



Annual Report 2018

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Cover image: MSI youth mobilisers, Thim Tam and Sopheak talk to students about reproductive health at South East Asia University in Siem Riep, Cambodia

Right: MSI outreach client Rufina Barreto, from Ainaro Municipality in Timor-Leste



Message from our Executive Officer and our Chairperson

The writer Milan Kundera once said that business has only two functions: marketing and innovation. This perspective goes a long way to capturing the philosophy underpinning our culture at MSIA. And it brings to mind another insight, this one from our founder Dr Tim Black, who believed fundamentally that contraception is not a medical challenge, but a marketing challenge. In our efforts to deliver our mission of Children by Choice, not Chance, we face the challenge of marketing unknown or misunderstood contraceptive methods every day. We must be communicators first and clinicians second. This report highlights an exciting campaign we launched in 2018 in Cambodia to do just that.

We must communicate well in order to connect with our clients. But in order to expand our reach and ultimately deliver impact, we must also innovate. In 2018 we launched an innovative regional program in Cambodia, Myanmar and Viet Nam to unleash the entrepreneurial potential of 466 female healthcare workers. Our Marie Stopes Ladies program transplants the concept of the 'Avon ladies' sales approach to reproductive health and seeks a sustainable solution to the thorny problem

of the persistent unmet need for contraception. Meanwhile, in Timor-Leste, we expanded the range of contraceptive options by introducing the first hormonal intrauterine device into the health system. In Papua New Guinea we expanded our one-of-a-kind program of clinical training and ongoing mentorship to hundreds more public health workers, making it a truly national platform. And we continued our focus on operational excellence to serve even more women and men – in the twelve months to December 2018 we improved the productivity of our outreach programs by 50%.

At the international level, 2018 saw a shockwave hit the aid sector when cases of sexual exploitation by humanitarian workers made headlines around the world. This was a moment in which the Australian aid community showed its true colours, Marie Stopes International Australia among them. Rather than take comfort in the knowledge that it wasn't our agency in the spotlight we took the opportunity to see what we could be doing better. We helped to fund and implement a sector-wide review of safeguarding around sexual misconduct. We surveyed our staff to find out more about their experiences. In Timor-Leste we discovered that

one in two staff had experienced some form of harassment in a work environment during their career. In response we have improved our policies around safeguarding both our staff and our clients and put reporting structures in place to help ensure that cases of sexual harassment, exploitation or abuse do not go under the radar.

The impact of our work in our three priority country programs in Cambodia, PNG and Timor-Leste is humbling. At the start of 2019 there were 231,000 people from our three priority program countries using a method of contraception provided by Marie Stopes. We estimate these services will lead to 101,000 fewer unintended pregnancies, 24,000 fewer unsafe abortions and 100 fewer maternal deaths. Behind each of these numbers is the story of an individual: a teenage girl more likely to complete high school; a father whose income will better support his family; a woman who won't be facing another high-risk pregnancy any time soon. We highlight just a few of these individual stories in this year's report and as always we thank you for your engagement and your support.

Chris Turner

*Executive Officer & Regional Director
Marie Stopes International Australia*

Julie Mundy

*Chairperson of the Board
Marie Stopes International Australia*

Our purpose

At Marie Stopes International Australia, we believe that every woman should be able to determine her future. By providing sexual and reproductive health (SRH) services where they are needed most, we support women and their families to make informed decisions about their reproductive health, including if and when they have children.

Working across 37 countries, Marie Stopes International (MSI) reaches millions of women, girls and families each year. As a social business, Marie Stopes International has a fee-for-service model, subsidising clients who cannot afford to pay and providing free services for women and girls who are the most marginalised. We never turn a client away.

Contraception can be transformational, contributing to the achievement of sexual and reproductive health rights, women's rights and gender equality and delivering significant health, psychosocial, economic and environmental benefits for all. If a woman can access contraception she can make decisions about her future, help support her family and contribute to her community. If a girl has access to contraception, she

may choose to stay in school, pursue higher education and be more likely to participate in the formal economy. We know that each additional year of schooling increases a woman's future earnings by at least 10 per cent¹.

