

2014 ANNUAL REPORT 2015-2016 CALENDAR



MARIE STOPES
INTERNATIONAL
AUSTRALIA



CEO Letter

I'm pleased to advise that Marie Stopes International is expanding its global reach in delivering sexual and reproductive health services, making a ground-breaking difference by supporting women and men to access vital healthcare to meet their individual needs. In 2014, we achieved a staggering 45 per cent growth on 2013's results in the number of clients accessing our services in the Pacific Asia region.

Our work in the Philippines accounts for much of this growth, particularly amongst those who need it most. Moreover, our relationship with the country's national health insurance scheme, PhilHealth, has been further strengthened enabling more women to access sexual and reproductive healthcare affordably.

In Papua New Guinea, the team significantly scaled up its operations and is now working across half of the country's provinces. In conjunction with a strategic marketing campaign, Marie Stopes Papua New Guinea reached 27 per cent more clients and achieved a 35 per cent increase from 2013 in the level of contraception provided. At the close of 2014, Tom Ellum concluded his role as Country Director of Marie Stopes Papua New Guinea. I wish to sincerely thank Tom for his tremendous work and leadership and also look forward to working with Maarten van de Reep, the new Country Director.



In 2014, I was excited to be appointed as Regional Director for Pacific Asia, as well as continuing my role as Chief Executive Officer of Marie Stopes International Australia. I embrace this opportunity to work closely with our stakeholders as we welcome the high performing Viet Nam team into our regional fold of outstanding country programs. Further, I wish to congratulate my remarkable predecessor Liz Sime, who is now based in our global Support Office in London after accepting the role of Director of International Operations.

Marie Stopes International continues to work in complex global environments. Our pursuit of sustainable growth and exploration of dynamic new ways of delivering services will continue with vigour as we farewell our extraordinary co-founder and visionary, Dr Tim Black. It was a privilege to know Tim, who passed away in December 2014. I will greatly miss his mentorship and generosity and I am determined to honour his legacy.

In 2015, we will build on diversifying our social business model and forge collaborative relationships to further bolster our impact in the region. I offer my heartfelt thanks to all of the Pacific Asia Country Directors and the Program Support Team for their efforts in 2014, and anticipate further successes together.

Maria Deveson Crabbe

**Chief Executive Officer
Regional Director, Pacific Asia**



CHAIR Letter

This year, we celebrate our enduring commitment to upholding sexual and reproductive health and rights, one woman at a time. Every individual story you'll read through this report – whether it's a mother who has accessed family planning to safeguard the health of her family, or a midwife reaching underserved clients who cannot afford to pay premium prices for healthcare – demonstrates this commitment. The passionate and courageous efforts of our teams on the ground to improve the lives of the clients we serve inspires us to continue our work. Together, we are able to make a significant global contribution.

In 2014, 18.1 million clients were using a method of contraception supplied by our global teams. We estimate this will prevent 5.4 million unintended pregnancies, 3.9 million unsafe abortions and 16,100 maternal deaths. MSI increased upon 2013's couple years of protection (CYP) total by 18.7 per cent to a remarkable 29.2 million CYPs. We estimate the services provided in this region during 2014 will have averted 1.4 million unintended pregnancies, 260,075 unsafe abortions and 889 maternal deaths.

Our New Business Development Team for Pacific Asia secured a record \$35 million in global grants. This includes the continued support of almost \$3 million from the Australian Department of Foreign Affairs and Trade to carry out regional programs and help us to strengthen outreach services, broaden the available range of contraceptive options, expand social franchising and bolster information offerings.

Vital advocacy work was supported with \$3.2 million in funding from Denmark's Development Cooperation. Likewise, \$2 million from the Government of Papua New Guinea enabled the pilot project *Reaching Sustainable Population* to expand outreach. This harnesses our expertise to provide vital training to government health workers.

In 2014 we were saddened by the passing of our co-founder Dr Tim Black. Our team is determined to build on its stellar efforts as a tribute to his work.

Our Board warmly congratulates Chief Executive Officer Maria Deveson Crabbe on her appointment as Pacific Asia Regional Director. Maria takes on this role at a pivotal moment as we are increasingly recognised as a leader in the sexual and reproductive health sector. Maria's achievements were honoured more broadly in 2014 with her inclusion in the 100 Women of Influence awards and being named the Victorian Winner for the Community and Government category at the 2014 Telstra Business Women's Awards.

We also welcome Viet Nam to our band of outstanding regional programs under the helm of Country Director, Nguyen Thi Bich Hang.

As we continue to strengthen collaboration with our partners, I look forward to further successes for Marie Stopes International in 2015.

Glenyce Johnson

**Chair, Marie Stopes International
Australia Board**

BOARD OF DIRECTORS

as at 31 December 2014



Glenyce Johnson

*Independent
Director & Chair*

Elected:
September 2009
Last re-appointed:
March 2012



Maria Deveson Crabbe

*CEO &
Executive Director
Marie Stopes
International Australia*
Elected: March 2007
Last re-appointed:
March 2014



Julie Mundy

*Non-Executive
Director &
Company Secretary*
Elected: July 1998
Last re-appointed:
March 2014



Simon Cooke

*CEO
Marie Stopes
International*
Elected:
November 2013



Jane Black

*Independent
Director*
Elected: July 1998
Last re-appointed:
March 2012



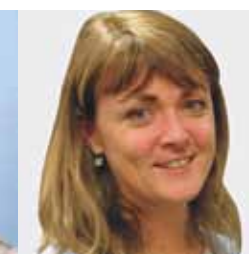
Ian Howie

*Independent
Director*
Elected: June 2013



Lily Liu Liqing

*MSIA Partner
Representative –
2 year rotating role*
Elected: March 2013



Narelle Magee

*Independent
Director*
Elected: March 2014

For further information about our Board of Directors,
please see our website – mariestopes.org.au/about-us/our-board



VISION & MISSION

A mother and daughter read informational materials on reproductive health at our mobile clinic, Aung Pin Le ward in Mandalay, Myanmar.
Photographer: Tom Greenwood.

Children by choice, not chance

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

Around the world in 2014, we provided **18.1 million** people with a contraceptive method. As a result, we estimate the prevention of 5.4 million unintended pregnancies. In combination with our safe abortion and post-abortion care services, we predict we will have helped to avert 16,100 maternal deaths.

We are immensely proud of these achievements but our work is by no means over. Globally, unmet need for family planning and maternal mortality remain high. More than 222 million women want – but cannot access – effective contraception. This results in 80 million unintended pregnancies occurring each year.

If we were able to provide contraception to everyone who wanted it around the world, the number of unintended pregnancies would fall by two thirds and maternal deaths would decrease by one third.¹ Statistics like these drive us to achieve our vision.

