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NATIONAL FAMILY PLANNING BOARD

ANNUAL REPORT 1994/95

Appointment of Board Members

The appointment of Members to the National Family Planning Board was approved by Cabinet in a decision No. 4393 dated 6th December, 1993 when the following members were appointed for a period of three (3) years with effect from the 20th September, 1993:

1.	Dr. Ronald Lampart	Chairman
2.	Dr. Barbara Noel	Representative, Medical Association of Jamaica
3.	Mr. Basil Lue	Representative, Jamaica Pharmaceutical Society
4.	Mr. Peter Myers	President, Jamaica Family Planning Association
5.	Mr. Easton Josephs	Worker Representative (Staff Member of National Family Planning Board)
6.	Permanent Secretary	Ministry of Health
7.	Dr. Eva Fuller	Ministry of Health
8.	Dr. Alfred Brathwaite	President, ACOSTRAD
9.	Mrs. Beryl Chevannes	Executive Director, National Family Planning Board

Vacancies for three (3) additional members existed particularly members with financial and communication background.

Mr. Easton Josephs Statistician resigned as staff representative effective February, 1994. Mrs. Verona Hughes, Secretary was subsequently nominated by staff members for appointment to the Board.

Purpose and Function - National Family Planning Board

Section 4 of the National Family Act of 1970 states:

- 1 "The Board shall have power to prepare, carry out and promote the carrying out of family and population programmes in Jamaica and 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.

- 2 Subject to the provisions of this Act the Board may, for the purpose of performing any of its functions under this Act, do anything and enter into any transaction which in the opinion of the Board is necessary to ensure the proper performance of its functions.
- 3 In particular and without prejudice to the generality of the provisions of sub-sections (1) and (2) the board may:
- (a) coordinate and where it thinks necessary direct the work of other bodies or persons in the field of family and population planning in order to ensure an effective and economical national effort
 - (b) undertake and promote research and disseminate information in relation to family 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 Government and other bodies and persons in the preparation and carrying out of family life programmes;
 - (f) operate and collaborate with Government and other bodies in operating clinics and other institutions concerned with maternity and child welfare and family and population planning and shall upon his request furnish the Minister with information concerning family and population planning.

The laws under which the Board operate are stated in the National Family Planning Act of 1970.

The National Family Planning Board based on Act 8 of the 1968 schedule, was established as a body corporate to which section 28 of the Interpretation Act, 1968, applies.

Constitution of the Board

1. The Board should consist of:
 - a) the chief executive officer and
 - b) not less than four or more than eleven other members appointed by the Minister by instrument in writing.
2. Members of the Board other than the chief executive officer shall subject to the provisions of the schedule (Section 3) hold office for such period not exceeding three years as the Minister may direct, but shall be eligible for reappointment.
3. The Minister shall appoint one of the members of the Board to be the Chairman thereof and another to be the Vice-Chairman.

Nominations to the Board have been made in the past from disciplines representing the various functions of the Board i.e. Health, Education, Public Relations and Communications, Statistics and Epidemiology, Finance, Service Delivery and Family Planning.

INTRODUCTION

During the fiscal year 1994/1995 a number of activities were implemented towards contributing to the goals of the National Family Planning Board. The report outlines these activities to support national development goals related to population.

In 1994 the population was estimated at 2.5m a growth of 1.1% over 1993 and the highest since 1989. Reaching the mark of 2.5m is another milestone in Jamaica's population movement and has occurred exactly 20 years after the 2 million mark was reached in 1974.

The crude birth rate increased from 23.2% in 1993 to 23.7% in 1994 as a result of an increase in the number of live births, from 57,404 to 59,235 in 1994.

Table A - POPULATION MOVEMENTS 1984-1994

YEAR	END OF YEAR POPULATION	BIRTHS	DEATHS	NATURAL INCREASE	NET MIGRATION	TOTAL POPULATION INCREASE
1984	2,296,600	57,533	13,405	44,128	10,500	33,628
1985	2,325,500	56,210	13,918	42,292	13,400	28,892
1986	2,346,100	54,067	13,341	40,726	20,079	20,600
1989	2,355,100	52,270	12,352	39,918	30,903	9,015
1988	2,357,700	53,623	12,167	41,456	38,935	2,556
1987	2,392,000	59,104	14,315	44,789	10,446	34,343
1990	2,414,900	59,606	12,174	47,432	24,562	22,800
1991	2,435,500	59,879	13,319	46,560	25,912	20,648
1992	2,460,500	58,627	13,225	45,402	20,462	24,940
1993	2,482,600	57,404	13,927	43,477	21,319	22,158
1994	2,509,600	59,235	13,503	45,732	18,784	26,948

Table B - Population By Board Age Groups 1970 & 1994

AGE GROUP	1970		1994		% Change	Classification
	No.	%	No	%		
Under 5	317,100	17	286,030	11	-9.8	Child. Pop.
5-14	526,000	28	506,410	20	-3.7	Young Pop.
15-64	919,800	49	1521,940	60	65.5	Working Pop.
65 & over	106,000	6	195,200	8	84.2	Aged Pop.
15-44	383,600	21	609,930	24	59.0	Child Bearing
Female	1,868,90	100	2,509,58	100	34.3	Total Population
Total	0		0			No of Children Per
Total	5.5		2.9			Woman
Fertility Rate						

Some 41.7% of the population was estimated to be under 20 years with 10% in the age group 15-19. Thirty-one percent (31%) are under fifteen years of age and 60% the working population. The latter refers both to the employed and unemployed population. Unemployment rate in 1994 was 15.4% with rates of 9.5% for males and 21.8% for females. The number of women in the child bearing age 15-44 years increased from 601,280 in 1993 to 609,930 in 1994.

The Family Planning Programme achieved a Contraceptive Prevalence Rate (CPR) of 62% in 1993 and has contributed to the reduction on the Total Fertility Rate from 6 children per woman in the 1960's to 3 per woman in the 1990's. The life expectancy at birth or the average length of life for males is 69 years and for females 72 years.

Table C - Rates of Vital Events 1984-1994

Year	Crude Birth Rate	Crude Death Rate	Net Migration Rate	Rate of Natural Increase	Rate of Population Increase
	per 1000 MEAN POPULATION				
1984	25.2	5.9	4.6	19.3	14.7
1985	24.3	6.0	5.8	18.3	12.5
1986	23.1	5.7	8.6	17.4	8.8
1987	22.2	5.3	13.0	17.0	3.8
1988	22.8	5.2	15.5	17.6	1.1
1989	24.9	6.0	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	10.1
1993	23.2	5.6	8.6	17.6	9.0
1994	23.7	5.4	7.5	18.3	10.8

The National Family Planning Board's (NFPB) Mission

The mission is to enable the achievement of development and demographic goals of Jamaica by:

1. ensuring the maintenance of reduced population growth rate;
2. promoting family planning as beneficial to the health and well being of every member of the society.
3. co-ordinating and implementing cost effective and sustainable services which contribute to the reproductive health of the nation;
4. ensuring ready availability of a mix of contraceptives and effecting an increase in contraceptive use among a wide cross section of persons in the reproductive age group; and
5. providing training and support for individuals and organizations involved in family planning and family life education.