There are currently 132 million women in Asia who do not want to become pregnant, but are not using a modern method of contraception².

As part of the Marie Stopes International global partnership, Marie Stopes International Australia (MSIA) is addressing this unmet need for modern contraception in the Asia-Pacific region, with programs in Timor-Leste, Papua New Guinea and Cambodia. Here we find some of the highest fertility rates in the region. To address this we are working to increase contraceptive prevalence, reduce unintended pregnancies and prevent maternal mortality. We are implementing our Scaling-Up Excellence: One Woman at a Time strategy, which incorporates the lessons we have learned over the last 40 years in order to increase our **scale and impact**, focus on **quality** at all levels of our business and use our expertise as a social business to ensure our business's **sustainability**.

Our client-centred approach

Marie Stopes International has an unwavering commitment to our clients. We provide sexual and reproductive health education, contraceptive services and where legal, we provide safe and comprehensive abortion services free from judgement, stigma and discrimination.

Quality is our priority and we ensure that every woman who receives a service from Marie Stopes is provided with choice. Our commitment to quality includes:

- **Clinical quality** – we ensure all clinical providers promote choice through their group education and individual counselling.
- **Product quality** – we work to provide the largest range of contraceptive options possible, and we guarantee their quality through end-to-end supply chain management which includes batch-testing and factory inspection.
- **Advocacy** – we promote access to comprehensive reproductive health services. Our Evidence-To-Action team advocates for task shifting amongst health care workers to expand access and legal reform of restrictive SRH policies. We build on our clinical experience, working in partnership with governments to write comprehensive guidelines around SRH service provision.

1 unicef.org/media/media_58417.html

2 gutmacher.org/fact-sheet/adding-it-up-contraception-mnh-2017-asia

- **Data driven decision-making** – using a suite of tools for routine data collection, data is collected and analysed to better understand our clients, evaluate our clinical quality and review our performance. This allows us to ensure delivery of high-quality sexual and reproductive health services that meet the needs of our clients and contribute towards broader learning and best practice in the sector.

Accreditation

As a member of the Australian Council for International Development (ACFID), Marie Stopes International Australia is committed to upholding the standards of the ACFID Code of Conduct (The Code). Marie Stopes International Australia adheres to the best-practice principles of The Code and the rigor for governance, financial reporting, management and ethical practice as an international development agency.

Should you have any questions or complaints, please contact **feedback@mariestopesinternational.org.au**.

Marie Stopes International Australia holds full accreditation from the Australian Government and is eligible for funding under the Australian NGO Cooperation Program (ANCP).

Jenny Awiana (right), outreach coordinator for Marie Stopes Papua New Guinea provides counselling in the Eastern Highlands



How we deliver our services

Centres

Marie Stopes clinics, also known as our centres, are a safe and welcoming environment where women and their families can access reproductive health services from experienced clinical service providers. Each centre is fitted out and designed to ensure privacy and warmth to enrich every woman's experience. Most of our centres are in urban areas and we carefully consider a range of factors before deciding if and what fees to charge.

Outreach

Our outreach service providers travel long distances, often through difficult terrain, to reach underserved communities. We offer a range of free or subsidised contraceptive services to women living in rural, remote and hard-to-reach communities. Often people living in these areas would not otherwise have had access to modern contraceptive methods or to skilled healthcare providers. In Papua New Guinea, we estimate 77% of our outreach clients in 2018 had never used a modern contraceptive method.

MS Ladies

The MS Ladies model meets the reproductive health needs of women and girls in rural and peri-urban areas underserved by traditional health care systems or areas with limited access to health care facilities. MS Ladies are entrepreneurs; women working to provide high-quality family planning services for their own community through door-to-door services in homes or in nearby public health facilities. Through this model, MSI recruits self-employed and qualified nurses, midwives or community health workers who have entrepreneurial aspirations and a desire to generate a supplementary income but may face barriers such as training needs, or a lack of capital or high-quality supplies. The MS Ladies model can be adapted to each unique community - some MS Ladies set up mini-clinics in their own homes while others travel door-to-door and deliver services in their clients' homes or operate out of public healthcare facilities.

