



THE NATIONAL FAMILY PLANNING BOARD

NATIONAL FAMILY PLANNING BOARD
1150 MAIN AVENUE, SUITE 1000
Liberty

ANNUAL REPORT 2001-2002

NATIONAL FAMILY PLANNING BOARD
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Liberty

MISSION STATEMENT

The mission of the National Family Planning Board is, to play a leading role in identifying, developing, promoting and co-ordinating national policies and programmes that recognise the rights of the individual to high quality family planning services appropriate to their reproductive health needs and status, in keeping with Government objectives and the international environment.

Shirley

MEMBERSHIP OF THE BOARD

The Board of Directors which was appointed for the 3 year period January 2, 1997 to January 1, 2000 continued in office on the request of the Hon. Minister of Health until September 2 when a new a Board was appointed.

The Board which was appointed for the 3-year period beginning September 23, 2001 was as follows:

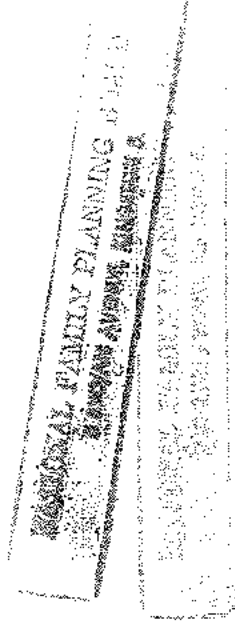
Dr. Wynante Patterson	-	Chairman
Dr. Yitades Gebre		
Mrs. Berl Francis		
Dr. Tomlin Paul		
Mrs. Jean Munroe		
Dr. Patricia Anderson		
Mr. Ricardo James		
Mrs. Victoria Meeks		
Permanent Secretary (MOH)	-	Representative – Mrs. Anatol Clark Allwood
Dr. Olivia McDonald	-	Executive Director
Mr. Gerald Wright	-	Staff Representative

The Board continues to operate without a Director with Finance capabilities and so a Finance Sub-Committee could not be constituted. The Financial Controller presented reports on the financial statements at the monthly Board meetings. The Personnel and Publicity sub-committees met, the former on demand in a year of restructuring of the organisation and the latter on a monthly basis.

ACKNOWLEDGMENT

Our staff at all levels remained committed to their task in the midst of much change and challenge.

Their hard work and dedicated service has contributed to the achievements in 2001 to 2002.



INTRODUCTION

In keeping with the reform initiatives in the Ministry of Health, an organisational review was completed in the National Family Planning Board.

The rationale and strategy for the reorganisation was submitted to the Ministry of Health, which in turn, forwarded it to the Ministry of Finance and Planning (MPF&P) Management Development Branch for review - the recommendations were approved and implemented.

During this fiscal year:

- Posts to be separated from the organisation were identified
- The skills required for the new structure were identified, and staff were separated as required to restructure the organisation.
- Some individuals (in posts to be separated) were identified for placement in new posts in the revised structure. However, in keeping with the 'Termination of the Employment Act', these individuals were given short-term contracts for six months, that were approved by the Ministry of Finance and Planning.

Counselling support was provided for persons being separated who indicated that they wished to utilise the service.

A total of fourteen (14) persons were separated, of which, four persons will be rehired at a later date.

During the last quarter of the fiscal year, the posts for directors in the new structure accepted, were advertised.

The new structure focuses on policy formulation, monitoring and evaluation, outreach, finance and human resources and administration.

Programmes were implemented to reflect the broad strategies identified in the 5-year strategic plan 2000-2005, which were to:

- Improve the contraceptive method mix
- Introduce emergency contraceptive protection
- Expand access to reproductive health information and services to adolescents and men.

The budget of J\$64,990,000 was spent in four areas of activity:

- Direction and Administration
- Finance
- Outreach
- Policy Formulation, Monitoring and Evaluation

For the strategic element: To improve the contraceptive method mix, the activities implemented were:

A. Policy

A review was conducted of the service delivery behaviour with respect to method use for the previous year, and annual sector targets were set based on national policy goals, using a computer application to provide modeled estimates.

The information provided regional profiles for method mix/number of users/method for the public as well as the private sector - in order to achieve a total fertility rate of 2.5/2005.

Programme planning and management performance was strengthened through analysis of, and dissemination of the Monthly Clinic Summary Reports.

Two publications were produced - a semi-annual and an annual report on family planning acceptance and utilisation of service. Data collected from the Registrar General's Department and the Statistical Institute were applied, to evaluate trends and the impact of the service delivery behaviour.

The policy unit was also responsible for the provision of information to chapters in the following publications:

Economical and Social Survey 2001
Demographic Statistical Report 2001

The policy unit in keeping with the mandate to develop mechanisms to support timely dissemination of research finding by field programmes, convened

- A seminar for forty-six (46) persons, at which two research studies conducted in 2001 were disseminated.
 - A school-based Adolescent Condom Survey, and
 - A Behaviour Surveillance Survey

Some key findings that emerged from the Adolescent Condom Survey were that:

- 83% of boys and 63% of girls aged 15-19 in Jamaica have had sexual intercourse. Half of these boys first had sexual intercourse by age 13, and half of these girls first had sexual intercourse by age 15.
- Many youth are at risk of contracting STDs including AIDS, because of inconsistent condom use.
- A large gap exists between perceived and actual STD risk among boys.
- Girls are at high risk of pregnancy - 40% sexually active girls aged 15-19 did not use any contraceptive method and last time that they had sexual intercourse 2 out of 5 aged 15-19 have been pregnant at least one.

The Behaviour Surveillance Survey (BSS). The Behaviour Surveillance Survey is a monitoring and evaluation tool designed to track trends in HIV/AIDS in sub-populations at particular risk of infection, such as female sex workers, injection drug users, migrant men and youth.

The Jamaica BSS was conducted among vulnerable groups in five parishes: Kingston, Hanover, St. Andrew, Westmoreland and St. James.

The first round showed that:

- Condom use is relatively high among the selected sub-populations.
- General STD knowledge does not proportionately correspond to specific STD symptom identification
- In general female youth seemed able to identify more STD symptoms in men than the males could identify in women.

For both research activities, user friendly abstracts were developed and circulated to key stakeholders.

The Policy Unit was also actively involved in preparation of the scope of work to identify a principal investigator for the 5-yearly Reproductive Health Survey. This is a household survey, where some 8000 persons are interviewed. The scope of work was issued to identify a principal investigator through a competitive bidding process.

The bids were evaluated and a contract was prepared in consultation with the Contracts Committee.

The Statistical Institute of Jamaica was sole sourced for the conduct of the field work. Informal communication with other research agencies indicated the lack of skills to undertake the activity.

A workplan was agreed and pre-implementation activities for the survey commenced on the last quarter of this fiscal year.

The first stage sample selection was completed and the second stage commenced. Training and enumeration process was completed for the pre-testing of the questionnaire.

To create a supportive environment for reproductive health services in Jamaica:

- Staff participated in meetings in three regions to disseminate the strategic plan for 2002-2007.
- Staff participated in meetings to promote guidelines to be used by providers for adolescents who seek to access services.

B. OUTREACH ACTIVITIES

This strategic element recognises that as couples pass through the reproductive life-cycle, their contraceptive needs change over time.

The targeted group is persons who have completed their family size. The aim is to increase the use of the more long(er) term methods, for which many are not user - dependent, and thus the efficacy is much higher.

Three groups of individuals were targeted:

- Persons sourcing their method from public sector service delivery points;
- Individuals at the workplace, and
- Private sector users

For public education,

- 40,000 brochures on the 'Contraceptive Injection' were developed, produced and distributed to 380 Health Centres and other sites.
- 40,000 brochures on 'Voluntary Surgical Contraception' were developed, produced and distributed to 380 Health Centres and other sites.