The Departments of the NFPB

Service Delivery

The department is responsible for:

1. shifting contraceptive users from short term to long term methods;
2. diversifying supply and shifting acceptors in the public sector with the ability to pay to the private sector; and
3. liaising with the Ministry of Health to ensure that high quality clinical standards are maintained.

Information, Education and Communication (IEC)

The department focuses on:

1. community outreach, development of new materials, media programmes and counselling
2. providing information for service delivery and outreach workers to assist them to improve the quality of care provided
3. promoting family planning through mass media; printed materials, face to face counselling and other strategies,
4. providing more specific information about different contraceptive methods, side effects and advantages/disadvantages; and
5. promoting motivational family planning/family life programmes designed to foster acceptance of new fertility norms and desired fertility behaviour, thereby facilitating the development of responsible persons and a stable family life.

Project, Research & Statistics

The department focuses on:

1. strengthening, planning and analysis capabilities within the NFPB to enable it to assist agencies to plan effective family planning interventions that meet consumer needs and are consistent with national goals;
2. improving management of data and information for program planning and evaluation and;
3. monitoring and coordinating project related activities.

Administration and Finance

The department is responsible for:

1. improving the internal management practices to ensure the efficient use of existing resources

2. promoting the programmes of the NFPB and to garner support from agencies to meet national goals.

NATIONAL POPULATION POLICY

The primary aim of Jamaica's population policy is seen as effecting greater improvement in the social and economic conditions of the people.

The six basic goals of the National Population Policy are:

1. To achieve favorable conditions for economic and social development of the country in the next decade.
2. To promote a continued improvement in the health status of the nation.
3. To ensure high quality family planning services for Jamaicans of reproductive age who wish to use them
4. To create new and additional employment opportunities in sufficient number to correspond to the natural growth of the population of labour force age through the vigorous development of agriculture, industry, and services.
5. To promote balanced rural urban and regional development thereby achieving optimal spatial distribution of the population.
6. To improve the satisfaction of basic human needs and the quality of life in such areas as housing, nutrition, education and environmental conditions.

The attainment of these goals is implicit in the specific target articulated in the policy whereby it is expected to contain the population to 2.7m or under by the year 2000. This compression is to be achieved through reduction of the average family size of almost 6 children per family in the late 1960's to 2 per family by the 1990's, thereby realizing the goal of replacement level fertility.

Current family planning market analysis indicates that Contraceptive use as well as shifts in method mix have occurred over the last 20 years in Jamaica. Contraceptive Prevalence increased substantially from 38% in 1975 - 1976 to 51.4% in 1983 and less dramatically from 51.4% to 54.6% in 1989 and to 62% from 1989 to 1993.

Although this slowing down in prevalence growth is expected as reaching new acceptors becomes increasingly difficult the

family planning programme now has to strengthen it's preparation to face the challenges of maintaining current high levels of prevalence and accessing a harder to reach target market.

In order to reach replacement level fertility in line with National Population Policy goals the National Family Planning Board has to make even greater efforts to:

1. shift users to longer term methods which will increase client satisfaction and programme cost effectiveness;
2. reach non users of contraception or discontinued users, the largest group of which fall in the age group of 15-19 years;
3. reduce the unmet need for contraception i.e 16% for women and 20% for men as reported in the 1993 Contraceptive Prevalence Survey (CPS);
4. reduce unplanned births (53% mistimed and 21% unwanted) particularly to women under 25 and over 40.

During 1993/94 there were 601,260 women in the reproductive age group 15-49 with 420,882 or 70% currently in a union and 265,156 using a method of contraception.

Targets for financial year 94/95 centered around the main objective of increasing the Contraceptive Prevalence rate from 62% to 67% by the year 2000,, and programmes of the Board were designed to achieve these objectives.

Projects & Programme Implemented during the year under review.

The NFPB continued to co-ordinate and direct work in the delivery of family planning services and family life education (FLE). Its operations include clinical services, information, education and communication strategies, commodities management, public relations, evaluations and research, administration and finance and project management.

SERVICE DELIVERY

The focus of the Service Delivery Programme is to maintain widespread service delivery while improving the quality of services and becoming less dependent on external donors.

In this regard the National Family Planning Board recognizes that increased contraceptive prevalence will only be achieved by:

- a) Ensuring adequate supplies of all contraceptives
- b) Introducing new technology
- c) Improving the quality of care
- d) Maintaining acceptors

Shortages of contraceptive supplies cause clients to become dissatisfied and may even force them to discontinue using a method altogether. As new contraceptive options are introduced, these methods attract new clients and thus prevalence increases. During Financial Year 1994/95 three methods were targeted for introduction

- (a) Norplant
- (b) No Scalpel Vasectomy
- (c) Postpartum intra uterine device.

During the fiscal year under review, the following activities were implemented towards contributing to the macro goals of a National Family Planning Programme.

A. Clinical services

Clinical services were made available to just over sixty percent (60%) of family planning acceptors in the public sector; and forty percent (40%) by private provider sources.

Discontinuation rates for the contraceptives most frequently accepted by clients were high - approximately fifty percent (50%) after twelve (12) months of initiating use of a contraceptive.

Despite the high level of contraceptive prevalence, seventy-five percent (75%) of women who had pregnancies within the previous five (5) years, said their pregnancies were unplanned. This rate has remained unchanged for some time.

No change was observed in the total fertility rate which is calculated at 3.1

Further analysis is required to identify if problems of contraceptive starting and stopping may be contributing to the high rates of unintended pregnancy found as well as to the failure of fertility rates to decline.

The contraceptives most frequently used by women in the target group are oral contraceptives, condoms, sterilization and injectable, in order of frequency.

There was no change in the acceptance of long terms methods. The use of depo provera declined slightly although not statistically significant.

Secondary research indicates that this decline may be a result of any or all of the following:

- Affordability, accessibility, the attitudes of clients which may be influenced by nurses in the health centers.

The major factor which contributed to an increase in the contraceptive prevalence rate was condom use, which has a seven percentage (7%) point increase in use. This increase was due primarily to use among younger males, which may be associated with positive behavior change resulting from the communication programmes of the Epidemiology Unit and National Family Planning Board.

Despite significant investments in the sterilization programme, there was no increase in the prevalence rate.

