NATIONAL FAMILY PLANNING BOARD

ANNUAL REPORT

NATIONAL FAMILY PLANNING BOARD
STATION AVENUE, KINGSTON 6

For Year Ended March 31, 2000

INTRODUCTION

In the context of a population with a high percentage of knowledge on reproductive health issues but no conversion of this into responsible behaviour and practices, the National Family Planning Board continues to provide necessary services and programmes to empower individuals in taking the appropriate actions required for improved reproductive health.

The indicators and proximate determinants of fertility, especially the contraceptive prevalence rate, have shown steady improvement since the implementation of a national family planning programme. However, the Total Fertility Rate (TFR) has remained relatively stable despite sustained efforts and is a cause for concern. Additional strategies to address more effectively the reduction in TFR will have to be developed if any meaningful change is to be realized. Alongside the direct strategies, other programmes to complement the reproductive health package will have to be pursued. Despite efforts to shift users who can afford to pay for their method to the private sector, the NFPB must continue to provide adequate contraceptive supplies to ensure availability especially to the most marginalized within the society. Even so, this will be at minimal cost but the use of a safety net margin as well as indirect subsidization will make the cost of contraception affordable to all persons who wish to use it.

Due to reform initiatives in the Ministry of Health, the role and function of the NFPB was subjected to a technical review in which the entire reproductive health portfolio was examined. This was concluded in February 2000 and the general and specific recommendations for family planning are being incorporated into the five-year strategic plan for the period 2000 to 2005. For this period, the NFPB will discontinue its delivery of direct services. Instead, these will be absorbed into the regional health systems and the NFPB will place emphasis on the development of policy and standards for family planning service delivery, monitoring and research activities and the provision of technical advice. Already this process has begun with the revision and updating of the Family Planning Service Delivery Guidelines which will serve as the handbook for family planning service providers in the public health system.

In partnership with the USAID sponsored Policy Project, which is administered by The Futures Group International (TFGI), a five year strategic and organizational plan is being developed and implementation should begin in the 2000 to 2001 fiscal year. The plan will assist in guiding the implementation of programmes to address the gaps identified in the technical review. Specifically, strategies to improve the contraceptive method mix, introduce emergency contraceptive protection (ECP), improve the efficacy of contraceptive method use, expand access to reproductive health information and services to adolescents and men will be pursued

As integrated approaches to health care delivery are more widely accepted due to service efficiency and cost effectiveness, initiatives were taken to emphasize the integration of MCH/Family Planning and STI/HIV/AIDS intervention services. This was considered as a meaningful way of seizing missed opportunities with the targeted groups and a way of capturing the attention of more males. As part of this process, increased use of the condom and dual method contraception were widely promoted. The linkages between unprotected sex and high fertility rate are well documented and it is hoped that by promoting safe sex, the fertility control programme will benefit.

Although restrained by economics, the NFPB will continue its commitment to provide the management and technical oversight necessary for the delivery of quality family planning services and policies that support the promotion of responsible attitudes towards sexual and reproductive health and decision making.

SERVICE DELIVERY

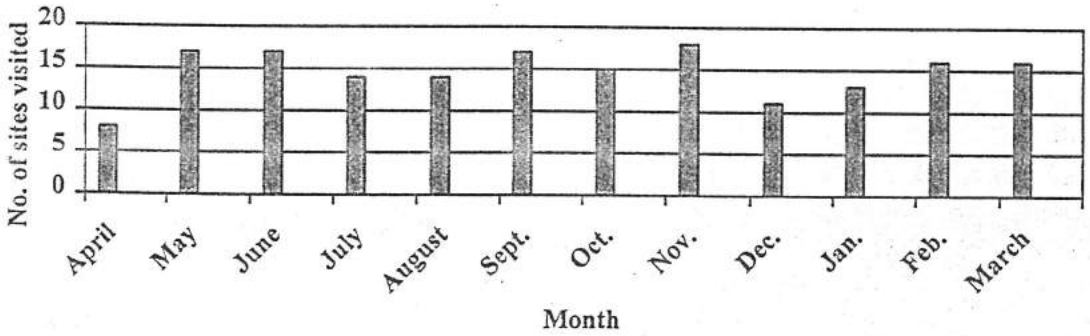
The main activities of the service delivery programme focussed on outreach programmes to the public, private and NGO sectors, contraceptive technology update training for service providers and coordination of family planning programme activities.

I. Mobile Unit Outreach Clinical Services

The NFPB continued its successful mobile unit clinical outreach at work sites, institutions such as H.E.A.R.T academies, the special VIP adolescent/youth clinic at the Maxfield Park Community Centre; and Non-Governmental clinics requiring assistance in the provision of family planning services. At Maxfield Park, the programme involved identifying youth clubs in the targetted area and including adolescents and youths in the decision making process with respect to service provision in their area. Outreach clinical services were agreed for two youth clubs whose membership was served at an evening clinic at the Warren Hall High School. The activity commenced in the last quarter of the fiscal year. Three clinics were held and many new acceptors were served.

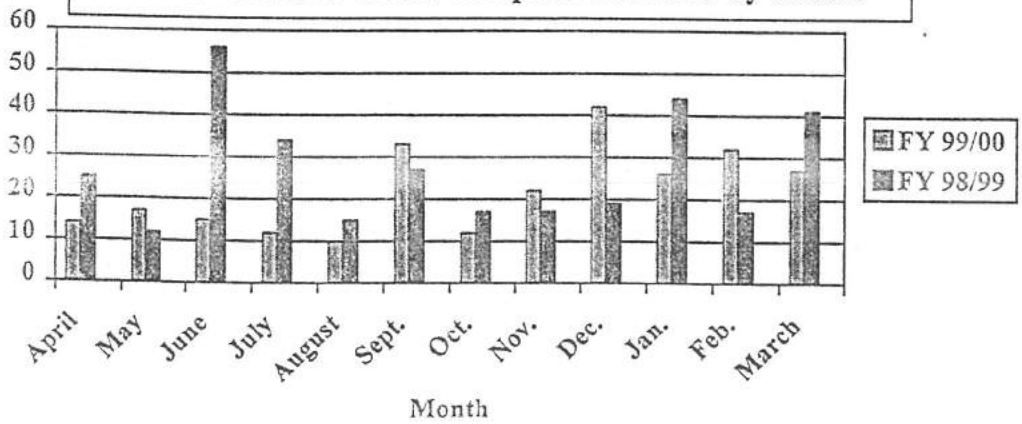
The garment sector in the South-East Health Region was the major beneficiary of the mobile unit service. Nine factories, the Freezone and three (3) HEART Academies were served. See Chart I below. The unit made an average of fifteen site visits monthly.

Chart I - Sites visits by Month



As a result of the contraction in the apparel industry, the number of garment factories served during the period declined, with two of the larger factories closing during the year. This resulted in mixed outputs when compared with the previous year. Concurrently, new acceptors recruited from this source also declined with much of the decline occurring during the July to September quarter. See Chart II. Notwithstanding, the number of revisits increased marginally from 4,150 to 4,250.

Chart II - Number of new acceptors recruited by month



During the year, 235 pap smears were done compared with 311 in the previous year. Clients are required to pay for the pap smears and the decline could be a reflection of inability to pay since this service is not subsidized. Of the 235 smears done, reports were completed for 133, of these, 90 smears had atypical cells, 34 smears were repeated at 6 months, 6 referrals for further investigations were made and results were incomplete for 102.

II. Training of Health Workers

The following training programmes were implemented by the service delivery staff working in consultation with the In-service Education Unit of the MOH

i. One, 4 day IUD/STD training programme

The MOH's HIV/STD Unit co-funded costs for this integrated approach to training. Twenty eight (28) persons attended and all parishes except Trelawny had representation. The workshop was rated positively by participants.

ii. Two, 2 hour lectures on "Contraceptive Methods, Effects/Side Effects" and "Contraception for Adolescents" were given to 50 students at Victoria Jubilee Hospital's Midwifery School.

iii. One, 4 hour session on the Anatomy and Physiology of the Reproductive System and Contraception was given to Guidance Counsellors as part of a Trainer of Trainers Workshop held at the Jamaica Grande Hotel. The workshop was part of the project activity between Family Health International and ASHE for the training of guidance counsellors in innovative approaches to teaching sexuality and reproductive health. Twenty persons were trained.

iv. Two, 2½ days training were done in the Western and Southern regions for 24 and 21 health care providers in each region respectively. The training was funded by the Johns Hopkins Programme for International Education in Gynaecology and Obstetrics. (JHPIEGO)

The purpose of the training was to update the participants' contraceptive knowledge to ensure consistency with the "Family Planning Service Delivery Guidelines'; and prepare the participants to share updated information with their colleagues and students as a means of further disseminating the guidelines.

v. Four persons (2 doctors, 2 nurses) were trained in Postpartum IUD Insertion in a five-day programme in Santo Domingo. A doctor/nurse team from the Victoria Jubilee and Spanish Town Hospitals attended.