The outreach activity at the workplace saw 3,538 persons, through 175 visits to sites.

The number of users on long term methods was 51,004 (total in public sector 140,000) with 2,434 identified as sterilisation acceptors (70 more than the target); intrauterine device - 1,282 (52 per cent) more than the target; 100 Norplant users (27 per cent of the target met).

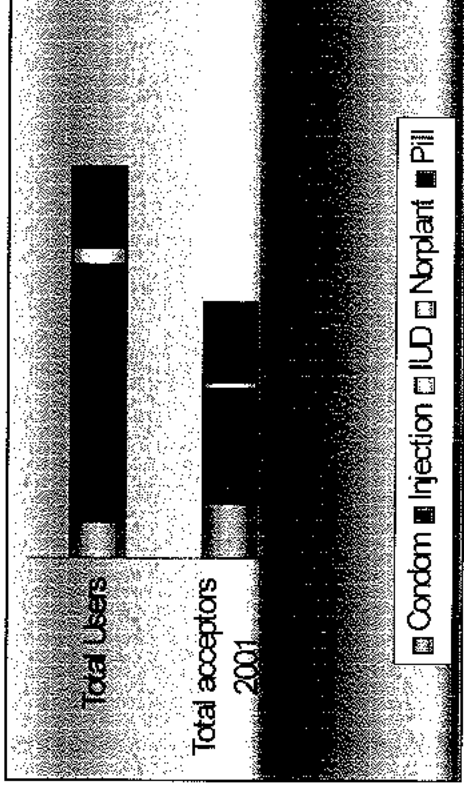
Norplant is limited in its availability to three sites in-country.

During the last quarter of this fiscal year, services were extended to one additional site through in-service training.

Among public sector users, despite a continuing decline in the acceptance and use of short-term contraceptives (condom and pill), acceptance of sterilisation and IUD remains low.

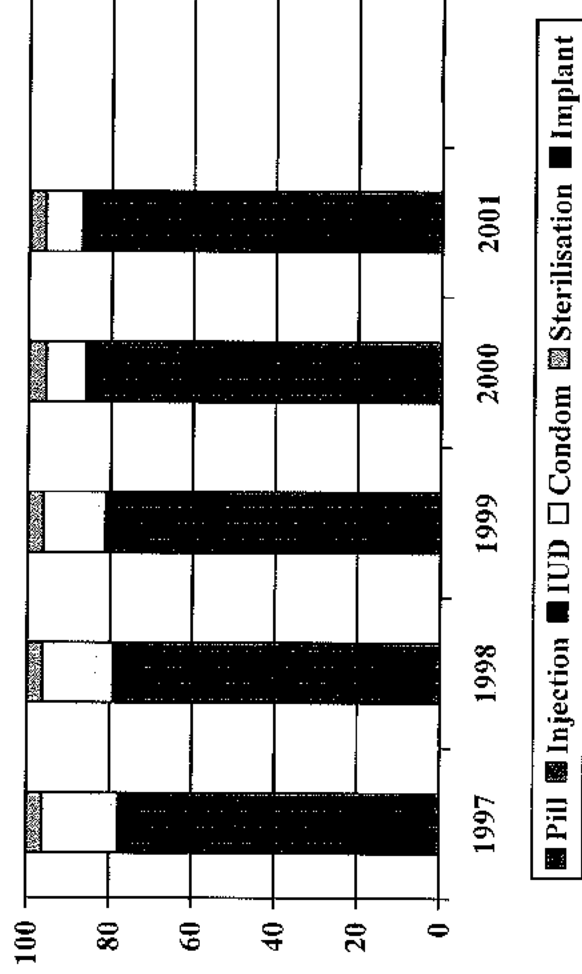
The method mix among public sector users was the injection - 63 per cent, pill 20 per cent and condom 9 per cent.

Figure 2: Contraceptive acceptance and use among Public Sector Clients¹



The method mix in the public sector has remained almost the same since 1997.

Figure 3: Percentage of clients in the public sector programme using a method 1997 – 2001



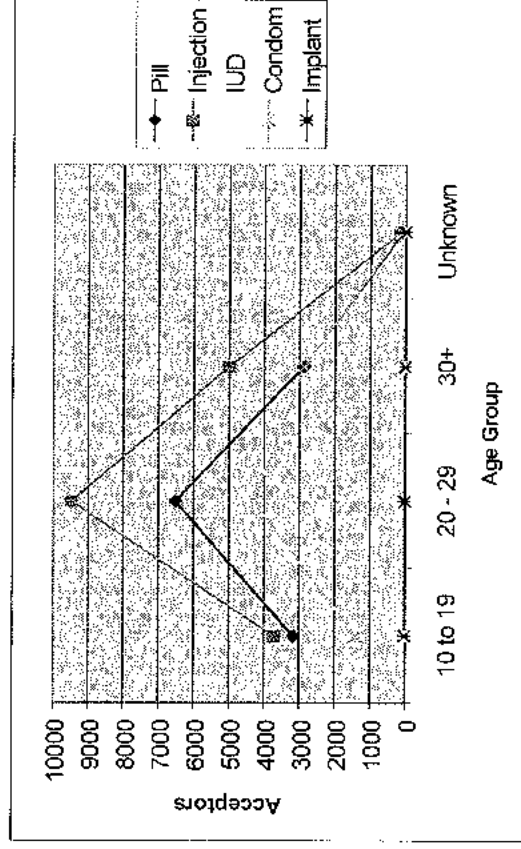
The low level of condom acceptance among public sector users may indicate success in the public sector programme of shifting users

¹ Note: Sterilisation excluded

willing and able to pay, to sourcing the method from the private sector. This is one of the strategies being pursued to achieve sustainability.

The Contraceptive Injection has remained the preferred method among family planning acceptors of all age groups since 1997, and accounted for 63 per cent of total acceptors in 2001.

Figure 4: Contraceptive Acceptors by age group and method of Choice, 2001



The low acceptance of Norplant is due to its availability in three sites only; this is a contraceptive that not only costs US\$25.00 per set of implants (which last for 5 years, with average use of 3.5 years); but requires a surgical procedure for acceptance.

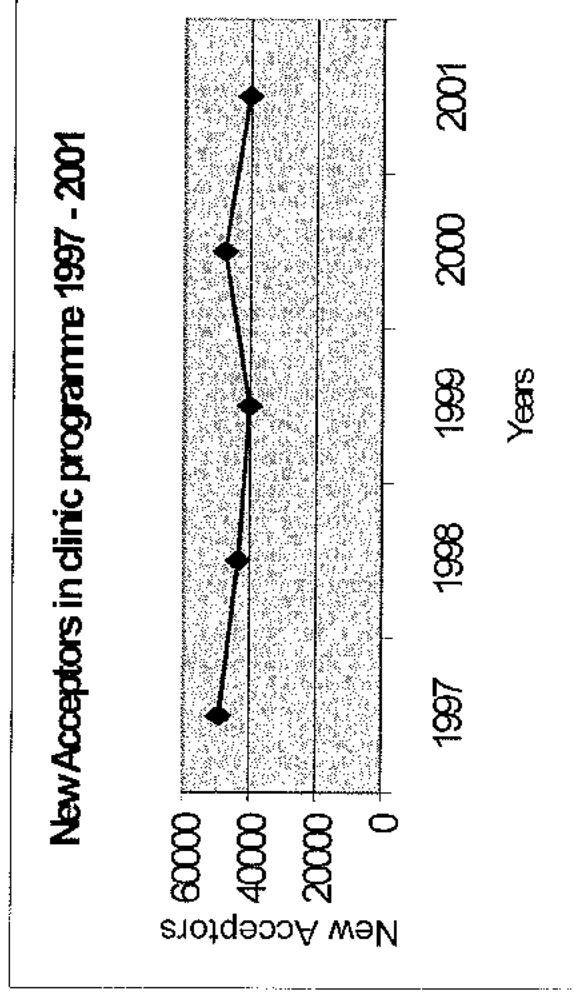
In 2001, a total of 2,434 sterilisation procedures were performed in public sector sites, a decline of 14 per cent when compared to 2000.

