



2013 Annual Report 2014-2015 Calendar



**MARIE STOPES
INTERNATIONAL
AUSTRALIA**

Letter from the CEO

The nature of Marie Stopes International as a social business has never been more important, or more relevant, than it is right now. Across the globe, our social business model enables us to reach our clients more effectively, efficiently and sustainably. We employ a range of relevant service delivery channels and focus on innovative and sustainable health financing. This enables us to deliver comprehensive, high quality reproductive healthcare to underserved men and women around the world.

In May 2013, we travelled to Bangkok to present on our social business model at the UNFPA Asia Pacific Regional Office Annual General Meeting. As a result of this successful visit, our country programs have experienced a greater level of engagement with UNFPA, including our Timor-Leste and Myanmar programs being invited to attend a sub-regional workshop on improving the quality of care in family planning.

We continue to work closely with bilateral and multilateral donors to develop innovative programs that ensure measurable outcomes and maximum value for money for their development aims. In 2013, our Australian team secured a record \$32 million in approved funding submissions. We also delivered high quality strategic, technical and grant management support to our country programs.

Last year saw a change in leadership for Marie Stopes International globally. Dana Hovig stepped down from the role of global CEO in May to join the Bill and Melinda Gates Foundation. I would like to acknowledge the tremendous support, guidance and expertise Dana provided to me over the years. In October 2013, we hosted Simon Cooke in our Melbourne offices during his first week as new global CEO. Simon brings with him many years of commercial experience which will help us continue to drive and diversify as a successful social business. I welcome him to the Partnership.

In 2014, our focus will be on sustainability as we continue to look at innovative ways to diversify our social business model. It will be challenging but I am confident we will succeed.



Maria Deveson Crabbe
Chief Executive Officer

Letter from the Chair

The impact of Marie Stopes International continues to grow year upon year, reaching more underserved women and providing them the means to control their fertility and reproductive health.

In 2013, we estimate that, globally, 15.7 million clients used a contraceptive method supplied by Marie Stopes. We anticipate that our work will prevent 6.2 million unintended pregnancies, as well as 2.8 million unsafe abortions and 14,300 maternal deaths. In the Pacific Asia region, we estimate that our work will prevent approximately 733,000 unintended pregnancies, 152,000 unsafe abortions and 500 maternal deaths.

We have continued to achieve unprecedented levels of funding to deliver programs in the Pacific Asia region. In 2013, we were awarded \$6.3 million to deliver the Partnering to Save Lives program, focussing on improving the number, quality and awareness of safe abortion providers in Cambodia.

Earlier in the year, we were awarded \$208,000 to partner with Plan on a combined livelihoods and health project for young mothers as part of the Australia Africa Community Engagement Scheme (AACES) Innovations Fund. Towards the end of 2013, Marie Stopes Papua New Guinea (MSPNG) achieved a \$1.77 million grant to deliver the PNG National Family Planning Training Program, reflecting the very high regard in which they are held by the National and Provincial governments.

In 2013, Dana Hovig and Virgilio Pernito stepped down from the MSIA Board. I wish to thank Dana for his outstanding global leadership at Marie Stopes International. Virgilio has gone on to join the global Marie Stopes International Board and we thank him and wish him all the best. We welcomed Marie Stopes International's Global CEO, Simon Cooke, who joined both the organisation and the MSIA Board in October 2013.

The drive and determination of the MSIA team to understand the needs of their clients and to continuously deliver on these is inspiring. I know that they are indefatigable and that next year will bring even greater achievements.



Glenyce Johnson
Chair,
Marie Stopes International
Australia Board

Board of Directors



Glenyce Johnson
Chair
Elected: 2009



Maria Deveson Crabbe
CEO – Marie Stopes International Australia
Elected: 2011



Julie Mundy
Company Secretary
Elected: 2009



Dana Hovig
Elected: 2011
Resigned: 2013



Virgilio Pernito
Elected: 2010
Resigned: 2013



Jane Black
Elected: 1998



Ian Howie
Elected: 2013



Lily Liu Liqing
Elected: 2012



Simon Cooke
CEO – Marie Stopes International
Elected: 2013

Children by choice, not chance

The Marie Stopes International vision is of a world in which every birth is wanted. Our mission is children by choice, not chance.

In 2013, there were over 15.6 million people around the world using a contraceptive method provided by us. We estimate that this contraceptive use will prevent 6.2 million unintended pregnancies. Combined with our safe abortion and post-abortion care services, we estimate that we will avert 14,300 maternal deaths.

While these figures represent a significant improvement in our service delivery, there is still a great deal more work to do to address the lack of access to comprehensive, high quality reproductive healthcare.

- Every two minutes, a woman dies from a pregnancy-related complication. Worldwide, one woman dies every eight minutes from an unsafe abortion.
- Teenage pregnancy is the leading cause of death for girls aged between 15-19.



Women awaiting consultation with baby at the Marie Stopes International clinic, Patheingyi, Myanmar. Photographer: Tom Greenwood.

Our social business model

Marie Stopes International operates as a social business. Our clients are at the centre of everything we do and our business model enables us to reach them effectively, efficiently and sustainably.

Where appropriate, we employ commercial channels for service delivery and we are focused on innovative and sustainable health financing.

Through these means, we work with private and government service providers to improve the supply of family planning and reproductive health services; address demand for services through marketing and financing; register and market essential medicines and products and focus on supply chain security, removing it as a barrier to service delivery.

Working in partnership with governments and other private sector healthcare entities is critical to our operations as a successful social business. This helps us to achieve the greatest and most sustainable impact within a variety of different, and changing, contexts.

To support our own sustainability, we utilise business models and financing approaches that reflect the best options for the health markets in which we operate. This allows us to adapt as health markets evolve.

Accreditation

Marie Stopes International Australia has been endorsed with Full Accreditation from the Department of Foreign Affairs – Australian Aid, Australia's government aid program. For further information refer to www.aid.dfat.gov.au.

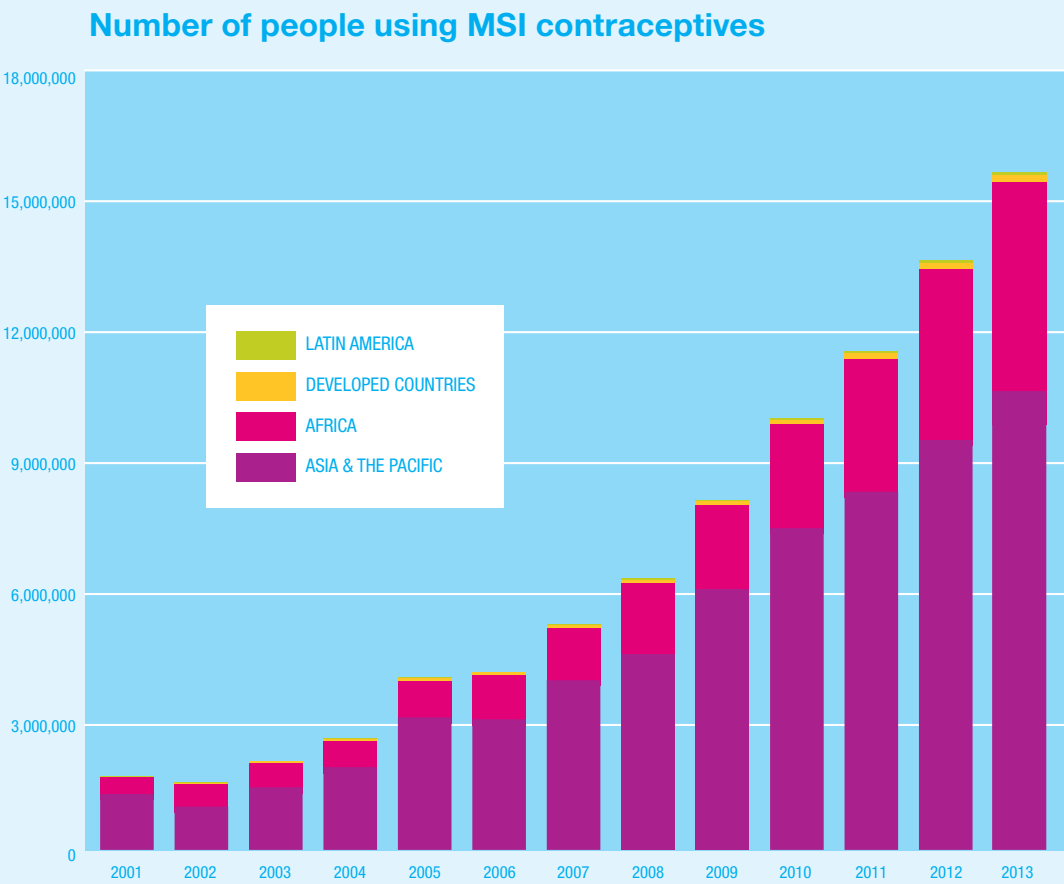
We are a member of the Australian Council for International Development (ACFID) and are committed to the ACFID Code of Conduct principles, to which we are a signatory. We also adhere to high standards of governance, financial reporting, management and ethical practice in our work. Questions or complaints should be sent to the Governance and Compliance Officer at info.governance@mariestopes.org.au.