Attrition of staff, provider and client concerns were the main reasons identified which will be explored in a research activity to be conducted in the next fiscal year.

B. Post Partum IUD

A pilot project is to be implemented at the Victoria Jubilee Hospital in the next fiscal year.

Preliminary activities were conducted as follows:

- needs assessment of referral/follow-up sites;
- training of 25 nurses (from 17 health centers) in counselling and follow-up of acceptors of the IUD;

- training of five persons in insertion of the device (overseas site for five days);
- preparation of draft project document for submission to funding agency.

C. Top-up System

The direct delivery system to health centers for resupply of contraceptives was expanded to all health centers in Jamaica. This is a very cost effective approach to distributing contraceptives, as the conduct of peripheral inventories prior to resupply eliminates wastage of contraceptives; and reduces the number of field visits made annually.

INFORMATION EDUCATION AND COMMUNICATION (IEC)

The Information Education and Communication programme for 1994/95 was geared towards reaching a wide cross section of the target audiences using a variety of channels of communication.

Overall objectives:

1. To increase client knowledge about Family Planning and change negative attitudes and behaviors that would affect increased client use of Family Planning Method Mix.
2. To provide increased Family Planning/Family Life Education outreach to priority groups so as to increase contraceptive prevalence and counter fears and misconceptions about method use.
3. To provide information on longer lasting methods to males and females in the over 35 age group and women who have two or more children.
4. To provide information and skills to motivate adolescents to delay sexual activity and the age at which first pregnancy occurs.

Target Groups to be reached

1. Males including Adolescents 12 - 19 years.
2. The most fertile age groups of women in union
3. Discontinued users i.e dropouts
4. High parity women, particularly at post partum visits.

Strategies

The following strategies to achieve the objectives were identified:

1. Use of Mass Media to provide information on family planning and especially to adolescents.
2. Publish and circulate quarterly newsletter "Throb" as a means of ensuring that relevant IEC information is shared with other divisions and agencies in order to enlist their support and involvement.
3. Publication of "Ropes" family Planning Magazine to provide information on contraceptive use for key target audiences.

4. Participation in promotional activities such as exhibition and Health Fairs aimed at highlighting the roles and functions of the NFPB and increasing awareness and knowledge of Family Planning/Family Life Education issues.
5. Develop materials for all target groups.
6. Provision of counselling and family planning/family life education information through the Answering and Counselling and Field Services.
7. Involvement of community based groups in motivational and educational family planning programmes through training.
8. Involvement of community based groups such as persons trained by National Family Planning Board in the delivery of educational motivational programmes.
9. Increase outreach to community areas through face-to-face activities.
10. Marge Roper radio call-in programme to provide counselling and information for family planning clients.
11. Counselling in selected Pre and Post Natal clinics.
12. Provision of information and counselling through trained family planning volunteers thus creating a multiplier effect of at least 40,000 persons.
13. Provision of information and counselling to males through the training and use of male motivators.

FIELD SERVICES

During 1994/95 volunteers working under the direct supervision of liaison officers provided accurate and appropriate IEC to specific target groups, and encouraged community support and involvement in family planning/family life education activities. Approximately 60% of the volunteers continued working regularly and were able to do motivational work with 84,750 persons in the various communities. The Liaison Officers objectives were to:

1. Increase clinic based information to selected public sector clients.

2. Increase family planning outreach especially in priority areas as identified (e.g. from CPS).
3. Promote appropriate methods to specific target groups.
4. Provide increased family life education/family planning outreach to priority groups in order to increase contraceptive prevalence and counter fears and misconceptions about method use.

Despite the fact that the services of 8 Parish Liaison Officers were lost during the quarter due to the lack of funding, the field officers, through motivation, education and counselling achieved the following:

Table D

Contacts made by Liaison Officers

SECTORS WORKED IN	PROJECTED CONTACTS	ACTUAL CONTACTS
HEALTH	21,600 Clients	22,656
EDUCATION	43,200 in school students	49,339
COMMUNITY	57,600 persons in communities	63,515
TOTAL	122,400	135,510

TRAINING

For the period under review sixty two (62) motivational training activities were carried out island-wide at the Parish, Regional, and National levels. Two thousand and thirty nine participants mainly adolescents were targeted. Other groups influencing teenagers such as parents, teachers, pastors and peers were also reached.

Overseas consultants assigned to the various USAID cooperating agencies provided technical assistance in the area of training.

Some form of training used were:

- Workshops
- Seminars
- Conferences
- Youth Forums
- Demonstrations
- Rap Sessions

1. Clinical

Access to Safe and Voluntary Contraceptives (AVSC) - a USAID Cooperating Agency supported training in surgical contraception.

a) For females

- Trained four (4) doctors and eight (8) nurses representing seven (7) hospitals in Minilaparotomy approach to tubal occlusion using local anaesthesia.

This training comprised four (4) days of didactic and five (5) days of practical skills. The latter component was conducted at the Victoria Jubilee Hospital (VJH) in an area renovated/equipped by the funding agency. The trainer at the VJH was previously trained overseas by the funding agency.

b) For Males

- Two (2) surgeons (one each from Spanish Town and Cornwall Regional Hospital) were trained for five (5) days overseas in the No-scalpel Techniques of Vasectomy.
- Fourteen (14) surgeons competent in the traditional vasectomy approach were trained by an external consultant urologist over a one and a half day period. They were taught (using scrotal models) to apply the no-scalpel techniques.

In the fiscal year, this funding agency provided grant funds for the following activities:

- (a) A one day seminar for 30 persons to present the findings of an 18 months pilot project at the Victoria Jubilee Hospital demonstrating the successful use of the persons (without a nursing background) as family planning counsellors in the ante-natal and post-natal periods of pregnancy.

All project personnel were absorbed by the institution at the end of the project period.

- (b) Trained 18 more persons with backgrounds similar to the above, for five days - to equip them with the skills to conduct similar tasks in institutions representing each parish.

- (c) Trained 12 health workers (nurses and trainers from the Ministry of Health) for five days to enable them to replicate the training at the parish level. Manuals were developed for both trainers and participants.
- (d) Two (2-day) Vasectomy Information and Education Workshops were held for two groups of persons - 14 health workers and 25 male motivators.

2. Regional Workshops

Four regional workshops were conducted to discuss the findings of the CPS at national and regional levels so as to develop a better understanding among health workers of the implications of the finding, in order to improve the delivery of the family planning services. Some 300 health workers participated. Technical assistance was provided by the Centre for Disease Control, Atlanta (CDC).

COMMUNICATION

Target audiences are informed about programme developments through the communication channels which generally educate and assist them in changing their behaviour.