Social franchising

Our social franchising services, known as BlueStar, work in the same way fast-food franchises do. Social Franchisees are midwives or doctors who own their own clinics, providing high-quality contraceptive services with training, support, equipment and commodities from Marie Stopes International. BlueStar clinics adhere to the same standards as Marie Stopes clinics, and women are provided with comprehensive reproductive health services from a trained clinical provider. Social franchisees vary by country, but the services allow us to reach more women and girls in urban and peri-urban settings.

Technical assistance for public and private sectors

MSI has provided sexual and reproductive health services worldwide for 42 years. Through our rigorous data analysis, evaluation and continuous learning practices, we can meet the needs of clients while maintaining high-quality and best-practice standards. We share our knowledge and build capacity with both public and private sector health providers at local, provincial and national levels to ensure that women everywhere can receive the care they deserve.

Global impact

In 2018 Marie Stopes International provided more services than ever before, with **30.2 million** women worldwide using a contraceptive provided by MSI. We served almost **10 million** people, which has led to an estimated¹:

**30.2
MILLION**

WOMEN WORLDWIDE ARE
USING A CONTRACEPTIVE
PROVIDED BY MSI

34.7 MILLION
COUPLE YEARS OF PROTECTION²

12.3 MILLION
UNINTENDED PREGNANCIES PREVENTED

6.4 MILLION
UNSAFE ABORTIONS AVERTED

32,000
MATERNAL DEATHS AVERTED

¹ To measure the impact of our work, we use a socio-demographic mathematical model called “Impact 2”. Visit mariestopes.org/impact-2 for more information.

² Couple Years Protection (CYPs) is the global family planning measure that estimates the protection from pregnancy provided by contraceptive methods during a one-year period.



Mao Thida, a Marie Stopes Lady has her own business providing clinical and counselling services to women in Phnom Penh in Cambodia

Empowering women through reproductive choice

Our innovative new program, the **Mekong Women's Empowerment Project** (Empower), funded by the Australian Department of Foreign Affairs and Trade, aims to reach over 700,000 women and girls in Cambodia, Myanmar and Viet Nam with high-quality, affordable, comprehensive and equitable sexual and reproductive health and family planning information and services over a four-year period. This will be achieved by strengthening the capacity of 466 female healthcare workers (MS Ladies) to deliver these services in their communities.

The program aims to advance women's economic empowerment by increasing the clinical capacity, business skills and financial independence of entrepreneurial health providers, and increasing awareness and access to sexual and reproductive health services for women. With local knowledge and community networks, MS Ladies can respond to the needs of the market and charge locally

appropriate and affordable fees for quality products and services. The flexibility and adaptability of the MS Ladies service delivery model means they can reach individuals and communities underserved by existing healthcare systems.

Key themes include:

- **Gender equality and women's economic empowerment:** This program aims to support women and girls in Cambodia, Viet Nam and Myanmar to increase their financial independence and socio-economic wellbeing while contributing to improvements in reproductive health outcomes.
- **Disability inclusion:** This is a key component in the achievement of gender equality and equal rights for all. Through targeted initiatives, such as creating strong links with disabled person's organisations and providing training to MS Ladies in inclusive service provision, the program ensures that women and girls with disabilities can recognise

their rights, and exercise control over the decisions that affect their lives.

- **Reaching marginalised groups:** To ensure young people, people with disabilities and all other vulnerable groups are better informed to make healthier decisions about their sexuality and reproductive health, MSI is providing training and ongoing support to the MS Ladies to strengthen their ability to provide inclusive, non-judgmental, and stigma-free services.
- **Private sector engagement:** By strengthening the business, marketing and financial skills of existing health providers, MSI is helping develop private enterprise by building a more sustainable approach to service delivery and increasing access to quality service provision for clients.

MSI launched the program in June 2018 and has recruited and trained 102 service providers as MS Ladies. In December 2018, Empower MS Ladies started service delivery and reached over 1,000 clients in one month.