Further information relating to the Code and the complaints handling process is available at www.acfid.asn.au/code-of-conduct/complaints. Any questions or complaints should be directed to the Growth and Effectiveness Team via complaints@acfid.asn.au or on 02 6285 1816.



Making a difference

In 2013, the Marie Stopes International global partnership reached more people than ever before, providing information, products and services through our centres, outreach services, social franchises, social marketing, community-based distributors and health information lines.



over **15.6m** people
were using a method of modern contraception supplied by MSI.

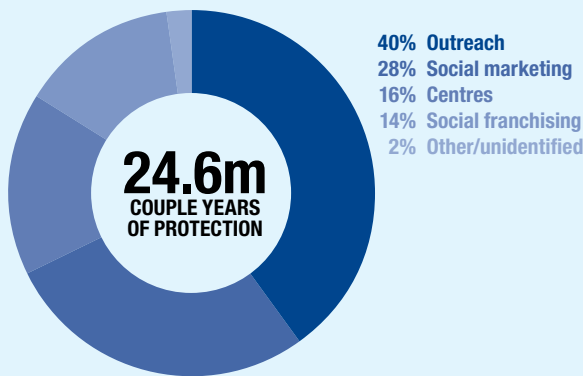
554 outreach teams
delivered services in remote and rural locations.

3,200 social franchises
ensured access to quality family planning services in their local communities.

3.1m safe abortion & post abortion
services.

24.6m Couple Years of Protection
were delivered by MSI programs.

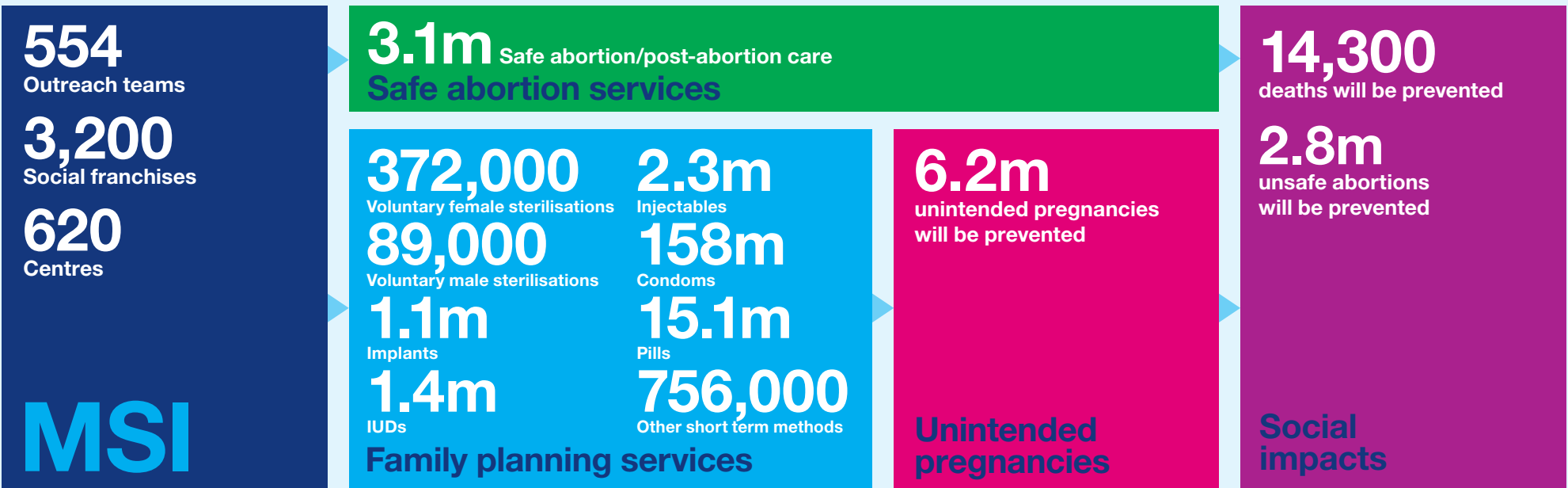
Our services equate to protecting 24.6 million couples from unintended pregnancy for a year (CYP). These were generated through:



Estimated impacts of our 2013 services globally*

Our work in 2013 will have the impact of preventing

14,300 maternal deaths
2.8m unsafe abortions



*Service impacts: these figures represent the total impact of services provided in 2013, much of which may occur in future years.

Four groups of women – expanding access in an equitable way

In 2012, an unprecedented series of national and global pledges were made at the London Summit on Family Planning by donors and governments to expand access to a further 120 million women across the developing world by 2020. These pledges, and the work that comes from them are collectively known as Family Planning 2020. As part of this, we have pledged that, by 2020, 20 million women will be using contraception provided by us. To reach these women, we must understand more about who our clients – and our potential clients – are.

We have identified four groups of women who we believe we need to reach to expand access to family planning in an equitable way. It is important that we understand what tools and approaches work best to deliver a full range of modern family planning choices and services to them.

Family planning adopter

We consider a woman who comes to us for family planning who was not using contraception before her visit to be a family planning adopter. To address low contraceptive use in a sustainable way, we increase access to contraception by providing voluntary family planning counselling and services to women who need contraception but are not currently using it, while also ensuring those that are using contraception are able to carry on doing so. In the Philippines, over 50% of our clients were family planning adopters.

Extreme poverty

Across the regions where we work, women with low incomes are consistently less likely to be using family planning than their more affluent peers. Globally, 70% of our 2013 clients were living on less than USD 2.50.

In Papua New Guinea, 6 in 10 of our outreach clients are poor compared to 2.5 in 10 of the general PNG population.

by 2020

20m

women will be using contraception provided by us

In the Philippines, over 50% of our clients were family planning adopters.

