# **Financial Statements**

**Thunder Bay District Health Unit** December 31, 2017



TBDHU.COM



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#### Statement of Administrative Responsibility

The management of the Thunder Bay District Health Unit have prepared the accompanying financial statements and are responsible for their accuracy and integrity. These statements consolidate all operations for which the Health Unit has legislative and financial responsibility. The financial statements have been prepared by management in accordance with the accounting principles generally accepted for the public sector as prescribed by the Public Sector Accounting Board (PSAB).

In fulfilling its responsibilities and recognizing the limits inherent in all systems, administration has developed and maintains a system of internal control designed to provide reasonable assurance that Health Unit assets are safeguarded from loss and that the accounting records are a reliable basis for the preparation of the financial statements.

The Board of Health reviews and approves the financial statements before such statements are submitted to the Province of Ontario and published for the residents of the participating municipalities. The external auditors have access to, and meet with the Board of Health to discuss their audit and the results of their examination.

The 2017 financial statements have been reported on by the Health Unit's external auditors, BDO Canada LLP. The auditors' report outlines the scope of their audit and their opinion on the presentation of the information included in the financial statements.

Sellil

Dr. Janet DeMille Medical Officer of Health / Chief Executive Officer

Joe Virdiramo Chair, Board of Health

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Tel: 807-625-4444 Fax: 807-623-8460 www.bdo.ca BDO Canada LLP 1095 Barton Street Thunder Bay ON P7B 5N3 Canada

# Independent Auditor's Report

To the Members of the Board of Health, Members of Council, Inhabitants and Ratepayers of the Participating Municipalities as listed in Note 13:

We have audited the accompanying financial statements of Thunder Bay District Health Unit, which comprise the statement of financial position as at December 31, 2017 and the statements of operations and accumulated surplus, statement of changes in net financial assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

#### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

#### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the presentation of the financial statements.

We believe that the audit evidence we have obtained in our audit is sufficient and appropriate to provide a basis for our audit opinion.

#### Opinion

In our opinion, the financial statements presents fairly, in all material respects, the financial position of Thunder Bay District Health Unit as at December 31, 2017 and the results of its operations, changes in its net financial assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

m Canada UP

Chartered Professional Accountants, Licensed Public Accountants Thunder Bay, Ontario

April 18, 2018

# STATEMENT OF FINANCIAL POSITION

As at December 31,

	2017	2016
	\$	\$
	4 4 0 0 4 0 0	4 4 5 9 9 9 9
Cash	4,123,103	4,158,326
Accounts Receivable	359,815	179,388
Inventory for Resale	20,276	22,109
Total Financial Assets	4,503,194	4,359,823
FINANCIAL LIABILITIES		
Accounts payable and accrued liabilities	1,378,417	1,759,194
Due to Province of Ontario	540,130	142,709
Deferred revenue (note 3)	91,889	283,226
Accrued vacation pay	542,812	540,955
Vested sick liability (note 4)	31,211	46,474
Total Financial Liabilities	2,584,459	2,772,558
NET FINANCIAL ASSETS	1,918,735	1,587,265
NON-FINANCIAL ASSETS		
Tangible capital assets - net (schedule 2)	1,887,236	2,072,936
Inventories of supplies	30,811	12,495
Prepaid expenses	115,095	180,618
	,	100,010
Total Non-Financial Assets	2,033,142	2,266,049
ACCUMULATED SURPLUS (schedule 1)	3,951,877	3,853,314