The mean age for acceptance of sterilisation is 33-34 years, with women having an average 3 or more children.

A concern of the programme is that 20 per cent of acceptors had never used any contraceptive prior to accepting sterilisation.

Overall, new acceptors in the public sector programme has been trending downwards, and seems to be stable around 40,000 women annually.

Figure 5: New acceptors in Family Planning Clinic Programme 1997 - 2001



Strategic Element: Introduce Emergency Contraceptive

While contraceptive prevalence has increased over the past two decades from 38 per cent in 1975/76 to 64 per cent in 1997; 60 per cent of births are unplanned.

Within this environment in Jamaica, abortion is illegal.

A product is to be reclassified to enable potential users to be able to access it, from pharmacists without a prescription.

During this fiscal year, the activities undertaken, focussed on increasing awareness of emergency contraception as an approach to preventing unplanned pregnancies.

Advocacy initiatives to increase awareness, included a message on the agency's 2002 calendar.

Access to information was also available through the telephone counselling service by speaking with a counsellor, or through the automated message.

As the product remained a prescription requirement, 40,000 copies of a 'generic' brochure was developed on the subject and distributed to health centres. The activities above were complemented by the production of a 30-sec. public service announcement on the topic. This was aired on three different media, fifty five times.

Training was provided for Community Health Aides in the South Eastern and Southern regions. A total of 274 persons attended five x 4-hours session.

The impact of the training was seen in the pre-test scores of 10-30 per cent, which increased to 89-100 per cent post-test.

Strategic Element: Improve Efficacy of method use

The activities for this strategic element were aimed at lengthening contraceptive use, by providing users and potential users with information on correct use of contraceptive and how to cope with problems related to method use which resolve overtime.

The activities were seen as complementary to the information provided in the counselling of acceptors.

The achievements were:

- Production and distribution of 40,000 copies of a revised 'Pill' brochure
- Reproduction and distribution of 15,000 copies of instructions for taking pills (when pills are omitted). This was developed for both the 21-day and 28-day pill cycle; and was produced as a pocket booklet or 'wallet card'.
- A 30-sec. television spot was developed to promote -further counselling, using the Board's telephone counselling service. The television spot was aired 21 times on TVJ.
- A 30-sec. public service announcement promoting correct and consistent use of contraceptive (as a means of preventing unplanned pregnancies) was developed, and aired a total of 356 times on three media stations.
- A training programme was conducted for 20 senior public health nurses in the Southern Region - Mandeville.
- A needs assessment was conducted among four nursing and midwifery schools and one dental school. The needs assessment was used to develop and implement a "Clinical Training Skills Course" for 21 tutors.
The training programme sought to strengthen teaching methodologies and skills of the providers, as well as developing competency - based trained Reproductive Health issues were also addressed.

- To strengthen the supervision of the reproductive health services, (in consultation with external partners Johns Hopkins Programme for International Education in Gynaecology and Obstetrics) job aids and Reproductive Health updates in newsletter format (contraceptive injection, oral contraceptives, infection prevention and STI) were developed, pre-tested and distributed to staff.
- A 5-day Contraceptive technology update was held for 25 health providers.
- An initiative for increasing awareness in targeted communities, was the use of 'billboard on wheels'

The artwork was completed for two messages:

- One on the 'contraceptive injection' and the other 'planning your life: Was developed and placed on a Jamaica Urban Transport Corporation bus that travels on a route from Spanish Town through Half-Way-Tree, New Kingston and return.

'Planning your life' - provides a message on delaying a first or subsequent pregnancy until one has achieved his/her personal professional or vocational goal.

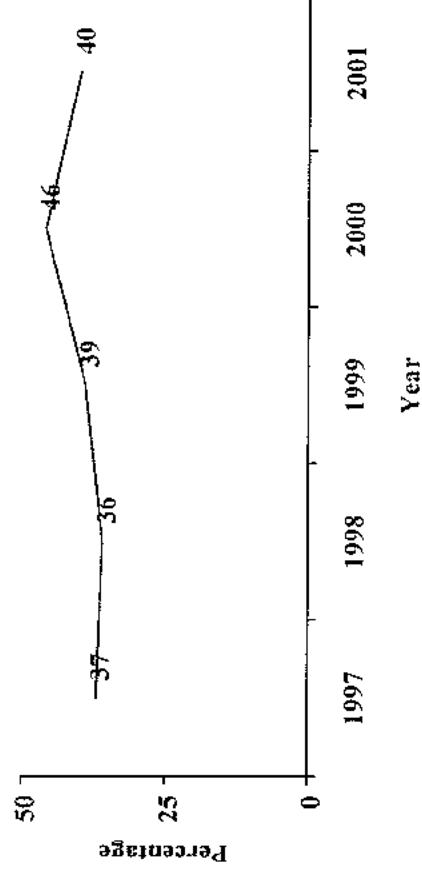
The 'Contraceptive Injection' promotes the use of the method to avoid unplanned pregnancy and the ease of the method and how it assists in the individuals planning of their future.

The effectiveness of contraceptive method use is assessed by the length of use of the chosen contraceptive. The trend has been for many acceptors to discontinue the method used after 12 months of use; and become a clinic dropout.

A clinic dropout, however, does not necessarily have to be a contraceptive dropout, as such an individual could continue to use the method but source it in the private sector.

The Reproductive Health Survey finding for the most recent year (1997) indicated that 33 per cent family planning acceptors discontinued their method after 12 months of use.

Figure 1: Dropout rates 1997-2001



The chart above indicates that there was a decline in the dropout rate among public sector users in 2001. The dropout rate among public sector users is higher than the national average. The decline in dropout rate may be explained in part due to possibly improved counselling at health centres, or given the decline in new acceptors, the new recruits are more committed to use a contraceptive consistently for a longer period of time.

Strategic Element: Expand access to reproductive health information to adolescents

Adolescent fertility rate is high in Jamaica. The findings of the activity done in 2001 (see under Policy) speak for themselves. A multifaceted approach was used to target adolescents.

These included:

- Telephone counselling service (using adult counsellor - 'Marge Roper') that provides accurate information and maintains the anonymity of the caller except in cases where a client's identity is crucial for effective management, and this is extremely rare.

3841 persons used the service during this year.

The service was not fully manned for some four months during this year. An organisational review was being done, the officer resigned and the post was vacant pending the recommendations and acceptance of the organisational review.

Calls account for 47 per cent of the operations for the year in review. The number of letters have reduced significantly; either due to the increase of postage rates, or the increase in telephony communication has eliminated the need to write 'Marge Roper'.

The main areas for which counselling was requested were related to contraceptive use and side effects.

- Pill
- Emergency Contraception
- Contraceptive injection - side effects
- Intra-uterine device - side effects and efficacy

The other areas related to human relationships, domestic violence, self-esteem and financial problems.

As the pill is the contraceptive with the highest prevalence, it is not surprising that concerns related to this method ranked number one. With some 60 per cent of pregnancies unplanned, and emergency contraception being the only option after unprotected sex, request for information in this area is seen very positively.