III. Programme Co-ordination

i. Overseas Consultant Dr. Kelly O'Hanlon visited to assess Victoria Jubilee and Spanish Town Hospitals for postpartum IUD insertion services.

ii. JHPIEGO Consultant Lois Schafer visited and assessed eight sites for internal IUD services. Of ten (10) active providers who were observed inserting an IUD on a client or model, all had inconsistencies or lapses in their techniques. This points to the need for urgent follow up

training in this area. Some negotiation for training will be done to ensure critical follow up activity.

iii. Work continued with Futures Group Consultant Bridget McLean in the further analysis of research conducted for the NFPB during the period 1993-1997. The analysis identified gaps and needs to be addressed in the future direction of the programme and these were also highlighted in the technical review and will form the basis for the strategic direction of the programme for the 5 year period 2000-2005.

iv. NFPB personnel participated in the technical evaluation of the tenders requested by USAID for the Adolescent Reproductive Health Project and a two-day workshop to develop the first year's workplan under the project.

INFORMATION, EDUCATION AND COMMUNICATION (IEC)

During the period under review, the IEC programme was focused mainly on the adolescent population. Although there were many positive indicators in the 1997 Reproductive Health Survey, many gaps were identified and some indicators pointed to the need for focus to be kept on the sexual and fertility behaviour of this segment of the population given the potential for long term impact.

The activities for the year were concerned with:

a) Community outreach activities and the strengthening of counselling services especially to adolescents

b) Development of mass media communication, educational materials and promotional activities for family planning and family life education

c) The facilitation of workshops for adolescents and persons who work directly or interface with adolescents.

SUMMARY OF ACHIEVEMENTS

Due to reform initiatives and changes in policy direction, the staff of the department was reduced by approximately sixty (60) percent by the end of the third quarter. All the field staff posts were relocated to the respective health regions or made redundant and this action caused severe dislocation that negatively influenced the achievements of the department and programmes. Nonetheless, some very important activities were completed as the staff still facilitated the organization during the transition process.

I. FIELD SERVICES

The programme was limited to only eight months of full operation. This was to the end of November 1999 when the field programme was curtailed with the deployment of staff into the respective regions.

a) Health Sector

Education, counselling and motivational sessions were conducted in selected pre and post natal clinics in ten parishes. Some nine thousand, eight hundred and twenty-eight (9,828) persons were reached. This represented a decline of approximately forty (40) percent over the previous year and was negatively influenced by the climate of uncertainty within which the field officers worked during the year as well as their deployment.

b) Education Sector

Through a number of interventions, the field staff assisted all-age, primary and junior high schools with their health and family life education programmes as follows:

- Provision of FLE materials on various topics for use in the quiz competition
- Conducting FLE sessions in selected schools. These sessions covered core topics in reproductive health and other related areas (see curriculum areas under training).
- Organized and managed the annual National FLE Quiz Competition. The competition was held between September and early December and involved one hundred and forty-eight (148) All-Age and Junior High Schools. Approximately eight hundred and eighty-eight

(888) students and between one and two teachers per school were directly involved in the competition. This represented a decrease over the previous year due to the reduction in the field staff. However, the multiplier effect of the competition is expected to influence many more students and teachers since the criteria for entry into the competition required schools to have a family life education programme. Additionally, teachers are encouraged to have mini competitions in their schools in order to select the teams. This year's competition received no private sector funding.

The competition was keenly contested and was won by the all-male team from Hampstead All Age in St. Mary while the runners-up were the all-female team from Mt. Moreland All Age in St. Catherine. A number of students, teachers and other guests were also present at the finals.

For the FLE programme, thirty-six thousand, nine hundred and twenty-four (36,924) students were reached islandwide. This represented eight months of activity and compared favourably with the previous year exceeding the figure for that twelve-month period.

c) Community Sector

Community activities were aimed at reaching adolescents, community leaders and other organizations that influence the youth and community such as youth clubs, the police, the SDC, church youth groups, parent-teachers associations, citizens associations, women's groups, male groups and others such as HEART/NTA. Activities included reproductive health sessions, health fairs and exhibitions. Some cable stations especially in Portland and St. Catherine utilized the services of the liaison officers for live discussions on reproductive health issues. Officers, especially, in Clarendon, Manchester and St. Ann also worked in deep rural areas with the JIS team.

Forty-one thousand, five hundred and seventy-three (41,573) persons were reached. The eight months' figures were just below the forty-three thousand projected for twelve months.

STATISTICAL SUMMARY OF FIELD OUTREACH ACTIVITIES

Date	Numbers seen in Health	Numbers seen in Education	Numbers seen in Community
April	1,262	4,678	5,075
May	1,253	4,069	7,105
June	964	5,136	4,739
July	1,117	8,628	5,597
August	1,546	4,726	5,092
September	1,458	3,357	5,989
October	1,367	3,098	4,315
November	860	3,232	3,664
TOTAL	9,828	36,924	41,573

d) Answering & Counselling Service (Marge Roper)

The Marge Roper Answering and Counselling service is a walk-in, write-in and telephone counselling service for males and females within the reproductive age group. The service provides counselling and information on a range of reproductive health and family life issues especially to young adults and adolescents. Five thousand four hundred and thirty-one (5,431) persons made use of the service during the period under review. The statistics represent the Kingston service only as the Montego Bay service ceased in early 1999.

In addition to the counselling, the information officers also provided limited outreach services to some agencies such as HEART/NTA as well as to those clients serviced by the mobile unit. They also offered limited supplies of condoms and pills and made referrals for other services. The majority of calls received were for contraceptive counselling and information.

A poster and flyer were developed to promote the service but a sustained mass media promotion is required in order to maximize the utilization of the service. A special automated line is being considered to replace the toll free line for which funding was not available. This should come on stream in the next financial year. In addition to the regular daytime service, the automated line will offer expanded coverage by being available after regular operating hours, giving clients specific help options for information to be provided.

STATISTICAL SUMMARY OF MARGE ROPER SERVICE

Months		Calls	Visits
1999	April	169	227
	May	239	335
	June	201	225
	July	220	212
	August	227	172
	September	248	250
	October	270	274
	November	291	284
	December	77	125
2000	January	212	200
	February	232	233
	March	258	150
	TOTAL	2,744	2,687

II. TRAINING

During the year in review the training unit in collaboration with Field Services conducted eighteen activities that utilized funding from the GOJ supported budget and assisted with twelve non-GOJ budget activities. The GOJ budget activities involved three hundred and twenty (320) persons (72 males and 248 females).

The following represent the main activities:

i. One week peer counselling workshop.

ii. Two one day FP/FLE volunteers' workshops. Of the volunteers trained islandwide in 1994 only the Portland/St. Mary group continued as a cohesive group. In 1999 they began to assume greater responsibility for conducting the sessions during each quarterly monitoring meeting in order to retain the continuity of the programme after the displacement of the field officers. As the NFPB could no longer assume direct responsibility or financial commitment for the programme an interim executive body was elected with responsibility for:

   a) liaising with the Regional Managers and Regional HRD persons of the Regional Health Authorities;

   b) coordinating and arranging meetings,

   c) maintaining communication among the FP volunteers.

iii. One 1-day adolescent male workshop. This was part of a programme for males developed by one liaison officer however the programme was discontinued when the field programme ceased operation.

iv. Six 1-day quiz competition sensitization workshops for teachers. The NFPB's IEC team assisted teachers to prepare their teams for participation in the quiz competition. From the evaluation teachers indicated that the seminars:

   a) provided clear, up-to-date high quality information and

   b) increased their motivation and interest in the quiz competition.

v. Four one-day post quiz evaluation workshops as a mechanism for receiving feedback, determining future direction and making improvements to the quiz programme.

vi. Family Planning Week Youth Forum 1999. The forum was held under the theme **"Old But Not Cold: A Youth Perspective"** and involved an intergenerational panel of senior citizens and young people (high school students). The objective of the forum was to bridge the generation gap by:

   a) facilitating the discussion of sexual and reproductive health and lifestyle issues, then and now; and

   b) identifying some of the challenges for the future.

Dr. Denise Eldemire Shearer and the UNFPA/CARICOM Youth Ambassadors participated in the programme.

The training unit also assisted with the following activities:

i. Four Regional Adolescent Reproductive Health dissemination seminars. The objective of the workshops was to create awareness among adolescents of the status of adolescent reproductive health and the factors influencing high-risk behaviour among this population. The adolescents with the assistance of the resource teams detailed some ways in which the school, community and church could contribute to improving the RH status of adolescents.

ii. Four Oral Contraceptive Update Seminars. The objectives of the seminars were to launch Ovidon, a new brand of oral contraceptive to replace Ovral in the public sector, rationalize the change of brand to public sector service providers and provide a general update on oral contraceptives. During the workshop, participants from the four health regions committed themselves to improving their counselling skills and general attitude to clients.

iii. One trainer of trainers workshop in IUCD insertion

iv. One JHPIEGO sponsored contraceptive update workshop.

v. Preparation of budgets and programme plans for the UNFPA VIP Youth Project.

vi. Four needs assessment meetings as part of the pre implementation activities for the Parenting Project. One needs assessment meeting in Kingston and three in the rural areas were conducted with a wide cross section of parents of children and youths aged 10 – 24 years.

