	497	19.6	6.4
ST. MARY	113,200	1,910	621	16.9	5.5
ST. ANN	152,400	3,752	948	24.6	6.2
TRELAWNY	73,900	1,186	336	16.0	4.5
ST. JAMES	162,300	4,921	944	30.3	5.8
HANOVER	66,200	1,250	389	18.9	5.9
WESTMORELAND	129,300	2,967	898	22.9	6.9
ST. ELIZABETH	145,600	2,656	756	18.2	5.2
MANCHESTER	169,200	5,296	1,242	31.3	7.3
CLARENDON	220,400	4,740	1,008	21.5	4.6
ST. CATHERINE	366,100	7,856	1,392	21.5	3.8

TABLE 5

RATES OF VITAL EVENTS 1982-1992

Year	Crude Birth Rate	Crude Death Rate	Net Migration Rate	Rate of Natural Increase	Rate of Population Increase
	Per 1000 Mean Population				
1982	27.9	6.6	4.5	21.3	16.9
1983	27.4	5.6	1.9	21.8	19.9
11984	25.2	5.9	4.6	19.3	14.7
1985	24.3	6	5.8	18.3	12.5
1986	23.1	5.7	8.6	17.4	8.8
1987	22.2	5.3	13.0	17	3.8
1988	22.8	5.2	15.5	17.6	1.1
1989	24.9	6	4.4	18.9	14.5
1990	24.8	5.1	10.2	19.7	9.5
1991	24.7	5.5	10.7	19.2	8.5
1992	23.9	5.4	8.3	18.5	10.01

PROGRAMME BENEFITS

The benefits of a National Family planning Programme are two fold. Firstly the programmes allows freedom of choice in respect of pregnancies and births to assure that each child is a wanted child. Secondly, the programmes ensures that the size of the population is consistent with the resources available to maintain or improve the quality of life of the people in the society.

PROGRAMME CONSTRAINTS

In carrying out its mandate in 91/92 several constraints were identified by the National Family Planning Board which were addressed in the programme for 1992/93:

a. The level of promotion and publicity was low;

b. Although the 1989 Contraceptive Prevalence Survey suggested that the Contraceptive Prevalence Rate was high. 55% and there was almost universal acceptance of at least one (1) method of contraceptive, there was still a high level of hard core resistance to family planning which would make an increase in the prevalence rate difficult (in addition to an unmet need of 16%). Both CPS results and a report for the IEC strategy financed by the World Bank pointed to the need for a shift in emphasis of the National Family Planning Board's strategy towards counselling.

The National Family Planning Board continued to collate and review statistical data from clinics reporting the delivery of family planning services.

Linkages between the National Family Planning Board and Ministry of Health to coordinate and sustain the quality of the Family planning Programme islandwide was strengthened.

TABLE 6

Acceptance and Recruitment Rate 1992

Characteristics	1992
Population to be served (000)	633
Estimated number of Clients (000)	104
New Clients (000)	43
Acceptance Rate Per (000)	164
Recruitment Rate Per (000)	68
Recruitment Rate Per Center	123

The 104,000 Clients reported to be in the programme in 1992 is 10% less than was obtained in 1991. Family planning programme indicators presented in Table 6 all point to major declines in the family programme in 1992. The acceptance rate declined by 11%, the recruitment rate by 20% and the recruitment rate per center went down by 14%. There were declines in new acceptors and revisitors to the tune of 19% and 4% respectively. Figures presented in Table 7 show negative growth for the past three years and the lowest number of clients in the clinic programme since 1983.

Table 7

Estimated Number of Clients in the Clinic Programme 1992

Years	Clients ('000)	Annual Rate of Growth
1981	83	34
1982	84	1
1983	98	17
1984	131	34
1985	136	4
1986	139	2
1987	126	-9
1988	11	-12
1989	137	23
1990	134	-2
1991	116	-13
1992	104	-10

TABLE 8

Distribution of Centres Reporting Family Planning Activities By Number of New Acceptors 1992

Lumber of New Acceptors	Number of Centres
U.ider 20	73
20-39	50
40-59	49
60-79	32
80-99	21
100-119	21
120-139	11
140-159	12
160-179	9
180-199	7
200-219	9
220-239	5
240 & over	47
TOTAL	**346**

According to Table **8** , **47**Centres recruited over 240 clients, 121 recruited 100 or more while 73 Centres recruited less than 20 clients.

New Acceptors

The 42,736 new clients recruited into the programme in 1992 represent the lowest number since 1983 when 41219 clients were recruited. Ministry of Health Centres were responsible for 91% of the former while Independence Centres and NFPB clinics accounted for the remainder. The corporate area 30% and St. Catherine (13%) together accounted for almost 50% of all new clients.

Table 9

New Acceptors by Method of Contraception and Programme Outlets 1992

Programme Outlets	Total	Pills	Injection	IUD	Diaph.	Condom	Spermi.
NFPB' Clinics	1,200	634	285	225	8	22	26
Ind. Centres	2,463	1,311	429	277	22	334	90
MOH Clinics	39,073	21,107	6,807	285	48	10,291	355
TOTAL	**42,736**	**23,052**	**7,521**	**787**	**78**	**10,647**	**651**

Major changes have taken place in the method mix as far as prevalence rates are concerned. The actual position of each method among new acceptors has not changed but the proportions have changed considerably. The pill continues to be the leading method, improving its share from 42% in 1991 to 54% in 1992. This increase is attributable to a decline in acceptance of the injection from 28% in 1991 to less than 18% and downward movements in condom acceptance from 28% to 25%. In absolute numbers new clients for the injection declined from 13,530 to 7,521 (a decline of 44.4%).

TEENAGE ACCEPTORS

TOTAL NEW ACCEPTORS AND TEENAGE ACCEPTORS FOR YEARS 1982-1992

TABLE 10

YEARS	TOTAL NEW ACCEPTORS	TEENAGE ACCEPTORS	%
1982	33,316	7,998	24.0
1983	41,219	9,537	23.1
1984	58,282	13,847	23.8
1985	58,926	12,276	20.8
1986	59,644	11,648	19.5
1987	53,632	9,514	17.7
1988	47,531	8,398	17.7
1989	66,541	12,783	19.2
1990	63,282	10,751	17.0
1991	52,647	8,284	15.7
1992	42,736	7,263	17.0

A total of 7,263 teenagers were recruited into the family planning programme, 12% less than was recruited in 1991. This follows on the 23% decline that occurred between 1990 and 1992 and is a continuation of the downward trend that began in 1989. The teenagers recruited in 1992 is the lowest number since 1981 when a total of 6,904 came into the programme.