1. Singh, S. and Darroch, J.E. 2012. *Adding It Up: Costs and Benefits of Contraceptive Services—Estimates for 2012*. Guttmacher Institute and United Nations Population Fund (UNFPA), New York.

Our social business model

We operate as a social business. We believe in changing the world one woman at a time and we put our clients' needs at the centre of everything we do. 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 aid.dfat.gov.au.

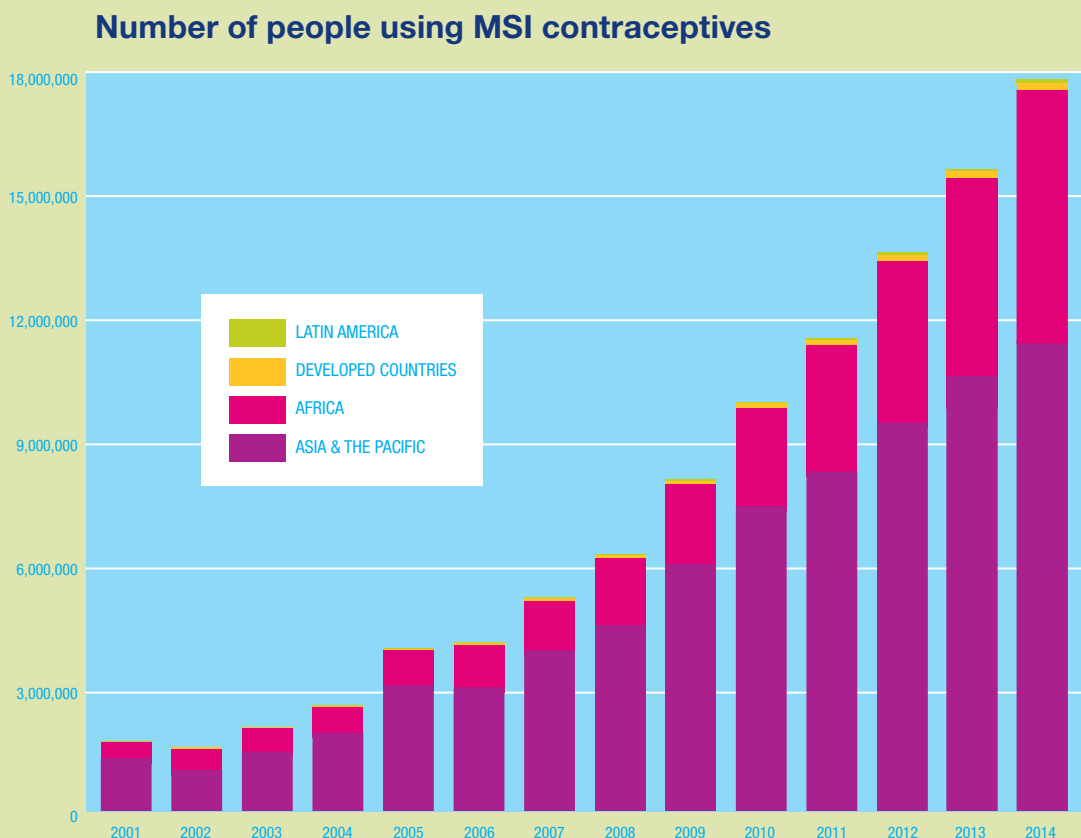
We are a member of the Australian Council for International Development (ACFID) and are committed to the ACFID Code of Conduct principles, to which we are a signatory. We also adhere to high standards of governance, financial reporting, management and ethical practice in our work. Questions or complaints 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 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 2014, Marie Stopes International reached more women and men than ever before. We provided information, products and services through our centres, outreach teams, social franchises, social marketing, community-based distributors and health information lines.



Global impact in 2014

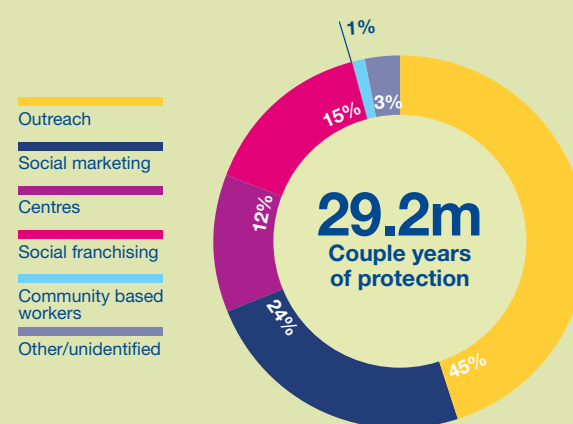
over **18.1m** people
were using a method of modern contraception supplied by MSI.

554 outreach teams
delivered services in remote and rural locations.

3,600 social franchises
ensured access to quality family planning services in their local communities.

3.3m safe abortion & post-abortion services
were provided.

29.2m couple years of protection[^]
were delivered by MSI programs.