“ I was lucky. After joining MS Ladies, I received clinical training and counselling training and improved my clinical skills. These skills helped me build trust with my clients. On top of that, the business skills training was really good. It helped me as a business owner. It helped me strengthen financial management and customer service. I set up three-year goals, then to help me achieve my goals I came up with action plans. From action plans I was able to reduce unnecessary expenses. This helps me save. I hope in three years I will achieve my goal. ”

Mao Thida, MS Lady in Cambodia

Timor-Leste

Marie Stopes Timor-Leste (MSTL) was established in 2006 in the post-conflict, newly sovereign nation. Since then, MSTL has played an integral role in the health system, contributing greatly to the current contraceptive prevalence rate of 24%.

In 2018, MSTL continued their work supporting the Ministry of Health to ensure women, men and young people had access to contraception and to address enduring social myths and gender norms that prevent uptake.

Recognising the links between violence against women and reproductive health in Timor-Leste, MSTL has been working with the National Health Institute (INS), La Trobe University and the Menzies Institute to conduct research on reproductive health decision making. Key findings demonstrated that Timorese men found it acceptable for a woman to be subjected to violence if she had accessed FP information or services without his permission. Utilising this research to inform programmatic approaches, MSTL is engaging men in conversations about sexual and reproductive health with a view that time is required to address myths, social norms and other barriers that prevent women from exercising their rights. This work has begun efforts to shift attitudes and acceptance, with some notable successes.

On Atauro Island, for example, MSTL has been working with Blue Ventures, an international NGO which focuses on helping coastal communities preserve and rebuild marine ecosystems for sustainable livelihoods. Blue Ventures' existing connections to men's groups have expanded our ability to deliver community education sessions on the importance of SRH/FP. By working with these men's groups, MSTL has used gender transformative approaches to explore and discuss beliefs and understandings about contraception. The approach has supported increased uptake of services on the island as well as greater frequency of MSTL visits to meet demand.



Lourdes is a young mother and Marie Stopes Timor-Leste client



Gender equality and male involvement

Estevão is a fisherman, tourist guide and father of two children. His wife's name is Lourdes and they live together on Atauro island. At one point Estavão believed that household work was



Young parents Estevão and Lourdes on Atauro Island in Timor-Leste

not for men. He thought that cleaning, cooking and looking after children was a woman's responsibility. However, after participating in several sessions on gender transformative approaches by MSTL team members, his opinions

began to change. He started to see that his wife was missing out on social activities because she was so busy working, all day.

They now share household activities equally and try to help each other as much as possible. They are also using a long-term method of family planning so they can better plan for their future as a family.

In 2018, approximately 39,000 people in Timor-Leste were using a modern method of contraception supplied by Marie Stopes Timor-Leste, with 14,691 women supplied with a long-acting method.

Cambodia

As of 2016, Cambodia had the youngest population in Southeast Asia, with 22% of the population aged between 15-24 years¹.


Many young women are unaware of available contraception options and do not seek out sexual and reproductive health services. This may be due to limited health education or because of cultural stigma around young unmarried women being sexually active. As such, approximately 1 in 8 Cambodian women aged 15-19 have become mothers or are currently pregnant with their first child².

Marie Stopes International Cambodia (MSIC) uses a range of techniques to provide young people with targeted information to address these knowledge gaps. Building on MSI's global adolescent engagement strategy and evidence from Cambodia, MSIC has learnt that different approaches are required to engage adolescents compared to young people over 20 years of age, and different messages are required for urban and rural youth. With the support of the Women's Plans Foundation and the John and Golda Cohen Trust, Marie Stopes reached 6,618 adolescents in 2018 through a combination of face-to-face engagements such as mobile 'chat boxes', open house days at our clinics and small group discussions as well as our contact centre, Facebook and various other social media channels.