- Telephone counselling service using young adult to counsel their peers was also implemented. This service was part of a project activity that was implemented late in the project. The service was functional for five months in the fiscal year. The Peer Educators received special training as para-professional intervention specialists on reproductive health issues. The programme was offered by the Jamaica Foundation for Children and certified by National Council on Technical Vocational Education and Training (NCTVET). At the end of the period, the service was evaluated. Highlights of the findings were:

- Use of the service increased progressively, especially when the line was advertised as part of a television magazine for teens. There was a 30 per cent increase in use during the month of the television magazine bringing the use of the line to 176 persons.
 - The peak period for calls was 3-6 p.m.
 - Most of the callers were 15-19 years old
 - 66% of callers were first time users with 5% crank calls, 8% repeat callers.
- Peers needed to more effectively triage the calls as too much time was spent on some calls. For telephone counselling to be

cost effective and efficient, the concerns of the caller must be satisfactorily addressed, however, too much time cannot be spent on one call as other callers are denied access to the service.

- The gender disaggregation for use of the telephone services, was 3 females to 1 male.

Based on the evaluation, the recommendation was made for the continuity of such a service 2:00 p.m. - 6:00 p.m. on the weekdays. Regrettably, the budgetary support required could not be realised.

- Provision of Family Life Education through:

a. Parent Education

3x2-day workshops were held with pregnant teens at service delivery points in three regions - South East, North East and West. A total of 59 persons participated in the training.

Most of these adolescent mothers were referred to the Women's Centre of Jamaica Foundation for continuing education.

In consultation with implementing partner ASHE, a draft manual and a video were developed to train trainers in Parenting Educational issues. Thirty parent trainers were trained.

b. Peer Education

1x1-day workshop was held with Community Peer Educators in the South Eastern Region.

A total of 15 persons participated in the training.

Training equipped the peers with knowledge and skills to provide information and counselling on STIs/HIV/AIDS and contraceptive methods.

1x2-day workshop was held with 32 Peer Educators who formed a part of the UNFPA funded adolescent reproductive health project. They received instructions in the use of various educational and resource materials for use in their community outreach in Maxfield Park, Clarks Town and Montego Bay.

Promotional materials were developed for use by the Peer Educators viz. flyers, T-shirts with messages.

The peer educators also established fourteen teen clubs.

- Adolescent Television Programme

The agency produced a television series of 15x30-minutes weekly magazine programme to provide an open forum for adolescents to share and debate reproductive health issues. The programme "Teen Seen" was designed to explore issues from the adolescent's perspectives. The programmes targeted adolescent/youth 10-24 years on issues for example crime and violence, peer leadership, abstinence inter alia.

The programme is hosted by young adults. The format included performance, trivia, vox pops and interviews.

- The previous years' National Youth Fora were edited to provide 6x1-hour episodes on selected topics. These were aired on Creative TV cable channel over a 2-month period.

Produced 4 public service announcements addressing abstinence, reclaiming virginity and contraceptive myths. These were aired a total of 70 times on three different radio stations.

- New print materials produced, developed and distributed islandwide:

- 'Menstruation' brochure
- A 'Puberty' brochure with information targeting each gender - male, female.

- Training of Health Providers to improve access to youth-friendly counselling and services.
This was a collaborative initiative with implementing partner - 'Youth.now' - a USAID funded adolescent reproductive health project.

The project will be implemented in nine parishes in Jamaica. For the training in the Southern Region - The National Family Planning Board funded the cost of the participants from parishes not included as project beneficiaries.

A total of 28 dental nurses were trained over a 4-day period.

Of a maximum pre/post test score of 18, the average for the pre-test was 14 and the post test was 16.

A concern was that one of the questions which was incorrectly answered (by more than 50 per cent of the participants, both in the pre/post test) is an issue for which adolescents lack information. The question related to "The time during the menstrual cycle that a woman was most susceptible to pregnancy". In a survey of students (in

Jamaica 1998) ages 11-14, less than six per cent of girls and 11 per cent of boys correctly identified the point during the menstrual cycle when a girl is mostly likely to become pregnant.

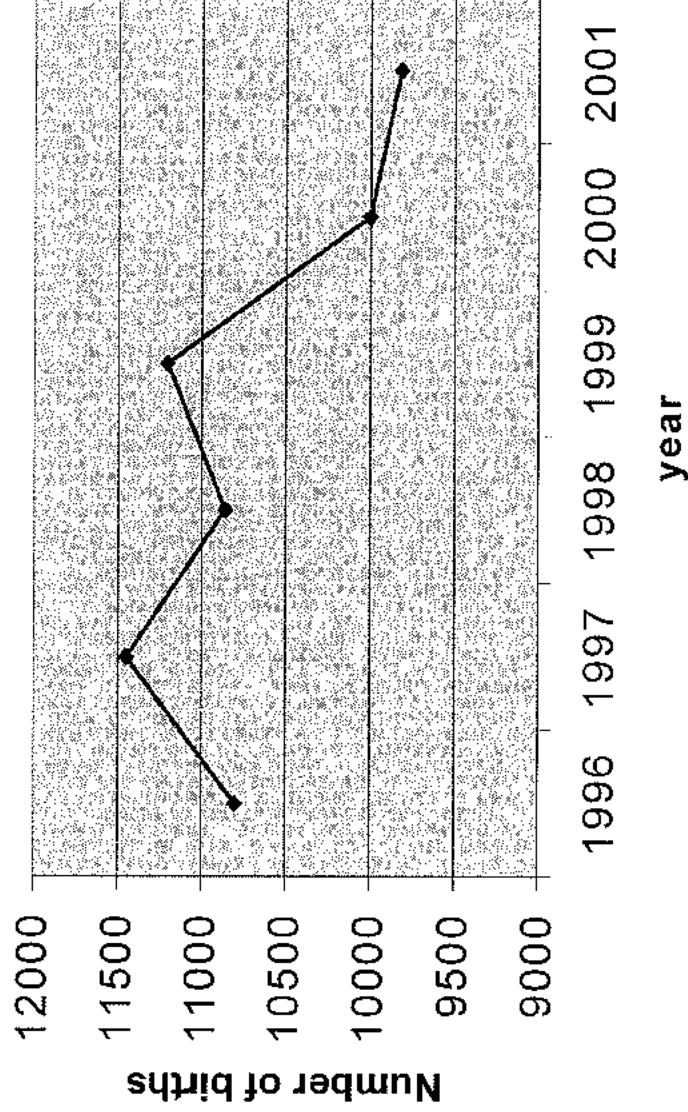
It is therefore critical that the health providers have accurate information.

The ultimate goal of expanding access to reproductive health information is to promote better reproductive health. Safe motherhood is one such outcome envisaged, as maternal morbidity and mortality is higher among persons under 20 years

Data on birth occurrences for the year 1996 to 2001 is indicating a decline in adolescent fertility.

Figure 6:

Live Births Occurring in 1996 - 2001 among Adolescent Mothers



Contraceptive use by the target population is only available during years in which a national survey is done, as the monthly clinic data

produced only provides information on new acceptors among the target population.

Although the data is not complete, the concern is that not all adolescent mothers are accepting a family planning method after delivery.