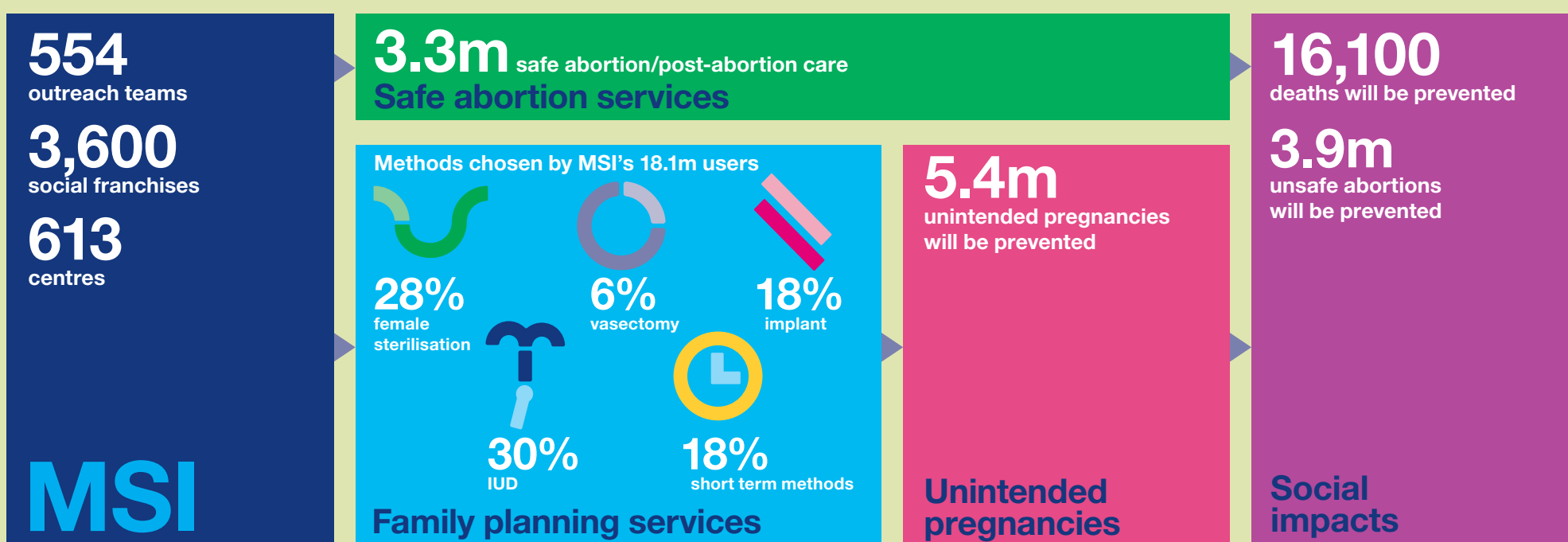


[^] One couple year of protection (CYP) is the equivalent of one year of contraceptive protection for one couple. Some of the CYPs delivered in a specific year will actually be 'used' over future years, because they come from long-acting and permanent methods.

Estimated impacts of our 2014 services globally*

Our work in 2014 will have the impact of preventing

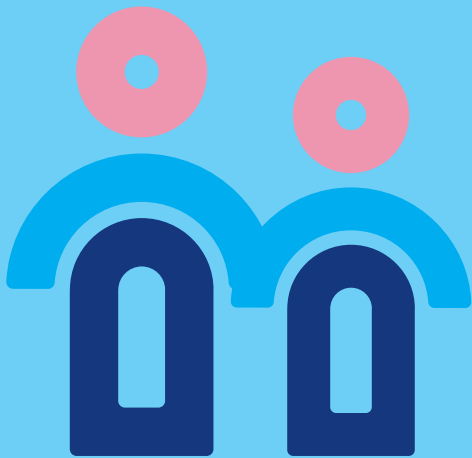
16,100 maternal deaths
3.9m unsafe abortions



* These figures represent the total impact of services provided in 2014, much of which may occur in future years.

Our service delivery channels

We believe that everyone should have the right to choose whether and when to have children. Across our country programs, we partner with donors and government agencies to give individuals and communities this choice. Together, our teams achieve impact by delivering services through a number of channels depending on the local context.



Marie Stopes International clinics

Our clinics remain the backbone for our global operations. They act as a base for training and are vital logistical hubs where outreach teams and community-based distributors can re-stock supplies and sterilise equipment. They also consistently deliver around a sixth of our services.

Services provided by our clinics in Myanmar in 2014 are estimated to have averted 100 maternal deaths, more than 200,000 unintended pregnancies, and 30,000 unsafe abortions.



Mobile clinical outreach

Our outreach teams serve a critical role in the health systems of the countries in which we work. Our teams deliver free or subsidised services to rural and urban locations where existing public and private health clinics struggle to meet the needs of women and men, or to offer a full range of contraceptive options. Through partnerships with ministries of health and ongoing relationships with hard-to-reach communities, our outreach ensures reliable access to high-quality sexual and reproductive health services for those with the greatest need.

See page 23 for Jenny and Benny’s story of accessing family planning through outreach.

In Timor-Leste, our outreach services are critical for reaching underserved populations. In 2014, four out of 10 clients who visited a Marie Stopes session were first time users of family planning.



Social marketing

We run social marketing programs that market and distribute low cost and free condoms, contraceptive and medical abortion pills, and other health products through pharmacies, community-based distributors and other private providers. For men or women who are unlikely to visit a more formal healthcare facility, social marketing provides a vital service.

In the Pacific Asia region, we achieved over 537,000 couple years of protection through social marketing. This figure relates to the distribution of items such as condoms, oral contraceptive pills, emergency contraception and where legal, medical abortion regimens.



Social franchising

Private healthcare providers are commonly used by people in developing countries, particularly in areas far from state-run facilities. The quality of these providers can be variable and governments are often unable to regulate them. Our social franchise network, BlueStar, engages private providers to deliver high-quality family planning and safe abortion services.

See page 35 for midwife Olivia’s story of setting up her own BlueStar clinic.

In 2014, our BlueStar clinics in the Philippines provided 129,974 family planning services to clients. This includes providing products such as intra-uterine devices, contraceptive injections, and oral contraceptive pills.



Community-based distribution

Where health infrastructure is weak, we empower community members to deliver information, counselling and low technology primary healthcare services to people in need in the area. We often integrate community-based distribution with our other service delivery points to create demand, expand choice and respond to the needs of underserved populations for family planning services.

In Papua New Guinea, community-based mobilisers play an important role in raising community awareness of sexual and reproductive healthcare and providing women and men with referrals to services as necessary. Marie Stopes Papua New Guinea identifies potential community-based mobilisers as community members who can share accurate health information and champion the value of family planning.

COUNTRY HIGHLIGHTS



Australia Africa Community Engagement Scheme (AACES)

Running from 2011 to 2016, the AACES partnership program between the Australian Department of Foreign Affairs and Trade (DFAT) and 10 Australian non-government organisations is operating in 11 African countries. Our programs in Kenya and Tanzania have been bolstered through funding from the AACES program, and have successfully expanded access to sexual and reproductive health services for marginalised or vulnerable groups, including individuals living with a disability.

Since 2011, more than 60,000 sexual and reproductive health services have been provided to women and men in Kenya and Tanzania by our teams. This includes access to family planning, voluntary testing and counselling for HIV and cervical cancer screening.

Photo: Women receive information about family planning options from our team during an outreach visit to Malindi, Kenya. Photographer: Douglas Waudo.



Cambodia

Our partner program in Cambodia has been providing sexual and reproductive health and family planning services since 1998. In 2014, our team continued to deliver essential family planning and abortion services to poor and marginalised groups in clinics, via mobile outreach and through social marketing of products like contraceptive implants. Our team also provided cervical cancer screening and treatment. On top of direct services, our clinical expertise has helped to improve the capacity of public services in comprehensive abortion care.

In 2014, Marie Stopes International Cambodia supported almost 75,000 clients, delivering 193,577 couple years of protection[^]. As a result of our team's efforts in 2014, we estimate to avert 40,000 unintended pregnancies, 44,000 unsafe abortions and 73 maternal deaths.

Photo: Midwife Sreytouch Youk, from the Marie Stopes International Chom Chao Centre in Cambodia, provides information about the side effects of IUDs to garment factory worker Theara Torn. September, 2014. Photographer: Camille Tijamo.



China

Youth engagement has been a critical component of Marie Stopes International China's program since its inception in 2001. Youth in China make up one sixth of the country's population and continue to face sexual and reproductive health challenges, often due to information gaps. We are helping to empower young people with the tools to make informed health decisions.