1. Educational Materials

(a) Reprinting:

130,000 copies of fourteen existing educational materials were reprinted.

90,538 pieces of educational materials were distributed islandwide through workshops, Parish Liaison Officers, Schools, Youth Organizations, Exhibitions.

(b) New Materials

Extensive work was done in developing twenty-one (21) pieces of educational materials for the following age groups:

6 - 12 years	4 booklets
12 - 15 years	1 booklet
16 - 19 years	2 booklets
20 years and over	2 booklets
General materials	1 wall chart, 1 flip chart, 8 methods brochure. These were scheduled to be completed in the next financial year.

2. Mass Media

(a) Radio and Print Advertising

Three print advertisements for Family Planning Week activities and thirty radio spots advertising the Marge Roper Services were developed.

3. Adolescent Mass Media Campaign

A mass media campaign targeting adolescent and pre adolescent (age 9 - 19) was developed. This was an all media campaign using print, radio and television media. The overall theme was "It's your life live it right". Sub themes: 9 - 12 years "Take the time to Know". 12 - 15 years "Take it real slow", 16 - 19 years "Protect yourself". The campaign was scheduled to be launched in June 1995.

4. Exhibitions

Eight exhibits were developed and mounted. These were part of overall exhibitions to celebrate 4-H Achievement Day, Drug Awareness Week, NFPB Week, World Aids Day, South St. Andrew Constituency, National Population Month, Medical Association of Jamaica Symposium and Social Development Commission Health Fair.

Approximately 9,000 persons viewed these exhibits.

5. NFPB Newsletter

This is a monthly 1-page publication which began in January 1995. Three issues were produced between January and March 1995.

6. Promotional Materials Purchased

- 2500 Calendars
- 500 T-Shirts
- 7000 Pens
- 2 Banners
- 4 Trophies

These were disseminated as part of family planning week, October 1994.

Library Services

Approximately 300 persons used the library over the period. Peak use of the library occurred in March, May and October.

The main users are from the high school system followed by persons in tertiary institutions.

Answering and Counselling Services

Accomplishments over the period have fluctuated for various reasons viz personnel, lack of continued advertising of the service, telephone, etc. The majority of calls and visits have been for information and counselling or contraceptive issues. Male clients request mainly condoms and contraceptive information.

Over the period there has been a marked increase in referrals for termination of pregnancies, child abuse and STD's.

Site Visits

Increasingly the Marge Ropers Counsellors have been extending their services to outreach work in factories and other large establishments. An average of 8 sites reaching approximately one thousand persons are covered each month.

Table E

Summary of Marge Roper Services

Total Calls	5,337
Visits	5,749
Male (calls and visits)	2,148

PROJECTS, EVALUATION AND RESEARCH

Projects and programmes of the Board are aimed at increasing contraceptive prevalence among clients from 62% in 1993 to 67% by the year 2000. As a consequence the dissemination of data is crucial in providing the information to determine the extent to which the necessary changes in the method mix are occurring and the impact of these changes on other key indicators for planning purposes.

For the Financial Year 1994/95 it was projected that 628,200 women would be in the reproductive age of 15-49, 439,740 of whom would be in a union, with 281,434 using a method. The Programmes would be catering to 163,232 clients representing 58% of all users who would be relying on the public sector for family planning services and were designed to:

- (1) increase private sector participation in service delivery
- (2) assess legal and regulatory reform in family planning

- (3) develop advocacy and communication strategies
- (4) determine future demands for family planning services/programmes.

1. Personal Choice

The Personal Choice programme was launched in February 1995. It is an initiative by the National Family Planning Board designed to assist Jamaica reach its national goals by involving the private sector. The aim of the programme is to provide the Jamaican adult population with more alternative forms of contraceptives (short and long term), at affordable prices.

The National Family Planning Board (NFPB) in collaboration with international pharmaceutical manufacturers presently (Schering & Upjohn) and local pharmaceutical distribution companies (Medi-Grace, LASCO, Cari-Med, and H.D. Hopwood) implement the distribution of contraceptives to the local market.

With the launch of the Personal Choice programme it is hoped that the myths which pervade the society, on family planning, will be further dispelled. Replacing the myths will be the information covering use, benefits and risks associated with contraceptive use. The training of private sector physicians and pharmacists in contraceptive methods and clinical procedures, client counselling and instructions on quality of care are some objectives of the Personal Choice Programme.

Promoted by the Personal Choice Programme are three contraceptive products for women (18-45 years, Perle L.D., Minigynon and Depo Provera.

The no-scalpel vasectomy campaign, is the long term family planning method targeting men (aged 40 and over).

The Personal Choice blue and white promotions logo, representing the male and female symbols, has become well established in the mind of the public, readily identified at doctors offices, pharmacies, drug windows and clinics. The logo represents the focus of the programme - affordable products which are accessible and of high quality.

Through the Social Marketing Project, Personal Choice hopes to accomplish the goals of:

1. Increasing the numbers of contraceptive users served by the private sector to 50%, up from 38% in the next three years;
2. Increasing the number of long term users to 40% within a similar time period, from the current figure of 20%.

The socio-economic grouping being targeted is the CD group - public sector users and new family planning acceptors.

2. Quality of Care

A study of the quality of care and training was undertaken in February 1995 to examine quality of care at delivery sites from the providers perspective. Four major topics relating to family planning providers were examined:

1. Exposure to training programmes and use of training
2. Knowledge and attitude towards selected contraceptive methods STD/HIV screen treatment and referral
3. Knowledge and attitude towards quality of care issues including the needs of clients
4. Factors that contribute to or hinder providers' ability to provide service.

The results of the study will be used to design training programmes to increase prevalence and improve the quality of the service.

3. Contraceptive Prevalence Survey (CPS)

During the year the 1993 CPS was completed and the final report published in a number of volumes. The survey population included females aged 15-44 years and males aged 15-54 years.

The findings indicated that :

1. the total fertility rate (TFR) was 3.0 births per woman
2. for the planning status of the last pregnancy in the past 5 years, 21% of pregnancies were reported to have been planned, 53% mistimed and 21% unwanted
3. Knowledge of methods particularly the pill and condom was reportedly high
4. Contraceptive use by women was reported to be 62%.

4. Mapping Study and Private Physicians Survey

This survey was completed during the period under review and was conducted to identify and map family planning service delivery points as well as types of family planning services provided at each point, inclusive of counselling and the times when services are provided. In addition, potential private Providers were identified.

The Survey was completed among ninety percent (90%) of private physicians offering family planning services; using face to face interviews.

The findings showed that longer lasting family planning methods were not readily available at affordable prices to rural consumers. The long term and permanent methods were concentrated in Urban areas and were also offered primarily by private physicians. Short term methods which were deemed affordable were found to be widely available to both rural and urban dwellers. It was revealed that private physicians had an interest in increasing their understanding of and involvement in family planning.