Strategic Element: Expand Access to Reproductive Health Information and services for men

The objective of the activities pursued were to help men:

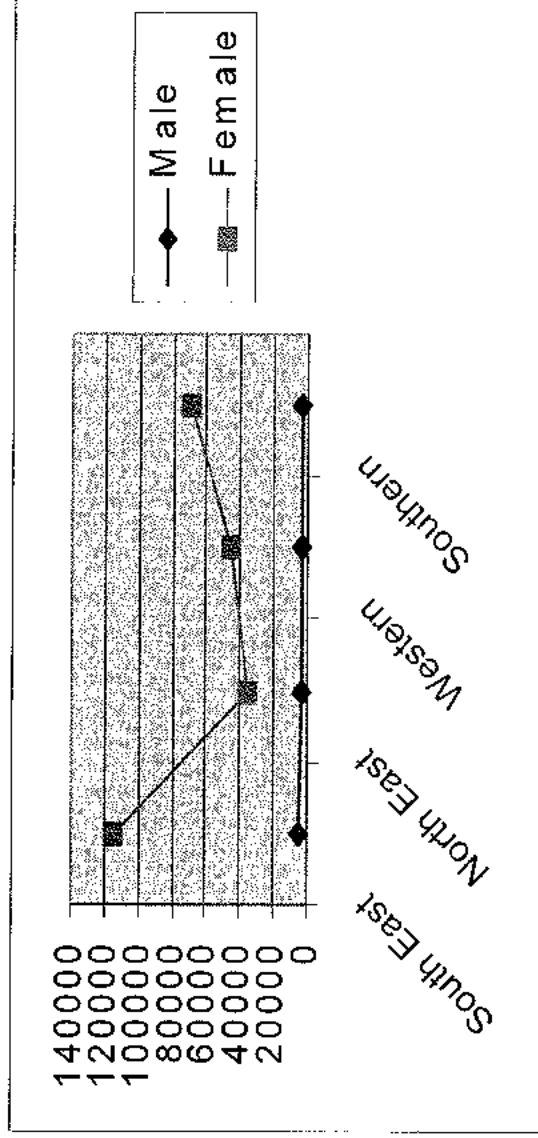
- Understand anatomy and physiology of the reproductive process, toward dispelling myths about human sexuality.
- Identify common signs and symptoms of STI, assess risk of acquiring these infections, and practice safe sex or seek early diagnosis and treatment.
- Foster positive attitudes towards contraception, smaller family size and facilitate better communication with their partners on these issues.

The activities conducted were:

- a. Development and production of a 20x5-minutes radio drama series
 - on reproductive health issues with special emphasis for men (to be aired in the next Fiscal Year).
- b. Brochure titled "Men make a difference" - was reproduced and distributed islandwide. The information was presented, taking into consideration that messages communicated vary need targeting by gender.
- c. A reproductive health workshop for men - 71 persons participated (61 males; 18 females). Whereas in the pretest (of a score of 25) - 22 persons scored between 16-25; in the post test 59 persons scored between 16-25.

Use of the public sector services by men, continue to be low.

Figure 7: Family Planning Visits by Gender, 2001



The total number of visit by male clients in the South East Region increased by 24 per cent compared to year 2000. This was due to an 80 percent increase in the number of visits by men in Kingston and St. Andrew. The parishes of Portland and Trelawny reported marginal increases in the number of visits by male clients.

All other parishes showed declines and this was most significant in the parish of Westmoreland with a 58 per cent decline in 2002 when compared with 2000.

C. EMPLOYEE COMPENSATION

Below is the compensation package of the principal officers of the National Family Planning Board for the period April 1, 2001 to March 2002.

TITLE	GRADE	SALARY	OTHER/SENIORITY ALLOWANCE	TOTAL	REMARKS
EXECUTIVE DIRECTOR	SEG IV	\$1,400,004		\$1,400,004	Post Vacant
DEP. EXEC. DIRECTOR	SEG II	\$1,127,844		\$1,127,844	Post made redundant 02/02
MEDICAL DIRECTOR	MDG 4	\$1,338,046	\$441,664 (retroactive salary paid)	\$1779,710	Incumbent Actg.as Executive Director
DIRECTOR PROJECTS, RESEARCH & STATISTICS	SEG I	\$832,090	\$40,590	\$872,680	
DIRECTOR, IEC	SEG I	\$832,090	\$40,590	\$872,680	
FINANCIAL CONTROLLER	SEG I	\$832,090	\$40,590	\$872,680	
ASST. DIRECTOR, IEC (COMMUNICATION)	PMA V	\$583,537	\$14,233	\$597,770	
ADMINISTRATIVE OFFICER	PMA V	\$583,537	\$28,466	\$612,003	
PUBLIC RELATIONS OFFICER	PMA V	\$569,304		\$569,304	
INTERNAL AUDITOR	FMG/AS2	\$592,890	\$14,460	\$607,350	Incumbent Resigned 02/01
SENIOR ACCOUNTANT	FMG/AT3	\$592,890	\$28,920	\$621,810	Post made redundant 02/02
ACCOUNTANT	FMG/AT2	\$439,546	\$10,721	\$450,267	
ACCOUNTANT	FMG/AT2	\$439,546		\$439,546	Post made redundant 02/02
NETWORK ADMINISTRATOR	MIS/EDP 4	\$740,759		\$740,759	

N.B. With the exception of the Accountants who are not travelling Officers Full Motor Car Upkeep at the rate of \$168,816 pa. is paid.

NATIONAL FAMILY PLANNING BOARD

FINANCIAL STATEMENTS

YEAR ENDED MARCH 31, 2002

NATIONAL FAMILY PLANNING BOARD

FINANCIAL STATEMENTS

YEAR ENDED MARCH 31, 2002

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Mair Russell Grant Thornton

Chartered Accountants

AUDITORS' REPORT

TO THE MEMBERS OF

NATIONAL FAMILY PLANNING BOARD

We have audited the accompanying balance sheet of the National Family Planning Board as of March 31, 2002, and the related income statement, statements of changes in equity and cash flows for the year then ended, and have obtained all the information and explanations which we considered necessary. These financial statements are the responsibility of the Board's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with International Standards on Auditing. Those Standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that 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 of March 31, 2002, and of the results of its operations and its cash flows for the year then ended in accordance with Jamaican generally accepted accounting principles.

Mair Russell Grant Thornton
CHARTERED ACCOUNTANTS

November 25, 2003

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NATIONAL FAMILY PLANNING BOARDBALANCE SHEETMARCH 31, 2002

	<u>Note</u>	<u>2002</u> \$	<u>2001</u> \$
ASSETS			
Non-current assets			
Fixed assets	(3)	41,717,639	44,230,620
Investments	(4)	<u>63,961,677</u>	<u>40,382,368</u>
Current assets		<u>105,679,316</u>	<u>84,612,988</u>
Inventories	(5)	15,443,747	12,502,233
Receivables	(6)	4,708,121	4,175,262
Prepayments		255,052	188,202
Project advances	(7)	7,558	11,217
Taxation recoverable		445,391	815,666
Bank and cash	(8)	<u>56,862,392</u>	<u>58,834,922</u>
TOTAL ASSETS		<u>77,722,261</u>	<u>76,527,502</u>
		<u>183,401,577</u>	<u>161,140,490</u>
RESERVES AND LIABILITIES			
Reserves and surplus			
Capital reserve	(9)	17,498,549	17,498,549
Revaluation reserve	(10)	35,819,843	35,819,843
Retained surplus	(11)	<u>59,889,254</u>	<u>53,979,530</u>
Funds		<u>113,207,646</u>	<u>107,297,922</u>
CDC	(12)	44,652,591	39,880,027
Donation	(13)	19,720,164	8,458,878
Adolescent Reproductive Health Project	(14)	76,410	205,183
Revolving Loan Interest	(15)	<u>68,689</u>	<u>52,477</u>
Current liabilities		<u>64,517,854</u>	<u>48,596,565</u>
Payables and accruals	(16)	5,237,169	5,223,191
Project advances	(17)	<u>438,908</u>	<u>22,812</u>
TOTAL RESERVES AND LIABILITIES		<u>5,676,077</u>	<u>5,246,003</u>
		<u>183,401,577</u>	<u>161,140,490</u>

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

APPROVED BY THE BOARD:

David Attwood
.....) DIRECTORS
W. N. S. S.
.....)