In 2014, our team held its first National Youth Sex Education conference in Beijing to encourage dialogue on youth sexual and reproductive health. The conference, in partnership with the China Population Welfare Fund, put the spotlight on issues such as contraception, counselling, disability and gender identity.

Marie Stopes International China also harnesses the power of social marketing by distributing essential surgical abortion kits to increase method choice for safe abortion. The program's activities in 2014 resulted in the delivery of 40,533 couple years of protection[^].

Photo: Luna (centre), the Project Officer for Marie Stopes International China's youth program, opens the first National Youth Sex Education Conference alongside youth volunteers. Beijing, 2014. Photographer: Unknown.



Mongolia

Marie Stopes International is recognised as a leader in the sexual and reproductive health field in Mongolia. By providing clinical services, advocacy, training and social marketing, our team expanded access to essential contraceptive and safe abortion services in 2014. Our team has established the country's largest portfolio of socially marketed products such as oral contraceptives, implants and safe abortion related products. This social marketing program focuses on reaching people with unmet need and making high-quality products available to all.

In 2014, we distributed more than 5.1 million condoms, 208,000 oral contraceptive pills and 126,000 emergency contraceptives. The team also strengthened its advocacy efforts in order to improve the country's policy environment for increasing access to contraception and safe abortion.

Photo: Marie Stopes International Mongolia staff attending the 'DemoCrazy Carnival', a festival focused on reproductive health rights in Ulaanbaatar. September, 2014. Photographer: Unknown.

[^] 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.

COUNTRY HIGHLIGHTS



Myanmar

The Marie Stopes International team in Myanmar continued to work in coordination with government departments and non-government organisations to help strengthen local health systems and deliver services in 2014. With two thirds of the population living in remote locations, our team in Myanmar relies on an extensive outreach program to provide quality family planning in more than 1,500 locations nationwide.

Throughout 2014, Marie Stopes International Myanmar worked to help strengthen the health system by increasing access to long-acting and permanent contraceptive methods; HIV prevention, care and treatment; cervical cancer screening; and by opening dialogue about sexual and gender-based violence. As a result, in 2014 we delivered 485,103 couple years of protection[^] and estimate that our work will avert more than 180 maternal deaths, 182,500 unintended pregnancies and 32,400 unsafe abortions.



Papua New Guinea

Marie Stopes Papua New Guinea is the largest non-governmental provider of family planning in PNG. In 2014, the team increased services and also focused on providing comprehensive training to public and private health workers. 2014 was a pivotal year of expansion for our team, with operations launched in three new provinces (Milne Bay, Southern Highlands and the Autonomous Region of Bougainville) as well as increased activities in Madang, Central Province, and the National Capital District.

Our team is a key partner of the National Department of Health and last year was funded for the first time by the Government of PNG as part of the Responsible Sustainable Development Strategy. We were also invited by the government to implement an innovative, in-service training initiative to equip public health workers with the skills and confidence to deliver quality family planning. Over time, it's estimated our services in 2014 will avert 47,562 unwanted pregnancies, prevent 1,109 unsafe abortions and save 255 mothers' lives.



Philippines

The year 2014 was marked by significant growth for our partner program, *Populations Services Pilipinas Inc.* Services delivered in the team's nine clinics, through 87 outreach teams and more than 260 social franchises, increased the number of couple years of protection[^] delivered by almost 50 per cent. In total, we provided services to almost 108,000 more clients than last year.

The sexual and reproductive health challenges in the Philippines are significant. Whilst almost 50 per cent of women are of reproductive age, only 34 per cent of these women are using a modern family planning method. Appropriate methods of contraception are not easily accessible but our social franchise model, BlueStar, collaborates with local private midwives to enable greater access to quality family planning and maternal health services.



Timor-Leste

Through the dedicated work of our Timor-Leste team in 2014 we delivered our greatest health impact to date, providing Timorese women and men with high-quality sexual and reproductive health and safe motherhood services. As well as generating record numbers of contraceptive uptake, we estimate our work will avert 18 maternal deaths, more than 1,200 unsafe abortions and 13,400 unintended pregnancies.

More of our clients in Timor-Leste are opting for contraceptive implants, intrauterine devices and three-month injectable contraceptives. While the latter has been the most popular method in Timor-Leste for many years, there has been a more recent increase in long-acting contraceptive methods, which typically offer women three to five years of protection against unintended pregnancy and its related health consequences, without requiring repeat health centre visits. In 2014, we re-introduced tubal ligation services in partnership with the National Hospital, to offer Timorese women access to a permanent method of family planning.



Viet Nam

Marie Stopes International Viet Nam² began in 1989 as one of the first international non-government organisations working in reproductive health and family planning.

Our team is now known as the leading organisation providing high-quality sexual and reproductive health services. In 2014, the services provided through our nine clinics, six outreach teams, 300 social franchises and 174 private sector facilities delivered 2,828,917 couple years of protection[^]. It's estimated that this will avert almost 500 maternal deaths, 747,700 unintended pregnancies and 493,000 unsafe abortions.

2. Marie Stopes International Viet Nam officially joined the Pacific Asia Region as of January 2015.

Photos:

Myanmar: A Reproductive Health Promoter for Marie Stopes International Myanmar in action. 2014. Photographer: Tom Greenwood.

Papua New Guinea: An outreach nurse provides information on family planning to a remote community in the Highlands of Papua New Guinea. 2014. Photographer: Unknown.

Philippines: Anna Lee Intong is a BlueStar clinic manager in Mindanao, Philippines. 2014. Photographer: Tom Greenwood.

Timor-Leste: Our educators provide important sexual and reproductive health information to our clients, many of whom live in remote and rural villages. 2014. Photographer: Unknown.

Viet Nam: The flagship opening of the first Tinh Chi Em ('Sisterhood') commune health centre in Dak Lak, Viet Nam; home to a large number of ethnic minority groups. March, 2015. Photographer: Nguyen Ngoc Tram.



What's a CYP?

A couple year of protection[^] (CYP) represents the amount of time a couple will be protected against an unwanted pregnancy, based on the contraceptive method used during a one-year period.

By measuring the CYPs that we deliver each year, we are able to track the extent to which we are expanding our services to bring more women choice.

Different family planning methods account for different numbers of CYPs, depending on how long they can be used for and how effectively they prevent pregnancy. For instance, a 5-year intrauterine device provides 3.3 CYPs, whereas a contraceptive injection only provides one quarter of a CYP.

JULY
2015



Photo: Rufina is a satisfied client after receiving family planning services from our outreach team in Timor-Leste.
Photographer: Unknown.