For the Year Ended December 31,

# STATEMENT OF OPERATIONS AND ACCUMULATED SURPLUS

Budget Actual Actual 2017 2017 2016 \$ \$ \$ (schedule 3) (note 14) REVENUES 17,854,203 17,295,966 17,475,035 **EXPENDITURES** Operating Mandatory Core Programs 11,570,147 11,183,450 11,674,995 Needle Exchange Initiative 120,600 120,600 108,600 Haines Food Safety Initiative 47,900 47,900 47,900 Enhanced Safe Water Initiative 15,500 15.500 15,500 Vector Borne Disease 124,267 124,267 124,267 Small Drinking Water Systems 83,600 84,371 84,372 916,400 **Unorganized Territories** 948,900 948,900 Land Development 187,670 183,516 166,729 Infectious Disease Control Initiative 555,600 557,017 557,284 Infection Prevention & Control Nurse 90,100 90,100 90,100 Healthy Smiles Ontario 475,600 472,674 438,048 Public Health Nurse Initiative 180,500 180,500 180,500 250,000 Harm Reduction Enhancement 250,000 Genetics 197,134 59,731 60,394 HIV Anonymous Testing 58,103 Healthy Babies Healthy Children 1,296,335 1,297,643 1,298,172 Smoke Free Ontario 772,200 758,486 731,591 Indigenous First Nations 400,000 161,340 173,399 Nurse Practitioner 143,053 130,976 131,638 Chief Nursing Officer Initiative 121,500 121,500 121,500 **Other Funded Programs** 411,000 406,914 331,440 17,854,203 17,196,048 17,447,672 **NET REVENUES** 99,918 27,363 \_ (4,654) Loss on disposal of capital assets (1,355)ANNUAL SURPLUS 98,563 22,709 ACCUMULATED SURPLUS **Beginning of Year** 3,853,314 3,853,314 3,830,605 End of Year 3,853,314 3,951,877 3,853,314

# STATEMENT OF CHANGES IN NET FINANCIAL ASSETS

For the Year Ended December 31,

	Budget 2017 \$	Actual 2017 \$	Actual 2016 \$
Annual Surplus	-	98,563	22,709
Acquisition of tangible capital assets Amortization of tangible capital assets	-	(98,528) 282,873	(202,449) 274,382
Proceeds from sale of tangible capital assets Loss on disposal of tangible capital assets	-	- 1,355	1,000 4,654
	-	185,700	77,587
Acquisition of supplies inventory Acquisition of prepaid expenses Consumption of supplies inventory Use of prepaid expenses	-	(30,811) (115,095) 12,495 180,618	(12,495) (180,618) 13,342 119,254
	-	47,207	(60,517)
Increase in net financial assets	-	331,470	39,779
Net financial assets, beginning of year	1,587,265	1,587,265	1,547,486
Net financial assets, end of year	1,587,265	1,918,735	1,587,265

# STATEMENT OF CASH FLOWS

For the Year Ended December 31,	Actual 2017 \$	Actual 2016 \$
	Ψ	Ψ
Operating transactions		
Annual surplus	98,563	22,709
Uses		
Increase in accounts receivable	(180,427)	-
Increase in inventory	(16,483)	-
Decrease in accounts payable and accrued liabilities	(380,777)	(428,891)
Decrease in due to Province of Ontario	-	(200,331)
Decrease in deferred revenue	(191,337)	(429,704)
Decrease in accrued vacation pay and vested sick leave liability	(13,406)	
Increase in prepaid expenses	-	(61,364)
	(782,430)	(1,120,290)
Sources Decrease in accounts receivable Decrease in inventory Increase in due to Province of Ontario Increase in accrued vacation pay and vested sick leave liability Decrease in prepaid expenses Non-cash charges to operations Amortization	- 397,421 - 65,523 462,944 282,873	359,892 14,215 - 56,201 - 430,308 274,382
Cash provided by / (used in) operating transactions	61,950	(392,891)
		(,,,,,,,,,
Capital transactions		
Purchase of tangible capital assets	(98,528)	(202,449)
Proceeds on sale of tangible capital assets	-	1,000
Loss on disposal of tangible capital assets Cash used in capital transactions	<u>1,355</u> (97,173)	4,654 (196,795
	(37,173)	(130,130)
Net change in cash	(35,223)	(589,686)
Cash, beginning of the year	4,158,326	4,748,012
Cash, end of the year	4,123,103	4,158,326

# NOTES TO FINANCIAL STATEMENTS

December 31, 2017

## 1. GENERAL

The Thunder Bay District Health Unit is established under the *Health Protection and Promotion Act*, and provides programs and services in accordance with the legislative mandate for Boards of Health in Ontario.