1 UNFPA: cambodia.unfpa.org/sites/default/files/pub-pdf/UNFPA_Final_Report_10_October_2016_5pm%28NRT_reformatted%29.pdf

2 UNFPA: [cambodia.unfpa.org/sites/default/files/pub-pdf/TeenagePregnancyCasesCompiled\(approved4Nov2015\).pdf](http://cambodia.unfpa.org/sites/default/files/pub-pdf/TeenagePregnancyCasesCompiled(approved4Nov2015).pdf)





An MSI Cambodia youth mobiliser in Siem Riep talks to a market trader about contraceptive options

Power of Choice

In September 2018, Marie Stopes International Cambodia (MSIC) launched the Power of Choice campaign. This campaign aims to address the individual and community stigma around sexual and reproductive health and increase understanding and awareness of safe, legal options existing in the community. With supporting activities at universities and schools, youth-friendly service provision at MSI centres and a confidential contact centre for advice and referrals, MSIC is fostering an enabling and supportive environment, especially for young and unmarried women.

More than 81,000 women in Cambodia were using an MSI-supplied contraceptive method in 2018. Marie Stopes International Cambodia provided 7,018 long-acting and permanent contraceptives in 2018 and served over 72,901 clients for sexual and reproductive health services, including safe abortion.

In 2018, MSIC prevented an estimated:

- 20 maternal deaths
- 31,000 unintended pregnancies
- 14,000 unsafe abortions

Papua New Guinea

Papua New Guinea (PNG) has a rapidly growing population. Challenges of geography, lack of infrastructure and limited resourcing mean that many people lack access to adequate health care and have limited options for contraception, particularly access to long-acting methods. In PNG almost 30% of women have an unmet need for family planning¹.

Marie Stopes Papua New Guinea (MSPNG) uses service delivery channels designed to reach women and couples most in need with comprehensive, safe and affordable sexual and reproductive health services. Through four centres, 14 mobile outreach teams and technical assistance to the public health sector MSPNG is increasing access to contraception at a national scale. In 2018, MSPNG extended the distances travelled by our outreach teams to reach 14 of the 22 provinces.

Since 2014, MSPNG has been building the capacity of the public sector through the National Family Planning Training Program (NFPTP). In association with the PNG National Department of Health (NDOH), the program was developed and implemented as the first national curriculum for in-service training of FP methods with a focus on long-acting reversible contraceptive methods (LARCs). In partnership with the NDOH, the NFPTP identifies public, private and NGO health service providers and delivers in-depth, hands on training, on-going supportive supervision and competency assessment, thereby increasing access to these methods for women across PNG.

In response to operational research conducted in 2018, MSPNG will be strengthening the program, which has trained over 600 healthcare workers, by introducing a supervisory team in addition to the existing training team to focus on supportive supervision to ensure trainees are achieving competency in LARC methods and increasing uptake in their communities.

1 Papua New Guinea. (2011). *World Bank: Reproductive Health at a glance*. Retrieved from <http://siteresources.worldbank.org/INTPRH/Resources/376374-1303736328719/PNGhealth42211web.pdf>



Natasha is a young mother and Marie Stopes Papua New Guinea client



Natasha's story

Natasha lives in Papua New Guinea, where cultural norms, taboos and the difficult terrain make it difficult to access modern methods of contraception, especially for young people. While her husband goes to school, Natasha spends time growing food in her garden, looking after her child and going to the market.

"I've got two brothers each with five children close together. I see their wives struggling to get enough food and firewood for their families. Their children get sick frequently because they're not getting enough nutrition, they don't have enough clothes and enough firewood. I don't want my children to be like that.

My contraceptive implant will allow me enough time to grow food and sell it."

In 2018, MSPNG saw over 47,775 clients with high-quality sexual and reproductive health services. Despite dealing with the difficult terrain of Papua New Guinea, approximately 110,000 women, girls and men were using a contraceptive method supplied by MSPNG in 2018.

In 2018, with four centres and 14 outreach teams MSPNG prevented an estimated:

- 70 maternal deaths
- 51,000 unintended pregnancies
- 5,600 unsafe abortions.

Fast finance

Marie Stopes International Australia is part of the global Marie Stopes International partnership. The partnership generates over \$532 million in revenue globally. This income is primarily composed of grants from institutional donors and private foundations together with revenues generated from the partnership’s commercial operations. Marie Stopes International Australia also benefits from the clinic network operated by Marie Stopes Australia, with surplus income from this enterprise donated towards supporting our work in reaching those most in need.