NATIONAL FAMILY PLANNING BOARDINCOME STATEMENT

††
YEAR ENDED MARCH 31, 2002

	<u>Note</u>	<u>2002</u> \$	<u>2001</u> \$
Income			
Government Grants	(2d)	54,083,000	47,778,760
Sale of Contraceptives		8,043,787	8,108,253
Donations		8,579,185	-
Miscellaneous		<u>1,671,056</u>	<u>1,729,546</u>
		72,377,028	57,616,559
Administrative and other overhead expenses		(41,622,684)	(41,638,814)
Net change in contraceptive stock		<u>(12,116,175)</u>	<u>(12,261,738)</u>
Operating surplus for the year		18,638,169	3,716,007
Loss on disposal of fixed assets		(102,400)	(107,157)
Redundancies	(18)	<u>(3,609,833)</u>	<u>-</u>
Surplus for the year before transfers		14,925,936	3,608,850
Transfer of profit on disposal of fixed assets to Capital Reserve	(9)	-	(424,998)
Transfer of interest to Revolving Loan Interest Fund	(15)	<u>(16,212)</u>	<u>(15,943)</u>
Surplus for the year	(20)	<u>14,909,724</u>	<u>3,167,909</u>

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

NATIONAL FAMILY PLANNING BOARDSTATEMENT OF CHANGES IN EQUITYYEAR ENDED MARCH 31, 2002

	Capital reserve \$	Revaluation reserve \$	Retained surplus \$	Total \$
Balance at March 31, 2000 as previously reported	17,073,551	35,819,843	50,684,121	103,577,515
Prior year adjustment (Note 19)	-	-	127,500	127,500
Balance at March 31, 2000 as restated	<u>17,073,551</u>	<u>35,819,843</u>	<u>50,811,621</u>	<u>103,705,015</u>
Net surplus for year 2001 as previously reported	-	-	3,125,409	3,125,409
Prior year adjustment (Note 19)	-	-	42,500	42,500
Net surplus for year 2001 as restated	-	-	<u>3,167,909</u>	<u>3,167,909</u>
Profit on disposal of donated assets (Note 9)	<u>424,998</u>	-	-	<u>424,998</u>
Balance at March 31, 2001 as restated	17,498,549	35,819,843	53,979,530	107,297,922
Transfer to Donation Fund (Note 11)	-	-	(9,000,000)	(9,000,000)
Net surplus for year 2002	-	-	14,909,724	14,909,724
Balance at March 31, 2002	<u>17,498,549</u>	<u>35,819,843</u>	<u>59,889,254</u>	<u>113,207,646</u>

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

NATIONAL FAMILY PLANNING BOARDSTATEMENT OF CASH FLOWSYEAR ENDED MARCH 31, 2002

	<u>2002</u>	<u>2001</u>
	\$	\$
Cash flows from operating activities:		
Surplus for the year	14,909,724	3,167,909
Surplus from CDC	4,772,564	3,650,306
Surplus from Donations	2,261,286	1,174,622
Deficit from ARHP	(128,773)	(80,502)
Revolving loan interest	16,212	15,943
Adjustments to reconcile surplus for the year to net cash provided by operating activities:		
Depreciation	3,601,406	3,419,172
Loss on disposal of fixed assets	<u>102,400</u>	<u>532,155</u>
(Increase)/decrease in current assets		
Inventories	25,534,819	11,879,605
Receivables	(2,941,514)	7,300,026
Prepayments	(532,859)	(1,609,792)
Project advances	(66,850)	2,148
Taxation recoverable	3,659	(11,217)
	370,275	(253,841)
Increase in current liabilities		
Payables and accruals	13,978	315,163
Projects advances	<u>416,096</u>	<u>22,812</u>
Net cash provided by operations	<u>22,797,604</u>	<u>17,644,904</u>
Cash flows from investing activities:		
Purchase of fixed assets	(1,190,825)	(103,154)
Proceeds from disposal of fixed assets	-	425,000
Investments	<u>(23,579,309)</u>	<u>(1,095,531)</u>
Net cash used in investing activities	<u>(24,770,134)</u>	<u>(773,685)</u>
Net (decrease)/increase in bank and cash balances for the year	(1,972,530)	16,871,219
Bank and cash balances at beginning of year	<u>58,834,922</u>	<u>41,963,703</u>
Bank and cash balances at end of year	<u>56,862,392</u>	<u>58,834,922</u>

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

NATIONAL FAMILY PLANNING BOARD

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED MARCH 31, 2002

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) and other international development agencies. Grants from the international agencies are mainly in the form of technical assistance, training and equipment.

During the financial year ended March 31, 2000 the Board decided to reduce its operations and as a result closed its office in Montego Bay and all its regional offices. (Note 18).

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 in accordance with Jamaican generally accepted accounting principles.

(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 2d).

(d) Income

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

(e) Depreciation

Depreciation is provided on the straight line basis at such rates as will write off the cost or valuation 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.

Land is not depreciated.

NATIONAL FAMILY PLANNING BOARDNOTES TO FINANCIAL STATEMENTSYEAR ENDED MARCH 31, 2002

3. FIXED ASSETS COMPRISE:

	<u>Land</u> \$	<u>Buildings</u> \$	<u>Furniture, fixtures and equipment</u> \$	<u>Motor vehicles</u> \$	<u>Total</u> \$
At Valuation:					
March 31, 2001	1,700,000	34,300,000	3,157,047	-	39,157,047
March 31, 2002	1,700,000	34,300,000	3,157,047	-	39,157,047
At Cost:					
March 31, 2001	700,000	1,325,062	10,518,076	4,578,825	17,121,963
Additions	-	-	303,280	887,545	1,190,825
Disposals	-	-	(256,000)	-	(256,000)
March 31, 2002	700,000	1,325,062	10,565,356	5,466,370	18,056,788
Depreciation:					
March 31, 2001 as previously reported	310,000	3,694,653	5,330,317	3,023,420	12,358,390
Prior year adjustment (Note 3e)	(310,000)	-	-	-	(310,000)
March 31, 2001 as restated	-	3,694,653	5,330,317	3,023,420	12,048,390
Charge for the year (Note 3f)	-	890,627	1,617,507	1,093,272	3,601,406
Disposals	-	-	(153,600)	-	(153,600)
March 31, 2002	-	4,585,280	6,794,224	4,116,692	15,496,196
Net Book Values:					
March 31, 2002	2,400,000	33,439,782	6,928,179	1,349,678	41,717,639
March 31, 2001	2,090,000	34,330,409	8,344,806	1,555,405	44,230,620

- (a) During 1996, the Board's furniture and fixtures were revalued by Mr. Frederick Bamett, an experienced valuator. The assets revalued included assets which were not previously included in the Board's records as they were donated to the Board. The resulting valuation of these assets and surplus on revaluation have been included in Revaluation Reserve. (Note 10).
- (b) During the years 1999 and 2000 the Board received donations of equipment totalling \$6,523,201 from the United States Agency for International Development (USAID) as part of that agency's technical assistance to the Board's family planning programmes and development. The value of the gifts has been included in Capital Reserve. (Note 9).
- (c) During the year 1998, the Board's land and building at 5 Sylvan Avenue were revalued by Chang Rattray & Co., Chartered Surveyors. The resulting surpluses arising thereon have been included in Revaluation Reserve. (Note 10).