M T W T F S S						
		1	2	3	4	NAIDOC Week 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		

Healthy birth spacing for families

In the mountainous district of Ainaro in Timor-Leste, access to basic services such as healthcare for the many farming families in the region remains challenging, primarily due to a lack of infrastructure, difficult geography and ill-equipped service providers.

Rufina, 26, grew up in Ainaro. Her husband works hard farming their land, whilst Rufina is responsible for looking after their three children. To earn an income for the family, Rufina and her husband attempt to sell their fresh produce but they struggle financially.

Rufina's story is a familiar one in Timor-Leste. Many women who lack access to family planning services are unable to decide when and how many children they want to have.

With a trained and equipped team, Marie Stopes International Timor-Leste offers clients education, counselling and services for both short and long-term family planning options. This enables women to choose their method of family planning according to their needs and preferences.

When the Marie Stopes team visited Ainaro, Rufina received a 5-year contraceptive implant, giving her the confidence of long-term family planning. Rufina now looks to a brighter future for her family: "My dream is to keep on supporting our kids to go to school... so they can become teachers and support the family".

\$100 can fund a trained midwife to provide contraceptive implants to Timorese women for one week.

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AUGUST 2015

Photo: Dr Chea Chansoriya at work in his clinic in Cambodia, where he stocks high-quality products sourced from Marie Stopes International.
Photographer: Unknown.

M	T	W	T	F	S	S
31					1	
NT Picnic Day (local holiday) 3	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

Empowering doctors to offer family planning and safe abortion

Dr Chea Chansoriya, 29, practices at the Kampong Speu Referral Hospital in Cambodia and also operates his own small private clinic in nearby Kandal province.

Marie Stopes International Cambodia’s medical team visited Dr Chea to discuss family planning and safe abortion, which is legal in Cambodia, before introducing him to a range of high-quality medical products for use in his practice. Equipped with knowledge and access to up-to-date products, Dr Chea can ensure all of his patients receive optimal and safe healthcare.

Dr Chea has now been trained to use contraceptive implants by the Marie Stopes medical team and stocks quality-assured contraceptive devices as well as other family planning and safe abortion products. He has found this training highly beneficial: “Many clients have heard rumours that long-term contraception can affect their health. Now that I understand more about family planning, I can clear these (rumours) up when I talk to them”.

The clinic has switched to using safe, internationally-recognised best practice products rather than unregistered brands. Dr Chea chooses the quality-assured Mariprist product to ensure safe abortion. “I prefer to stock an international product that is recognised by the Ministry of Health in Cambodia,” Dr Chea says.

In Cambodia, one in four women will have two abortions within five years.³

3. National Institute of Statistics and ICF Macro, 2011. *Cambodia Demographic and Health Survey 2010*.

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Photo: Dalia Mohamed (centre), 46, lives in Mbuyuni village, Masasi, Mtwara region, Tanzania.
Photographer: Unknown.

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

Restoring hope with targeted tools

Villager Dalia Mohamed, 46, lives in the Mtwara region in Tanzania. After giving birth to her second child, Dalia experienced limb paralysis and her mobility was compromised.

Despite becoming paralysed, Dalia continued to bear more children but in duress. A friend suggested she visit the Marie Stopes Tanzania outreach team for family planning information and appropriate treatment to help her cope.

Dalia chose to have a tubal ligation after meeting with the family planning outreach team. Since then, she is more cheerful and actively engages in domestic activities she had been struggling with.

Team project manager Lilian Charles says Dalia's story motivates her to come to work every day because she sees the positive changes for people like Dalia once they are able to access the help they need. After treatment, Lilian says her client appears full of hope.

Marie Stopes Tanzania is now more equipped to properly support people like Dalia by developing two disability-inclusive tools to carry out vital work. In partnership with the Comprehensive Community Based Rehabilitation in Tanzania, the Ministry of Health and Social Wellbeing and other stakeholders, the team developed a job aid manual to train outreach service providers on disability-inclusive sexual and reproductive health services. The team also created a video presentation in sign language to address family planning misconceptions.

In Tanzania, more than three million women and men live with a disability.⁴

4. National Bureau of Statistics (Tanzania) and ICF Macro, 2011. *Tanzania Demographic and Health Survey 2010*.

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OCTOBER
2015

Photo: Ms. Pham Thi Hai Nguyet, 2014. Previously the Marketing Officer of MSIVN.
Photographer: Unknown.

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

Enabling better sexual and reproductive health for factory workers

A free health check in the rural commune of Hung Yen province in Viet Nam uncovered an uncomfortable, concerning infection for 30-year-old mother-of-two, Soa, who supports her family by working at the Hanes brand garment factory.

Soa grew up in Dan Tien, a poor rural commune. She is the sole income earner for her household, which comprises her husband and two children aged five and nine. Although her husband is supportive and helps Soa at home, he is currently unemployed.

Soa is pleased with her regular working hours, stable income and social and health insurance provision at work. However, she hasn't been a regular patient at her nearest health facility because she is not confident about the quality of the advice.

When Marie Stopes International's BlueStar team visited the factory in May 2014, Soa attended a reproductive health information session, had a free health check and discovered she had a reproductive tract infection and cervical eversion. The BlueStar team was able to provide her with appropriate treatment and support.

Soa quickly regained good health, returned to work and has decided to get a reproductive health check every six months at the nearest BlueStar clinic.



Photo: Jenny and Benny discuss family planning options with a member of our outreach team in Madang, Papua New Guinea.
Photographer: Unknown.

M	T	W	T	F	S	S	
30						1	
2	Melbourne Cup Day Victoria (local holiday)	3	4	5	6	7	8
9	10	11	12	World Vasectomy Day	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

Reaching remote clients via outreach

In the remote province of Madang in Papua New Guinea (PNG) live Jenny and her husband, Benny. Together, they have eight children under the age of 15.

Until last year, Jenny had not used family planning. Although her relatives had told her about it, the couple couldn't afford to travel into town to visit a clinic. In June, Jenny and Benny heard that Marie Stopes PNG would visit their community and they both attended the family planning outreach session led by a trained team.

"Having eight children is enough," says Jenny. "Taking care of the children is taking up a lot of my time...I'm mostly tired from all the housework that I have to do."

With school fees and the cost of living both becoming more expensive, Jenny and Benny had become worried they might not be able to afford to properly look after their children.

After talking with the Marie Stopes team, Jenny chose to use a contraceptive implant, enabling her to have reliable contraception for the next four years. For Benny, the advice helped him to support his wife's need to attend to her own health. "I care about my wife and her health... I want to support her with the decision she has made today for family planning."

Seven out of 10 clients who attend mobile outreach sessions in PNG are living in poverty.⁵

5. Marie Stopes International (2014) Client Exit Interviews.



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DECEMBER 2015

Photo: Lorraine Bruhn leads our Client Service Advisers in Melbourne, Australia.
Photographer: Alan Ciantar.