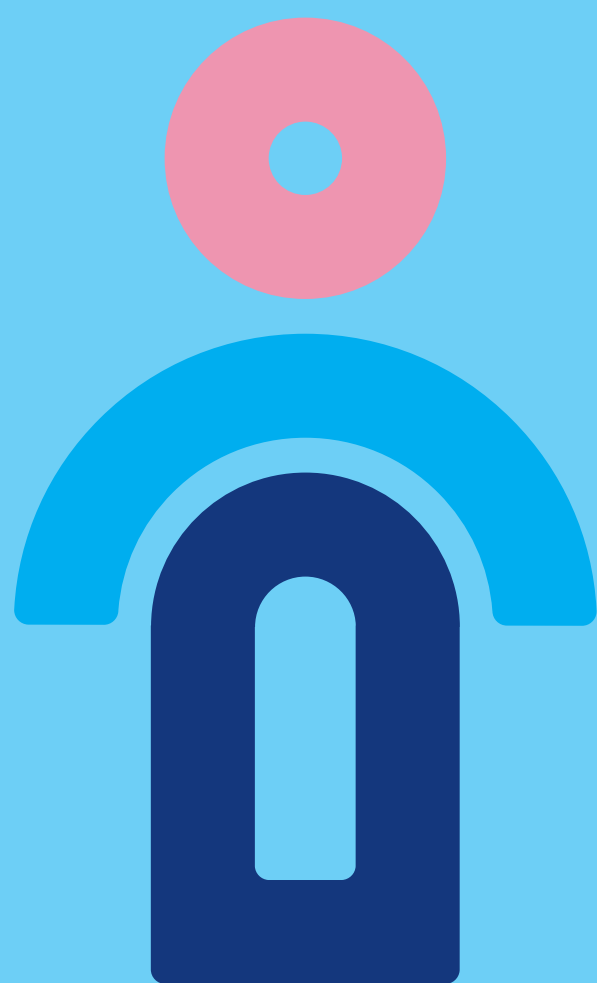
5/10

Globally, 4 in 10 of our 2013 clients were living on less than \$1.25 per day and 7 in 10 were living on less than \$2.50 a day.

4/10

In Papua New Guinea, 6 in 10 of our outreach clients are poor compared to 2.5 in 10 of the general PNG population.

6/10



Young women

Young people are vulnerable to poor sexual and reproductive health outcomes, and pregnancy-related complications are the leading cause of death for girls and women aged 15 to 24. Globally, almost 3 in 10 of our 2013 clients were under 24 years old.

Women using a method that doesn't suit their needs

In some of the regions where we work, trends in family planning use are skewed toward a particular contraceptive method. We give our clients the choice of a full range of modern contraceptives, offering hormonal and non-hormonal methods as well as short-term, long-acting, and reversible and permanent methods. Longer acting methods of contraception have lower failure rates and are more reliable than short-term methods such as condoms and pills.

Over 4 in 10 of our clients in Cambodia were using a long-acting method of contraception compared to less than 2 in 10 of the contraceptive users in the general Cambodian population.

Globally, almost 3 in 10 of our 2013 clients were under 24 years old.

Over 4 in 10 of our clients in Cambodia were using a long-acting method of contraception compared to less than 2 in 10 of the contraceptive users in the Camodian general population.

Country Highlights



Australian Africa Community Engagement Scheme (AACES)

AACES is one of the largest Australian Government programs of funding for Australian non-government organisations (NGOs) in Africa. The program focuses on community-based interventions across the sectors of water and sanitation, food security, and maternal and child health. AACES is being implemented across 11 African countries over five years (2011-2016), through 10 Australian NGOs and their local partners.

As one of the implementing Australian NGOs in the AACES program, we are partnering with Marie Stopes Kenya and Marie Stopes Tanzania to provide reproductive healthcare to marginalised communities. Over 100,000 marginalised people have accessed sexual and reproductive health services through the AACES project.

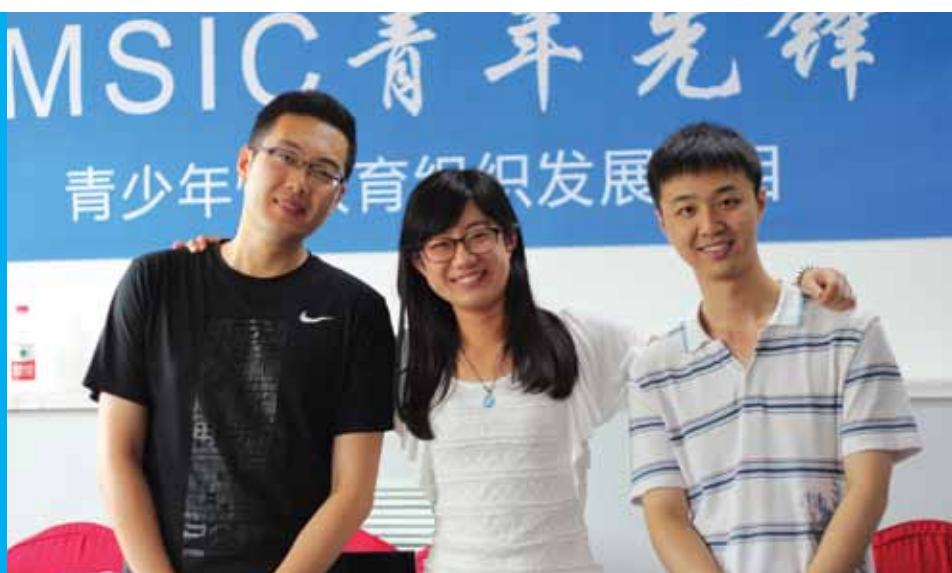


Cambodia

Our MSI Cambodia program works closely with the Government with a particular focus on capacity building and quality assurance of public service providers. In 2013 we entered into a Department of Foreign Affairs and Trade-funded partnership with the Ministry of Health, CARE and Save the Children to accelerate progress towards the Government's Fast-Track initiative to reduce maternal mortality.

We have also introduced innovative technologies on web-based and mobile platforms to increase access to a comprehensive range of reproductive health services for young people and garment factory workers. To support this, we also manage the Cambodian pregnancy options and advice hotline – Knhom Samrab Nak – which provides an informative, client-centred and confidential counselling service.

In 2013, MSI Cambodia saw over 65,000 client visits and delivered 180,627 couple years of protection (CYPs)*. We estimate that our 2013 program activities in Cambodia will prevent 36,000 unwanted pregnancies, 33,000 unsafe abortions and 60 maternal deaths.



China

MSI China works in partnership with the Chinese Government to deliver family planning best practice. We emphasise meeting the needs of young people and migrant workers (see our case study on the You&Me website initiative on page 21). We also conduct research into medical and surgical abortion protocols.

As part of our social marketing initiative, we have introduced manual vacuum aspiration (MVA) into the Chinese public health system. The World Health Organization recognises MVA as a form of safe abortion best practice. In comparison with the existing abortion procedure (dilatation and curettage in combination with electric vacuum aspiration), MVA results in better patient outcomes. By the end of 2013, MVA kits had been provided to ten public hospitals and family planning centres.

Around 4,000 high quality, confidential HIV voluntary counselling and testings were performed by our Xian Center in 2013 with approximately 130 people newly confirmed as HIV positive. This represents 13% of all the new confirmed HIV cases in 2013 in Shaanxi Province.

Overall, in 2013, MSI China recorded 12,370 client visits and delivered 16,000 CYPs.



Mongolia

Our Mongolia program focuses predominantly on social marketing, distributing a range of safe, affordable contraceptive products nationwide. We also play a critical role building the capacity of healthcare providers across Mongolia, providing training on best practice for safe abortion and family planning service delivery.

Through this work, we delivered over 170,000 CYPs and recorded close to 24,000 client visits during 2013. In Mongolia last year, we were entirely self-sufficient, achieving 100% cost recovery. In addition, we successfully applied for an Australian Youth Ambassador for Development (AYAD), who started volunteering with us in 2014.

* One couple year of protection (CYP) is the equivalent of one year of contraceptive protection for one couple. Some of the CYPs delivered in a specific year will actually be 'used' over future years, because they come from long-acting and permanent methods. For instance, an IUD is equivalent to nearly five couple years of protection.

Country Highlights



Myanmar

In 2013, our Myanmar program became active partners in the implementation of the 3MDG Fund, a multi-donor fund established to support the achievement of health-related Millennium Development Goals. Through this work we are focussing on the most hard-to-reach and underserved regions of the country (see page 15 – Make Women Matter).

In order to provide these services, we use mobile clinics and auxiliary midwives to support the needs of the most underserved, delivering over 390,000 CYPs in 2013. We served approximately 268,000 client visits for the calendar year.

There is a strong focus on health system strengthening, working in close partnership with the Government as well as delivering integrated services, including voluntary HIV testing and counselling, to make access to comprehensive care easier. Through these workstreams, our program has become the ‘go-to’ sexual and reproductive healthcare provider in Myanmar.