# 2. SIGNIFICANT ACCOUNTING POLICIES

These financial statements of the Thunder Bay District Health Unit (Health Unit) are prepared by management in accordance with Canadian Public Sector Accounting Standards as prescribed by the Public Sector Accounting Board (PSAB) of the Chartered Professional Accountants of Canada (CPA Canada). Since precise determination of many assets and liabilities is dependent upon future events, the preparation of periodic financial statements necessarily involves the use of estimates and approximations. These have been made using careful judgment. The more significant of these accounting policies are as follows:

### (a) Reporting Entity

These financial statements reflect the financial assets, liabilities, operating revenues and expenditures, reserves and reserve funds, and changes in investment in tangible capital assets of the Health Unit.

#### (b) Basis of accounting

#### **Accrual accounting**

The Health Unit uses the accrual basis of accounting and recognizes revenues as they are levied or earned and become measurable; expenditures are recognized as they are incurred and measurable as a result of receipt of goods or services and the creation of a legal obligation to pay.

#### Cash

Cash is defined as cash on hand and balances with banks with maturities of three months or less.

#### Inventories held for resale

Inventories held for resale are recorded at the lower of cost and net realizable value, with cost being determined on a first in, first out basis. Assets held for sale are those expected to be sold within one year.

# NOTES TO FINANCIAL STATEMENTS

December 31, 2017

# 2. SIGNIFICANT ACCOUNTING POLICIES (Continued)

#### Inventory of supplies

Thunder Bay District Health Unit's material and supplies inventory are valued at the lower of cost and net realizable value, with cost being determined on a first in, first out basis.

#### **Employee benefits**

Vacation pay is charged to operations in the year earned.

#### Use of estimates

The preparation of financial statements in conformity with Canadian Public Sector Accounting Standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Significant estimates included in these financial statements are accounts payable and accrued liabilities, estimated useful life of tangible capital assets and contingencies. Actual results could differ from those estimates.

#### **Non-financial assets**

Non-financial assets are not available to discharge existing liabilities and are held for use in the provision of services. They have useful lives extending beyond the current year, and are not intended for sale in the ordinary course of operations. The change in non-financial assets during the year, together with the excess of revenues over expenses, provides the Change in Net Financial Assets for the year.

I. Tangible Capital assets

Tangible capital assets are recorded at cost, which includes all amounts that are directly attributable to acquisition, construction, development or betterment of the asset. The cost, less residual value, of the tangible capital assets are amortized on a straight-line basis over their estimated useful lives as follows:

Land Improvements	15 to 30 years
Building	40 years
Machinery & Equipment	3 to 30 years
Vehicles	9 to 15 years

# NOTES TO FINANCIAL STATEMENTS

#### December 31, 2017

# 2. SIGNIFICANT ACCOUNTING POLICIES (Continued)

- II. Contribution of tangible capital assets Tangible capital assets received as contributions are recorded at their fair value at the date of receipt.
- III. Tangible capital assets recorded at nominal value Tangible capital assets acquired at no cost, or nominal cost, are recorded at their fair value at the date of acquisition, and that fair value is accounted for as a deferred credit to the tangible capital asset amount recognized.
- IV. Leases

Leases are classified as capital or operating leases. Leases which transfer substantially all of the benefits and risks incidental to ownership of property are accounted for as capital leases. All other leases are accounted for as operating leases and the related lease payments are charged to expenses as incurred.

#### **Revenue recognition**

Grant revenue is recognized as earned when the related expenditure is incurred.

Municipal levies are recognized as earned when the levy is established by the Board of Health through the budget process.

Generated revenues are recognized as earned when the goods or services are rendered, amounts are estimable and collectability is reasonably assured.