The findings also highlighted two groups of issues which have to be addressed to maximize access to quality service among private physician providers. These are:

1. Inappropriate eligibility criteria for initiation and continuation of method use viz:
 - provider bias restricts the information given to clients about some contraceptives;
 - providers non-availability of current scientific information on contraceptives, affects clients care;
 - client care varies among providers.
2. Process and scheduling hurdles create barriers to access of contraceptives
 - Unnecessary laboratory tests and procedures are requested of clients
 - age, parity requirements
 - timing of method use
 - excessive follow-up visits, and the requirement of "rest" periods from contraceptive use.

A similar survey was initiated among public sector providers towards the end of the fiscal year.

5. Private Providers' Project

A pilot project was developed to facilitate a shift of public sector users of family planning (who are able and willing to pay for services) to private physicians, following on the mapping and physicians survey. This survey provided information on the types of delivery points and the needs of service providers to improve their technical competence.

This pilot project is being tested in two areas:

- Christiana/Spaldings
- Portmore, Old Harbour, Linstead

The areas are comparable with respect to population size, mix of public/private sector services (mainly private sector services), and other demographic features.

The strategies to be implemented are:

- strengthening the capability of private physicians to initiate/expand family planning services through training in family planning service provision;
- creating a demand for family planning services (in the geographic areas) through a communication programme.

The project is being implemented by a contractor who was identified through local as well as international competitive bidding processes.

The contractor represents a consortium of four agencies - Blue Cross of Jamaica, Fertility Management Unit of the University of the West Indies, Dr. Trevor Hamilton and Interline - a communications agency. The projected output is a reversal of the current 60/40% source for contraceptives, with 60% sourcing methods from the private sector. The project was initiated towards February 1995.

6. Advocacy

An advocacy strategy document was developed in January 1995 and outlined a comprehensive strategy for the period 1995-1998. The goal of advocacy for the NFPB is to garner support for adequate allocation of resources through the promotion of family planning as a tool for national development.

Key Advocacy Issues

To target resources effectively NFPB will address the ten priority as listed below in ranked order.

- (1) Need to disseminate the National Population Policy as it pertains to reducing fertility and the role of family planning as a tool for national development.
- (2) Need to aggressively advocate within the GOJ for the necessary funds for contraceptive purchases and continued support for the entire family planning programme as donor funds are withdrawn.

- (3) Need to work to strengthen NFPB's perceived standing within the government so that its power to leverage cooperation from other governmental agencies is increased.
- (4) Need to increase private sector involvement
- (5) Need to solicit financial support among local private donors and international donors for contraceptive purchases and perpetuation of the family planning programme.
- (6) Need to institutionalize Family Life Education (FLE) and garner broad-based support.
- (7) Need to promote changes in the current law to allow direct access to contraceptive service for any sexually active male and female in Jamaica regardless of age.
- (8) Need to improve method mix: Get support of Nursing Council, Nursing Schools, MAJ, and others who influence training in the use of long-term methods.
- (9) Need to establish consultations with professional associations to improve technical competence of private physicians, nurses/midwives, pharmacists and community-based family planning providers.
- (10) Need to promote the removal of oral contraceptives from list 4 to ensure their continued easy availability to consumers and to allow effective use of mass media channels for brand-specific promotion of oral contraceptive products.

ADMINISTRATION AND FINANCE

Internal management supports to undergird the work of the organization were undertaken as follows:

- (1) Training of Accounts staff to use the new accounting system currently being instituted.
- (2) Developing management interventions by strengthening the skills of staff in the operation of programmes and projects with special abilities to coordinate the work of the National Family Planning Board with that of other organizations.
- (3) Continue to support the Board of Directors to devise and implement sound financing strategies aimed at long

term national sustainable development of the family planning programme.

- (4) Maximize the use of national resources through the development of cost recovery mechanisms by way of user fees and cost recovery initiatives.
- (5) Continue to advocate for support among public and private sector policy makers.

CONCLUSION

The indicators suggest a favorable movement in all of the family planning indicators.

As mentioned in the report, there are areas of concern. The pending phase out of financial assistance from main donors (USAID and UNFPA) the static nature of the Total Fertility Rate, the high level of unmet need are all factors that threaten the continued success of the programme. The challenge is how to maintain the improvement against this background.

FINANCIAL STATEMENTS

YEAR ENDED MARCH 31, 1995

STATEMENTS

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AUDITORS REPORT TO

THE MEMBERS OF

NATIONAL FAMILY PLANNING BOARD

AND

54 Market Street,
Montego Bay, Jamaica.
Tel: 952-2891, 952-0798
Fax: 952-0798

We have examined the financial statements set out on Statement I to V as of and for year ended March 31, 1995. The financial statements as of and for year ended March 31, 1994 were audited by other auditors whose report dated May 9, 1995 expressed an unqualified opinion on these statements.

With the exceptions noted below, 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.

1. (a) A fraud discovered at the National Family Planning Board in financial year 1991 involved grant funds from the United States Agency for International Development (USAID) and funds generated from the Commercial Distribution of Contraceptives (CDC) scheme. The amount involved is approximately J\$1.1M. The matter is still being investigated and remains unresolved at balance sheet date.
- (b) As a consequence of the fraud, a CDC bank account and the bank accounts which maintain USAID funds, have not been reconciled (Note 8 to the financial statements). The Board's records reflect a balance of J\$120,156.53 on the CDC account while the bank confirmed J\$10,192.18 at year end; balances of J\$26,268 and J\$769 are reflected for the USAID accounts while at year end the bank confirmed an overdraft of J\$473,957.37 and a balance of J\$578.54 respectively.
2. We did not observe the taking of physical inventories as of March 31, 1995 and March 31, 1994 (stated as J\$7,898,831 and J\$9,021,142 respectively), since these dates were prior to our initial engagement as auditors for the Board. The Board's records do not permit adequate retroactive tests of inventory quantities or costs used in arriving at the valuations.

In our opinion, subject to any adjustments which might have been shown to be necessary if the matters referred to in paragraph 2 (1a) and (1b) above in respect of the fraud, had been resolved at balance sheet date and if we were able to verify inventories valuations, proper accounting records have been kept and the financial statements which are in agreement therewith and have been prepared under the historical cost convention give a true and fair view of the state of the Board's affairs at March 31, 1995 and of the results of operations and cash flows for the year then ended.