Papua New Guinea

In Papua New Guinea, we deliver a comprehensive range of culturally appropriate services to underserved men and women. We have developed and implemented a successful vasectomy program, adapting services to suit cultural preferences.

Our Papua New Guinea program has experienced great success expanding access to maternal healthcare by contracting through Provincial Health Authorities. In 2013, we expanded services into Milne Bay province and were appointed as lead organisation on the National Family Planning Training Program.

In 2013, we delivered 96,000 CYPs and recorded 27,600 client visits. This represents over 30% growth from the previous year. We estimate that these services will prevent 20,000 unintended pregnancies, 550 unsafe abortions and 30 maternal deaths in Papua New Guinea.



Philippines

Our program in the Philippines, Populations Services Philippines Inc, consists of an extensive social franchise network (BlueStar), mobile outreach and our own clinics providing services nationwide. We also work with a team of dedicated midwives, known as the Marie Stopes Ladies, to deliver family planning through outreach. In 2013, these services delivered 1,677,500 CYPs, consisting of 459,000 client visits.

In November 2013, Typhoon Haiyan devastated parts of the Philippines. Despite one of our clinics being destroyed, our team was very resilient and recovered quickly. Our services to impacted areas re-commenced within a week, ensuring people continued to have access to family planning services.

As a result of our 2013 work in the Philippines, we estimate that we will prevent over 500,000 unintended pregnancies, 89,000 unsafe abortions and 260 maternal deaths.

Timor-Leste

Operating in one of the world’s newest nations, our Timor-Leste program provides youth-friendly services and runs the only reproductive health hotline for young people in the country. We support government healthcare workers through capacity building, while our extensive mobile outreach provides services to hard-to-reach communities in rural and remote areas.

We estimate that we provide over a third of the country’s contraceptives and are the leading provider of long-acting methods. We have experienced consistent CYP growth of over 40% annually for the last two years.

In 2013, we delivered 28,500 CYPs and saw close to 49,000 client visits. We estimate we will prevent over 8,000 unwanted pregnancies, 1,300 unsafe abortions and 10 maternal deaths in Timor-Leste as a result of our 2013 services.



Babies in Bwindi hospital. Photographer: Marco van Hal.

Make Women Matter

Worldwide, one woman dies every eight minutes from an unsafe abortion.

Teenage pregnancy is the number one cause of mortality for girls aged between 15-19.

Coinciding with International Women’s Day 2014, Marie Stopes International launched a petition on Change.org urging the UN Secretary General and Co-Chairs of The Open Working Group on Sustainable Development Goals to ensure the next development agenda delivers on: achieving women’s rights and empowerment, universal access to sexual and reproductive health and rights, and ending unsafe abortion. The campaign that accompanied this petition is called **Make Women Matter**.

Providing access to reproductive healthcare is one of the simplest and cheapest ways to save women’s lives. If everyone who wanted to use contraception was able to, 79,000 women’s lives and 1.1 million infant’s lives could be saved in the developing world alone.

The United Nations General Assembly will meet in September 2014 to decide what the new development goals will look like. MSI wants to remind decision makers to Make Women Matter.

Visit mariestopes.org/makewomenmatter

| M | T | W | T | F | S | S |
|------------------------|----|----|---------------|-------------------------|----|----|
| | 1 | 2 | NAIDOC Week 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | World Population Day 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| World Hepatitis Day 28 | 29 | 30 | 31 | | | |



Ma Wine Zar Maung receives condoms at Char Mya Thar Si clinic, Mandalay, Myanmar. Photographer: Tom Greenwood.

Integrating STI and family planning services in Myanmar

Wine has been a sex worker in a Mandalay brothel for 11 years. She is also living with HIV.

Wine had been suffering from diarrhoea and fever when a friend advised her to go and get tested at the Marie Stopes International clinic in Mandalay. She tested positive for HIV in March 2009.

Five years later, Wine attends our clinic two or three times a month for treatment for opportunistic infections. She also receives condoms to use with her clients.

“Before I first came to the MSI clinic I was worried about discrimination,” said Wine, “but my friend came with me. And the staff were very welcoming and treated me with respect. I got a lot of information from the counselling.

“The most important thing about the MSI clinic is its value for the poorer community. A private or government clinic might cost about 10,000 kyat but the MSI clinic is affordable.

“Without this centre my health would be worse. I wouldn’t be able to afford other clinics.”

Since she contracted HIV, Wine has got involved in a self-help group and sometimes donates money to help women with transport to the clinic.

“Sometimes I have been ill and unable to come to the clinic. I called and someone from the clinic came to pick me up. I’m really happy.”

| M | T | W | T | F | S | S |
|--|-------------------------------|---|----|----|---|----|
| | | | | 1 | 2 | 3 |
| NSW Bank Holiday (local holiday) NT Picnic Day (local holiday) 4 | 5 | 6 | 7 | 8 | International Day of the World's Indigenous People 9 | 10 |
| 11 | International Youth Day 12 | Royal National Agricultural Show Day Queensland (local holiday) 13 | 14 | 15 | 16 | 17 |
| 18 | World Humanitarian Day 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 |



The Dr Marie clinic in Maroondah, Melbourne, Australia. One of 15 clinics generating surplus income for our International Programs. Photographer: Dr Marie.

Social business in Australia

In Australia, Marie Stopes International runs two ‘sister’ social business operations alongside our international development work.

A network of 15 Dr Marie clinics provides high quality sexual and reproductive healthcare including free decision-based counselling services for women considering pregnancy termination and 24-hour Nursing Aftercare for all clients. MS Health is a non-profit pharmaceutical company supplying vital reproductive health products. MS Health successfully registered Mifepristone and Misoprostol for early medical abortion in 2012 through the Therapeutic Goods Administration. In August last year, the medicines were listed on the Pharmaceutical Benefits Scheme.

In this way, Marie Stopes International invests in improving choice and access to sexual and reproductive healthcare services in Australia. Surplus income generated by these operations is also donated to help support our International Programs. Neither of these operations receives government funding beyond Medicare rebates.

| M | T | W | T | F | S | S |
|---|----|----|----|----------------------------|----|--------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | Barefoot Sunday 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | World Contraception Day 26 | 27 | 28 |
| Queen's Birthday (WA) Family and Community Day ACT (local holiday) 29 | 30 | | | | | |

Go barefoot on Barefoot Sunday to raise awareness for African women and girls living without the basics every day.



Our China youth program. Photographer: Unknown.

‘You&Me’ – Engaging youth in China

Young people in China face significant barriers accessing reproductive healthcare due to cultural expectations, financial constraints or lack of youth-friendly services.

Marie Stopes International China, established in 2000, has extensive experience engaging with and providing sexual and reproductive health information and services to young people. Over 70% of the services provided by our three ‘You&Me’ clinics are to unmarried people between the ages of 15 and 24 years.

In 2003, we developed an interactive youth-run website to help young people make more informed decisions about their sexual and reproductive health. Designed and developed by young people, the website targets people aged 13 to 24 years from around mainland China. ‘You&Me’ provides reliable, youth-specific sexual and reproductive health information and allows young people to discuss their concerns with their peers.

In addition to raising awareness and providing accurate, comprehensive information, the website also plays an important role as a training and resource platform for volunteers. Nationally, we have a network of approximately 100 volunteers in China, who have served in their communities for at least two years as sexual and reproductive health trainers or peer educators. Volunteers educate and empower other young people in regards to their sexual and reproductive health and rights.

| M | T | W | T | F | S | S |
|---|----|---|----|---|--|----|
| | | 1 | 2 | 3 | 4 | 5 |
| Labour Day 6 ACT, NSW, SA, QLD (local holiday) | 7 | 8 | 9 | 10 | International 11 Day of the Girl | 12 |
| 13 | 14 | International 15 Day of Rural Women | 16 | International 17 Day to Eradicate Poverty | 18 | 19 |
| 20 | 21 | 22 | 23 | World 24 Development Information Day United Nations Day | 25 | 26 |
| 27 | 28 | 29 | 30 | 31 | | |



Women wait for ligation, Rural Health Unit, Sultan Kudarat province, Mindanao, Philippines. Photographer: Tom Greenwood.