This amount represent some 17% of all new acceptors an increase from 15.7% obtained in 1991. The proportion would have been much lower if the number of new acceptors did not decline to the extent it has for the period. Teenage recruitment increased in the parishes of St. Ann, St. Elizabeth and Manchester and ranged between 2% and 9%. All other parishes reported declines were Trelawny (52%), St. Thomas(39%), and St. James (18%) being the most outstanding.

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1987	22.2	5.3	13.0	17	3.8
1988	22.8	5.2	15.5	17.6	1.1
1989	24.9	6	4.4	18.9	14.5
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TOTAL	**42,736**	**23,052**	**7,521**	**787**	**78**	**10,647**	**651**

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This amount represent some 17% of all new acceptors an increase from 15.7% obtained in 1991. The proportion would have been much lower if the number of new acceptors did not decline to the extent it has for the period. Teenage recruitment increased in the parishes of St. Ann, St. Elizabeth and Manchester and ranged between 2% and 9%. All other parishes reported declines were Trelawny (52%), St. Thomas(39%), and St. James (18%) being the most outstanding.

STERILIZATION

Priliminary estimates of the sterilizations done indicate that 3,217 procedures were carried out in 13 hospitals, the Beth Jacobs and Lenworth Jacobs centres and the Glen Vincent poly-clinic. Ten of the twenty-six facilities reported activitied for each quarter for the entire period under review while another ten did not report al all. No sterilizations were done in the parishes of Portland, Hanover and St. Catherine. KSA reported 53% of the total number of sterilizations including the 7 clients identified as wales who were drawn from VJH, Lenworth Jacobs and UWI. The Victoria Jubilee Hospital continues to make significatnt contributions in this area recording 33% of all sterilizations done.

TABLE 11

TOTAL NUMBER OF STERILIZATION AND PERCENTAGE CHANGES SINCE 1982

YEARS	ABSOLUTE FREQUENCY	CUMULATIVE FREQUENCY	% CHANGE
1982	3,858	9,734	26.0
1983	5,896	15,630	52.8
1984	6,587	22,217	11.7
1985	5,397	27,614	-18.1
1986	5,045	32,659	-6.5
1987	4,365	37,024	-13.5
1988	4,635	41,659	6.2
1989	3,423	45,082	26.1
1990	3,685	48,767	7.6
1991	3,631	52,398	-1.5
1992	3,217	55,615	-11.4

The median age of women sterilized remains at 33 years same as 1991. Table 11 shows that 93% of clients for this method were above 29 years of age with 70% being above 30 years. Sixty-one percent were identified as having 4 children or less while 98% had more than 2 children.

TABLE 12

USE OF CONTRACEPTION

METHOD	1975/76	1983	1989
Pill	11.1	19.3	19.5
Female Sterilization	8.1	10.9	13.6
Condom	6.6	7.6	8.6
Injection	6.2	7.6	7.6
IUD/Vaginals	3.5	3.0	1.6
Withdrawals	1.4	1.9	2.4
Rhythm	0.3	1.1	1.0
Other	0.0	0.0	0.3
Not Using	62.0	48.6	54.4
Total Prevalence	**38.0**	**51.4**	**54.6**

Family planning in Jamaica is characterized by a heavy reliance on short term supply methods of orals, condoms and injectables.

The Programmme does not make maximum use of long term cost effective methods which are less expensive in the long run, and better suited to the needs of older high parity women.

Almost all of the contraceptives are currently provided by USAID with the exception of a small amount of orals that the Government of Jamaica procures and depo provera which is frequently, but not solely supplied by UNFPA.

In order to meet the first 20% phase out of contraceptive support from USAID, the service delivery budget was increased for 1992-1993 and the amount for procurement included.

TABLE 13

NFPB Special Clinics

ATTENDANCE AT THE NFPB CLINICS BY TYPE OF VISITS AND SEX
1 9 9 2

NFPB CLINICS	TOTAL	VISITS		SEX	
		FIRST VISIT	REVISIT	MALE	FEMALE
Hunts Bay	5,800	462	5,331	1,163	4,637
Ind. Mobile	2,996	244	2,752	1,021	1,975
Apollo Plaza	5,333	275	5,058	533	4,800
Portmore	4,338	219	4,126	744	3,594
TOTAL	**18,467**	**1,200**	**17,267**	**3,461**	**15,006**

These specialist family planning clinics accounted for 18,647 visits made in 1992. When this figure compared with that of 1991 a 29.7% increased is observed.

A breakdown of these visits among the four centres shows Hunts Bay at the top with 31.4% followed by Apollo Plaza 28.9%, Portmore 23.5% and the Industrial Mobile 16.2%. An examination of the 1200 new clients entering the programme through these centres reveals a similar pattern. Hunts Bay reported a major 79% increase among these clients while the Industrial Mobile reported an increase of 9.4%. Declines were observed at Apollo Plaza and Portmore. See table 13

TABLE 14

NEW ACCEPTORS AT NFPB CLINICS BY METHOD OF CONTRACEPTIVE 1992

NFPB Clinics	Total	Pill	Injection	IUD	Diaphragm	Condom	Spermicidal
Hunts Bay	462	155	104	103	3	7	-
Industrial Mobile	244	182	54	6	-	-	2
Apollo Plaza	275	162	59	19	5	12	18
Portmore	219	135	68	7	-	3	6
TOTAL	**1,200**	**634**	**285**	**225**	**3**	**22**	**26**

The pill continues to be the leading method at these centres with some 52.8% of new clients opting for it. The injection was second choice with 23.8%, while 18.8% of clients choose the IUD. The 193 new clients for the IUD at Hunts Bay represent the largest number of clients for any method at any of these centres. It further represents 85.8% of all IUD's inserted at NFPB centres, 40.7% of IUD's inserted in KSA and 24.5% of all IUD's inserted islandwide. Some 41.8% of all new clients at Hunts Bay choose the IUD.