The core subject areas covered in training included the following:

- Family Planning
- Contraceptive Methods
- Anatomy and physiology of the reproductive system
- Myths and misconceptions related to contraceptive use, sexuality and family planning

Other topics are included depending on the target group and needs identified. For example, parenting, AIDS/STD and FLE counselling.

III. COMMUNICATION

The follow activities were completed during the period under review:

a) Puberty Brochure for males and females

Two puberty brochures targeting boys and girls age 10-14 years were developed and are being pre-tested for printing in the new financial year.

b) Condom Brochure

The condom brochure, previously developed by the NFPB, was revised based on new international standard specifications provided by the Bureau of Standards and ten thousand (10,000) copies were printed and distributed to public sector clinics island-wide through the direct delivery "top up" system.

c) **Menstruation Brochure**

A menstruation brochure for girls 10-14 years old was developed and will be pre-tested and reprinted in the new financial year.

d) **Missed Pill Wallet Card**

A pocket size missed pill card was developed and pre-tested. Five thousand (5,000) copies will be printed in the new financial year for distribution to the target audience.

e) **Norplant Brochure**

Two thousand five hundred (2,500) copies of this brochure were printed along with client admission and follow up forms. Distribution also commenced to the three sites at which the device can be obtained.

f) **Marge Roper Poster**

A poster promoting the Marge Roper counselling service was developed and two thousand five hundred (2,500) copies printed. Copies of the poster were disseminated to health clinics and other key providers of reproductive health services.

g) **Promotions and Exhibitions**

i. Development of promotional campaign for Marge Roper automated service.

ii. Advertisement of Marge Roper counselling service in Woman Inc. supplement (Weekend Observer 15/11/99).

iii. During Family Planning Week twenty (20) radio spots from the Adolescent Mass Media Campaign were aired on Power 106 as part of a live outside broadcast of the Outreach Day and on Independent Talk over a ten day period. The messages focused on the promotion of abstinence for adolescents and safe sex for the sexually active.

iv. As part of co-sponsorship of TV coverage of the Courtney Walsh motorcade on TVJ, six TV spots using advertisements from the Adolescent Mass Media Campaign were aired during Prime Time News and throughout the day.

v. Collaboration with Ministry of Health in the development and execution of "Safe Sex Week".

vi. During the Child Month Expo in May 1999, an exhibition was mounted to provide information on puberty and promote the availability of educational video materials for adolescents. Approximately three hundred (300) persons visited the booth and over thirty (30) orders for videos were received.

A display was also mounted in the NFPB's library during Child Month and students from corporate area schools were invited to view the display. Educational sessions were also held during the visits.

h) Distribution of Educational Material.

Approximately fourteen thousand (14,000) pieces of educational materials on reproductive health issues were distributed to various groups and individuals. The materials on contraception were the most widely distributed.

i) Video-taping of National FLE Quiz Competition

The competition was taped and is to be aired in the next financial year.

j) Library

A total of five hundred and forty-two (542) persons visited the library during the period. The topics researched included breastfeeding, child abuse, contraceptive use, family planning, emergency contraceptives, abortion, STD/HIV, male responsibility among others. The category of persons using the library included parents, teachers, high schools and tertiary institutions students particularly student nurses and the general public.

IV. OTHER ACTIVITIES

A. UNFPA VIP/Youth Project

IEC activities completed under this project included:

- A summer camp for young people in the Maxfield Park Area.
- Selection and training of thirty-nine (39) peer educators from the three pilot sites and deployment of peer educators to work in the three sites.

B. Innovative Parenting Project

In response to the identification of parents as the desired source for information for adolescents in the 1997 reproductive health survey, a parenting project proposal was developed and approval for use of funding through the USAID sponsored commercial distribution of contraceptives programme was received. Technical Assistance will be provided by Family Health International for the following activities:

- Development of a parenting training manual.
- Trainer of trainer workshop for parent trainers.
- Development of audiovisual materials for parents.

The anticipated life of the project is eighteen (18) months and activities should commence in April 2000.

C. Health & Family Life Education Coordination

As part of the HFLE policy initiatives, three committees were established to monitor the status of Health and Family Life Education in the various sectors. The formal committee is chaired by the Ministry of Education and Culture. The NFPB attended two meetings of this committee. One of the objective of the formal committee during the reporting period was the procurement of funding to print and distribute the HFLE materials developed under the USAID Family Planning Initiatives Project.

The non-formal committee is chaired by the NFPB. Four meetings were held. The main objective of the committee was to monitor the HFLE activities of agencies outside of the formal education system and promote the objectives of the HFLE Policy.

The national coordinating committee which should be chaired by the Chief Education Officer and consist of members of the two subcommittees did not meet.

OTHER IEC COORDINATING ACTIVITIES

On behalf of the NFPB, IEC personnel served as members of the following committees:

Parenting Coalition – Monthly and other ad hoc meetings were attended as well as the annual national conference.

Project Advisory Committee -Uplifting Adolescent Project – a NGO project funded by the USAID.

PROJECTS, RESEARCH AND STATISTICS DEPARTMENT

For the period under review, the Projects, Research and Statistics department was responsible for the:

i. collection, compilation, analysis and dissemination of data on the utilization of family planning services island-wide.

ii. conduct of secondary research on fertility and reproductive health related issues

iii. monitoring of the implementation of projects.

The activities of the department were designed to meet the following objectives:

a. Strengthen the planning and analysis capabilities of the National Family Planning Board (NFPB) to enable effective planning of family planning programmes that meet the needs of clients consistent with national goals.
b. Improve the management of information for planning and evaluation.
c. Develop, appraise and monitor projects.

I. Technical Assistance Project for the NFPB Library

Family Health International (FHI) provided technical assistance to the NFPB in the development of the library into a resource centre for reproductive health. Under the project, the NFPB will acquire and maintain a comprehensive collection of print and audio-visual reproductive health and family life materials. The library's collection will also be organised to enable the efficient retrieval of information by staff and visitors. The following activities were carried out during the period;

a. A review of the floor plans

b. A list of Internet web sites was developed and training sessions were conducted on general Internet use as well as specific tips for using particularly important web sites and search engines.

c. Information was provided about compact discs (CD's) and or diskette databases of interest to the NFPB and assistance was received with the implementation of CDs/ISIS.

d. Catalogue records format for various media were developed and assistance was received with cataloguing issues.

II. Adolescent and Youth Sexual and Reproductive Health Programme

The NFPB began implementation of the United Nations Population Fund (UNFPA) funded Adolescent and Youth Sexual and Reproductive Health (AYSRH) pilot project. The Project Agreement was signed in February 1999 and project activities began in the catchment area of the Maxfield Park Type V Health Centre.

The project serves three communities: Maxfield Park (St. Andrew) Clarks Town (Trelawny) and Montego Bay (St. James) and is being piloted as a model for further replication to other communities. The goal of the project is to improve the quality of life, well-being and sexual and reproductive health of the targetted population of adolescents and youths aged 10-24 years who reside within and in close proximity to the three project sites.

A multi-sectoral approach is being used to provide a wide range of services to the target audience to enable them to lead healthy sexual and reproductive lives. The services provided are within the required minimum reproductive health package that includes;

i. Emergency contraception
ii. General and specific counselling regarding all contraceptive methods and options
iii. Referrals on health, social and developmental issues
iv. Adequate supply and variety of contraceptive methods to facilitate choice
v. Counselling services to prevent unwanted pregnancy and abortion
vi. Postpartum and post-abortion counselling
vii. Pap-smear and cervical cancer screening and related tests
viii. Screening, detection and referral for treatment of sexually transmitted disease
ix. Sexual and reproductive health education
x. The detection and referral for treatment, cases of violence against women, youths and adolescents.

The project consists of five components; Advocacy, Service Delivery, Information, Education and Communication (IEC), Training; and Monitoring and Evaluation. Under the Service Delivery component, an adolescent clinic began operation at the Maxfield Park Type V Health Centre and services are available on the fourth Tuesday of each month. The Mobile Unit also visits youth clubs in the area and offers general family planning advice and related services.

As part of the IEC activities, a three-week summer camp was conducted in the Maxfield Park area from July 7-26, 1999. The goal of the camp was to use the performing arts and sports to empower the young people to make responsible choices, especially in relation to sexuality, drugs and career choices. Approximately two hundred (200) youths were in attendance.