Tubal ligation in the Philippines

Maria Elirosa de la Cruz talks to us about her tubal ligation, performed by the outreach team in the Philippines.

“I have three children, all boys. I came here today to the Rural Health Unit for a ligation. I chose ligation so that I can limit the number of my children.

“Nowadays, we just give birth and give birth and children don’t get good education. The time will come when our children will ask us, ‘Why do you continue to have children, Ma, when you cannot provide us with good education?’

“My husband had many siblings. On my mother-in-law’s side there were 13 children, while on my father-in-law’s, there were 14. Most of their children did not finish school. I use them as an example so that when the time comes, my children will not be like them who did not have an education or did not finish school, which is why they are very poor.

“After my experience today, I do not regret anything because this is our decision as a couple.

“Honestly, they [the staff] were very good at entertaining [customers], and everything was good. I am thankful because they are very good at taking care of patients.”

| M | T | W | T | F | S | S |
|----|--|----|-----------------------------|----|----|----|
| | | | | | 1 | 2 |
| 3 | Melbourne Cup Day Victoria (local holiday) 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | Universal Children's Day 20 | 21 | 22 | 23 |
| 24 | International Day for the Elimination of Violence against Women 25 | 26 | 27 | 28 | 29 | 30 |



Nurse Joseph Mondo gives a presentation to a group of men, Kaming village, Jiwaka province, Papua New Guinea. Photographer: Tom Greenwood.

Papua New Guinea leading the way in vasectomy

In Papua New Guinea, men are typically the primary decision makers, for both themselves and their families, especially when it comes to healthcare. This means that healthcare providers face particular cultural challenges in delivering family planning services.

Many men disapprove of their wives using contraception and are often unwilling to use family planning themselves.

However, our team members in Papua New Guinea understand these cultural barriers and have developed a program that educates and counsels men in the context of traditionally male issues such as land, education costs and tribal fighting. We have also recruited more male nurses to be able to deliver more vasectomy services

As a result, the demand for and voluntary uptake of vasectomy in Papua New Guinea has skyrocketed in recent years. Between 2009 and 2013, we have recorded a 5,911% increase in the numbers of vasectomies performed – from 17 in 2009 to 1005 in 2013.

Many of our satisfied male clients have themselves become advocates for family planning, encouraging contraceptive use amongst their family and friends.

| M | T | W | T | F | S | S |
|------------------|----|--|--|---|----|----|
| World AIDS Day 1 | 2 | International Day of Persons with Disabilities 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | Human Rights Day 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | Christmas Day (Australian national holiday) 25 | Boxing Day (Australian national holiday) 26 | 27 | 28 |
| 29 | 30 | 31 | | | | |

JAN
2015



Filomena and friends, Letefoho, Timor-Leste. Photographer: Mina Barling.

LARC in Letefoho, Timor-Leste

When our Timor-Leste team visited a health centre in Letefoho, we met women in their 30s with as many as 13 children with no access to contraception. Filomena was one of these women.

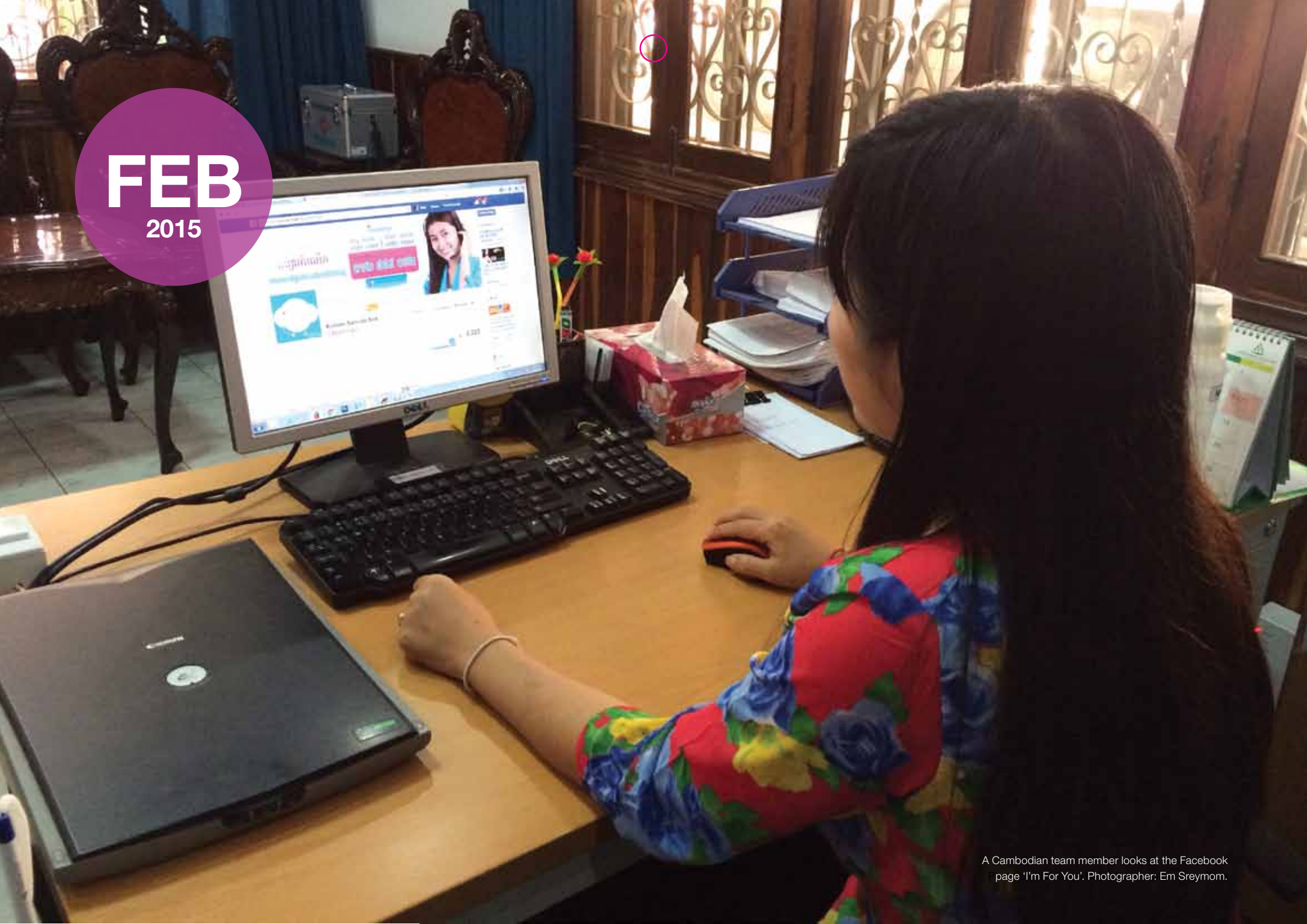
Filomena is 35 years old with eight children aged between three months and 17 years. She and three other women from her village made the journey through steep, mountainous terrain and pouring rain to a government-run health centre where a Marie Stopes midwife provides family planning services each week.

Filomena's decision to make the journey to the health centre was not a hard one. Filomena delivered all her babies in complete isolation in the family's small hut. Now that her eldest daughter has left for the city, there is little help in raising her youngest.

After discussing the options with their husbands, the women all agreed that they wanted a long-acting reversible (LARC) option that will give them a decent break from the demands of pregnancy and childbirth.

For Filomena, a contraceptive implant means five years of freedom from an unwanted pregnancy. The reality of a rest from pregnancy, birthing and breastfeeding after more than 17 years was something for Filomena to celebrate.

| M | T | W | T | F | S | S |
|---|----|----|--|----|-------------------------------|----|
| | | | New Years Day (Australian national holiday) 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | National Girl Day of India 24 | 25 |
| Australia Day (Australian national holiday) 26 | 27 | 28 | 29 | 30 | 31 | |



A Cambodian team member looks at the Facebook page 'I'm For You'. Photographer: Em Sreymom.