TABLE 15

PERCENTAGE DISTRIBUTION OF NEW ACCEPTORS ATTENDING NFPB CLINICS BY AGE GROUP 1992

Characteristics	Hunts Bay	Industrial Mobile	Apollo Plaza	Portmore
	N=462	N=244	N=275	N=219
Under 15	6	-	-	-
15-24	73	65	57	57
25-34	19	34	37	37
35-44	1	1	5	6
45 & over	-	-	1	-
TOTAL	**100**	**100**	**100**	**100**
Median Age	21	23	24	24

The median age of clients receiving the service increased from 23 years to 24 years in the case of Apollo Plaza and Portmore, and declined from 24 years to 23 years in the case of the Industrial Mobile while Hunts Bay maintains the 21 years that was obtained in 1991. Table 15 shows that between 92% and 99% of all new clients were between The ages of 15 and 34 years of age at these centres.

TABLE 16

COMMODITIES DISTRIBUTED TO NFPB'S CLIENT 1992

NFPB CLINICS	COMMODITIES DISTRIBUTED							
	PILL	INJECTION	IUD	CONDOM	SPERMI.	KOROMEX	DIA.	STERI. REF.
Hunts Bay	3,882	1,286	234	35,454	22	-	7	12
Industrial Mobile	3,145	596	8	30,581	12	-	-	18
Apollo Plaza	3,963	1,049	49	19,122	619	-	11	8
Portmore	3,098	994	17	27,873	161	-	1	8
Total	14,088	3,915	308	113,030	814	-	19	46

Commodities distributed at NFPB clinics, except for IUD's, must be viewed as minimal when compared to the overall amounts of the various methods distributed. Some 19.5% of all IUD's inserted came from these clinics. Among the popular methods pills distributed amounted to 4.4% of the total, injections 5.5% and condoms 8.3%. Sterilization refferals from these centres represent 1.4% of all referrals.

COMMERCIAL DISTRIBUTION OF CONTRACEPTIVES (CDC)

This is the commercial side of family planning programme which supplements the overall programme through the distribution of two products (perle and panther). These get to consumers via pharmacies, supermarkets, shops, bars, etc.

TABLE 17

ATTENDANCE AT FAMILY PLANNING CLINICS BY TYPE OF VISIT AND SEX BY PARISH FOR YEAR 1992

	TOTAL	MALE	FEMALE	TYPE OF VISIT	
				FIRST VISITS	REVISITS
ALL PARISHES	288,375	32,778	255,587	42,736	245,639
KSA	83,475	7,482	75,993	12,970	70,505
ST. THOMAS	9,948	635	9,313	1,419	8,529
PORTLAND	11,202	1,610	9,592	1,257	9,945
ST. MARY	13,540	2,291	11,249	1,262	11,278
ST. ANN	17,074	1,394	15,680	3,083	13,991
TRELAWNY	9,116	1,460	7,656	1,401	7,715
ST. JAMES	19,552	1,927	17,625	2,741	16,811
HANOVER	11,502	1,921	9,581	1,731	9,771
WESTMORELAND	13,558	2,609	10,949	1,963	11,595
ST. ELIZABETH	21,909	3,989	17,920	2,358	19,551
MANCHESTER	17,115	1,474	15,681	3,011	14,144
CLARENDON	22,470	3,026	19,444	3,091	19,379
ST. CATHERINE	37,847	2,970	34,904	5,449	32,425

TABLE 18

NUMBER AND PERCENTAGE OF NEW FAMILY PLANNING ACCEPTORS BY METHOD 1990-1992

METHODS	1992		1991		1990	
	NO.	%	NO.	%	NO.	%
All Methods	42,736	100.0	52,647	100.0	63,282	100.0
Pill	23,052	53.9	22,112	42.0	24,194	38.2
Injection	7,521	17.6	13,530	25.7	12,362	19.5
IUD	787	1.8	684	1.3	697	1.1
Spermicidal	651	1.5	1,579	3.0	2,381	3.8
Diaphragm	78	0.2	106	0.2	130	0.2
Condom	10,647	24.9	14,636	27.8	23,518	37.2

TABLE 19

NUMBER OF MOTHERS RECEIVING POSTNATAL SERVICES AND NUMBER AND PERCENTAGE ACCEPTING FAMILY PLANNING METHODS - 1992

PARISH	NUMBER RECEIVING POSTNATAL SERVICES	NO. & % ACCEPTING F.P. METHOD	
		NO.	%
ALL PARISHES	39,596	22,510	56.8
K.S.A.	7,700	4,938	64.1
ST. THOMAS	1,679	938	55.9
PORTLAND	1,508	904	59.9
ST. MARY	2,101	1,190	56.6
ST. ANN	3,128	1,342	42.9
TRELAWNY	1,406	926	65.9
ST. JAMES	3,610	1,624	45.0
HANOVER	1,558	1,021	65.5
WESTMORELAND	2,525	1,293	51.2
ST. ELIZABETH	2,553	1,586	62.1
MANCHESTER	2,968	1,981	66.7
CLARENDON	2,955	1,467	49.6
ST. CATHERINE	5,909	3,300	55.8

COMMODITIES DISTRIBUTED

TABLE 20

SUPPLIES DISTRIBUTED TO CLIENTS IN THE CLINIC PROGRAMME 1983 - 1992

YEARS	PILL	INJECTION	IUD	CONDOM	KORAMEX	SPERMICIDAL	DIAPHRAGM
1983	224,270	86,890	2,813	604,446	2,059	3,080	-
1984	310,182	102,053	4,216	933,363	1,948	5,349	-
1985	338,665	116,878	3,707	1,124,387	1,735	5,762	-
1986	386,824	117,757	2,601	1,256,760	1,753	5,790	-
1987	351,800	115,146	2,101	1,388,327	1,424	6,145	-
1988	308,014	111,334	2,317	1,314,966	1,937	4,108	-
1989	340,457	118,316	2,106	1,499,941	2,421	6,109	331
1990	305,840	120,462	1,109	1,238,573	1,791	11,203	298
1991	287,780	127,918	1,526	1,262,733	1,627	12,306	1,163
1992	321,280	71,453	1,580	1,369,769	649	8,211	186
% Change since 1983	43.3	-17.8	-43.8	126.6	-68.5	166.6	-
% Change since 1991	11.6	-44.1	3.5	8.5	-60.1	-33.3	-84.0

The number of pill cycles distributed is 11.6% more than that for the previous year. some 299,676 cycles were distributed among new clients representing 93% of the total. Table 20 shows that increases occured in the distribution of two other methods IUD's (3.5%) and condoms (8.5%). These increases do not compensate for the massive decline in depo provera distribution.