# 3. DEFERRED REVENUE

The Thunder Bay District Health Unit operates a number of programs with March 31 fiscal year ends. As such, any funding received but unearned at December 31 is recorded as deferred revenue.

The continuity of deferred revenue is as follows:

	2017 \$	2016 \$
Balance, beginning of year	283,226	712,930
Funding used, net	(191,337)	(429,704)
Balance, end of year	91,889	283,226

# NOTES TO FINANCIAL STATEMENTS

December 31, 2017

# 4. LIABILITY FOR EMPLOYEE VESTED SICK LEAVE BENEFITS

The Thunder Bay District Health Unit provides certain employee benefits which will require funding in future years, namely its Vested Sick Leave Benefits Plan. Under the sick leave benefit plan, unused sick leave days can accumulate and certain employees become entitled to a cash payment when they retire or leave the Health Unit's employment.

# 5. PENSION AGREEMENTS

The Health Unit makes contributions to the Ontario Municipal Employees Retirement Fund (OMERS), which is a multi-employer plan, on behalf of members of its staff. The plan is a defined benefit plan which specifies the amount of retirement benefit to be received by the employees based on the length of service and rates of pay. The amount contributed to OMERS for 2017 was \$1,038,384 (2016 - \$1,024,977) for current service. The Health Unit recognizes the expense related to this plan when contributions are due.

# 6. AVAILABLE FINANCING

The Health Unit has available an operating line of credit of \$500,000 with TD Canada Trust for which the Health Unit has provided a borrowing by-law. There is no balance outstanding on the line of credit at year-end (2016 - \$nil). Interest on the line of credit is calculated at bank prime minus 0.50% (2.70% at year end).

# 7. TANGIBLE CAPITAL ASSETS

Schedule 2 provides information on the tangible capital assets of the Health Unit by major asset class, as well as accumulated amortization of the assets controlled.

During the year, there were no write-downs of assets (2016 - \$nil).

Interest capitalized during 2017 was \$nil (2016 - \$nil).

Tangible capital assets contributed to the Health Unit totaled \$nil (2016 - \$nil).

# NOTES TO FINANCIAL STATEMENTS

December 31, 2017

# 8. SEGMENTED INFORMATION

The Thunder Bay District Health Unit provides a wide range of services to citizens of the District of Thunder Bay. For management reporting purposes, the Health Unit's operations and activities are organized and reported by programs. Programs were created for the purposes of recording specific activities to attain certain objectives in accordance with special regulations, restrictions or limitations.

Public health services are provided by programs and their activities are reported in these funds. Certain programs have been separately disclosed in Schedule 3 – Schedule of Revenue and Expenditures.

# 9. DESIGNATED ASSETS

Of the financial assets reported on the Statement of Financial Position, the Health Unit has designated \$2,385,236 (2016 - \$2,224,013) to support reserve funds.

# **10. CONTINGENCIES**

All Province of Ontario grants for shared and 100% funded programs are subject to final approval by the Ministry of Health and Long Term Care, or the Ministry of Children and Youth Services. Until final approval is given, it is not possible to determine whether any adjustments to the grants will be made.

## 11. MEASUREMENT UNCERTAINTY

The Health Unit is a party to a claim arising in the normal course of operations. The Health Unit does not expect the resolution of the matter to have any material adverse effect on the financial position or results of operations of the Health Unit. No provision has been provided for in these financial statements.