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	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	Christmas Day (Australian national holiday) 25	Boxing Day 26	27
Australian national holiday 28	29	30	New Years Eve 31			

The National Support Centre in focus

Each year, surplus donations generated from the 15 Dr Marie centres across Australia are donated to Marie Stopes International's global programs. Our National Support Centre helps drive this success.

Based in Melbourne, the Centre celebrated its 11th anniversary in 2014, a milestone in providing tailored support to clients nationwide for access to sexual and reproductive health services at Dr Marie. Centre Manager Lorraine Bruhn, who has been involved since inception, shares some of her experiences.

What do you love most about your job? Being part of this vibrant and diverse team is the most enjoyable part of the job. Hearing the team members speak to Dr Marie clients

with empathy and compassion is so rewarding, knowing that they have made what can sometimes be a difficult call for clients much easier.

Can you describe your team, in one sentence? Our Client Service Advisors are a shining example of commitment, not only to their role, but also to Dr Marie clients.

What's the one thing you wish every woman in Australia knew about sexual and reproductive health? There are so many options for contraception now available on the market, including hormonal and non-hormonal methods as well as short and long-term methods. My hope for Australian women is that they fully explore these options to find the one that suits them best.

On average, the National Support Centre receives 650 phone calls a day from across Australia.

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JANUARY 2016



Photo: Marie Stopes International China's youth programs facilitate innovative sexual and reproductive health projects.
Photographer: Unknown.

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

Harnessing theatre to talk about sexuality

Pervasive taboos and stigma can mean there is little dialogue about safe sex and sexual identity among young people, leaving their health and wellbeing vulnerable. In China, theatre is encouraging crucial conversations.

Guang Xiaodong is the leader of Guangxi University's Community Development Group in southern China. He is passionate about using theatrical drama to reach youth about important messages. In 2014, with the support of Marie Stopes International China, Guang used the power of drama to discuss issues around safe sex and sexuality.

We support innovative grassroots methods like Guang's to get young people talking about these important issues.

Guang developed a drama entitled *Anan* that is student-run and depicts discrimination faced by lesbian, gay, bisexual, transgender and intersex people and individuals living with HIV. The drama focuses on heroine Anan, whose boyfriend Zhang Hai and another boy Li Long become homosexual lovers. The play illustrates how younger people can view people with different sexual orientations.

More than 260,000 people took to social media to discuss *Anan* after its 2014 premiere at five universities across three Chinese cities.

In July 2015, the Centre for Disease Control and the Family Planning Association of Guangxi will jointly support Guang's university group to host the first Youth Sexual and Reproductive Health Forum.

\$19 can provide a Chinese migrant worker with a voucher for free sexual and reproductive health services.

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FEBRUARY 2016

Photo: Our team in Myanmar are supporting women like Ah Thae Lay* to feel less vulnerable and more able to access healthcare.
Photographer: Unknown.

M	T	W	T	F	S	S
1	2	3	4	5	International Day of Zero Tolerance to Female Genital Mutilation 6	7
Royal Hobart Regatta Tasmania (local holiday) 8	9	10	11	12	13	14
15	16	17	17	19	20	21
22	23	24	25	26	27	28
29						

Safeguarding health for sex workers in Myanmar

Life in the sex trade is difficult but Marie Stopes International Myanmar is offering support to some of society's most vulnerable people.

Prostitution in Myanmar is illegal and commercial sex workers often face criminal prosecution and extreme stigma. This leaves women like 25-year-old sex worker Ah Thae Lay* more prone to sexual and reproductive health risks.

Of the 70,000 sex workers in Myanmar, an estimated 8.1 per cent are living with HIV, compared to a national prevalence of 0.6 per cent. Sex workers are often too ashamed to face testing for the virus, impeding prevention and treatment.

Ah Thae lives with her mother and two children and became a sex worker to improve her family's dire financial state following the death of her husband two years ago. She still struggles to make ends meet and faces daily abuse from clients and authorities.

The Marie Stopes team in Myanmar is finding innovative ways to provide women like Ah Thae with a full range of sexual and reproductive health services.

Ah Thae now encourages her colleagues to visit their nearby clinic: "I tell my friends about Marie Stopes and also take them to the clinic. I'm very thankful to Marie Stopes, even just for giving us free condoms".

** Name has been changed to protect privacy.*

For every 200 babies born in Myanmar, one mother will die during childbirth.⁶

6. UNFPA. 2014. State of World Population 2014. New York: UNFPA.

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MARCH 2016



Photo: MSI Mongolia Communications Officer Karla O'Connor, an *Australian Volunteer for International Development*, delivers a TEDx talk in Ulaanbaatar. Photographer: Unknown.

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

TEDx talk urges youth to actively engage

Whilst sex is a topic often avoided in many parts of the world including Mongolia, conversations are now opening up to promote dialogue and awareness about sexual health among young people in the country’s capital, Ulaanbaatar.

Sexually transmitted infections are common in Ulaanbaatar. A lack of awareness about contraception and barriers surrounding its use, as well as negative stigma attached to safe sex face the large youth population.

In a bid to generate awareness and advocacy, Marie Stopes International Mongolia’s Communications Officer Karla O’Connor, an *Australian Volunteer for International Development*, delivered a TEDx talk alongside Mongolian Country Director Indra Tumur

in September 2014. Together, they explored youth perceptions of sex to an audience of 750 young people in the city, with promising results.

“The focus of the discussion was really to try and break down some of the stigma that exists around sex – to acknowledge that sex is a natural part of being human and we shouldn’t be scared to discuss it because by doing so, we can overcome barriers to safe sex,” says Karla.

“There was so much positive feedback. I found myself being stopped in the streets many times after the event by young people saying thank you.”



APRIL
2016

Photo: A staff member in Papua New Guinea prepares family planning kits for outreach teams.
Photographer: Unknown.

M	T	W	T	F	S	S
					1	2
					3	
4	5	6	World Health Day	7	8	9
					10	
11	12	13	14	15	16	17
18	19	20	21	22	23	24
ANZAC Day (Australian national holiday)	25	26	27	28	29	30

Foundation finds value investing in Marie Stopes International

Globally, more than 222 million women want effective contraception but are unable to access it. We know that when women are able to choose the number and spacing of their children, they are healthier, have greater educational opportunities and are more likely to be employed.⁷

We’re fortunate to receive support from donors and foundations who believe this mission is possible, giving generously so Marie Stopes International can help women. The Sydney-based *Women’s Plans Foundation* has supported us for many years. In 2014, it raised \$35,000 for family planning services in Papua New Guinea and Cambodia.