The 71,453 doses dispensed is 44% less than 1991 and can be attributed to two factors (i) The scarcity of the commodity during 1992 and (ii) The introduction of a fifty dollar ($50) charge per dose. There were 30,084 doses or 42% of the total to 7,521 new clients and 41,369 doses to 10,342 revisitors representing declines of 44% for these two sectors. Fifty-two percent of sterilizations done were pregnancy related. Post partum

deliveries accounted for 48% and post abortion 4%. Interval sterilizations or those that are not pregnancy related accounted for 44% of the total and are assumed to be the result of health centre referrals.

TABLE 21

COMMODITIES DISTRIBUTED VIA CDC PROGRAMME AND ESTIMATED NUMBER OF USERS BY QUARTER 1992

QUARTER	PILL		CONDOM	
	UNITS DISTRIBUTED	ESTIMATED NO. OF USERS	UNITS DISTRIBUTED	ESTIMATED NO. OF USERS
Jan-March	131,028	40,316	541,512	17,931
April-June	124,272	38,238	352,392	11,669
July-Sept.	144,012	44,311	543,562	17,999
Oct-Dec	152,136	46,811	761,616	25,219
TOTAL	**551,488**	**42,419**	**2,199,082**	**18,204**

In 1992 pill cycles distributed amounted to 551,448 and condom units 2,199,082. Comparisons with the previous year show a slight increase in pill uas and a 16.7% increase in condom sales in this programme. Figures presented in Table 27 indicates that there were some 42,419 pill users and 18,204 condom users making the total number of clients in the programme over 60,000. this is approximately 5% more than the 1991 estimate and is due to the increase in condom distribution.

OVERVIEW OF THE FAMILY PLANNING PROGRAMME

The present programme areas of the NFPB are:-

1. Information, Education & Communication

2. Service Delivery

3. Projects, Research & Statistics

4. Administration & Finance

The proposed budget for 1992-1993 sought to strengthen those programmes and activities which in the years 1991/1992 were inadequate to meet the targets due to lack of sufficient funds in the Ministry of Finance approved budget and to ensure sustainability of family planning services and programmes while providing mor cost effective and appropriate contraceptive methods.

The hard core group resistors (20%) of women in union who were not using a method was estimated at 86,00 Of this figure 17,000 were targeted, in addition to maintaining those already in the programme.

INFORMATION, EDUCATION & COMMUNICATION

The Information, Education & Communication Department of the National Family Planning Board is the main avenue through which its programmes are carried out in order to achieve the stated objectives of the Board. The ultimate aim of the Information Education and Communication programme is an improved quality of life for Jamaicans by developing formal and non formal programmes.

FIELD SERVICES

Work Goals Were to:

1. Continue the dissemination of Family Life Education/Family Planning and Population Education to all age levels.

2. Promote motivational and educational programmes in rural areas at the grass root level.

3. Assist in improving the counselling services in selected family planning clinics throughout the island.

   It was feared that the allocated budget would not accommodate the travel requirement to carry out this activity adequately.

COMMUNICATION

General Objectives - To:

1. Open and maintain lines of communication with the public regarding family life education and family planning services.

2. Inform and educate target audiences about developments in the field of contraceptive technology and the use and implications of use for all segments of the target population.

3. To maintain a constant media presence for the National Family Planning Board in all aspects of it's work.

4. To improve the general communication by improving educational materials for mass audiences, field staff and training programmes.

TRAINING

Goals:- To promote motivational family planning and family life education programmes designed to bring about acceptance of new fertility norms and desired fertility behavior.

Objectives To:-

1. Promote information and skills in family planning/family life education for young adults embarking on their own business enterprise.

2. Activate young entrepreneurs to maximize their successes through family planning by delaying or spacing of pregnancies.

3. Combine family planning/family life education with a skills training programme for one specific low-income community group in order to encourage the development of life management skills.

4. Provide participants with basic information on contraceptive, family norms and issues and reproductive health care.

, out under the IEC programme for 1992/1993 included:-

ervices to intensify outreach work in Family Life Education.

munication through the provision of educational materials and face to face interviews especially in ρ rural areas.

.raining for non health personnel for example volunteers males and adolescents.

Increased counselling on contraceptive side effects and myths.

ere was concern about the mileage rates allowed as with an already depleted staff of Field Workers less portunity was provided to reach target groups identified and outreach would be reduced.

Training was mostly funded by the Jamaica Population and Health Project (JPHP 1),for the period 1990-91 IEC under this project had been affected by haphazard and inadequate flow of counterpart funds. For 1992 it was projected to train 1,206 persons at 50 workshops/seminars. Particularly training outreach to rural target groups was conducted as part of the activities for 1992/1993 (see detailed training activities Annex 1).

An IEC strategy and plan were developed and designed with technical assistance from the Manoff group to have a multiplier effect particularly among adolescents, preadolescent and high fertile groups also males. The concern was that a reduction in focus would result in an increase of pregnancies among 15-29 year old women who then constituted the highest fertile group in the population, while women 15-19 were among the lowest contraceptors.

In 1992 there were thirty (30) sites where teen services could be promoted.

Training was provided for target groups, parents, educators, marriage counsellors, policy makers voluntary family planning workers, peer counsellors inter alia.

Health workers were also trained under (JPHP 1) by the MOH. Funding for these activities were provided by UNFPA through a sub agreement with JPHP 1.

A breakdown of training activities conducted shown at Annex 1.

Counselling services were provided through three (3) " Marge Ropers" who counsel clients primarily on a one to one basisby way of visits, telephone calls and letters.

Throughout the island field (liaison) officers are deployed to work with agencies at the parish level to coordinate FP activities. An evaluation of this project has just been completed and the findings coupled with the need to effect behavioral change among present acceptors and ever users will be used in implementation of the new IEC strategy which should be in place by July 1993.

Under the programme strategy for IEC 1992 - 1996 as submitted in the strategic plan to the World Bank on 30/6/92 - liaison officers will be required to participate in the programme to support the achievement of long-term goals for -

1. Public sector family planning /Information, Education & Communication
2. Private sector family planning/Information, Education & Communication
3. Programme Sustainability
4. Family Life Education
5. Promotion of Family Planning Services.

During this year, only preparatory work was done in most of the above areas.

3. Expansion of the contraceptive method mix to enable women to have a wider choice of methods which may facilitate increased acceptance of contraceptives.