In recognition of the private sector's involvement in the project, a function was held at the Love and Faith World Outreach Ministries on October 6,1999. Medimpex Jamaica Ltd. and Giscombe Sports Ltd. were recognised for their contribution to the project.

III. John Hopkins Project for Information and Education in Gynaecology and Obstetrics (JHPIEGO)

As follow-up to a recommendation from the Quality of Care study, the NFPB and JHPIEGO revised and updated the Family Planning Service Delivery Manual. New and emerging trends in family planning as well as other useful resource materials were included in the manual to make it the main reference material for public sector family planning providers.

As part of the programme to provide continuous training and update, JHPIEGO also conducted a contraceptive technology update and presentation skills workshop in November 1999 for key trainers and service providers in the public health care system. The training activities, which were supported by USAID, were intended to strengthen the contraceptive knowledge and related clinical skills of reproductive health care providers.

An IUD service site assessment was also conducted in the Southern and Northeast health regions by JHPIEGO and MOH staff. The objective of the assessment was to review the IUD service facilities as

possible training sites for the region. Seven sites were visited and ten health care providers who were previously trained in IUD insertion and removal and actively providing the service were assessed.

IV. Family Planning Initiative Project (FPIP)

In July 1999, the activities of the FPIP were concluded following a one-year extension. The project agreement which was signed in 1991 between the USAID and the NFPB, committed the sum of US$7M to finance activities to increase the effectiveness and sustainability of family planning programmes in Jamaica over a five-year period.

Through several sub-agreements with Cooperating Agencies (CAs) such as; The Futures Group International (TFGI), Center for Disease Control and Prevention (CDC), Access to Voluntary and Safe Contraceptive (AVSC), Family Planning Management and Development (FPMD), Family Health International (FHI) and the Academy for Education Development (AED), the NFPB accessed technical assistance, training and equipment for the Jamaican family planning programme.

The activities of the project were implemented under three components:

i. Policy Framework
ii. Sustainable Services and
iii. Institutional Strengthening

The accomplishments under the project included the:

i. Conduct of a **Private Physicians Survey and Mapping study**, which provided baseline data on family planning service delivery islandwide.

ii. Implementation of the **Pilot Private Physicians Project**, that increased private providers' share of family planning services in the Christiana/Spauldings, Portmore, Old Harbour and Linstead pilot areas.

iii. **Analysis of the Legal and Regulatory Environment** for family planning service provision and an overall assessment of the laws, regulations and service guidelines that impeded or favoured the delivery of family planning products or services.

iv. **Development of a Five -Year Strategic Plan** which guided the work of the NFPB.

v. Conduct of the **Contraceptive Prevalence/Reproductive Health Surveys** (CPS/RHS), providing indicators on fertility, contraception and other reproductive health issues at regular intervals, for women in the reproductive age group and men 15-49 years in 1993 and men 15-24 years in 1997.

vi. Conduct of the **Use Dynamic Study**, which examined the pattern of use of contraceptives in public sector facilities over a one-year period.

vii. Implementation of the **"Top Up System"** of direct delivery and inventory control of contraceptives in the public sector.

viii. Implementation of the **Women's Centre Project** that provided counselling and services to delay first pregnancy among adolescents.

ix. **Training of Health and Non-Health workers** in clinical methods as part of the contraceptive technology update programme.

x. Implementation of the **Contraceptive Social Marketing Programme**, to expand the role of the private sector in the delivery of family planning services.

xi. Implementation of the **Family Life Education** sub-project with the Ministry of Education to improve and institutionalize family life education in Primary and All- Age schools.

xii. **Provision of local and overseas training** for members of staff in specific technical areas for improved competence of skills and efficiency.

V. Development of a Five Year Strategic Plan

By way of a sub-agreement with KPMG Peat Marwick and Partners, The Futures Group International provided technical assistance under the Policy Project to the NFPB to develop a five-year strategic plan for the period 1999-2004. The plan was designed to harness the existing resources of the NFPB, improve its cost-effectiveness and the quality of family planning programme delivery. This will enable the initiation of policy and programme development actions to stimulate further expansion and modernization of the family planning programme in Jamaica.

Consultants from KPMG conducted interviews and focus group discussions with NFPB staff and a progress report was submitted in August 1999. The report contained a preliminary analysis of the strengths, weaknesses, threats, opportunities and challenges facing the NFPB.

On the directives of the Minister of Health, the activities were suspended pending the findings of the technical review of the reproductive health programme by the Ministry of Health. This was concluded in February 2000 and the main recommendation for family planning was the achievement of a total fertility rate of 2.5 by 2005 by focussing on the following strategies:

i. Improve contraceptive method mix
ii. Introduction of emergency contraceptive protection (ECP)
iii. Improve efficacy of contraceptive method use
iv. Expand access to reproductive health information and services to adolescent
v. Expand access to reproductive health information and services to men

VI. Reproductive Health Survey (RHS)

Based on the findings of the 1997 RHS, a summary report on adolescents and young adults was prepared highlighting the extent to which young adults and adolescents utilised family planning and family life services and the factors influencing their decision to make informed choices. The report focused on fertility patterns, demand for family planning services, discontinuation rates, sexual experience, family life education (FLE) and attitude and was circulated in-house to facilitate informed decision making.

Some of the salient features included in the report were the fact that:

- Parents were the most preferred source for FLE information.
- The three most popular family planning methods for teenagers were the condom, the pill and the injection.
- The condom was the main method in use and the private sector was the main source for acquisition of methods by the adolescents.
- Withdrawal was the second most important method at first sexual intercourse.
- Adolescent fertility was highest in the rural areas.
- A total of 23,500 teenagers were in urgent need of specialized family planning services.
- A total of 46,000 adolescents were in need of specialized services.

VII. Contraceptive Use Dynamics of Public Sector Family Planning Clients

Through collaboration with the FHI, the Sir Arthur Lewis Institute of Social and Economic Research, University of the West Indies (Mona Campus) was awarded a contract to conduct a study to provide information on contraceptive use dynamics of clients in public sector facilities. The objective of the study was to examine patterns of contraceptive use and identify the factors that influenced continuation, switching and discontinuation of methods.

The study involved new acceptors of family planning in eight urban centres and consisted of 463 women. The interviews were administered at the time of acceptance, at six months and at one year after method acceptance.

The findings were presented at a dissemination seminar in February 2000 and the key findings were divided into four broad areas:

i. Methods accepted and final status

The three most popular methods that were accepted by women in the study were the injection (52%), the pill (37%) and the condom (8%). The long term methods that included the IUD, tubal ligation and Norplant® were accepted by 3% of the women. At the end of the study, it was identified that long term method users, as well as injection users, were most likely to continue using their method, while pill and condom users were most likely to discontinue use.

ii. Personal factors

The average age of the women was 24.8 years with less than one half (40%) employed. The women's partners were on an average four years older with 87% of partners wanting the women to use a method. With respect to their marital status of the women, 11% were legally married and 47% were in a common-law relationship. Nearly all of the respondents had at least one child and for every three women surveyed, two of them indicated that their last pregnancy was unwanted.

iii. Method and service delivery factors

Long-term method users and injection users were most satisfied, representing levels of satisfaction of 100% and 85% respectively, while pill users were most likely to be dissatisfied. Almost half of the women surveyed (49%) experienced side effects but only one-third of them returned to the clinics for treatment. Pill users (54%) and injection users (51%) recorded the highest proportions among the women experiencing side effects. While most women were satisfied with aspects of the service such as the opening hour, cost and privacy, they were dissatisfied with the waiting time as the average waiting time was over two hours.

iv. Continuation rates

This was highest for long-term method users (92%), followed by the injection users, representing 65%. Condom users were ranked at the third position recording 45% while the pill users (39%) were the least likely to remain on the method. Side effects experienced were the main reason given for discontinuing use of a method.

FAMILY PLANNING STATISTICAL REPORT
April 1999 - March 2000

Introduction

The information contained in this report covers the delivery of family planning services based on the data obtained from the Monthly Clinic Summary Reporting System (MCSRS). The data is generated from Government Health Centres, Independent Health Clinics and NFPB special clinics. Information on sterilization procedures performed is also included.

I. Attendance

The total attendance to clinics for family planning was 272,216 visits. This represented a decline of 5 % when compared with the April 1998 to March 1999 period that had 286,711 visits. The Ministry of Health recorded 245,026 visits representing 90 % of all visits. This was 2 % less than the number recorded for the period April 1998 – March 1999.

The number of visits is comprised of first visits and revisits. First visits were made by women receiving a family planning service for the first time, and revisits are all male visits as well as women who were returning for the service. Revisits accounted for 86 % of the visits (a similar proportion occurred in the previous period), and female visits represented 93 % of the visits by gender. For each male visit there were 13 female visits. A detailed breakdown is given in Table A.