Liking Facebook in Cambodia

Facebook is by far the most popular social media platform in Cambodia. Over the past three years, the number of Facebook users in Cambodia has tripled to an estimated 1.4 million.

Our Cambodia program established a Facebook page in December 2012, to provide sexual and reproductive health information in a youth-friendly, interactive format. The page is called Knhom Samrab Nak (I'm For You), which is the name of our existing pregnancy advice hotline.

Within the first year of 'going live' the Knhom Samrab Nak Facebook page received over 3,500 likes, generating equal responses from both women and men. New content is posted to the page at least once a day, translated into English and Khmer. Visual posts – photos, cartoons, images and videos – have been the most popular way to communicate sexual and reproductive health messages and information. Q&A sessions on sexual and reproductive health myths and rumours also generate high levels of engagement.

A Marie Stopes team, working in conjunction with a young volunteer graphic designer, maintain the page, creating content, facilitating discussions, and responding to public and private enquiries. The next step is to develop a mobile phone app to link to the Knhom Samrab Nak hotline and Facebook page.

| M | T | W | T | F | S | S |
|---|----|----|----|--|----|----|
| | | | | | | 1 |
| 2 | 3 | 4 | 5 | International Day of Zero Tolerance to Female Genital Mutilation 6 | 7 | 8 |
| Royal Hobart Regatta Tasmania (local holiday) 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | |



Daw Than Nu, 47, client and community volunteer with women from her community. Char Mya Thar Si clinic, Mandalay, Myanmar. Photographer: Tom Greenwood

Daw Than Nu, client and community volunteer

Nu runs a small business and lives in a village near Mandalay, Myanmar, about one hour from our clinic. Nu had six children, but one died at 18 months of age.

Nu first heard about Marie Stopes International in 2009 when a mobile clinic arrived in her village. She initially had a contraceptive injection, but after suffering high blood pressure, she consulted a doctor and switched to an IUD instead.

Her first three children were not spaced and she was continually pregnant. Her third child died of pneumonia. “I was so busy I did not have much time to care for the child,” she said.

“When I had access to contraception, I was very happy as I had more time to look after my children.”

Nu has been so happy with Marie Stopes International, she has become a community volunteer, attending our training on how to present family planning information and advocating with friends and village leaders.

Nu’s husband helps gather women for our mobile clinic and visits to the Mandalay clinic. Altogether she has brought around 300 clients for contraception. On a single day, Nu brought 70 women to the clinic for cervical cancer screening – her most successful day yet.

| M | T | W | T | F | S | S |
|---|----|----|----|----|----|-----------------------------|
| 30 | 31 | | | | | 1 |
| Labour Day WA (local holiday) 2 | 3 | 4 | 5 | 6 | 7 | International Women's Day 8 |
| Labour Day Vic 9 Eight Hours Day Tas Canberra Day ACT Adelaide Cup SA (all local holiday) | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |



APR
2015

Outreach Clinic , outside Dodoma, Tanzania,
December 2011. Photographer: Susan Shulman.

Australia Africa Community Engagement Scheme (AACES)

AACES is our first project with a specific focus on disability inclusive service provision.

Implemented by Marie Stopes Kenya (MSK) and Marie Stopes Tanzania through funding from the Australian Department of Foreign Affairs and Trade, AACES has provided us with a unique opportunity to develop our capacity providing sexual and reproductive health services, information and counselling to people with a disability.

In order to understand and address the sexual and reproductive health needs of people with a disability in Kenya, we have worked closely with groups of people with a disability and built relationships with experts in the field. To achieve this, we recruited a Disability Coordinator, David Gitau, who is visually impaired.

“I joined in March 2012 and it was a brand new experience for Marie Stopes. My job is all about building capacity – to sensitise our service providers, make links with disability NGOs, and access and assist in developing disability-friendly materials. Building mutual relationships between Disabled People Organisations and Marie Stopes – and two-way understanding and trust – has been a particularly important role,” David said.

| M | T | W | T | F | S | S |
|--|---|----|----|---|--|----|
| | | 1 | 2 | Good Friday (Australian national holiday) 3 | 4 | 5 |
| Easter Monday (Australian national holiday) 6 | Easter Tuesday Tasmania (local holiday) World Heath Day 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | ANZAC Day 25 (Australian national holiday) | 26 |
| 27 | 28 | 29 | 30 | | | |



Anna Lee Intong, clinic manager, Blue Star Clinic, Carmen, Mindanao, Philippines. Photographer: Tom Greenwood

Social franchising in the Philippines

Anna Lee Intong is the clinic manager of the BlueStar clinic in in Carmen, Davao del Norte.

The BlueStar Maternity Clinic in Carmen, Davao del Norte provides vital maternal health and family planning services to this region of the Philippines.

Marie Stopes International’s social franchising brand, BlueStar, provides the clinic with equipment, facility improvements, flyers, signage, family planning supplies, training and supervision. Through her clinic, Anna counsels clients about the benefits of family planning, such as long-acting contraceptive methods to provide spacing between pregnancies, and the ability to take better care of their children.

“Women, especially those in rural areas, need to be provided with more information about family planning,” Anna says.

“The training that I was provided with [as part of Marie Stopes’] BlueStar franchise helped me a lot, especially the family planning counselling. I also obtained additional skills, especially IUD insertion, and we were taught how to run the BlueStar business,” Anna says.

“BlueStar helped me a lot because I was provided with equipment, instruments, and materials like signage and flyers. These were things I could not afford on my own. Thank you very much to BlueStar for helping us.”

| M | T | W | T | F | S | S |
|------------------------------|----|----|----|----|----|----|
| | | | | 1 | 2 | 3 |
| May Day NT (local holiday) 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 |

JUN
2015



Katri and Lingen Awakea outside the Marie Stopes Lae clinic.
Photographer: Unknown.

Family planning adopters in PNG

Katri and Lingen Awakea have three young children. They live in Sikong village in Menyamya in the Marobe Province of PNG where basic services are lacking. In this remote community, land is becoming scarce as couples are having more children, and polygamy is widespread.

After the birth of their first child, Lingen and Katri agreed not to have any more children. With no access to modern contraceptives and reproductive healthcare facilities, they used traditional herbs which they believed would act as contraceptives. This failed and Katri fell pregnant again with a second and third child.

During a Marie Stopes outreach visit to Menyamya, Lingen and his wife first learnt of modern family planning methods. Katri immediately opted for a five-year implant, as did many of her friends.

This visit created discussion on the need for couples to help manage their family sizes. A community-based Motivator continued to develop awareness in the community and then requested another outreach visit.

As the head of his family, Lingen knows that his three children will not have easy access to the land that is currently available. He already has to share a few square kilometres of land with his three brothers who also have families. After reaffirming their decision not to have any more children, Lingen underwent a vasectomy.

| M | T | W | T | F | S | S |
|--|----|----|----|----|----|----|
| WA Day (local holiday) 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Queens Birthday all excluding WA (local holiday) 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | | | | | |

Fast finance

Marie Stopes International Australia is part of the global Marie Stopes International Partnership. The Partnership generates over \$300 million in revenues globally. This income is primarily grants from bilateral and multilateral institutional donors and a number of private trusts and foundations. Marie Stopes International Australia also operates a network of 15 clinics, with surplus income from this enterprise donated towards supporting our work in Australia and developing countries.