In this regard a pre-introductory study was commenced for the non biodegradable progestin only subdermal implant - Norplant at three service delivery sites.

* Beth Jacobs Clinic
* University Hospital of the West Indies (Fertility Management Unit)
* Victoria Jubilee Hospital

During this fiscal year the following activities were implemented.

a. Developed a pamphlet for acceptors of the method - a prototype pamphlet was adapted for local use after several rounds of focus group discussions.

b. Conducted a three day training programme for persons who would be involved in counselling potential acceptors for norplant.

c. Finalized a strategy for expanding norplant to the public sector safety net consumers.

A total of 165 women accepted norplant in this year.

4. Continued the direct administration of clinical services in four areas, as well as co-ordination of the public sector services through daily interaction and monthly co-ordinating committee meeting.

The National Family Planning Board continued the employment of two co-ordinators posted in the Ministry of Health - one for clinical services co-ordination and the other for the surgical programme.

Direct service delivery was maintained through family planning and outreach services by:-

a. A mobile unit offering comprehensive family life education services to employees in 22 private sector agencies (at the workplace) in Kingston & St. Andrew and St. Catherine.

b. The provision of services to defined target populations at Hunts Bay and Portmore using facilities provided by two private sector agencies, Desnoes and Geddes and West Indies Home Contractors.

and

To a rural population in May Pen.

As part of the restructuring exercise, to make clinic services more accessible flexible hours were introduced at Portmore. The opening hours were changed to 6:00 p.m. with effect from August 1992.

In July the four sites initiated a programme of cost recovery through soliciting contribution for the contraceptive methods.

Initially the idea met with some reluctance; but eventually it became acceptable, as clients realized that nobody was refused services because of the inability to pay.

In the surgical programme, a new project agreement was signed with the Association for Voluntary Surgical Contraception (AVSC) for a fifteen (15) month period commencing June 1, the value of the project is US$45,450.

The project objectives are:

1. To continue support for the provision of high quality post partum and interval voluntary surgical (VS) services through the provision of minilaparotomy under local anaesthesia and sedation.

2. To evaluate and document the results of the non-nursing staff positions piloted under the Victoria Jubilee Hospital (VJH) programme and submit a final report to the Ministry of Health and Hospital officials with appropriate recommendations pertaining to the instituionalisation of these positions.

3. To continue support to develop the VJH as a training site for minilaparotomy under local anaesthesia and initiate training activities by training ten doctor/nurse teams in the technique.

4. To continue technical assistance to the family planning information and education and counselling component and develop the VJH as a demonstration model for other MOH sites.

The strategies to meet these objectives included inter alia:

1. Renovation and equipping and operating room at the VJH.

2. Establishment of a lecture room that seats twelve persons, and provision of equipment for the area.

3. Continuity of funding emoluments for three (3) non-nurse counsellors at VJH.

4. Recruitment of three (3) operating room technicians for the surgical area used for VS procedures.

5. Training of doctor/nurse teams in application of minilaparotomy using local anaesthesia for female sterilization procedure.

6. Provision of equipment for surgical sites based on needs assessment.

7. Technical assistance in the form of consultancies in the areas of counselling, medical follow-up, research and evaluation.

During this fiscal year a total of 4,207 procedures were performed in public sector sites. This figure is represented by quarter as follows:-

April-June	July-Sep.	Oct.-Dec.	Jan.-Mar.
1,064	1,164	1,012	967

The majority of women having the procedures are 30-34 years of age, followed by the 35-39 and 25-29 age groups. Most of the women who opted for this method of contraception had three and four children. The majority of the procedures were performed using local anaesthesia.
Problems encountered in service delivery includes:

1. Availability of staff - surgical, nursing, counselling

2. Low levels of referrals

3. Persons booked for surgery who failed to have the procedure

4. Inadequate training and equipment

5. Reduced access to service especially in the north eastern health administrative area.

In the area of contraceptive provision the Board discontinued distribution of spermicides and diaphragms. To reduce wastage of contraceptive and excessive hoarding of stocks at the peripheral level; a revised system of distribution of contraceptives was implemented on a pilot basis in Kingston, St. Andrew, Clarendon and St. Ann.

The system commenced in September and will be used for nine months, at which time it will be evaluated and decision taken concerning expansion.

The direct distribution system of "top-up" eliminates the use of relinquishing for supplies. On a scheduled basis, of two monthly intervals, visits are made to health centres. An inventory of stock is taken. Usage rates of the products are identified. A simple mathematical formula is used to establish a five month usage rate. The difference between the stock on hand and the five month needs is calculated for each item, and this is the amount supplied.

The fiscal year ended on a pleasant note for depo provera provision. During the year the Board was only able to obtain 55,000 doses of depo provera. The lack of assurance of future funding mandated that the commodity had to be sold to acceptors for $50.000 per dose; with a 40% free goods issued for bulk purchases.

The acceptance rate declined by 44% with total acceptors for the year being only 17,000 women.

At the close of the fiscal year a new project agreement was in place for a five year supply of depo provera on a reduced basis after the initial year. Over the life of the project, the commodity cost for the contraceptive to be provided is US$606,000. Additionally through the social sector development fund, arrangements were finalized for procurement of 220,000 doses of depo provera to be delivered early in the next fiscal year.

OVERSEAS CONSULTANCIES:

1. Population Council

Consultants assisted with the training in counselling potential acceptors of norplant - for service providers. They also reviewed the protocols required for the admission and follow-up forms of clients.

2. Association for Voluntary Surgical Contraception

* The Assistant Regional Director for Latin America and the Caribbean visited as part of her required supervisory visits to assess the state of programme implementation, review schedule of activities and identify other activities that may be funded by the association.

* A medical consultant - visited selected hospitals as a follow-up of the three non-nurse counsellor, as well as to provide the Board with a document indicating the methodology and curriculum used in training the non nurse counsellors.

3. The Futures Group

A consultant made an initial visit to identify information that would be required to develop a programme for collaboration between the NFPB and private sector physicians. During her two weeks stay, she met with representatives from:

- Medical Professional Bodies including the president of the Pharmaceutical Association.
- Private Sector Organization of Jamaica
- Jamaica Employers Federation
- Council for Voluntary Social Services
- Joint Traders Union Research Development Center
- Fertility Management Units

The information needed to facilitate development of a private sector initiative included inter alia:

1. A map to include the geographic location of pharmacies, private practice physicians, private clinics/hospitals, NGO outlets as well as their days/hours of operation. An "overlay" showing location of public sector clinics, and health centres as well.