## **12. COMMITMENTS**

The Thunder Bay District Health Unit leases branch offices in Marathon, Nipigon, Geraldton, and Terrace Bay. Also, the Health Unit leases significant pieces of office and computer equipment. Future minimum payments by year, and in aggregate under the operating leases, with initial terms of one year or more, consisted of the following at December 31, 2017:

	\$
2018	226,878
2019	186,063
2020	121,224
2021	99,467
2022	39,084
	672,716

# NOTES TO FINANCIAL STATEMENTS

December 31, 2017

## **13. MUNICIPAL LEVIES**

	2017	2016
	\$	\$
Township of Conmee	15,461	15,461
Township of Dorion	6,909	6,909
Township of Gillies	10,001	10,001
Municipality of Greenstone	94,309	94,309
Township of Manitouwadge	45,612	45,608
Town of Marathon	73,292	73,292
Municipality of Neebing	44,014	44,014
Township of Nipigon	34,448	34,448
Township of O'Connor	14,374	14,374
Municipality of Oliver-Paipoonge	124,746	124,746
Township of Red Rock	19,905	19,905
Township of Schreiber	25,292	25,292
Township of Shuniah	56,841	56,841
Township of Terrace Bay	32,974	32,974
City of Thunder Bay	2,238,140	2,238,140
	2,836,318	2,836,314

# **14. BUDGETED AMOUNTS**

The budget figures have been restated to conform with the requirements under Public Sector Accounting Board guidelines. As such, the budget figures presented in the financial statements differ from the presentation approved by the Board of Health.

Thunder
Bay
District
Health
Unit

Schedule 1

# SCHEDULE OF ACCUMULATED SURPLUS AND RESERVE FUNDS

3,853,314	3,951,877	1,313,214	244,079	102,327	200,000	125,879	1,934,664	31,714	Balance, end of year
22,709	98,563	98,563	I	ı	ı	ı	ı	ı	Surplus
·		(253,427)	(20,703)	(592)	83,362	(6,864)	198,224	ı	Transfers to (from) operating
·		·	ı	ı	16,000		·	(16,000)	Allocation to (from) reserve
·		(17,429)	1,979	736	638	943	12,742	391	Interest earned
3,830,605	3,853,314	1,485,507	262,803	102,183	100,000	131,800	1,723,698	47,323	Balance, beginning of year
Total 2016 \$	Total 2017 \$	Tangible Capital Assets less Unfunded Liabilities	Safe Food Handling Training Reserve	Benefit Cost Stabilization Reserve	Program Contingency Reserve	Land Development Reserve	Capital Land Program Expenditures Development Contingency Reserve Reserve Reserve	Sick Leave Plan Allowance Reserve	As at December 31,

# SCHEDULE OF TANGIBLE CAPITAL ASSETS

As at December 31,

	Land	Land Improvement	Building	Machinery & Equipment	Vehicles	Total 2017 \$	Total 2016 \$
COST							
Balance, beginning of year	147,300	37,444	3,018,233	2,650,957	17,800	5,871,734	5,738,569
Add: Additions during the year	-	-	-	98,528	-	98,528	202,449
Less: Disposals during the year	-	<u>-</u>	-	58,673	-	58,673	69,284
Balance, end of year	147,300	37,444	3,018,233	2,690,812	17,800	5,911,589	5,871,734
ACCUMULATED AMORTIZATION							
Balance, beginning of year	-	37,444	1,756,459	1,991,545	13,350	3,798,798	3,588,046
Add: Amortization during the year	-	-	75,456	205,637	1,780	282,873	274,382
Less: Accumulated amortization on disposal	-	-	-	57,318	-	57,318	63,630
Balance, end of year	-	37,444	1,831,915	2,139,864	15,130	4,024,353	3,798,798
NET BOOK VALUE	147,300	-	1,186,318	550,948	2,670	1,887,236	2,072,936

