sultants, developed, adopted and implemented measures
to streamline the program. As part of the plan, the Barba-
dos Family Planning Association underwent restructuring
e.g., changes in staffing and operational procedures) to
make the program more accountable, efficient, effective and
self-sufficient. A number of deficiencies were detected in
the range of health services offered (e.g., unmet needs),
which led to the introduction of 12 new services, includ-
ing cryosurgery, colposcopy and infertility counseling.
The association, which had always provided services free
of charge, began in 2000 to charge for some services (al-
though needy persons who cannot afford the fees are not
turned away).4 The program also successfully lobbied the
government for an increase in its annual grant.

In 1998, the association received US$387,500 (57% of its
total revenue) from the government. It also received an un-
restricted cash grant of US$77,471 (11% of total revenue)
and a restricted grant of US$5,523 from IPPF for a special
project to serve men.3 Although the association provided ser-
vices free of charge in 1998, the program took in US$131,424
(19%) from sales of contraceptives and other products. Fund-
raising netted an additional US$17,457 (3%). US$19,702
(3%) came from the release of inventory and fixed-asset
funds,† and US$41,367 (6%) from “other” sources.

Thus, implementation of the strategic plan in 1998 re-
sulted in a 15% increase both in government subsidies and
in total revenue, despite the IPPF funding reduction. The
association viewed the changes as being very positive, as
is evident in the following statement from their annual re-
port: “The year 1998 was one of exceptional growth and
development. It was also a year of unprecedented trans-

Antigua
For many years, the Antigua Planned Parenthood Associ-
ation was funded entirely by IPPF (not shown). Between
1997 and 1998, however, the proportion of the association’s
budget contributed by IPPF decreased to 50–60%, with the
remainder coming from local fund-raising, contraceptive
sales and service fees.* Although the government of An-
tigua does not provide the country’s Planned Parenthood
with any direct subsidies, it has recently granted the asso-
ciation a concession to import needed supplies duty-free.

Of the strategies to achieve sustainability and self-suffi-
ciency reported by the Antigua Planned Parenthood Asso-
ciation, the main approach involved a combination of cost-
cutting ideas and prudent financial management. The
association moved to a new, less-expensive location to re-
duce overhead costs, and introduced fees for most services
(especially clinical services) to increase revenue. In addi-
tion, the program successfully lobbied the government to
subsidize its utility costs, which are very high. The associ-
ation was also attempting to obtain government funds to
cover 60% of the salary of two staff members.

Barbados
The IPPF funding phaseout forced the Barbados Family
Planning Association to develop and implement a new
strategic plan. In 1997, a task force of the association’s gov-
erning council members, with the assistance of IPPF con-

Additional revenue. Several countries have adopted inno-

vative approaches to obtain adequate resources (especi-

ally financial resources) and to achieve self-sufficiency.
Implementation of such measures has succeeded in
decreasing the extent of some associations’ reliance on IPPF
funding, while increasing the proportion of funding from
other sources (Table 1). Although there are some strategic
similarities across the region, there are also some impor-
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tant differences.

TABLE 1. Total amount and percentage distribution of funding obtained by family planning associations in selected
Caribbean countries, by source, 1997 and 1998

<table>
<thead>
<tr>
<th>Source</th>
<th>Barbados</th>
<th>Grenada</th>
<th>Jamaica*</th>
<th>Trinidad and Tobago*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997</td>
<td>591,878</td>
<td>166,671</td>
<td>358,273</td>
<td>741,120</td>
</tr>
<tr>
<td>1998</td>
<td>680,444</td>
<td>127,017</td>
<td>397,994</td>
<td>783,435</td>
</tr>
<tr>
<td>Total funding (in US$)</td>
<td>127,017</td>
<td>397,994</td>
<td>21.5</td>
<td>20.3</td>
</tr>
<tr>
<td>Percentage distribution</td>
<td></td>
<td></td>
<td>19.8</td>
<td>12.2</td>
</tr>
<tr>
<td>Government subsidy</td>
<td>57.0</td>
<td>na</td>
<td>55.5</td>
<td>56.4</td>
</tr>
<tr>
<td>IPPF</td>
<td>19.8</td>
<td>2.2</td>
<td>12.7</td>
<td>na</td>
</tr>
<tr>
<td>Other international</td>
<td>0.5</td>
<td>19.3</td>
<td>10.1</td>
<td>3.1</td>
</tr>
<tr>
<td>Release of inventory funds</td>
<td>2.2</td>
<td>0.7</td>
<td>5.9</td>
<td>3.6</td>
</tr>
<tr>
<td>Release of fixed-asset funds</td>
<td>0.8</td>
<td>0.8</td>
<td>3.5</td>
<td>0.3</td>
</tr>
<tr>
<td>Contraceptive sales and fees</td>
<td>15.0</td>
<td>2.1</td>
<td>3.5</td>
<td>3.5</td>
</tr>
<tr>
<td>Fund-raising</td>
<td>1.5</td>
<td>0.9</td>
<td>0.9</td>
<td>1.1</td>
</tr>
<tr>
<td>Membership and subscription</td>
<td>3.2</td>
<td>0.9</td>
<td>3.2</td>
<td>1.1</td>
</tr>
<tr>
<td>Other</td>
<td>3.2</td>
<td>6.1</td>
<td>9.6</td>
<td>12.9</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Note: na = not applicable.

**Inventory is the term used for in-kind donations, mainly commodities or family planning supplies. If any of these items are sold, the money obtained is put into an “inventory fund.” Fixed-asset funds are analogous, although the money comes from the sale of fixed assets."