2. An assessment of the current status of employment based family planning services delivery supplemented with a consumer intercept style survey of employees at selected work sites.

3. An assessment of the current capability of private physicians in vasectomy, tubal ligation and the intra-uterine device.

The year in review was very active, and the next year should be more programmatic as several activities will be implemented.

PROJECTS, RESEARCH & STATISTICS

The division has overall responsibility for the management of projects between the National Family Planning Board and other agencies as well as the dissemination of information on family planning and population related activities.

EVALUATION

In April 1992 a report on the evaluation of the Parish Liaison Officers programme and the Mobile Unit programme was submitted by the contractor, Hope Enterprises Ltd. The evaluation was undertaken to assess the strengths and weaknesses of the programmes so as to determine and further structure the programmes of the National Family Planning Board in accordance with its future goals.

FAMILY PLANNING INITIATIVES PROJECT - FPIP

the USAID funded Population and Family planning Service Project ended in 1992 and a new seven-year project, the Family Planning Initiatives Project was launched. This is funded by a US$7.0 Million grant from the USAID to the NFPB and represents the culmination of the US government support for family planning in Jamaica. The general objective of the project is to support national population goals through the promotion of family planning services provided by the public and private sectors. This project seeks to increase programme effectiveness and ultimately to ensure the sustainability of Jamaica's family planning system in preparation for the phasing out of USAID's funding.

The project has three components: a policy framework, sustainable services, and institutional strengthening. The majority of the project activities under these components focuses on the public sector which is the major provider of family planning services in Jamaica. The activities include the institutional strengthening of the NFPB, policy analysis and research, contraceptive supplies and logistics and family life education. Emphasis will be placed on the use of long-term contraceptive methods and the incorporation of the private sector in the delivery of family planning services.

COST BENEFIT ANALYSIS

A Cost-Benefit Analysis of Jamaica's Family Planning Programme 1970 - 2000 was done by personnel from the Research Triangle (North Carolina), using the FAMPLAN system of models. The conclusion was that the Family planning Programme has had important demographic and financial benefits. The model showed that for Jamaica to achieve replacement level fertility in the year 2000, a contraceptive prevalence rate of 63% is required. It also revealed that for the period 1970-2000 the Government of Jamaica is projected to realize savings of J$5.9 billion in the health and education sectors as a direct result of family planning programmes.

A presentation of this model was made to several organizations including Ministry of Health and The Planning Institute of Jamaica.

THE JAMAICA CONTRACEPTIVE PREVALENCE SURVEY (CPS)

Activities for the Jamaica 1993 CPS started in 1992. The main objective of this survey is to update information on the measurement of contraceptive use and fertility among Jamaican males and females ages 15-44, and also to provide information on knowledge, attitudes and practices related to family planning and fertility. Four regional workshops were held in 1992 to share the findings of the 1989 CPS with service providers including family planning workers and the staff of the Ministry of Health This was done in a view to developing a better understanding of the implications of the findings and to effect improvement in the delivery of family planning services.

ADMINISTRATION AND FINANCE

The management structure of the National Family Planning Board is to be reviewed and recommendations on staffing made. Presently an Executive Director heads the organization assisted by a Deputy Executive Director and Directors for the main areas mentioned.

In recognition of the fact that donor funds have been used to purchase most of the contraceptives and that their funds will be reduced on a phased basis, local funds will be required to continue financing contraceptives, particularly for the safety net consumer.

Budgetary allocations from GOJ through the MOH are made to the NFPB's programme.

WAREHOUSING

Public sector commodity distribution and logistics are handled by the National Family Planning Board (NFPB). The NFPB received commodities from the donors and distributed them directly to public health facilities, some non-government organizations and to private sector firm of the social marketing programme.

Problems were experienced with peripheral stocks of contraceptives viz:

- poor accountability
- re-occuring stockouts
- expired stock

This led the Board to implement on a pilot basis, a revised system of supply. In this system, health centres no longer make requisitions. Once every three months the centre is visited by warehouse personnel, who conduct a physical count of existing stock, review usage rates, and leave supplies to bring existing stock balance to an amount equivalent to a five (5) month usage.

ACHIEVEMENTS

The GOJ family planning programme is one of the most successful in the world measured in terms of trends in contraceptive prevalence and reduction in fertility. Over a 35 year period contraceptive prevalence has increased from an emergent level (less than 8%) to a mature level (over 45%) from 1983 to 1989 contraceptive prevlance rose from 51.4% of women currently in union aged 15-49 to 54.6%.

Family planning knowledge of at least one effective method is universal. Over 70% of all women aged 15-49 have used a method of contraception at some time. The total fertility rate has fallen from 3.5 in 1983 to 2.9 in 1989. The Contraceptive Prevalence Survey also showed that the pill was the most widely used contraceptive method (37%) followed by sterilization 24.9% condoms 15.8% injectables 13.9% and IUD 1.5%.

CONSTRAINTS

Despite the MOH's commitment to increasing the quality and quantity of Tubal Ligation services the numbers performed have been steadily deteriorating per year since 1985. This as other long term methods required for achieving an increased CPR (ie Norplant and IUD) inserts also require provider, clinical skills and facilities.

Allocation of funds for family planning from the GOJ Budget will need to cover the 20% phased reduction per year of donor support from USAID. The NFPB has not signed a new agreement with UNFPA for depo provera. In the absence of depo provera for 5 months supplies of ovral which have to be purchased by the NFPB are also now depleted. A haphazard and irregular contraceptive delivery system will result in method shifters and programme drop outs, thus increasing pregnancy rates.

Deficiencies in counselling - one to one, in disseminating information to specific target groups such as women at risk, adolescents and lapsed users are a deterrent.

The CPS profile showed that 53% of births that occurred preceding the survey were mistimed 18% unwanted and only 29% were planned. The mean age of women at first birth is declining and 37% of women gave birth during their teen years. One third of women currently in union are at risk of becoming pregnant due to non use of contraceptives. The challenge facing the FP programme is to find ways of activating other means of support to address these constraints in a scenario where donor funds are being reduced and Government funds are not being increased.