Table A. Attendance by Programme Outlets, Type of Visit and Gender

Programme outlet	Total	Type of visit		Gender	
		First visit	Revisit	Female	Male
MOH clinics	245,026	36,313	208,713	227,389	17,637
Independent clinics	21,331	1,516	19,815	20,119	1,212
NFPB clinic	5,859	276	5,583	5,347	512
Total	**272,216**	**38,105**	**234,111**	**252,855**	**19,361**

II. Coverage

Three hundred and thirty-two health centres were in operation as indicated in Table B. This was 15 less than the 347 centres that operated between April 1998 – March 1999. All 15 centres were not closed in this period, as some were already out of operation in the previous period but were recorded as being in operation since they offered service during that reporting period. Ninety-three percent or 324 of operational centres provided family planning services at least once for the year. Eight parishes had all their centres reporting at least once throughout this year, these parishes were St. Thomas, Portland, St. Mary, Westmoreland, Manchester, Clarendon and St. Catherine. K.S.A reported the lowest coverage at 91 %. Table B provides more detailed information.

Table B. Family Planning Coverage in MOH Clinics by Parish

Parish	Total No. of Clinics	Number Reporting	Percent Coverage
K.S.A	42	38	90.5
St. Thomas	17	17	100.0
Portland	19	19	100.0
St. Mary	30	30	100.0
St. Ann	27	26	96.3
Trelawny	20	20	100.0
St. James	25	24	96.0
Hanover	20	19	95.0
Westmoreland	21	21	100.0
St. Elizabeth	27	26	96.3
Manchester	21	21	100.0
Clarendon	36	36	100.0
St. Catherine	27	27	100.0
Total	332	324	98.0

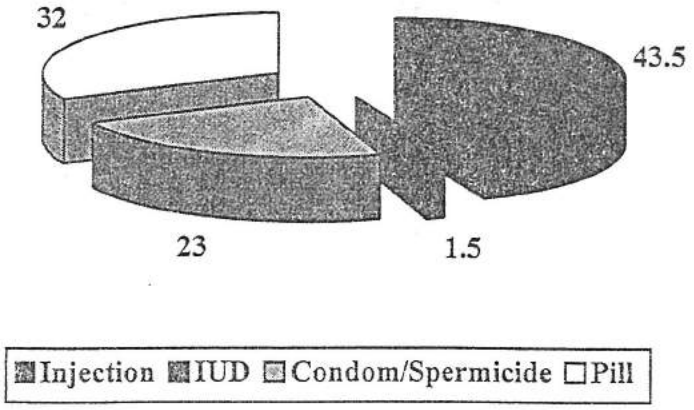
III. New Acceptors

The injection was the most frequently accepted method by new clients with 44 % of new clients at the MOH centres accepting this method. At the independent centres, 51 % of new clients accepted the injection while 50 % of new clients at the NFPB centres accepted this method. The total number of new acceptors declined by 9 %, from 13,265 in the period 1998 to 1999 to 12,098 for this reporting period. All methods showed a reduction in the number of clients recruited. Table C and Figure I provides more detail on new acceptors.

Table C. New Acceptors by Method of Contraception and Service Outlet

Service Outlet	Pill	Injection	IUD	Diaphram	Condom	Spermicide	Norplant®	Total
MOH clinics	11,640	15,913	365	4	8,391	-	-	36,313
Ind. clinics	374	767	183	-	177	8	7	1,516
NFPB Clinics	84	137	31	-	24	-	-	276
Total	**12,098**	**16,817**	**579**	**4**	**8,592**	**8**	**7**	**38,105**

Figure 1. Percentage Distribution of Contraceptive Methods to New Acceptors



IV. Teenage acceptors

Seven thousand and seven females under the age 20 years became new acceptors of a family planning method during the period under review. This figure represents 18 % of the total number of new acceptors. The proportions of new acceptors under 20 years by parish ranged from a low of 14 % in Portland to a high of 21 % in Westmoreland. See Figure 2 for comparative figures on teenage acceptors. Figure 2 also shows that five parishes had higher proportions of teenage acceptors than the national level. These parishes were KSA (21.3%), St. James (19.5%), Westmoreland (21.2%), St. Elizabeth (18.7) and Manchester (18.5%). A comparison with the previous period showed that teenage acceptors decreased by 65 or 1%.

V. Postnatal Acceptors

Postnatal services were offered only at MOH centres and for the period under review 35,676 mothers received service. Of this amount, 24,217 postnatal mothers were new acceptors of contraceptives. The postnatal acceptors represented 64 % of total new acceptors and 68% of the mothers receiving postnatal services. The proportion of postnatal acceptors ranged from 76 % in St. Thomas to 52 % in Westmoreland. Figure 2 below gives a comparative look at new acceptors by parishes.

Figure 2. Total Number of New Acceptors and New Acceptors from Postnatal Clinics by Parishes

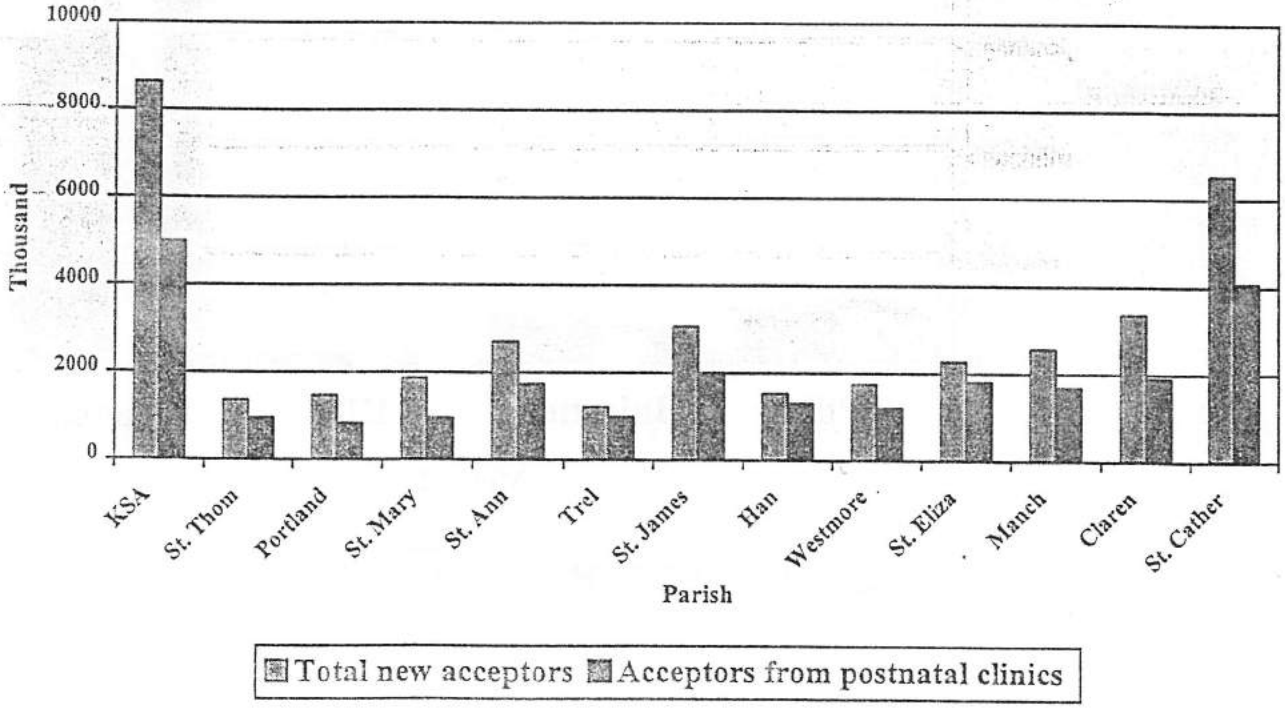
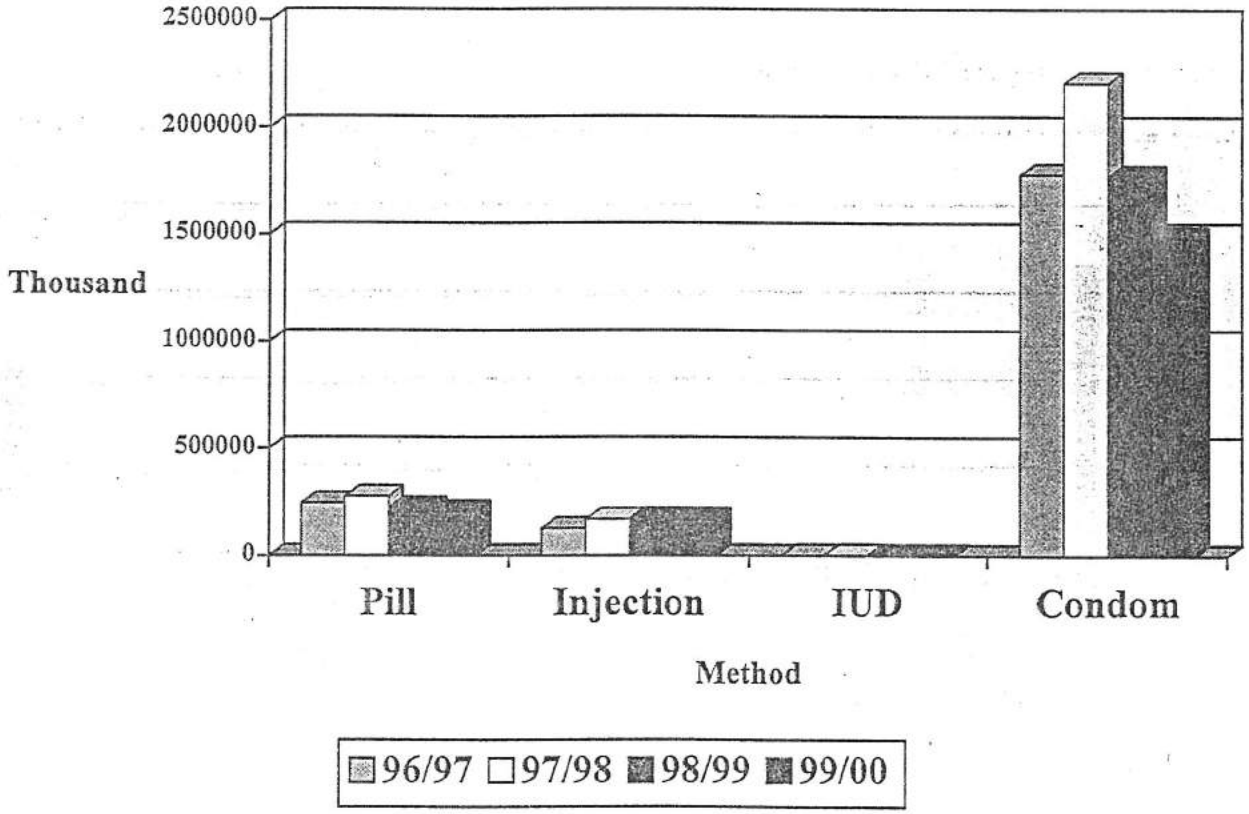