In 2018, Marie Stopes International Australia recorded expenditure of \$10.4m on international programs, up 37% compared to 2017 (\$7.6m) as we

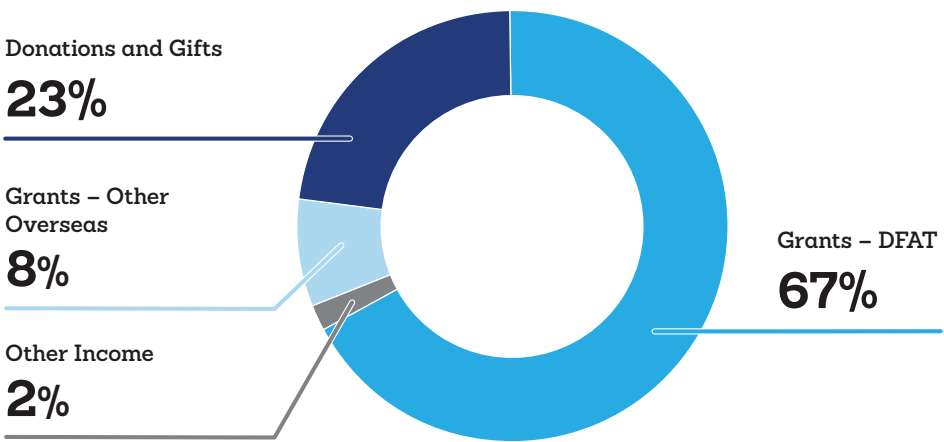
secured new DFAT funding for projects in Timor-Leste, Cambodia, Myanmar and Vietnam. International Programs expenditure represented 90% of total expenditure in 2018, increasing from 89% of total expenditure in 2017. Support office costs remain low in 2018 with administration costs at 7% of total expenditure and fundraising costs at 2% of total expenditure.

Revenue was recorded at \$12.6 million for 2018. DFAT funds account for 67% of total revenue, consistent with 2017 and down from 78% in 2016 and 90% in 2015. Donations and gifts represented 23% of total revenue, up from 20% in 2017. We will continue to look for opportunities to build upon our secure donor portfolio in 2019 whilst continuing to build our public donation revenue.

Overall, we have generated a surplus for the 2018 financial year of \$961k. This positive result strengthens our net asset position and allows Marie Stopes International Australia to increase our contribution to MSI programs in 2019. The Board and management at Marie Stopes International Australia will continue to closely monitor the organisation’s financial situation, ensuring both a healthy bottom line while maximising our contribution to the global mission.

Figures 1 and 2 show the various components of income and expenditure as a proportion of the totals. Each category is adapted from the summary financial statements on the following pages and is based on the definitions described in the ACFID Code of Conduct.¹ Figure 3 shows expenditure for each of the Country Programs within the Pacific Asia region, supported by MSIA.

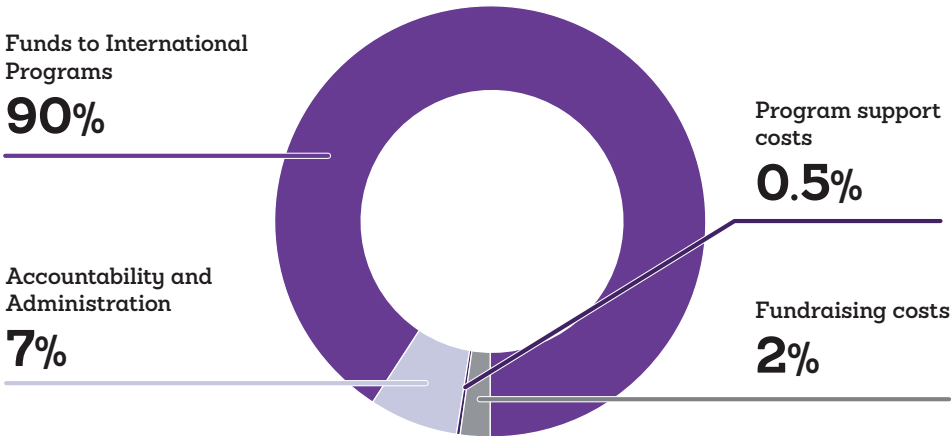
Figure 1: Revenue in 2018.