ANNEX 1

TRAINING ACTIVITIES
MARCH 1992 - APRIL 1993

PLANNED ACTIVITY	DURATION	NO. OF PARTICIPANTS
1. Workshop for Marriage counsellors/ Parish level	2 days	25
2. Regional Seminars for General Practioners NFPB/MAJ	1 day	44
3. Quarterly Monitoring Seminars for teachers of FLE in parish schools	1 day	395
4. Quarterly Monitoring workshops for male Motivators/parish level	1 day	250
5. Seminar for pharmacists - National Level	1 day	269
6. Quarterly Parent education/parish level	1 day	355
7. Teen youth leaders training	1 week	150
8. Marge Roper teen outreach programmes	once weekly	105
9. Youth training	1 day	1550
10. Staff Development Seminars	1-2 days	92
11. Certificate Computer studies	Kgn/KSA	2
12. Desktop publishing using Pagemaker (CAST)	4 weeks	1
13. Advanced WordPerfect -	once weekly	1
14. Training of Trainers (staff development)	8 weeks	2
15. Motivational Seminars	once weekly	3
16. Family Planning Administration	4 weeks	4
17. Face to Face and Telephone counselling FP, AIDS, HIV drug abuse	ongoing	20
18. Advanced A/C	1 year	1
TOTAL		**3301**

NATIONAL FAMILY PLANNING BOARD

YEAR ENDED MARCH 31, 1993

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February 10, 1994

To the Members of
National Family Planning Board
Kingston

Auditors' Report

We have examined the financial statements set out on pages 1 to 6 and have obtained all the information and explanations which we required. Our examination was made in accordance with generally accepted auditing standards and included such tests of the accounting records and such other auditing procedures as we considered necessary.

In our opinion, proper accounting records have been maintained and the financial statements, which are in agreement therewith give a true and fair view of the state of the company's affairs at March 31, 1993 and of the results of operation and changes in financial position for the period then ended.

Carleton, Jones & Company

CHARTERED ACCOUNTANTS

NATIONAL FAMILY PLANNING BOARD

BALANCE SHEET

AS AT MARCH 31, 1993

	Note	1993 $	1992 $
FIXED ASSETS:	3	524,427	898,829
Investments	4	1,716,660	549,893
CURRENT ASSETS			
Inventories	5	4,970,597	5,214,505
Accounts receivable		637,270	277,616
Advances		1,175,695	1,048,852
Cash and bank	6	4,114,022	855,729
		10,897,584	7,396,702
CURRENT LIABILITIES			
Current portion of long term loans		6,258	10,293
Accounts payable and accruals		298,433	316,860
Bank overdraft		-	35,079
		304,691	362,232
NET CURRENT ASSETS		10,592,893	7,034,470
		12,833,980	8,483,192
REPRESENTED BY			
ACCUMULATED FUND		8,286,711	4,656,800
SURPLUS FOR THE YEAR		4,353,011	3,629,911
		12,639,722	8,286,711
LONG TERM LIABILITIES	7	194,258	196,481
		12,833,980	8,483,192

On behalf of the Board:

_____ Director

_____ Director

GENERAL INCOME AND EXPENDITURE ACCOUNT

YEAR ENDED MARCH 31, 1993

	1993 $	1992 $
DIVISIONAL SURPLUS/(DEFICIT):		
Government grants	2,687,677	(1,348,390)
USAID	154,006	651,195
Commercial distribution contraceptive scheme	1,433,558	3,918,509
AVSC	(119,224)	72,103
Donations	(284)	37,910
Profit on disposal of motor vehicles	197,278	298,584
SURPLUS FOR THE YEAR	4,353,011	3,629,911

STATEMENT OF CHANGES IN FINANCIAL POSITION

YEAR ENDED MARCH 31, 1993

	1993 $	1992 $
FUNDS FROM OPERATIONS:		
Surplus	4,353,011	3,629,911
Items not affecting working capital		
Depreciation	402,488	435,567
Profit on disposal of fixed assets	(197,278)	(298,584)
Funds provided by ordinary operations	4,558,221	3,766,894
FUNDS FROM OTHER SOURCES EXCLUDING FINANCING ACTIVITIES:		
Decrease/(increase) in current assets		
Inventories	243,908	(3,274,577)
Accounts receivable	(359,654)	(62,610)
Advances	(126,843)	(276,010)
(Decrease)/increase in current liabilities		
Loans - current portion	(4,035)	2,256
Accounts payable	(18,427)	(96,600)
	(265,051)	(3,707,541)
Funds provided before financing	4,293,170	59,353
FUNDS FROM FINANCING ACTIVITIES:		
Proceeds from sale of fixed assets	220,500	345,027
Total funds provided, excluding cash items	4,513,670	404,380
UTILISATION OF FUNDS:		
Repayment of loan	(2,223)	(12,548)
Purchase of fixed assets	(51,308)	(2,060)
Investments	(1,166,767)	(549,893)
	(1,220,298)	564,501
Increase/(decrease) in cash balances	3,293,372	(160,121)
Cash balance at start	820,650	980,771
Cash balance at close	4,114,022	820,650
REPRESENTED BY:		
Cash balances	4,114,022	855,729
Bank overdraft	-	(35,079)
	4,114,022	820,650

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 1993

1. IDENTIFICATION

The National Family Planning Board is a statutory body under the umbrella of the Ministry of Health, which is empowered under the National Family Planning Act of 1970 to prepare, carry out and promote family and population planning programmes in Jamaica.

2. SIGNIFICANT ACCOUNTING POLICIES

a. Depreciation

Depreciation is calculated on the straight line basis at rates which are intended to evenly write off the assets over their estimated useful lives. The rates used are as follows:

Buildings	2.5%
Furniture, fixtures and equipment	10%
Motor vehicles	20%

b. Inventories

Inventories are stated at the lower of cost and net realisable value.