Mair, Russell & Partners
CHARTERED ACCOUNTANTS

CORRESPONDENT FIRM OF

Grant Thornton
International

PARTNERS: KENNETH L. LEWIS, LANCASTER E.G. HENRY
ASSOCIATES: MORSIA FRANCIS, SIXTO P. COY
OFFICES IN: UNITED STATES, CANADA, CARIBBEAN, MEXICO, SOUTH AMERICA, EUROPE, AFRICA, ASIA, AUSTRALIA

September 3, 1996

BALANCE SHEET

	Note	\$	<u>1995</u> \$	<u>Restated</u> <u>1994</u> \$
FIXED ASSETS	(3)		2,933,656	3,368,156
INVESTMENTS	(4)		4,880,842	3,391,001
CURRENT ASSETS				9,021,142
Inventories	(5)	7,898,831		854,149
Receivables	(6)	1,900,117		1,632,794
Projects' advances	(7)	1,049,647		11,398
Taxation recoverable		15,518		
Bank and cash	(8)	<u>20,623,132</u>		<u>10,467,792</u>
		<u>31,487,245</u>		<u>21,987,275</u>
CURRENT LIABILITIES				387,886
Payables and accruals		481,906		
Current portion of long term liability	(9)	<u>12,485</u>		<u>-</u>
		<u>494,391</u>		<u>387,886</u>
NET CURRENT ASSETS			<u>30,992,854</u>	<u>21,599,389</u>
			<u>38,807,352</u>	<u>28,358,546</u>
<u>FINANCED BY</u>				
RESERVES AND SURPLUS				22,390,093
Retained surplus	(10)		30,972,214	2,382,865
Capital reserves	(11)		<u>2,509,532</u>	<u>24,772,958</u>
			33,481,746	404,245
FUNDS:				235,662
Donation	(12)	1,130,020		
Association for Voluntary Surgical Contraception	(13)	443,248		
United States Agency for International Development	(14)	<u>3,568,327</u>		<u>2,736,701</u>
			5,141,595	<u>3,376,608</u>
LONG TERM LIABILITY	(9)		<u>184,011</u>	<u>208,980</u>
			<u>38,807,352</u>	<u>28,358,546</u>

The attached notes on Statement V form an integral part of these financial statements.

APPROVED BY THE BOARD:

.....

) DIRECTORS

NATIONAL FAMILY PLANNING BOARD

INCOME AND EXPENDITURE ACCOUNT

YEAR ENDED MARCH 31, 1995

		<u>1995</u>	<u>Restated</u>
	\$	\$	\$
GROSS INCOME		<u>32,802,343</u>	<u>24,086,517</u>
OPERATING SURPLUS FOR THE YEAR		5,323,872	<u>8,084,354</u>
After charging:			522,582
Depreciation	445,987		160,000
Auditors remuneration	100,000		80,321
Interest expense	<u>77,385</u>		
SURPLUS ON CDC OPERATIONS		<u>3,724,481</u>	<u>4,773,216</u>
SURPLUS FOR THE YEAR		9,048,353	<u>12,857,570</u>
RETAINED SURPLUS AT BEGINNING OF YEAR			9,532,523
- As previously reported	22,390,093		-
- Prior year adjustment (note 15)	<u>(466,232)</u>		
- As restated		<u>21,923,861</u>	<u>9,532,523</u>
RETAINED SURPLUS AT END OF YEAR		<u>30,972,214</u>	<u>22,390,093</u>

The attached notes on Statement V form an integral part of these financial statements.

NATIONAL FAMILY PANNING BOARD

STATEMENT OF CASH FLOWS

YEAR ENDED MARCH 31, 1995

	<u>1995</u>	<u>Restated</u>
	<u>\$</u>	<u>1994</u>
		<u>\$</u>
Cash flows from operating activities:		
Surplus for the year	9,048,353	12,857,570
Surplus on Donations	725,775	275,973
Surplus on AVSC operations	207,586	282,783
Net increase in USAID grant	831,626	648,337
Prior year adjustment	(466,232)	-
Adjustment to reconcile surplus for the year to net cash provided by operating activities:		
Depreciation	<u>445,987</u>	<u>522,582</u>
	10,793,095	14,587,245
(Increase)/decrease in current assets		
Inventories	1,122,311	(4,050,545)
Receivables	(1,045,968)	(227,579)
Projects' advances	583,147	(457,797)
Taxation recoverable	(4,120)	-
Increase in current liabilities		
Payables and accruals	<u>94,020</u>	<u>89,453</u>
Net cash provided by operations	<u>11,542,485</u>	<u>9,940,777</u>
Cash flows from investing activities:		
Purchase of fixed assets	(11,490)	(2,048,632)
Proceeds from disposal of fixed assets	126,670	127,502
Investments	<u>(1,489,841)</u>	<u>(1,674,341)</u>
Net cash flows from investing activities	<u>(1,374,661)</u>	<u>(3,595,471)</u>
Cash flows from financing activity:		
Mortgage loan	<u>(12,484)</u>	<u>8,464</u>
Net cash flows from financing activity	<u>(12,484)</u>	<u>8,464</u>
Net increase in cash and cash equivalents for the year	10,155,340	6,353,770
Cash and cash equivalents at beginning of year	<u>10,467,792</u>	<u>4,114,022</u>
Cash and cash equivalents at end of year	<u>20,623,132</u>	<u>10,467,792</u>

The attached notes on Statement V form an integral part of these financial statements.

YEAR ENDED MARCH 31, 1995

1. IDENTIFICATION AND ACTIVITIES

The National Family Planning Board is a statutory body incorporated under the National Family Planning Act 1970. Its main activities include preparing and promoting family and population planning programmes in Jamaica.

The Board also provides programmes and services in research, project and education materials, community outreach and clinical and counselling services. In addition, the Board procures and distributes contraceptives on behalf of the public health system.

The Board is funded by Government grants and funds from the United States Agency for International Development (USAID), the United Nations Population Fund (UNFPA), the Association of Voluntary Surgical Contraception (AVSC) and the International Bank of Reconstruction and Development (World Bank). The USAID provides grant mainly in the form of contraceptives, but this grant which has significantly decreased over the years is expected to cease within three years.

Up to the previous financial year, the Board also received funding from USAID to administer the Commercial Distribution of Contraceptives (CDC) programme. However during that year, the Board divested its rights of ownership and rights of use of the trade mark under the programme to Grace Kennedy & Company Limited for approximately \$2m. Sale of contraceptives reflected in the current year under the programme represents a on-off sale to an organization of other donated contraceptives.

The Board also administers family planning related programmes on behalf of the Association for Voluntary Surgical Contraception (AVSC); the United Nations Population Fund (UNFPA) and the International Bank of Reconstruction and Development (World Bank).

These financial statements are expressed in Jamaican Dollars.