Revenue	%	AUD
Donations and Gifts	22.96	2,903,025
Grants – DFAT	67.22	8,501,397
Other Income	1.91	241,728
Grants – Other Overseas	7.91	1,000,335
Total		12,646,485

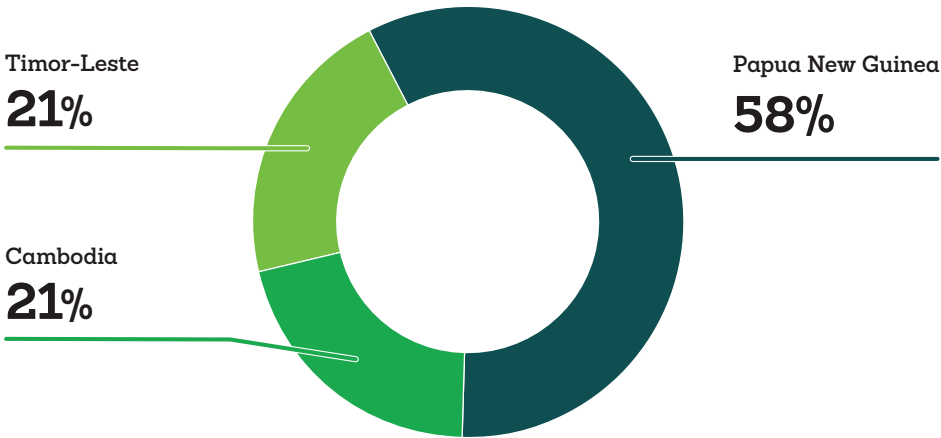
1 acfid.asn.au/content/financial-definitions

Figure 2: Expenditure in 2018.



Expenditure	%	AUD
Program support costs	0.47	54,154
Fundraising Costs	2.27	260,911
Accountability and Administration	6.69	768,594
Funds to International Programs	90.57	10,409,325
Total		11,492,984

Figure 3: Dollars managed in the region, 2018.



Region	AUD
Papua New Guinea	9,666,135
Cambodia	3,456,322
Timor-Leste	3,542,527
Total	16,664,985

Report of the Independent Auditor on the Summary Financial Statements to the members of Marie Stopes International Australia

Opinion

The summary financial statements, which comprise the summary balance sheet as at 31 December 2018 and the summary income statement and the summary statement of changes in equity for the year then ended, are derived from the audited financial report of Marie Stopes International Australia for the year ended 31 December 2018.

In our opinion, the accompanying summary financial statements are consistent, in all material respects, with the audited financial report in accordance with the basis described in the summary financial statements.

Summary Financial Statements

The summary financial statements do not contain a summary statement of cash flows or all the disclosures required by the Australian Accounting Standards. Reading the summary financial statements and the auditor's report thereon, therefore, is not a



substitute for reading the audited financial report and the auditor's report thereon. The summary financial statements and the audited financial report do not reflect the effects of events that occurred subsequent to the date of our report on the audited financial report.

The Audited Financial Report and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial report in our report dated 25 March 2019.

Responsibilities of the Directors for the Summary Financial Statements

The Directors are responsible for the preparation of the summary financial statements.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are consistent, in all material respects, with the audited financial report based on our procedures, which were conducted in accordance with Auditing Standard ASA 810 *Engagements to Report on Summary Financial Statements*.