Alice Oppen, the Foundation’s Chair and founder, believes access to these services transforms women’s lives. For Alice, access to family planning means that “education, health, and economic benefits flow... Cascading benefits of contraception prove it is one of the most cost-effective investments in socio-economic development.”

7. Sonfield A et al. (2013) *The social and economic benefits of women’s ability to determine whether and when to have children*; AND Canning D and Schultz TP (2012) *The economic consequences of reproductive health and family planning*. The Lancet.

Investing \$14 per woman annually would prevent 29m unintended pregnancies, 7.1m unsafe abortions, and 60,000 maternal deaths across Asia.⁸

8. Singh, S. and Darroch, J.E. 2012. *Adding It Up: Costs and Benefits of Contraceptive Services—Estimates for 2012*. Guttmacher Institute and UNFPA, New York.

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Photo: Midwife Olivia feels well equipped to provide improved services to women via BlueStar in the Philippines.
Photographer: Unknown.

M T W T F S S						
30	31					1
May Day NT (local holiday) 2	3	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

BlueStar in action

Olivia, a licenced midwife, started out washing clothes to pay for midwifery school. She now works full-time to deliver quality healthcare to women in the Philippines after joining the BlueStar network.

Olivia is part of a growing number of midwives involved with the BlueStar social franchise model, run by our program partner *Population Services Pilipinas Inc.* BlueStar enables small private practitioners like Olivia to become a registered service provider, where clients can receive affordable reproductive healthcare.

After graduation, Olivia began helping mothers to give birth in their homes but she wasn't earning much money. A friend invited her to a BlueStar midwife orientation program and Olivia was astounded by the support she received.

"Who in (their) right mind would offer to help build you a clinic, complete with equipment?" says Olivia. "Then you are monitored regularly to see if their standards are met. In between we're continuing education courses. All I had to look for was a location. They even give you your own calling cards!"

Olivia now has her own clinic in the commercial hub of General Trias in Cavite province. Demand is strong at her clinic, where Olivia is renowned for the personal interest she takes in patients and is nicknamed *doktora* (doctor). Seventeen years after delivering her first baby, Olivia is enthusiastic about her work: "I'm thinking of expanding my clinic so I can hire a medical technologist for a laboratory I want to set up".



JUNE
2016

Photo: The Marie Stopes Papua New Guinea team together in Port Moresby.
Photographer: Unknown.

M T W T F S S						
		1	2	3	4	5
WA Day (local holiday) 6	7	8	9	10	11	12
Queen's Birthday all excluding WA (local holiday) 13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

The power of our team

Millions of the world’s poorest and most vulnerable women trust Marie Stopes International to provide them with quality family planning and reproductive healthcare. That’s why our people are so important to us.

We’re driven by a vision of a world where every birth is wanted and where women have children by choice, not chance. And we’re fortunate to have 9,000 talented, dedicated and courageous team members around the world helping to deliver that vision.

One particular courageous group of staff is delivering services in Papua New Guinea. Service Delivery Director Dr. Edith Kariko supports a team of 80 people working in a number of provinces comprised of field staff, doctors, nurses and province managers.

Dr. Edith is proud of her motivated staff. She values each employee as an individual who is actively contributing to improving health outcomes and saving lives. Reflecting upon 2014, Dr. Edith believes that the biggest successes were increased productivity and the upward trend in clients being provided with both short and long-term contraceptive options, driven by her dedicated team.

“Our province managers have grown in their leadership capacities and roles in decision making,” Dr. Edith says. “This has given them opportunities to innovate and plan for their teams and manage their teams.”

Fast finance

Marie Stopes International Australia is part of the global Marie Stopes International Partnership. The Partnership generates over \$350 million in revenues globally. This income is primarily grants from bi-lateral and multi-lateral institutional donors and a number of private trusts and foundations. Marie Stopes International also operates a network of 14 centres in Australia, with surplus income from this enterprise donated towards supporting our work in Australia and developing countries.

In 2014, Marie Stopes International Australia continued its strong commitment to maximise spend on overseas programs. We contributed \$10.6 million for expenditure on international programs, representing a 5% increase on 2013 (\$10.1 million). This represented 82% of the total expenditure in 2014. We continued to support programs primarily in the Pacific Asia region⁹; however with the ongoing support 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 and Nepal in 2014.

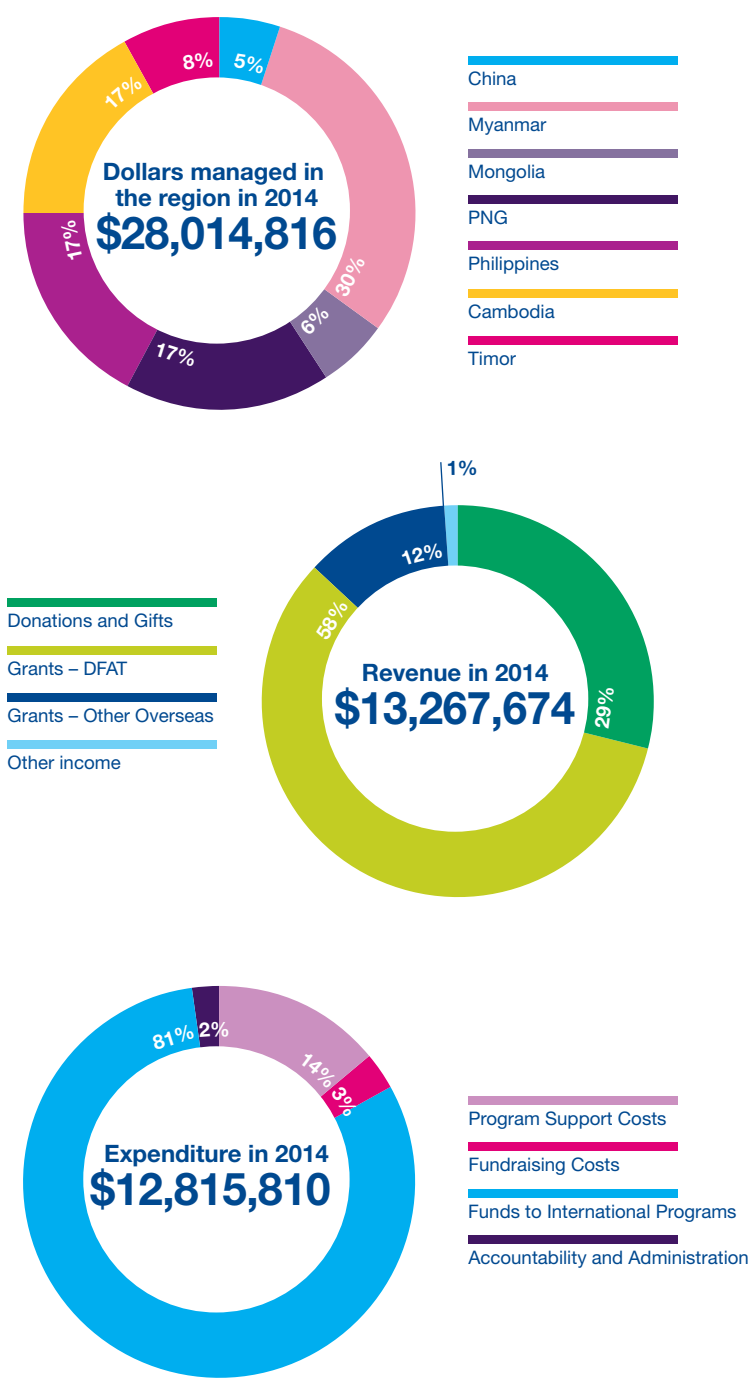
We continue to operate a lean operation, with a low proportion of expenditure relating to accountability and administration costs (2%). We keep our fundraising costs low (3% of overall expenditure), consistent with the same level in 2013. This has been attributed to the support from large institutional donors and a small pool of high-value individual donors.