2. ACCOUNTING POLICIES

- (a) Depreciation is provided on the straight line basis at such rate as will write off the cost of various assets over the period of their expected useful lives. The useful lives approximate to forty (40) years for buildings, ten (10) years for furniture, fixture and equipment and five (5) years for motor vehicles.
- (b) Inventories are stated at the lower of cost and net realisable value.
- (c) Foreign currency balances at the balance sheet date are translated at the rate of exchange ruling at that date.
- (d) Transactions in foreign currencies are converted at the rates of exchange ruling at the dates of those transactions.
- (e) Gains or losses arising from fluctuation in exchange rates are included in the Income and Expenditure Account.

NATIONAL FAMILY PLANNING BOARD
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED MARCH 31, 1995

3. FIXED ASSETS COMPRISE:

	<u>Land & Buildings</u> \$	<u>Furniture/Fixtures and Equipment</u> \$	<u>Motor Vehicles</u> \$	<u>Total</u> \$
At Cost:				
March 31, 1994	2,380,932	760,527	3,307,005	6,448,464
Additions	-	11,490	-	11,490
Disposal	-	-	(138,818)	(138,818)
March 31, 1995	<u>2,380,932</u>	<u>772,017</u>	<u>3,168,187</u>	<u>6,321,136</u>
Depreciation:				
March 31, 1994	116,995	666,279	2,297,034	3,080,308
Charge for the year	57,299	77,202	311,486	445,987
Eliminated on disposal	-	-	(138,815)	(138,815)
March 31, 1995	<u>174,294</u>	<u>743,481</u>	<u>2,469,705</u>	<u>3,387,480</u>
Net Book Values:				
March 31, 1995	<u>2,206,638</u>	<u>28,536</u>	<u>698,182</u>	<u>2,933,656</u>
March 31, 1994	<u>2,263,937</u>	<u>94,248</u>	<u>1,009,371</u>	<u>3,368,156</u>

NATIONAL FAMILY PLANNING BOARD

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED MARCH 31, 1995

4. INVESTMENTS COMPRISE:

	<u>1995</u>	<u>1994</u>
	<u>\$</u>	<u>\$</u>
Treasury Bills	2,143,554	1,018,001
Promissory Notes	2,737,288	1,872,000
Certificates of Deposit	-	501,000
	<u>4,880,842</u>	<u>3,391,001</u>

Funds invested in the above are derived from surplus arising on the Commercial Distribution of Contraceptives (CDC) operation.

5. INVENTORIES

The above comprise stocks of oral contraceptives, intrauterine devices and external devices. The inventories are either donated to the Board by the United States Agency for International Development (USAID) or procured with funds from other Donor Agencies and the Government of Jamaica:

	<u>1995</u>	<u>1994</u>
	<u>\$</u>	<u>\$</u>
(i) USAID	2,921,277	2,090,229
(ii) Other Donor Agencies and Government of Jamaica	4,977,554	6,930,913
	<u>7,898,831</u>	<u>9,021,142</u>

6. RECEIVABLES COMPRISE:

	<u>1995</u>	<u>1994</u>
	<u>\$</u>	<u>\$</u>
Health centres	697,636	504,065
Staff loans	69,469	48,771
Interest receivable	1,130,483	299,933
Other	2,529	1,380
	<u>1,900,117</u>	<u>854,149</u>

NATIONAL FAMILY PLANNING BOARD

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED MARCH 31, 1995

7. PROJECTS' ADVANCES

The above represent net amounts recoverable from certain Donor Agencies at year end:

	<u>1995</u>	<u>1994</u>
	\$	\$
Association for Voluntary Surgical Contraception (AVSC)	165,424	203,689
International Bank of Reconstruction and Development (World Bank)	1,791,266	1,229,869
United Nations Population Fund (UNFPA)	(892,445)	(266,996)
Other		466,232
United States Agency for International Development (USAID)	<u>(14,598)</u>	<u>-</u>
	<u>1,049,647</u>	<u>1,632,794</u>

8. BANK AND CASH

	<u>1995</u>	<u>1994</u>
	\$	\$
National Commercial Bank:		
Government of Jamaica - Current account	9,381,369	2,648,050
Donation - Current account	36,699	30,220
- Savings account	3,950,832	2,518,272
Association of Voluntary Surgical Contraception (AVSC) - Current accounts	514,323	306,738
Commercial Distribution of Contraceptives (CDC)		
- (US\$\$) Savings account	993,974	-
- (J\$) Savings account	5,598,431	4,295,131
- (J\$) Current account	120,157	642,613
Mutual Security Bank:		
USAID - Current accounts	26,847	26,268
	<u>500</u>	<u>500</u>
Petty cash		
	<u>20,623,132</u>	<u>10,467,792</u>

NATIONAL FAMILY PLANNING BOARD

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED MARCH 31, 1995

BANK AND CASH (CONT'D)

Balances in the CDC current account and USAID current accounts represent those reflected in the records of the Board. However, at year end the bank confirmed a balance of \$10,192.18 for the CDC current account and overdrafts totalling \$474,535.91 for the USAID accounts. The difference in amounts resulted from fraudulent activities that the Board discovered during the 1991 financial year. The Board has however filed a writ and seizure on the Bank for the recovery of \$535,962. The matter remained unresolved at balance sheet date.

9. LONG TERM LIABILITY

The above relates to a mortgage loan from Life of Jamaica Limited and is secured by Certificate of Title registered at Volume 178 and Folio 57 in the name of the Board.

10. RETAINED SURPLUS

Up to the 1994 financial year all reserves and funds were included in the accumulated fund totalling \$28,149,566 at the end of that year. During the current year amounts were reclassified in their respective reserves and funds. However the balance in the accumulated fund prior to financial year 1988 totalling \$3,812,332 has been treated as reserves of the Board.

In addition, included in the retained surplus is approximately \$14,120,779 (1994 - \$10,833,368) representing surplus arising on the Commercial Distribution of Contraceptive (CDC) operation. The operation is funded by USAID and permission is required of USAID as to the use of this surplus.

11. CAPITAL RESERVES

	<u>1995</u>	<u>1994</u>
	\$	\$
Balance at beginning of year representing:		
Value of assets donated to the Board by Donor Agencies	1,711,935	1,711,935
Profit on disposal of fixed assets	<u>670,930</u>	<u>670,930</u>
	2,382,865	2,382,865
Add: Profit on disposal of fixed assets	<u>126,667</u>	<u>-</u>
Balance at end of year	<u>2,509,532</u>	<u>2,382,865</u>

NATIONAL FAMILY PLANNING BOARD

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED MARCH 31, 1995

12. DONATION FUND

	<u>1995</u>	<u>1994</u>
	<u>\$</u>	<u>\$</u>
Balance at beginning of year	404,245	128,272
Surplus for the year	<u>725,775</u>	<u>275,973</u>
Balance at end of year	<u>1,130,020</u>	<u>404,245</u>

The above represents donations received by the Board from various companies for use in its operations. Expenditure from this fund is made at the Board's discretion. This fund is represented by bank balances. (See note 8). The difference between the fund and the bank balance arose as a result of a decision made to make certain transfers to this account during the current and previous financial year.