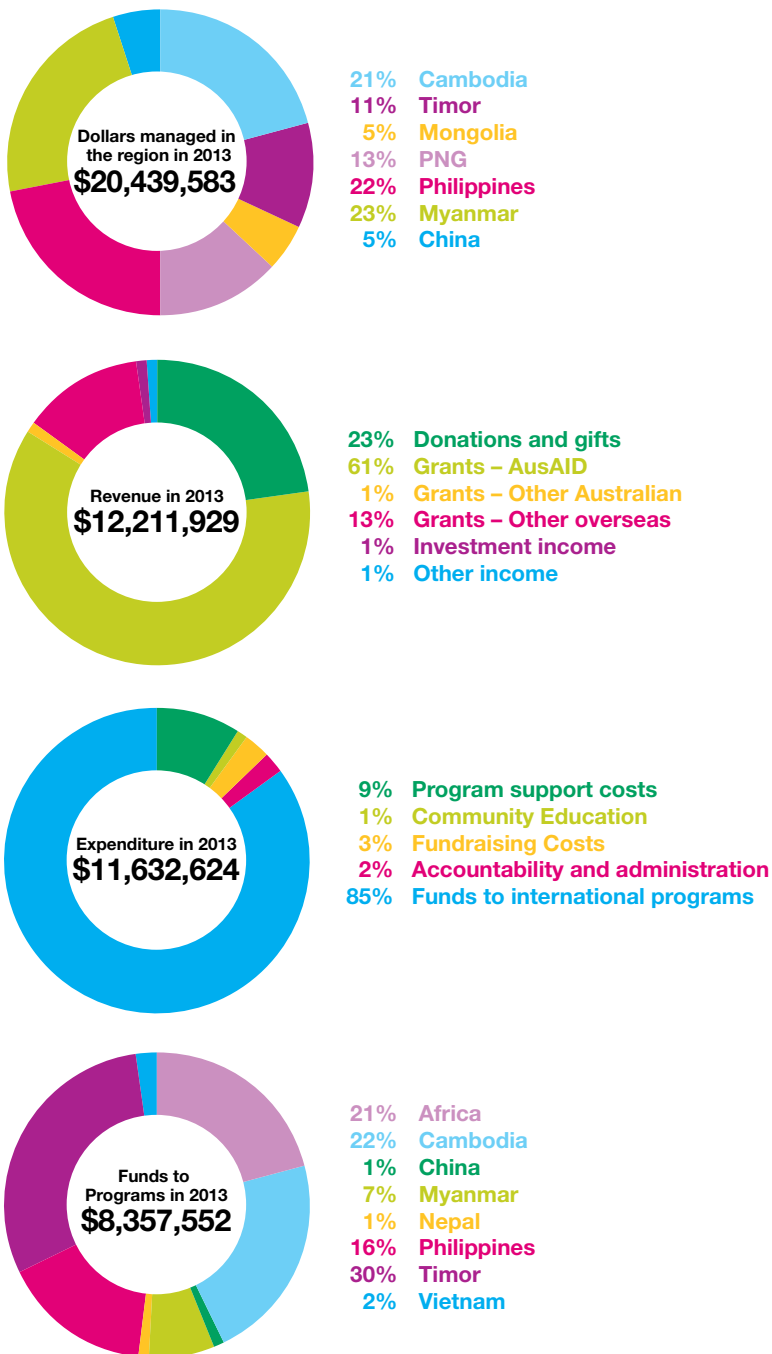
In 2013, Marie Stopes International Australia continued its strong commitment to maximise spend on overseas programs. We contributed \$10.1 million for expenditure on international programs, representing a 10% increase on 2012 (\$9.1 million). This represented 86% of the total expenditure for the organisation and a 7% increase on 2012. We continued to support programs primarily in the Pacific Asia region; however with the assistance of the Department of Foreign Affairs and Trade (DFAT), we have been able to expand beyond our immediate neighbourhood to provide funding for initiatives in Kenya, Tanzania, Cambodia, Nepal, Vietnam and South Sudan.

We continue to operate a lean operation, with a low proportion of expenditure relating to accountability and administration costs (2%). We keep our fundraising costs low (3% of overall expenditure), representing a decrease from 2012 (5%). This has been attributed to the support from large institutional donors and a small pool of high-value individual donors.

We have maintained our revenue at similar levels to 2012 (\$12.2m), with an increase in overseas grants offset by a small reduction in DFAT revenue against the previous year. As a result, DFAT funds account for 62% of total revenue (down on our 2012 position of 65%). We will continue to strive for income diversification moving into 2014.

Overall, we have generated a surplus for the 2013 financial year of \$0.655 million. This result has placed us in a positive Net Asset position. The Board and management continue to closely monitor the organisation’s financial situation, ensuring that the net asset position is maintained moving forward.

The graphs below represent our various components of income and expenditure as a proportion of the totals. Each category comes from the summary financial statements on the following page and is based on the definitions in the ACFID Code of Conduct. The overseas expenditure graph is calculated based on spending on overseas projects for each country.



Independent auditor’s report

To the members of Marie Stopes International Australia

We have audited the accompanying financial report of Marie Stopes International Australia (the “Company”), which comprises the consolidated statement of financial position as at 31 December 2013, the consolidated statement of profit or loss and other comprehensive income, consolidated statement of changes in equity and consolidated statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information and the directors’ declaration of the consolidated entity comprising the Company and the entities it controlled at the year’s end or from time to time during the financial year.

Directors’ responsibility for the financial report

The Directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the Corporations Act 2001. The Directors’ responsibility also includes such internal control as the Directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor’s responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require us to comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor’s judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error.

In making those risk assessments, the auditor considers internal control relevant to the Company’s preparation of the financial report that gives a true and fair view 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 Company’s internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Directors, as well as evaluating the overall presentation of the financial report.

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

Independence

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001.

Auditor’s opinion

- In our opinion:
- a. the financial report of Marie Stopes International Australia is in accordance with the Corporations Act 2001, including giving a true and fair view of the consolidated entity’s financial position as at 31 December 2013 and of its performance for the year ended on that date; and
 - b. complying with Australian Accounting Standards- Reduced Disclosure Requirements and the Corporations Regulations 2001.

Grant Thornton Audit Pty Ltd
ACN 130 913 594
The Rialto, Level 30, 525 Collins St,
Melbourne Victoria 3000
Tel +61 3 8320 2222
Fax +61 3 8320 2200
www.grantthornton.com.au

Sandra Lawson
Partner – Audit & Assurance
Dated this 24th day of March 2014
Melbourne, Victoria

Grant Thornton Audit Pty Ltd ACN 130 913 594
a subsidiary or related entity of Grant Thornton Australia Ltd ABN 41 127 556 389

‘Grant Thornton’ refers to the brand under which the Grant Thornton member firms provide assurance, tax and advisory services to their clients and/or refers to one or more member firms, as the context requires. Grant Thornton Australia Ltd is a member firm of Grant Thornton International Ltd (GTIL). GTIL and the member firms are not a worldwide partnership. GTIL and each member firm is a separate legal entity. Services are delivered by the member firms. GTIL does not provide services to clients. GTIL and its member firms are not agents of, and do not obligate one another and are not liable for one another’s acts or omissions. In the Australian context only, the use of the term ‘Grant Thornton’ may refer to Grant Thornton Australia Limited ABN 41 127 556 389 and its Australian subsidiaries and related entities. GTIL is not an Australian related entity to Grant Thornton Australia Limited.

Liability limited by a scheme approved under Professional Standards Legislation. Liability is limited in those States where a current scheme applies.