Table D. Comparative look at Commodities Distributed to Clients in the Clinic Programme 1996 -2000

Year	Pill	Injection	IUD	Diaphram	Condom	Koromex	Spermicide	Norplant
96/97	243,009	126,280	1,377	1,910	1,780,069	1,265	77	38
97/98	274,608	169,280	2,505	2,961	2,207,585	2,666	107	21
98/99	220,849	171,361	1,869	22	1,771,905	-	104	29
99/00	205,024	169,751	1,148	273	1,485,316	53	39	9

Except for the diaphragm, less contraceptives was distributed to clinics in the 1999 to 2000 period. A comparison over the period 1996 to 2000 (Table D and Figure 3) indicated that the number of pill cycles, condoms and IUDs distributed have been declining since 97/98. This does not necessarily indicate a decline in the use of contraceptives as some acceptors may be accessing their method and follow up in the private sector after their initial visit in the public sector.

Figure 3 Commodities distributed for the periods 96/97, 97/98, 98/99 and 99/00



Sterilization

In 1999, 862 sterilization procedures were carried out in the three hospitals that reported the provision of services. Since only 3 of the 11 hospitals that offered the service reported then no reasonable comparisons could be done. The hospitals reporting were VJH, UHWI and Savanna-la-mar. Nonetheless, a comparison of the years 1990 to 1999 is given in Table E. Except for the 1994 and 1995 period, a consistent decline was observed in the number of sterilization performed.

The decline in the reporting of the sterilization data commenced in 1997 with 8 hospitals reporting. Prior to this 20 hospitals were providing the service and to date a total of 72,706 procedures have been performed.

Table E. Total Number of Sterilization and Percentage Changes Since 1990

Year	Absolute Frequency	Cumulative Frequency	% Change
1990	3685	48767	7.6
1991	3631	52398	-1.5
1992	3217	55615	-11.4
1993	3027	58642	-5.9
1994	3407	62049	12.6
1995	3990	66039	17.1
1996	3040	69079	-23.8
1997	1535	70614	-49.5
1998	1230	71844	-19.9
1999	862*	72706	-29.9

*Only 3 of 11 hospitals reported

ADMINISTRATION

I. Information Technology

A Backup Server, workstation clients network hub and other computer related peripheral devises were acquired in order to upgrade the computer network system, create a more robust and better maintained system and facilitate the computerization of the Accounts Department. Additionally, during the course of 1999 much effort was expended to establish that all equipment were Year 2000 compliant. Among those corrected was the ServStat statistic software programme which analysed data from the MCSRS programme.

The Real World Accounting software package was installed on the network and the relevant accounting personnel given user rights to the system. The Internal Auditor and the Network Administrator received technical training in the administration and security of the software.

Due to technical and legal problems that faced the then Internet Service Provider, the NFPB lost service for approximately three months. After much inconvenience and intervention at the highest level the email service was re-established. The company's account was credited with the down time as part of the agreement reached with the ISP. Nonetheless action was taken to change the ISP in order to ensure reliability of service.

In addition to the above, continuous testing, diagnosing, reporting and replacement of defective computer parts associated with routine network administration were also carried out.

II. Accounts

The NFPB received an annual budget grant of $56,021 million for the year under review. This amount was the same as was approved for the previous fiscal year. However with efficiency improvements and careful prioritization, the organisation was able to fulfil most of its objectives without any considerable reduction in services or contraceptive supplies.

In an effort to make current the accounts and annual reports, the audited statements and annual report for the years 1995-1996, 1996-1997, 1997-1998, and 1998-1999 were completed in the 1999-2000 period. A number of outstanding points were addressed and audited adjustments were made to the accounts. The voucher preparation system was significantly improved as well as the coding of vouchers. This enabled efficiency gains as well as improved the procedure and timing for payables. Additionally, the monthly financial statements were updated and early work on the Trial Balance was facilitated.

The time for completion and dispatch of statutory and other distributions was significantly improved and steps are being taken to automate the vouchers that are used by the various agencies to further enhance the time required for completion and output. This will reduce the number of staff complaints of late payments, ensure that the organisation remains tax compliant and facilitate the speedy completion of the annual tax returns.

Training and retraining for the Real World Expertise Accounting package was completed. Despite this however, the opportunity to switch on the programme was not achieved as the decision was taken to update the accounts prior to implementation of the computerization of the accounts. Accounting staff

received training in General Ledger, Cash Book, Accounts Payable, Accounts Receivable, Payroll, Fund Accounting and Inventory modules. The full implementation of the programme is expected in the 2000-2001 financial year.

III. Logistics

Two logistics manual: the Contraceptive Logistic Procurement Module and the Family Planning Logistics Manual were completed during the year. Both were funded by USAID and are to be used to guide contraceptive procurement for the public sector and provide technical and standard information on contraceptive procurement. For the year under review 400,000 cycles of Lo-femenal, 300,000 units of Depo-provera, 2,100 (Copper T) IUD and 3,024,000 pieces of condoms were procured.

IV. Emolument for Directorate - April 1999- March 2000

Post	Salary	Uniform	Laundry	Seniority	Upkeep	Gratuity	Total
Executive Director	1,209,523	22,230	11,544		320,028	611,917	2,175,242
Dep. Executive Director	796,315	22,230	11,544		168,816		998,905
Medical Director	1,015,830	16,020	13,500		192,816*		1,236,166
Financial Controller	667,358	22,230	11,544	16,277	168,816		885,225
Director PRS	667,358	22,230	11,544	16,277	168,816		885,225
Director IEC	667,358	22,230	11,544	32,554	168,816		901,502
TOTAL	5,023,742	127,170	71,220	65,108	1,188,108	611,917	7,082,265

*Includes $24,000.00 Journal Allowance

V. Training

Under the Family Planning Initiatives Project, the following persons obtained training both locally and overseas during 1999:

TRAINING COURSES 1999-2000

POST TITLE	TITLE OF TRAINING COURSE	DURATION OF COURSE
Asst. Director IEC (Communications)	Avid Post Production System	20 hours 13/7/99 – 31/7/99
A V Technician	Basic Video Production	20 hours 13/7/99 – 31/7/99
Regional Liaison Officer	Advances in Health Communication & Advocacy	7/6/99-2/7/99
Liaison Officer	Programme Planning & Development for Sexuality Education, HIV/AIDS Prevention & Reproductive Health care	16/5/99 – 18/6/99
Liaison Officer	Advances in Health Education & Advocacy	7/6/99 – 2/7/99
Director, Projects, Research & Statistics	Monitoring & Evaluation of Population Health & Nutrition	24/6/99 – 6/7/99
Asst. Director IEC (Communication)	Advances in Family Health Communication	1/6/99 – 26/6/98
Network Administrator	Microsoft Windows NT 4.0 (Local)	8/7/99 – 10/7/99 13/7/99 – 17/7/99 27/7/99 – 31/7/99