NATIONAL FAMILY PLANNING BOARD
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED MARCH 31, 2002

3. FIXED ASSETS COMPRISE (CONT'D):

- (d) Included in land and buildings at cost is a warehouse with a net book value of \$1,727,285 (2001 - \$1,760,411) which was purchased with CDC funds; included in furniture and equipment is furniture with a net book value of \$11,899 (2001 - \$13,599) which was purchased with Donation funds.
- (e) Prior year adjustment represents adjustment to reverse depreciation which was charged on land in prior years.
- (f) Depreciation charge for the year represents:

	\$
Charge on assets acquired with GOJ funds	3,566,579
Charge on assets acquired with CDC funds	33,127
Charge on assets acquired with Donation funds	<u>1,700</u>
	<u>3,601,406</u>

4. INVESTMENTS

	Interest rate per annum	2002	2001
	%	\$	\$
Local Registered Stock (28 - 60 days) (market value \$24,509,173 (2001 - \$21,333,605))	13.25 - 16.00	21,987,444	21,015,487
Certificates of Deposit (30 days)	13.80 - 19.00	<u>41,974,233</u>	<u>19,366,881</u>
		<u>63,961,677</u>	<u>40,382,368</u>

Investment in Local Registered Stock represents funds invested on behalf of the CDC Fund. Included in Certificates of Deposit are amounts of \$14,457,376 (2001 - \$3,358,330) and \$17,488,475 (2001 - \$7,204,568) representing deposits held for the CDC Fund and Donation Fund, respectively.

5. INVENTORIES

	2002	2001
	\$	\$
CDC - Intravenous contraceptives	-	6,147,491
GOJ - Oral contraceptives, and intra uterine and external contraceptive devices	<u>15,443,747</u>	<u>6,354,742</u>
	<u>15,443,747</u>	<u>12,502,233</u>

NATIONAL FAMILY PLANNING BOARD

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED MARCH 31, 2002

6. RECEIVABLES

Accounts receivable	2002	2001
Staff loans and advances	\$	\$
Interest receivable	399,536	2,220,531
Other	77,625	113,985
	3,630,660	776,859
	<u>600,300</u>	<u>1,063,887</u>
	4,708,121	4,175,262

Included in accounts receivable for year ended March 31, 2001 are receivables amounting to \$1,906,100 for the CDC Fund. Interest receivable includes \$640,448 (2001 - \$74,574) and \$2,851,739 (2001 - \$383,314) representing interest receivable on Donation Fund and CDC Fund investments, respectively.

7. PROJECT ADVANCES

The above represent net advances made on behalf of projects funded by the United Nations Population Fund (UNFPA) and the Donation Fund.

8. BANK AND CASH

	Interest rate per annum % p.a	2002	2001
		\$	\$
National Commercial Bank:			
Government of Jamaica - Current account		52,405,460	52,278,131
Donation - Current account		217,494	138,237
- Savings account	9.75	786,428	711,477
Commercial Distribution of Contraceptives (CDC)			
- US\$ Savings account	2.5	1,791,153	1,679,359
- J\$ Savings account	8	108,215	92,665
- J\$ Current account		1,471,732	3,728,370
Bank of Nova Scotia Limited:			
ARHP - Current account		76,410	205,183
Petty cash		<u>5,500</u>	<u>1,500</u>
		56,862,392	58,834,922

NATIONAL FAMILY PLANNING BOARDNOTES TO FINANCIAL STATEMENTSYEAR ENDED MARCH 31, 2002

9.	CAPITAL RESERVE		
	Balance at beginning of year representing:		
	Value of fixed assets donated to the Board by Donor Agencies	14,035,200	14,035,200
	Profit on disposal of fixed assets donated by Donor Agencies	<u>3,038,351</u>	<u>3,038,351</u>
	Add: Profit on disposal of fixed assets donated by USAID	17,498,549	17,073,551
	Balance at end of year	<u>17,498,549</u>	<u>17,498,549</u>
		\$	\$
		2002	2001
10.	REVALUATION RESERVE		
	Balance at beginning of year representing:		
	Surplus arising on revaluation of furniture donated to the Board	88,966	88,966
	Surplus arising on revaluation of land and building	<u>35,730,877</u>	<u>35,730,877</u>
	Balance at end of year	<u>35,819,843</u>	<u>35,819,843</u>
		\$	\$
		2002	2001
11.	RETAINED SURPLUS		

Over the years, the Board received donations of contraceptives from the United Nations Population Fund (UNFPA) to be sold and the proceeds used to fund the Board's programmes. During the current year, the Directors decided to transfer from Retained Surplus to the Donation Fund, an amount of \$9M to equate to the transfer made to the Donation investment during the year. This transfer represents a portion of the proceeds realised from the sale of donated contraceptives made to the Board in prior years. (Note 13).

NATIONAL FAMILY PLANNING BOARD

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED MARCH 31, 2002

12. CDC FUND

	<u>2002</u>	<u>2001</u>
	\$	\$
Balance at beginning of year as previously reported	39,880,027	36,107,221
Prior year adjustment	-	<u>122,500</u>
Balance at beginning of year as restated	<u>39,880,027</u>	<u>36,229,721</u>
Surplus for year 2001 as previously reported	-	3,632,806
Prior year adjustment	-	<u>17,500</u>
Surplus for year 2001 as restated	-	<u>3,650,306</u>
Surplus for year 2002	<u>4,772,564</u>	-
Balance at end of year	<u>44,652,591</u>	<u>39,880,027</u>

Prior year adjustment represents adjustment to reverse depreciation charged on land acquired with funds from the proceeds of CDC activities.

This Fund is represented by fixed assets, investments in Local Registered Stock and Certificates of Deposit, bank balances, interest receivable and accounts and other receivables. (Notes 3, 4, 5, 6 & 8).

13. DONATION FUND

	<u>2002</u>	<u>2001</u>
	\$	\$
Balance at beginning of year	8,458,878	7,284,256
Surplus for the year	2,261,286	1,174,622
Transfer from retained surplus (Note 11)	<u>9,000,000</u>	-
Balance at end of year	<u>19,720,164</u>	<u>8,458,878</u>

The above represents donations received by the Board from various companies and donor agencies for use in its operations. Expenditure from this Fund is made at the Board's discretion. Over the years, the Board received donations of contraceptives from the United Nations Population Fund (UNFPA) to be sold and the proceeds used to fund the Board's programmes. The Directors decided to transfer from retained surplus to the Donation Fund, a portion of the proceeds realised from the sale of donated contraceptives made in prior years, to equate to the transfer of \$9M made to Donation investment during the year.

This Fund is represented by fixed assets, Certificates of Deposit, interest receivable and bank balances. (Notes 3, 4, 6 & 8).

NATIONAL FAMILY PLANNING BOARD

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED MARCH 31, 2002

14. 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 to date as follows:

	<u>2002</u>	<u>2001</u>
	\$	\$
Balance at beginning of year	205,183	285,685
Deficit for the year	(128,773)	(80,502)
Balance at end of year	<u>76,410</u>	<u>205,183</u>

The above Fund is represented by bank balance. (Note 8).

15. 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:

	<u>2002</u>	<u>2001</u>
	\$	\$
Balance at beginning of year	52,477	36,534
Interest earned during the year	<u>16,212</u>	<u>15,943</u>
Balance at end of year	<u>68,689</u>	<u>52,477</u>

16. PAYABLES AND ACCRUALS

	<u>2002</u>	<u>2001</u>
	\$	\$
Owing to suppliers	-	1,480,554
Audit fees	468,300	300,300
Health centre deposits	443,392	575,775
Accruals	3,926,010	2,250,999
Other	<u>399,467</u>	<u>615,563</u>
	<u>5,237,169</u>	<u>5,223,191</u>

NATIONAL FAMILY PLANNING BOARD

NOTES TO FINANCIAL STATEMENTS

#1
YEAR ENDED MARCH 31, 2002

17. PROJECT ADVANCES

The above represents net advances received on behalf of the John Hopkins University JHPIEGO Project.