13. ASSOCIATION FOR VOLUNTARY SURGICAL CONTRACEPTION (AVSC) FUND

	<u>1995</u>	<u>1994</u>
	<u>\$</u>	<u>\$</u>
Balance at beginning of year	235,662	(47,121)
Surplus for the year	<u>207,586</u>	<u>282,783</u>
Balance at end of year	<u>443,248</u>	<u>235,662</u>

The above is represented by bank balances. (See note 8).

14. UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID) FUND

	<u>1995</u>	<u>1994</u>
	<u>\$</u>	<u>\$</u>
Balance at beginning of year	2,736,701	2,087,595
Grant received in stocks during the year	5,375,636	7,482,410
Stock issues during the year	<u>(4,544,010)</u>	<u>(6,833,304)</u>
Balance at end of year	<u>3,568,327</u>	<u>2,736,701</u>

Stocks of contraceptives are donated to the Board by USAID. The stocks are not primarily for sale but are distributed through health centres islandwide. The balance on this fund does not equate to stock and bank balances as the USAID bank accounts have not been reconciled due to fraudulent activities which took place at the Board. (See notes 5 & 8).

ADDITIONAL INFORMATION
YEAR ENDED MARCH 31, 1995

P A G E

AUDITORS' REPORT TO THE DIRECTORS

1

DETAILED INCOME AND EXPENDITURE ACCOUNT

2

SCHEDULE OF INCOME AND EXPENDITURE
- COMMERCIAL DISTRIBUTION OF CONTRACEPTIVES (CDC)

3

SCHEDULE OF INCOME AND EXPENDITURE
- ASSOCIATION OF VOLUNTARY SURGICAL CONTRACEPTION (AVSC)

4

SCHEDULE OF INCOME AND EXPENDITURE
- DONATIONS

5

NATIONAL FAMILY PLANNING BOARD
DETAILED INCOME AND EXPENDITURE ACCOUNT

YEAR ENDED MARCH 31, 1995

	\$	<u>1995</u> \$	<u>Restated</u> <u>1994</u> \$
INCOME			
Government grants		28,560,062	21,517,665
Sale of contraceptives		4,048,046	2,539,396
Miscellaneous		<u>194,235</u>	<u>29,456</u>
		32,802,343	<u>24,086,517</u>
LESS: ADMINISTRATIVE AND OTHER OVERHEAD EXPENSES			
Salaries, wages and related expenses	12,636,560		10,312,226
Pension contributions	734,042		540,838
Uniform, medical and other staff benefits	1,790,696		191,488
Rent	381,257		303,309
Electricity and water	694,941		548,890
Telephone, postage and cables	159,357		145,099
Motor vehicle operating expenses	502,315		515,544
Repair and maintenance	1,496,049		643,728
Printing and stationery	256,425		119,670
Legal and professional fees	-		52,230
Audit and accounting fees	100,000		220,000
Insurance	709,410		497,186
Miscellaneous expenses	-		130,688
Subsidies	391		6,396
Training and seminars	14,578		39,728
Advertising and promotion	361,185		26,690
Travelling, subsistence and entertainment	1,991,484		900,272
Loan interest	77,385		80,321
Depreciation	445,987		522,582
Gain on exchange	<u>(7,771)</u>		<u>-</u>
		22,344,291	<u>15,796,885</u>
Opening stock of contraceptives	6,930,913		612,337
Purchases	<u>3,180,821</u>		<u>6,523,854</u>
		10,111,734	7,136,191
Less: Closing stock of contraceptives	<u>4,977,554</u>		<u>6,930,913</u>
		<u>5,134,180</u>	<u>205,278</u>
OPERATING SURPLUS FOR THE YEAR		<u>5,323,872</u>	<u>8,084,354</u>

NATIONAL FAMILY PLANNING BOARD
SCHEDULE OF INCOME AND EXPENDITURE OF
COMMERCIAL DISTRIBUTION OF CONTRACEPTIVES (CDC)
YEAR ENDED MARCH 31, 1995

	<u>\$</u>	<u>1995</u> <u>\$</u>	<u>1994</u> <u>\$</u>
INCOME			
Sale of contraceptives		1,168,761	3,445,993
Interest		2,568,395	1,079,328
Other		<u>-</u>	<u>2,000,000</u>
		3,737,156	<u>6,525,321</u>
 EXPENSES			
Honorarium	2,172		-
Issues - drugs	-		1,058,613
Packaging and printing material	-		650,393
Haulage	-		37,787
Incentive	-		810
Bank charges	285		4,502
Commission	<u>10,218</u>		<u>-</u>
		<u>12,675</u>	<u>1,752,105</u>
 SURPLUS FOR THE YEAR		<u>3,724,481</u>	<u>4,773,216</u>

NATIONAL FAMILY PLANNING BOARD

SCHEDULE OF INCOME AND EXPENDITURE OF

ASSOCIATION FOR VOLUNTARY SURGICAL CONTRACEPTION (AVSC) OPERATIONS

YEAR ENDED MARCH 31, 1995

		<u>1995</u>	<u>1994</u>
	\$	\$	\$
INCOME		1,150,363	<u>1,156,711</u>
EXPENSES			362,513
Salaries	86,442		284,655
Accommodation	-		-
Training	839,710		-
Medical co-ordination	16,612		104,246
Donations	-		46,970
Travelling	-		8,919
Printing, posting and stationery	-		66,440
Repairs and maintenance	-		185
Bank charges	<u>13</u>		
		<u>942,777</u>	<u>873,928</u>
SURPLUS FOR THE YEAR		<u>207,586</u>	<u>282,783</u>

NATIONAL FAMILY PLANNING BOARD
SCHEDULE OF INCOME AND EXPENDITURE ACCOUNT OF

DONATIONS

YEAR ENDED MARCH 31, 1995

	<u>\$</u>	<u>1995</u> <u>\$</u>	<u>1994</u> <u>\$</u>
INCOME			
Donations		51,750	52,730
Interest		<u>719,295</u>	<u>236,166</u>
		771,045	<u>288,896</u>
 EXPENSES			
Donations	13,789		12,730
Recreation	17,477		-
Promotional activities	5,000		-
Transport	9,000		-
Bank charges	<u>4</u>		<u>193</u>
		<u>45,270</u>	<u>12,923</u>
 SURPLUS FOR THE YEAR		<u>725,775</u>	<u>275,973</u>