Financial statements

Income Statement for the Year Ended 31st December 2013

| | Consolidated | | MSIA | |
|---|-------------------|-------------------|-------------------|-------------------|
| | 2013 \$ | 2012 \$ | 2013 \$ | 2012 \$ |
| REVENUE | | | | |
| Donations and gifts | | | | |
| – Monetary | 2,823,854 | 2,893,305 | 2,823,854 | 2,882,655 |
| – Non-monetary | 12,284 | 10,065 | 12,284 | 10,065 |
| Bequests and legacies | | | | |
| Grants | | | | |
| – AusAID | 7,642,869 | 8,049,426 | 7,642,869 | 8,049,426 |
| – Other Australian | 96,339 | 142,712 | 96,339 | 105,442 |
| – Other overseas | 1,534,891 | 1,145,692 | 1,534,891 | 1,145,692 |
| Investment income | 71,342 | 102,979 | 71,342 | 102,367 |
| Other income | 30,349 | 48,973 | 30,349 | 18,103 |
| Revenue for International Political or Religious Proselytisation Programs | – | – | – | – |
| Total Revenue | 12,211,929 | 12,393,152 | 12,211,929 | 12,313,750 |
| | | | | |
| EXPENDITURE | | | | |
| International Aid and Development Programs Expenditure | | | | |
| International programs | | | | |
| – Funds to international programs | 10,070,842 | 9,112,727 | 10,070,842 | 9,112,727 |
| – Program support costs | 1,000,715 | 1,363,593 | 1,000,715 | 1,363,593 |
| Community Education | 40,233 | 42,565 | 40,233 | 42,565 |
| Fundraising Costs | | | – | – |
| – Public | 122,864 | 372,918 | 122,864 | 370,925 |
| – Government, multilateral and private | 188,837 | 222,232 | 188,837 | 222,232 |
| Accountability and administration | 196,249 | 227,556 | 196,249 | 222,143 |
| Non-Monetary Expenditure | 12,884 | 10,455 | 12,884 | 10,455 |
| Total International Aid and Development Programs Expenditure | 11,632,624 | 11,352,046 | 11,632,624 | 11,344,640 |
| Expenditure for International Political or Religious Proselytisation Programs | – | – | – | – |
| Domestic Programs Expenditure | – | 8,079 | – | – |
| Non-monetary expenditure | – | – | – | – |
| Exchange rate gain | (29,103) | – | (29,103) | – |
| Total expenditure | 11,603,522 | 11,360,125 | 11,603,522 | 11,344,640 |
| | | | | |
| Excess/ (shortfall) of revenue over expenditure | 608,408 | 1,033,027 | 608,408 | 969,110 |
| | | | | |
| Other comprehensive revenue/ expenditure | (47,145) | – | (47,145) | 0 |
| Total excess/ (shortfall) of revenue over expenditure | 655,553 | 1,033,027 | 655,553 | 969,110 |

The Consolidated entity relates to Marie Stopes International Australia and its controlled entity, Marie Stopes Australia.
During the financial year, Marie Stopes International Australia had no Legacies & Bequests Income, Income or Expenditure for International Political or Religious Adherence Promotion activities.
The above figures have been extracted from the Audited Financial Statements for the year ended 31 December 2013. For a copy of this report, please call us on 1800 003 707 or email at info@mariestopes.org.au.

Balance Sheet as at 31 December 2013

| | Consolidated | | MSIA | |
|--|-------------------|------------------|-------------------|------------------|
| | 2013 \$ | 2012 \$ | 2013 \$ | 2012 \$ |
| Current assets | | | | |
| Cash and cash equivalents | 3,324,766 | 3,309,719 | 3,324,766 | 3,309,577 |
| Financial assets | | | | – |
| Trade and other receivables | 9,037,091 | 4,300,709 | 9,037,091 | 4,298,749 |
| Inventories | 44,824 | 26,528 | 44,824 | 26,441 |
| Other | 45,739 | 28,674 | 45,739 | 28,674 |
| Total current assets | 12,452,421 | 7,665,630 | 12,452,421 | 7,663,441 |
| Non-current assets | | | | |
| Property, plant and equipment | 352,559 | 244,850 | 352,559 | 244,850 |
| Intangibles | 5,022 | 3,436 | 5,022 | 3,435 |
| Total non-current assets | 357,581 | 248,286 | 357,581 | 248,285 |
| Total assets | 12,810,001 | 7,913,917 | 12,810,001 | 7,911,726 |
| | | | | |
| Current liabilities | | | | |
| Trade and other payables | 12,171,887 | 7,830,480 | 12,171,887 | 7,814,762 |
| Current tax liabilities | – | 125,056 | – | 125,025 |
| Provisions | 95,552 | 76,887 | 95,552 | 76,887 |
| Total current liabilities | 12,267,439 | 8,032,422 | 12,267,439 | 8,016,674 |
| Non-current liabilities | | | | |
| Interest bearing loans & borrowings | – | – | – | – |
| Provisions | 25,902 | 20,386 | 25,902 | 20,386 |
| Total non-current liabilities | 25,902 | 20,386 | 25,902 | 20,386 |
| Total liabilities | 12,293,341 | 8,052,808 | 12,293,341 | 8,037,060 |
| Net assets | 516,660 | (138,892) | 516,660 | (125,334) |
| | | | | |
| Funds available for future use | | | | |
| Revaluation reserve – Foreign Exchange | 47,145 | – | 47,145 | – |
| Retained earnings/(losses) | 469,515 | (138,892) | 469,515 | (125,334) |
| Total available funds | 516,660 | (138,892) | 516,660 | (125,334) |

The Consolidated entity relates to Marie Stopes International Australia and its controlled entity, Marie Stopes Australia.
At the end of the financial year, Marie Stopes International Australia had zero balances in Current or Non Current Other Financial Assets, Non Current Trade and Other Receivables, Non current Investment Property, other Non current Assets Current and Non current Interest Bearing Borrowings, Current and Non Current Financial Liabilities, Current and Non Current Other Liabilities

Statement of Changes in Equity for the year ended 31 December 2013

| Consolidated | (Accumulated Losses) \$ | Total \$ |
|------------------------------------|----------------------------|------------------|
| Balance at 31 December 2012 | (138,892) | (138,892) |
| | | |
| Surplus for the year | 608,408 | 608,408 |
| Other comprehensive income | 47,145 | 47,145 |
| Balance at 31 December 2013 | 516,660 | 516,660 |

| MSIA | (Accumulated Losses) \$ | Total \$ |
|------------------------------------|----------------------------|------------------|
| Balance at 31 December 2012 | (138,892) | (138,892) |
| | | |
| Surplus for the year | 608,408 | 608,408 |
| Other comprehensive income | 47,145 | 47,145 |
| Balance at 31 December 2011 | 516,660 | 516,660 |

Table of consolidated cash movements for designated purposes for year ended 31 Dec 2013

| | Cash available at beginning of financial year | Cash raised during financial year | Cash disbursed during financial year | Cash available at end of financial year |
|---------------------------------------|---|---|--|---|
| Marie Stopes International Clinics | | | | |
| – Philippines Choice Camp | – | 1,315,951 | 1,315,951 | – |
| – Cambodia Choice Camp | – | 496,661 | 496,661 | – |
| – Vietnam Choice Camp | – | 375,212 | 375,212 | – |
| – Indonesia | – | 42,804 | 42,804 | – |
| – South Sudan | – | 306,723 | 306,723 | – |
| Other designated purposes (AusAID) | 3,247,026 | 8,448,042 | 8,464,868 | 3,230,200 |
| Other purposes | 62,693 | 101,640 | 69,767 | 94,566 |
| Total | 3,309,719 | 11,087,034 | 11,071,987 | 3,324,766 |



Marie Stopes International Australia

GPO Box 1635 Melbourne VIC Australia 3001

Freecall 1300 003 707

Tel +61 (0)3 9658 7500

Fax +61 (0)3 9658 7579

Email info@mariestopes.org.au

Web www.mariestopes.org.au

ABN 79 082 496 697

All donations of AUD\$2.00 or more are tax deductible

Environmental statement

Marie Stopes International Australia is committed to reducing its environmental impact and has printed this annual report with consideration to the most environmentally friendly options available. The report is produced on Forest Stewardship Council accredited recycled paper, using vegetable based print inks, Computer To Plate (CTP) systems and in a small print run. FSC accredited paper is stock from sustainable and responsibly managed forests. CTP systems replace the use of film and chemical based printing plates, using less energy and eliminates excess chemical waste. We are also cognisant of the need to reduce energy output, costs and potential waste from excess reports.

Front Cover photograph

Ma Khin Kywe, Sexual and Reproductive Health Promoter
at a mobile clinic in Aung Pin Le ward, Mandalay, Myanmar.
Photographer: Tom Greenwood



**MARIE STOPES
INTERNATIONAL
AUSTRALIA**