Deloitte Touche Tohmatsu

DELOITTE TOUCHE TOHMATSU

Anneke Du Toit
Partner
Chartered Accountants

Melbourne, 25 March 2019

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Financial statements

Marie Stopes International Australia

Income statement for the Year Ended 31 December 2018

(All amounts in AUD)

	Year Ended 31 December	
	2018	2017
REVENUE		
Donations and gifts		
– Monetary	2,903,025	1,844,709
Grants		
– DFAT	8,501,397	6,124,794
– Other Australian	48,866	64,285
– Other overseas	1,000,335	983,848
Investment income	111,161	61,321
Other income	81,701	89,232
Total Revenue	12,646,485	9,168,189
EXPENDITURE		
International Aid and Development Programs Expenditure		
International programs		
– Funds to international programs	10,409,325	7,592,955
– Program support costs	54,154	565,948
Fundraising Costs		
– Public	100,343	5,915
– Government, multilateral and private	160,568	140,514
Accountability and administration	768,594	259,349
Total International Aid and Development Programs Expenditure	11,492,984	8,564,681
Exchange rate (gain) / loss	196,241	(30,683)
Total Expenditure	11,689,225	8,533,998
Excess / (shortfall) of revenue over expenditure	957,260	634,191
Other comprehensive (revenue) / expenditure	3,675	25,619
Total Excess / (shortfall) of revenue over expenditure	960,935	608,572

During the financial year, Marie Stopes International Australia had no Non-monetary Donations and gifts Income, Bequests and Legacies Income, Income or Expenditure for Commercial activities, Income or Expenditure for International Political or Religious Adherence Promotion Programs, Community education Expenditure, Non-monetary Expenditure or Domestic Programs Expenditure. The above figures have been extracted from the Audited Financial Statements for the year ended 31 December 2018. For a copy of this report, please call us on **1300 478 486** or email programs@mariestopes.org.au

Financial statements - continued

Marie Stopes International Australia

Balance Sheet as at 31 December 2018

(All amounts in AUD)

	Year Ended 31 December	
	2018	2017
ASSETS		
Current Assets		
Cash and cash equivalents	7,342,364	7,449,633
Trade and other receivables	1,213,184	305,980
Inventories	93,481	81,697
Total Current Assets	8,649,029	7,837,310
Non-Current Assets		
Property, plant and equipment	162,285	136,236
Total Non-Current Assets	162,285	136,236
Total Assets	8,811,314	7,973,546
LIABILITIES		
Current Liabilities		
Trade and other payables	4,716,314	4,879,800
Provisions	111,716	76,188
Total Current Liabilities	4,828,030	4,955,988
Non-Current Liabilities		
Provisions	7,435	2,644
Total Non-Current Liabilities	7,435	2,644
Total Liabilities	4,835,465	4,958,632
Net Assets	3,975,849	3,014,914

At the end of the financial year, Marie Stopes International Australia had zero balances in Current and Non Current Other Financial Assets, Current Assets held for sale, Non-Current Trade and Other Receivables, Non-Current Investment Property, Other Non-current Assets, Non-Current Intangibles, Current and Non-Current Borrowings, Current and Non-Current Other Financial Liabilities, Current Tax Liabilities, Current and Non-Current Other Liabilities. The above figures have been extracted from the Audited Financial Statements for the year ended 31 December 2018. For a copy of this report, please call us on **1300 478 486** or email programs@mariestopes.org.au

Financial statements – continued

Marie Stopes International Australia

Balance Sheet as at 31 December 2018 – continued

(All amounts in AUD)

	Year Ended 31 December	
	2018	2017
EQUITY		
General Reserves	(28,738)	(32,413)
Restricted Reserves	32,176	207,177
Retained Earnings	3,972,411	2,840,150
Total Equity	3,975,849	3,014,914

Statement of Changes in Equity for the Year Ended 31 December 2018

(All amounts in AUD)

	Retained Earnings	Reserves	Total
Balance at 31 December 2017	2,840,150	174,764	3,014,914
Items of other comprehensive income	–	3,675	–
Excess of revenue over expenses	957,260	–	957,260
Other amounts transferred (to) from reserves	–	(175,001)	–
Balance at 31 December 2018	3,972,411	3,438	3,975,849

Outreach nurse John Guagl gives
an awareness presentation at Hila
Village in the Eastern Highlands
province, Papua New Guinea.





If you would like to support our work, please visit
mariestopesinternational.org.au/donate
or call 1300 478 486

Marie Stopes International Australia

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Web: mariestopesinternational.org.au
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Environmental Statement

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