AUDITED FINANCIAL STATEMENT

NATIONAL FAMILY PLANNING BOARD

FINANCIAL STATEMENTS

YEAR ENDED MARCH 31, 2000

NATIONAL FAMILY PLANNING BOARD

FINANCIAL STATEMENTS

YEAR ENDED MARCH 31, 2000

CONTENTS | STATEMENTS

STATEMENT I

Chartered Accountants
Jamaican Correspondent Firm of
Grant Thornton International

Mair, Russell & Partners

AUDITORS' REPORT TO

THE MEMBERS OF

NATIONAL FAMILY PLANNING BOARD

We have audited the financial statements set out on Statements II to V. These financial statements are the responsibility of the Directors and management. The Directors and management are required to select suitable accounting policies and then apply them consistently, make judgements and estimates that are reasonable and prudent, follow applicable accounting standards and prepare the financial statements on a going concern basis unless it is inappropriate to presume that the Board will continue in operations. The Directors and management are responsible for keeping proper accounting records, for safeguarding the assets of the Board, and for the prevention and detection of fraud and other irregularities. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Standards on Auditing generally accepted in Jamaica. Those standards require that we plan and perform the audit to obtain all the information and explanations which we considered necessary to provide us with reasonable assurance that the financial statements are free of material misstatements. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. It also includes assessing the accounting principles used and significant estimates made by Directors and management, as well as evaluating the overall financial statements presentation. We believe our audit provides a reasonable basis for our opinion.

In our opinion, proper accounting records have been kept and the financial statements which are in agreement therewith, give a true and fair view of the state of the Board's affairs as at March 31, 2000 and of the results of its operations and cash flows for the year then ended and have been prepared in accordance with generally accepted accounting standards.

Mair, Russell & Partners.
CHARTERED ACCOUNTANTS

May 28, 2001

3 Haughton Avenue
Kingston 10
Jamaica
Tel: +1 (876) 926-2597, 926-4513
929-9167, 929-2193
Fax: +1 (876) 929-2016
E-mail: mairrp@cwjamaica.com
and

42 Market Street
Montego Bay
Jamaica
Tel: +1 (876) 952-2891, 952-0798
Fax: +1 (876) 952-0798

Partners:
Kenneth L. Lewis
Morsia E. Francis, Sixto P. Coy
Associate:
Andrea O. Lewis-Coy

Grant Thornton International firms are located in over 90 countries throughout the world

NATIONAL FAMILY PLANNING BOARD

BALANCE SHEET

MARCH 31, 2000

	Note	2000 $	1999 $
ASSETS			
Non-current assets			
Fixed assets	(3)	47,828,795	49,577,516
Investments	(4)	39,286,837	32,259,110
		87,115,632	81,836,626
Current assets			
Inventories	(5)	19,802,259	9,828,936
Receivables	(6)	2,565,470	2,867,489
Prepayments		190,350	154,274
Project advances	(7)	-	858,159
Taxation recoverable		561,825	-
Bank and cash	(8)	41,963,703	36,477,474
		65,083,607	50,186,332
Total assets		152,199,239	132,022,958
RESERVES AND LIABILITIES			
Reserve and surplus			
Capital reserve	(9)	52,893,394	50,279,684
Retained surplus	(10)	86,791,342	72,930,726
		139,684,736	123,210,410
Funds			
Donations	(11)	7,284,256	6,400,047
United States Agency for International Development	(12)	-	747,321
Adolescent Reproductive Health Project	(13)	285,685	-
Revolving Loan Interest	(14)	36,534	22,064
		7,606,475	7,169,432
Current liabilities			
Payables and accruals	(15)	4,908,028	1,585,256
Current portion of long-term liability	(16)	-	57,860
		4,908,028	1,643,116
Total reserves and liabilities		152,199,239	132,022,958

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

APPROVED BY THE BOARD:

.....)

.....)

.....)

NATIONAL FAMILY PLANNING BOARD

INCOME STATEMENT

YEAR ENDED MARCH 31, 2000

	Note	2000 $	1999 $
Income	(2e)		
Government Grants		58,236,000	63,558,888
Sale of Contraceptive		9,732,636	8,119,285
Donation		-	6,970,500
Miscellaneous		1,952,101	1,584,294
		69,920,737	80,232,967
Administrative and other overhead expenses		(47,769,746)	(59,588,286)
Net change in contraceptives stock		(13,913,899)	(19,692,477)
Operating surplus for the year		8,237,092	952,204
Profit/(loss) on disposal of fixed assets		1,733,315	(195,112)
Finance costs		(19,167)	(34,117)
Exceptional item	(17)	(409,963)	-
		9,541,277	722,975
Surplus on CDC operations	(10)	5,607,700	5,613,320
Surplus for the year before transfer		15,148,977	6,336,295
Transfer of profit on disposal of fixed assets to Capital Reserve	(9)	(1,285,885)	-
Net surplus for the year	(10 & 18)	13,863,092	6,336,295

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

NATIONAL FAMILY PLANNING BOARD

STATEMENT OF CASH FLOWS

YEAR ENDED MARCH 31, 2000

	2000 $	1999 $
Cash flows from operating activities:		
Surplus for the year	13,863,092	6,336,295
Surplus from Donations	206,192	3,102,490
Net decrease in USAID grant (Note 5)	(71,780)	(718,137)
Surplus from ARHP	285,685	-
Revolving loan interest	14,470	22,064
Adjustments to reconcile surplus for the year to net cash provided by operating activities:		
Depreciation	3,569,843	3,246,332
(Profit)/loss on disposal of fixed assets	(447,430)	195,112
	17,420,072	12,184,156
(Increase)/decrease in current assets		
Inventories	(9,973,323)	5,321,908
Receivables	302,019	757,192
Prepayments	(36,076)	(60,456)
Project advances	858,159	(781,504)
Taxation recoverable	(561,825)	790,248
Increase in current liabilities		
Payables and accruals	3,322,772	6,424
Net cash provided by operations	11,331,798	18,217,968
Cash flows from investing activities:		
Purchase of fixed assets (Note 9)	(745,232)	(4,332,108)
Proceeds from disposal of fixed assets	1,985,250	137,870
Investments	(7,027,727)	(6,855,856)
Net cash used in investing activities	(5,787,709)	(11,050,094)
Cash flows from financing activity:		
Repayment of long-term liability	(57,860)	(55,752)
Net cash used in financing activity	(57,860)	(55,752)
Net increase in bank and cash balances for the year	5,486,229	7,112,122
Bank and cash balances at beginning of year	36,477,474	29,365,352
Bank and cash balances at end of year	41,963,703	36,477,474

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

NATIONAL FAMILY PLANNING BOARD

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED MARCH 31, 2000

1. IDENTIFICATION AND ACTIVITIES

The National Family Planning Board is a statutory body incorporated under the National Family Planning Act 19). 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 outre h and clinical and counselling services. In addition the Board procures and distributes contraceptives on behalf of e public health system.

The Board is funded by Government grants and funds from the United States Agency for International Developm t (USAID) and other international development agencies. Grants from the international agencies are mainly in the form of technical assistance, training and equipment.

During the year the Board decided to reduce its operations and as a result closed its office in Montego Bay and all its regional offices. (Note 17).

Except where otherwise stated, these financial statements are expressed in Jamaican Dollars.

2. SIGNIFICANT ACCOUNTING POLICIES

(a) Accounting Convention

These financial statements have been prepared under the historical cost convention as modified by the revaluation of certain fixed assets.

(b) Basis of Preparation

These financial statements have been prepared under the Statements of Standard Accounting Practice issu d by the Institute of Chartered Accountants of Jamaica.

(c) Basis of Accounting

These financial statements have been prepared on the accrual basis of accounting, except that certain income items are accounted for on the cash basis. (Note 2e).

(d) Comparative Information

In accordance with the provisions of the new Statement of Standard Accounting Practice 3.30 - Presentati n of Financial Statements - issued by the Institute of Chartered Accountants of Jamaica, certain reclassifications have been made to comparative information to conform to current year's presentation.

(e) Income

Sale of contraceptives and interest income are accounted for on the accrual basis. Government gran , donations and other income are accounted for on the cash basis.

NATIONAL FAMILY PLANNING BOARD

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED MARCH 31, 2000

2. SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

(f) Fixed Assets

Depreciation is provided on the straight line basis at such rates 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, fixtures and equipment, three (3) years for computer equipment and software and five (5) years for motor vehicles.

(g) Inventories

Inventories are stated at cost determined on a First In First Out (FIFO) basis.

(h) Foreign Currencies:

(i) Foreign currency balances at balance sheet date are translated at rates of exchange ruling at that date.

(ii) Transactions in foreign currency are converted at rates of exchange ruling at the dates of those transactions.

(iii) Gains or losses arising from fluctuations in foreign exchange rates are included in the Income Statement.