3. FIXED ASSETS

	Land	Buildings	Furniture Fixtures & Equipment	Vehicles	Total
	$	$	$	$	$
Cost:					
31.3.92	88,967	266,903	689,404	2,008,162	3,053,436
Additions	-	-	51,308	-	51,308
Disposals	-	-	-	(152,218)	(152,218)
31.3.93	88,967	266,903	740,712	1,855,944	2,952,526
Depreciation:					
31.3.92	-	53,383	516,155	1,585,070	2,154,607
Charge for year	-	6,673	74,071	321,744	402,488
Disposal	-	-	-	(128,996)	(128,996)
31.3.93	-	60,055	590,226	1,777,818	2,428,099
Net Book Value 31.3.93	88,967	206,848	150,486	78,126	524,427
31.12.92	88,967	213,521	173,249	423,092	898,829

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 1993

4. INVESTMENTS

	1993 $	1992 $
Treasury bills	424,813	549,893
Promissory notes	740,847	-
Certificates of deposit	551,000	-
	1,716,660	549,893

5. INVENTORIES

	1993 $	1992 $
Main stores - local purchases	612,337	79,180
USAID	1,441,123	1,270,434
CDC Scheme - raw materials (2b)	2,917,137	3,342,788
- finished goods	-	522,103
	4,970,597	5,214,505

6. CASH AND BANK

	1993 $	1992 $
USAID	27,037	43,722
Commercial Distribution Contraceptive Scheme	506,965	321,964
AVS - 232308362	23,955	72,380
Donations	604,627	11,252
Petty cash	250	250
Savings deposit	736,177	406,161
GOJ account	2,215,001	-
	4,114,022	855,729

7. LONG TERM LIABILITY

In October 1984, the Board Secured a mortgage loan from Life of Jamaica Limited on 5 Sylvan Avenue. The balance outstanding at March 31, 1993 was:

	1993 $	1992 $
LOJ loan balance	200,516	206,774
Less current portion	6,258	10,293
	194,258	196,481

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 1993

8. PENSION SCHEME

The Board and its employees contribute to a Pension Scheme based on a percentage of earnings. This scheme is operated by Life of Jamaica Limited. During the year employers contribution was $449,663 (1992 $269,663).

9. STATUTORY DISCLOSURE

	1993 $	1992 $
Depreciation	420,488	435,567
Loan interest	71,931	53,140
Audit fee	140,000	75,000

February 10, 1994

To the Directors of
National Family Planning Board
KINGSTON

Auditors' Report

The supplementary information set out on pages 7 to 11, taken from the accounting records of the Board, has been subjected to the tests and other auditing procedures applied in our examination of the Boards financial statements for the period ended March 31, 1993.

In our opinion this information, although not necessary for a fair presentation of the Board's state of affairs results of operation and changes in financial position is fairly presented in all material respects in relation to the financial statements taken as a whole.

Chapleton, Jones & Company

CHARTERED ACCOUNTANTS

GOVERNMENT GRANTS

INCOME AND EXPENDITURE ACCOUNT

YEAR ENDED MARCH 31, 1993

	1993 $	1992 $
REVENUE		
Government grants	13,112,805	9,191,609
Miscellaneous	109,054	8,820
Sale of contraceptives	1,609,470	26,747
	14,831,329	9,227,176
EXPENSES		
Audit fee	140,000	75,000
Advertising	7,908	14,039
Depreciation	402,488	435,567
Drugs and medical supplies	1,012,287	1,715,384
Education, promotion and publicity	27,923	71,392
Electricity & water	502,189	221,416
Entertainment	64,839	60,888
General expenses	49,975	30,690
General repairs & maintenance	440,383	124,735
Insurance	372,867	282,639
Loan interest	71,931	53,140
Mass media	2,273	3,593
Motor vehicle & haulage	233,082	425,143
Pension scheme	449,663	269,663
Personal emoluments	6,804,700	5,231,323
Printing & stationery	97,593	87,370
Professional fee	29,410	39,813
Rent	322,023	336,594
Security	140	-
Subsidies to voluntary agencies	20,736	56,209
Telephone	101,106	45,930
Training conference and seminars	2,689	21,415
Travelling and subsistence	871,272	765,925
Uniforms and laundry	116,175	199,741
Customs	-	7,957
	12,143,652	10,575,566
Divisional surplus/(deficit)	2,687,677	(1,348,390)

NATIONAL FAMILY PLANNING BOARD

USAID

INCOME AND EXPENDITURE ACCOUNT

YEAR ENDED MARCH 31, 1993

	1993 $	1992 $
REVENUE		
Grants	1,441,123	877,062
Drugs and supplies	1,168,943	1,347,146
	2,610,066	2,224,208
EXPENSES		
Office expenses	45,447	-
Evaluation and research	8,696	359,253
Bank charges	146	92
Education, promotion & publicity	100,000	307,361
Issues - drugs and supplies	1,380,420	666,961
Personal emoluments	113,039	-
Seminars	18,534	42,429
Sterilizations	-	126,930
Travelling	135,939	-
Professional fees	596,899	69,987
Accommodation & packages	56,940	-
	2,456,060	1,573,013
Divisional surplus	154,006	651,195

CDC SCHEME

INCOME AND EXPENDITURE ACCOUNT

YEAR ENDED MARCH 31, 1993

	1993 $	1992 $
REVENUE		
Grants	2,917,137	4,374,216
Sales	2,614,121	703,489
Interest	649,444	48,639
	6,180,702	5,126,344
EXPENSES		
Labour charges	47,800	23,245
Bank charges	591	52
Haulage	39,092	11,143
Issues - drugs	3,920,139	740,489
Packaging & printing material	665,173	-
Panther incentive programme	1,080	32,484
Education & promotion	71,221	400,422
Commission on treasury bills	2,048	-
	4,747,144	1,207,835
Divisional surplus	1,433,558	3,918,509

ASSOCIATION FOR VOLUNTARY SURGICAL CONTRACEPTION OPERATIONS

INCOME AND EXPENDITURE ACCOUNT

YEAR ENDED MARCH 31, 1993

	1993 $	1992 $
REVENUE	518,071	316,238
EXPENSES		
Accommodation	21,640	-
Salaries	372,389	58,500
Resource workshop	-	1,415
Training	-	15,355
Bank charges	355	196
Donations	197,728	101,780
Surgical clothes	-	56,099
Counsellors	-	10,790
Travelling	4,781	-
Printing & posting	29,277	-
Repairs & maintenance	11,125	-
	637,295	244,135
Divisional (deficit)/surplus	(119,224)	72,103

NATIONAL FAMILY PLANNING BOARD

DONATIONS ACCOUNT

INCOME AND EXPENDITURE ACCOUNT

YEAR ENDED MARCH 31, 1993

	1993 $	1992 $
REVENUE		
Donations	7,780	57,000
Interest	6,545	5,317
	14,325	62,317
EXPENSES		
Education & promotion	4,123	24,405
Bank charges	2	2
Entertainment	8,484	-
Donation	2,000	-
	14,609	24,407
Divisional/(deficit) surplus	(284)	37,910