18. REDUNDANCIES

The above represent redundancy costs incurred as a result of continuing restructuring activities carried out during the year by the Board.

19. PRIOR YEAR ADJUSTMENT

The above represents adjustment to reverse depreciation which was charged on land in prior years.

20. SURPLUS FOR THE YEAR

Surplus for the year is stated after charging/(crediting):

	<u>2002</u>	<u>2001</u>
	\$	\$
Depreciation (Note 3f)	3,566,579	3,386,045
Executive emoluments	7,839,321	5,777,144
Auditors' remuneration	294,000	280,000
Loss on foreign exchange	-	14,163
Loss on disposal of fixed assets	102,400	107,157
Interest income	<u>(1,536,704)</u>	<u>(1,607,359)</u>

21. 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 2000 made several recommendations including the recommendation that all members increase their optional contributions.

The report also recommended that the surplus of \$7.4M be carried forward unappropriated and that the Rules be amended to allow for early retirement due to ill-health and retirement at age 60. All recommendations made by the valuator were accepted and have been implemented except those relating to amendments of the Rules. Employer's contribution for the year was \$818,801 (2001 - \$1,795,201).

22. STAFF COSTS

Staff costs for the year totalled \$13,970,359 (2001 - \$21,765,073) and the number of employees at the year end was 37 (2001 - 58).

NATIONAL FAMILY PLANNING BOARD

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED MARCH 31, 2002

23. FOREIGN CURRENCY EXPOSURE

At balance sheet date the Board had a foreign currency asset in United States Dollars of US\$37,659 (2001 - US\$36,832) representing funds held for the CDC Fund.

24. FINANCIAL INSTRUMENTS

(a) Fair Value

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 value of each class of financial instruments approximates to its fair value.

(b) 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, attempts to manage this risk by maintaining foreign currency deposit accounts.

(c) 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 investment 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 two point five percent (2.5%) and nineteen percent (19%) per annum.

(d) 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, investment accounts and bank balances. The major risk in respect of receivables relates to amounts owing by health centers, which fall under the operations of the Ministry of Health. The Board attempts to control credit risk related to investments accounts and bank balances by maintaining such balances with financial institutions considered to be stable.

NATIONAL FAMILY PLANNING BOARD

ADDITIONAL INFORMATION

YEAR ENDED MARCH 31, 2002

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AUDITORS' REPORT
TO THE DIRECTORS OF
NATIONAL FAMILY PLANNING BOARD
ON
ADDITIONAL INFORMATION

The additional information presented on pages 2 to 5 has been taken from the accounting records of the Board and has been subjected to the tests and other auditing procedures applied in our examination of the financial statements of the Board for the year ended March 31, 2002.

In our opinion, the said information is fairly presented in all material respects in relation to the financial statements taken as a whole, although it is not necessary for a fair presentation of the state of the Board's affairs as at March 31, 2002 or of the results of its operations or its cash flows for the year then ended.

Kingston, Jamaica
November 25, 2003

Mair Russell Grant Thornton



CHARTERED ACCOUNTANTS

NATIONAL FAMILY PLANNING BOARDADMINISTRATIVE AND OTHER OVERHEAD EXPENSESYEAR ENDED MARCH 31, 2002

	<u>2002</u>	<u>2001</u>
	<u>\$</u>	<u>\$</u>
ADMINISTRATIVE AND OTHER OVERHEAD EXPENSES		
Executive remuneration	7,839,321	5,777,144
Salaries, wages and related expenses	11,323,638	17,931,207
Pension contributions	818,801	1,795,201
Uniform, medical and other staff benefits	1,827,920	2,038,665
Electricity and water	1,160,922	1,056,526
Telephone, postage and cables	632,192	541,513
Motor vehicle operating expenses	912,824	1,111,230
Repairs and maintenance	1,010,726	614,676
Printing and stationery	295,289	365,182
Professional fees	36,000	338,624
Audit and accounting fees	294,000	280,000
Insurance	817,463	610,565
Subsidies	-	5,000
Training and seminars	369,981	422,109
Advertising and promotion	3,726,242	2,026,668
Travelling, entertainment and subsistence	2,849,802	3,324,296
Depreciation	3,566,579	3,386,045
Loss on foreign exchange	-	14,163
Advocacy	13,260	-
Reproductive health survey	<u>4,127,724</u>	<u>-</u>
	<u>41,622,684</u>	<u>41,638,814</u>
NET CHANGE IN CONTRACEPTIVES STOCK		
Opening stock of contraceptives	6,354,742	10,926,830
Purchases	<u>21,205,180</u>	<u>7,689,650</u>
	27,559,922	18,616,480
Less: Closing stock of contraceptives	<u>15,443,747</u>	<u>6,354,742</u>
	<u>12,116,175</u>	<u>12,261,738</u>

NATIONAL FAMILY PLANNING BOARD
SCHEDULE OF INCOME AND EXPENDITURE
COMMERCIAL DISTRIBUTION OF CONTRACEPTIVES (CDC)

YEAR ENDED MARCH 31, 2002

	<u>2002</u>	<u>2001</u>
	<u>\$</u>	<u>\$</u>
INCOME		
Contraceptive sales	7,043,579	3,561,775
Less: Cost of sales	<u>6,147,491</u>	<u>2,692,778</u>
Gross profit	896,088	868,997
Interest	<u>4,360,097</u>	<u>4,061,961</u>
	5,256,185	<u>4,930,958</u>
LESS: EXPENSES		
Seminars and educational materials	528,000	1,377,340
Bank charges	976	1,158
Depreciation	33,127	33,127
Gain on foreign exchange	<u>(78,482)</u>	<u>(130,973)</u>
	<u>483,621</u>	<u>1,280,652</u>
SURPLUS FOR THE YEAR	<u>4,772,564</u>	<u>3,650,306</u>

NATIONAL FAMILY PLANNING BOARD
SCHEDULE OF INCOME AND EXPENDITURE

:

DONATIONSYEAR ENDED MARCH 31, 2002

	<u>2002</u>	<u>2001</u>
	<u>\$</u>	<u>\$</u>
INCOME		
Interest	2,353,107	1,227,535
	<u>2,353,107</u>	<u>1,227,535</u>
LESS: EXPENSES		
Depreciation	1,700	-
Training	60,000	25,595
Donation	30,000	5,000
Bank charges	121	-
Other	<u>-</u>	<u>22,318</u>
	<u>91,821</u>	<u>52,913</u>
SURPLUS FOR THE YEAR	<u>2,261,286</u>	<u>1,174,622</u>

NATIONAL FAMILY PLANNING BOARD
SCHEDULE OF INCOME AND EXPENDITURE
ADOLESCENT REPRODUCTIVE HEALTH PROJECT (ARHP)

YEAR ENDED MARCH 31, 2002

	<u>2002</u>	<u>2001</u>
	\$	\$
INCOME		
Receipts	<u>1,073,581</u>	<u>4,817,688</u>
LESS: EXPENSES		
Seminars, summer camps and workshops	12,620	1,277,795
Salary	195,135	1,051,979
Training	674,504	2,017,626
Advocacy	-	207,693
Telephone hotline and delivery services	214,244	336,483
Bank charges	10,851	6,614
Audit	<u>95,000</u>	<u>-</u>
	<u>1,202,354</u>	<u>4,898,190</u>
DEFICIT FOR THE YEAR	<u>(128,773)</u>	<u>(80,502)</u>