For the Year Ended December 31	Mandatory Core Programs	Vector Borne Disease	Small Drinking Water Systems	Unorganized Territories	Land Development	Infectious Disease Control Initiative	Infection Prevention & Control Nurse	Healthy Smiles Ontario	Public Health Nurse Initiative	Harm Reduction Enhancement	HIV Anonymous Testing	Healthy Babies Healthy Children	Smoke Free Ontario (	Indigenous Communities
REVENUES														
Funding Adjustment	18 370 / 18 170	,200 -	<u>م</u> ح,700	 -			<u>э</u> 0,100	- - -	-		- -			-
Provincial Funding MCVS**	- 10,570						1 1					1 206 335		
Other Provincial & Federal Funding	I			ı								-		62,335
Municipal Levies (note 13)	2,784,351	31,067	20,900	ı	ı	ļ	I	ı	ı	I	ŗ	ı	ı	
Interest Revenue	30,087	I	ı	I	ı	ı	I	I	ı	ı	ı	ı	ı	1
Generated/Other Revenue	645,142	,	ı	ı	176,529	,	,	ı	ı	ı	ı	,	000 CV	
	44 475 75 4	LJC / C /	00 000	040000	176 500		00 100		100 000		100 00	1 100 100	757 750	010101
Operating Salaries & Benefits	8,552,693	89,288	83,590	696,180	147,540	461,082	90,100	406,457	180,500	231,268	57,288	1,225,400	578,973	125,181
Travel	52,217	7,638	·	105,000	16,874	28,219	ı	2,025	ı	I	I	16,836	19,985	1,711
Staff Training & Recognition	162,923	ı		8,000	2,110	6,764	ı	2,979		ı	1,930	13,531	2,440	
Board of Health	40,227	ı	ı	8,000		ı	ı		ı	ı	ı	ı		
Purchased Program Service	112,879	ı		ı	ı		I	ı		ı	ļ	ı	I	
Purchased Allocated Administration	809,655	23,527	ı	95,000	8,214	35,574	ı	11,480	1	ı	ı	2,610	65,639	34,366
Building Occupancy	555,376	ı		ı	742	ı	ı	1	ı	I	I	747	8,000	
Equipment Expense	251,072	750	ı	8,000	1,500	3,750	I	14,798	ı	I	500	10,500	6,000	
Materials & Supplies	400,470	764	ı	18,720	3,143	7,247	ı	21,254	ı	18,732	476	7,823	68,094	59
Office Expenses	79,207	905	10	7,000	1,475	2,127	I	10,661	ı	I	200	7,356	4,359	23
Communications	74,996	1,395		3,000	1,795	10,837	I	330		I	I	11,532	4,269	
Amortization expense	275,735	1	771	ı	123	1,417	I	2,690	1	I	ı	1,308	727	
Total expenditures	11,367,450	124,267	84,371	948,900	183,516	557,017	90,100	472,674	180,500	250,000	60,394	1,297,643	758,486	161,340
Loss on disposal of capital assets	(1,355)	ı	ı	ı	ı	ı	ı	ı	ı	ı	ı	ı	ı	
	106 040		(771)	ı	(6,987)	(1,417)		2,926				(1,308)	(727)	

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22,709	98,563	(102)			ī
(4,654)	(1,355)		·	ı	ı
17,447,672	17,196,048	406,914	121,500	130,976	.,340
274,382	282,873	102	1	1	ı
106,872	108,384	ı	ı	230	·
115,350	114,184	485	ı	376	23
565,906	647,646	100,864	ı		59
289,715	298,528	158	I	1,500	ï
414,383	565,593	728	ı	ı	ı
1,099,284	1,231,435	145,280	ı	06	1,366
128,078	113,079	200	ı	ı	ī
55,828	48,227	ı	ı	ı	·
147,157	204,809	3,589	ı	543	·
268,754	254,279	3,774	I	I	.,711
13,981,963	13,327,011	151,734	121,500	128,237	;,181
17,475,035	17,295,966	406,812	121,500	130,976	.,340
035,482	408,208		1	1 1 2 2	, ,
635 403	460 360	1			
850 053	801 671	I	I	I	
21.323	30.087	1	1	ı	·
2,836,314	2,836,318			ı	ı
528,018	469,147	406,812		ı	,335
1,296,335	1,296,335	I	I	I	,
(6,206)	18,370	I	ı	ŗ	ı
11,304,717	11,355,770	ı	121,500	130,976	),005
		Programs	Officer		
2016	2017	Funded	Nursing	Practitioner	nities
Totals	Totals	Other	Chief	Nurse	snou

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