(i) Investments

Investments are carried at cost.

(j) Fair Value of Financial Instruments

Fair value is the amount for which an asset could be exchanged or a liability settled between knowledgeable, willing parties in an arm's-length transaction.

The carrying amounts for investments, receivables, bank and cash, payables and accruals and mortgage loan approximate to their fair values.

NATIONAL FAMILY PLANNING BOARD

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED MARCH 31, 2000

11. DONATIONS FUND

	2000 $	1999 $
Balance at beginning of year	6,400,047	3,297,557
Surplus for the year	206,192	3,102,490
Transfer from Accumulated Fund	678,017	-
Balance at end of year	7,284,256	6,400,047

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. During the year, the Board took the decision to equate the Donation Fund with bank balances at year end. This fund is represented by bank balances, Certificates of deposit and interest receivable. (Notes 4, 6, 8 & 10).

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

	2000 $	1999 $
Balance at beginning of year	747,321	1,465,458
Stock issues during the year	(71,780)	(718,137)
Transfer to Accumulated Fund	(675,541)	-
Balance at end of year	-	747,321

Stocks of contraceptives were donated to the Board by USAID. The stocks were not primarily for sale but were distributed through health centres islandwide. The USAID funded projects ended during the current financial year and USAID, has given permission for the surplus to be used in other programme activities approved by the Board of Directors. (Note 5)

13. ADOLESCENT REPRODUCTIVE HEALTH PROJECT FUND (ARHP)

ARHP represents the current phase of an on-going family planning research and education project which is funded by the United Nations Population Fund (UNFPA) and the USAID. The current phase involves the delivery of family planning services to adolescents in Jamaica. The balance at year end represents excess of receipts over expenditure for the year.

14. REVOLVING LOAN INTEREST FUND

The Board made a decision to set up a fund to capitalize interest earned on staff loans. This fund however is not represented by a separate bank balance. The amount in the fund represents accumulated interest earned to date as follows:

	2000 $	1999 $
Balance at beginning of year	22,064	-
Interest earned during the year	14,470	22,064
Balance at end of year	36,534	22,064

NATIONAL FAMILY PLANNING BOARD

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED MARCH 31, 2000

15. PAYABLES AND ACCRUALS COMPRISE:

	2000	1999
	$	$
Owing to suppliers	2,200,321	-
Audit fees	351,950	624,030
Health centre deposits	828,739	400,600
Accruals	1,463,502	556,631
Other	63,516	3,995
	4,908,028	1,585,256

16. LONG-TERM LIABILITY

The above related to a mortgage loan from Life of Jamaica Limited and was secured by Certificate of Title registered at Volume 178 and Folio 57 in the name of the Board. This was fully repaid during the current financial year.

17. EXCEPTIONAL ITEM

The above represents redundancy costs incurred during the year as a result of the Board's decision to close its Montego Bay and regional offices. (Note 1).

18. NET SURPLUS FOR THE YEAR

The above is stated after charging/(crediting):

	2000	1999
	$	$
Depreciation	3,569,843	3,246,332
Executives' emoluments	5,700,765	6,165,435
Auditors' remuneration - current year	250,000	210,000
- prior years	73,888	-
Interest expense	18,269	34,117
Gain on foreign exchange	(95,968)	(62,873)
Interest income	(1,654,515)	(1,462,343)

19. PENSION SCHEME

The Board operates a pension scheme which is administered by Life of Jamaica Limited. The Board and the employees contribute at a rate of 10% and 5% respectively. Employees may make voluntary contributions of an additional 5%. The last actuarial valuation carried out at July 1997 made several recommendations including the recommendation that members who are expected to receive less than forty percent (40%) of their pay as retirement income should increase their optional contributions.

The report also recommended that the surplus of $4.2M be carried forward unappropriated. All recommendations made by the valuator were accepted and have been implemented. Employer's contribution for the year was $1,955,530 (1999 - $1,895,895).

NATIONAL FAMILY PLANNING BOARD

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED MARCH 31, 2000

20. STAFF COSTS

Staff costs for the year totalled $27,713,688 (1999 - $36,021,147) and the number of employees at the year end was 50 (1999 - 76).

21. FOREIGN CURRENCY EXPOSURE

At balance sheet date the Board had net foreign currency assets in United States Dollars of US$57,229.

22. FINANCIAL INSTRUMENTS

(a) Foreign Currency Risk

Foreign currency risk is the risk that the value of a financial instrument will fluctuate due to changes in foreign exchange rates.

The Board purchases most of its merchandise from overseas suppliers and thus its costs are sensitive to foreign currency risks. The Board, however, manages this risk by maintaining foreign currency deposit accounts.

(b) Interest Rate Risk

Interest rate risk is the risk that the value of a financial instrument will fluctuate due to changes in market interest rates.

The Board's financial assets which are subject to interest rate risk are bank savings and fixed deposit accounts. Interest rates on these accounts are not fixed and are subject to fluctuations based on prevailing market rates. Rates at year end ranged between three point five percent (3.5%) and nineteen percent (19%) per annum.

(c) Credit Risk

Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.

The Board faces credit risk in respect of its receivables and bank balances. The major risk in respect of receivables relates to amounts owing by health centres which fall under the operations of the Ministry of Health. Credit risk related to bank balances is controlled by maintaining such balances with stable financial institutions.

NATIONAL FAMILY PLANNING BOARD

ADDITIONAL INFORMATION

YEAR ENDED MARCH 31, 2000

NATIONAL FAMILY PLANNING BOARD

SCHEDULE OF INCOME AND EXPENDITURE OF

COMMERCIAL DISTRIBUTION OF CONTRACEPTIVES (CDC)

YEAR ENDED MARCH 31, 2000

	2000 $	1999 $
INCOME		
Interest	5,607,950	5,614,2[illegible]
	5,607,950	5,614,2[illegible]
LESS: EXPENSES		
Bank charges	250	91
SURPLUS FOR THE YEAR	5,607,700	5,613,320

NATIONAL FAMILY PLANNING BOARD

SCHEDULE OF INCOME AND EXPENDITURE ACCOUNT OF

DONATIONS

YEAR ENDED MARCH 31, 2000

	2000 $	1999 $
INCOME		
Donations	-	2,743,530
Interest	957,075	636,803
	957,075	3,380,333
LESS: EXPENSES		
Project expenses	750,883	277,843
SURPLUS FOR THE YEAR	206,192	3,102,490

NATIONAL FAMILY PLANNING BOARD

SCHEDULE OF INCOME AND EXPENDITURE ACCOUNT OF

ADOLESCENT REPRODUCTIVE HEALTH PROJECT (ARHP)

YEAR ENDED MARCH 31, 2000

	$	2000 $	1999 $
INCOME			
Receipts		1,613,112	-
		1,613,112	-
LESS: EXPENSES			
Salary	1,010,400		-
Training	305,124		-
Bank charges	14		-
Courier	11,889		-
		1,327,427	-
SURPLUS FOR THE YEAR		285,685	-

Library Copy.

MEMBERSHIP OF THE BOARD

APRIL 1998 - MARCH 2000

NATIONAL FAMILY PLANNING BOARD

A Board of Directors for the National Family Planing Board was constituted with effect January 2, 1997 to December 31, 1999. The tenure of the Board was extended by the Honourable Minister of Health John Junor to June 30, 2000. The officers are as follows;

Membership

Professor Hugh Wynter	-	Chairman
Dr. Barbara Noel	-	Representative, Medical Association of Jamaica
Mr. Basil Lue	-	Representative, Pharmaceutical Society of Jamaica
Mrs. Anatol Clarke Allwood		P S Representative Ministry of Health
Dr. Eva Fuller	-	Ministry of Health
Ms. Fae Ellington	-	Communications Consultant
Ms. Tina Nelson	-	Pharmacy Council
Dr. Charles Scarlett-Rockhead		President Junior Doctors Association
Rev. Oliver Daley		Jamaica Council of Churches
Dr. Verna Brooks-McKenzie	-	Independent Member
Ms. Melanie Gardner		Independent Member
Mrs. Beryl Chevannes	-	Executive Director, NFPB

The Directorate met on a monthly basis up to December 1999. However, since January 2000 the directorate started meeting every other month with an option to call a meeting when urgent activities were pending. The Finance sub-committees chaired by Mr. Basil Lue also met regularly and made recommendations to the Board for implementation.

The Executive Director, Mrs. Beryl Chevannes did not renew her contract which expired in august 1999. The Medical Director/Consultant Dr. Olivia McDonald was appointed to perform the duties of the Executive Director as well as her substantive post as of September 1999. Additionally, the names of Ms. Tina Nelson, the representative of the Pharmacy Council and Dr. Charles Scarlett-Rockhead of the Junior Doctors Association were deleted and Mrs. Egla Smikle a staff representative was added in May 1999.

NATIONAL FAMILY PLANNING BOARD
Library
NFPB Library
Library
Do not remove from library