Revenue was \$13.3 million for the year, representing an increase of 9% on 2013, predominantly driven by a 35% increase in Donations and Gifts. Grant revenue was \$9.4 million in 2014, consistent with the prior year. In line with the income diversification strategy, DFAT funds account for 58% of total revenue (down on our 2013 position of 63%).

Overall, we have generated a surplus for the 2014 financial year of \$0.44 million. This result builds upon the strength of the Net Asset position. The Board and management continue to ensure that the net asset position is maintained moving forward.

The revenue and expenditure graphs below represent our various components of income and expenditure as a proportion of the totals. Each category is taken from the summary financial statements on the following page and is based on the definitions described in the ACFID Code of Conduct. The “Dollars managed in the region” pie chart represents expenditure for each of the Country Programs within the Pacific Asia region, supported by Marie Stopes International Australia.

9. Viet Nam officially joined the Pacific Asia region of Marie Stopes International as at January 1, 2015. As a result, their financials have not been included in the 2014 financial summary.



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 statement of financial position as at 31 December 2014, the statement of profit or loss and other comprehensive income, statement of changes in equity and 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 entity.

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 Australian Charities and Not-for-profits Commission Act 2012. 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 Australian Charities and Not-for-profits Commission Act 2012.

Auditor’s opinion

- In our opinion, the financial report of Marie Stopes International Australia:
- a. is in accordance with the Australian Charities and Not-for-profits Commission Act 2012, including giving a true and fair view of the entity’s financial position as at 31 December 2014 and of its performance for the year ended on that date; and
 - b. complies with Australian Accounting Standards- Reduced Disclosure Requirements and the Australian Charities and Not-for-profits Commission Regulation 2013.

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Sandra Lawson

Sandra Lawson
Partner – Audit & Assurance

Melbourne, 26 March 2015

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Financial statements

Income Statement for the Year Ended 31 December 2014

	MSIA	
	2014 \$	2013 \$
REVENUE		
Donations and gifts		
– Monetary	3,774,004	2,823,854
– Non-monetary	776	12,284
Bequests and legacies	47,329	–
Grants		
– DFAT	7,727,108	7,642,869
– Other Australian	42,346	96,339
– Other overseas	1,594,617	1,534,891
Investment income	42,069	71,342
Other income	39,425	30,349
Revenue for International Political or Religious Proselytisation Programs	–	–
Total Revenue	13,267,674	12,211,929
EXPENDITURE		
International Aid and Development Programs Expenditure		
International programs		
– Funds to international programs	10,567,171	10,070,842
– Program support costs	1,728,465	1,000,715
Community Education	–	40,233
Fundraising Costs		
– Public	68,961	122,864
– Government, multilateral and private	227,267	188,837
Accountability and administration	219,260	196,249
Non-Monetary Expenditure	826	12,884
Total International Aid and Development Programs Expenditure	12,811,950	11,632,624
Expenditure for International Political or Religious Proselytisation Programs	–	–
Domestic Programs Expenditure	–	–
Non-monetary expenditure	–	–
Exchange rate (gain) / loss	3,860	(29,103)
Total Expenditure	12,815,810	11,603,521
Excess / (shortfall) of revenue over expenditure	451,864	608,408
Other comprehensive (revenue) / expenditure	15,539	(47,145)
Total excess / (shortfall) of revenue over expenditure	436,325	655,553

During the financial year, Marie Stopes International Australia had no 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 2014. For a copy of this report, please call us on 1800 003 707 or email info@mariestopes.org.au.

Balance Sheet as at 31 December 2014

	MSIA	
	2014 \$	2013 \$
Current assets		
Cash and cash equivalents	1,877,380	3,324,766
Trade and other receivables	13,040,107	9,037,091
Inventories	50,795	44,824
Other	40,934	45,739
Total current assets	15,009,216	12,452,420
Non-current assets		
Property, plant and equipment	261,173	352,559
Intangibles	–	5,021
Total non-current assets	261,173	357,580
Total assets	15,270,389	12,810,000
Current liabilities		
Trade and other payables	14,222,710	12,171,888
Current tax liabilities	–	–
Provisions	66,375	95,552
Total current liabilities	14,289,085	12,267,440
Non-current liabilities		
Interest bearing loans and borrowings	–	–
Provisions	28,318	25,899
Total non-current liabilities	28,318	25,899
Total liabilities	14,317,403	12,293,339
Net assets	952,986	516,661
Funds available for future use		
Revaluation reserve – Foreign Exchange	31,606	47,145
Retained earnings/(losses)	921,380	469,516
Total available funds	952,986	516,661

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 2014

MSIA	(Accumulated Losses) \$	Total \$
Balance at 31 December 2013	516,661	516,661
Surplus for the year	451,864	451,864
Other comprehensive income	(15,539)	(15,539)
Balance at 31 December 2014	952,986	952,986

Table of cash movements for designated purposes for year ended 31 December 2014

	Cash available at beginning of financial year	Cash raised during financial year	Cash disbursed during financial year	Cash available at end of financial year
Other designated purposes (DFAT)	3,230,200	7,232,203	7,089,499	3,372,904
Other purposes (MSI affiliated entities)	94,566	4,206,286	5,796,376	(1,495,524)
Total	3,324,766	11,438,489	12,885,875	1,877,380



Photo: Reaching our clients in rural and remote locations of Papua New Guinea is always a challenging task.
Photographer: Unknown.



In memoriam: Dr Tim Black 1937–2014

We celebrate the memory of a true pioneer of women’s health, following the passing of our founder and board member, Dr Tim Black, CBE, in December 2014.

Tim founded Marie Stopes International with his wife Jean in 1976 and served as CEO for 30 years until 2006. The organisation they started has served more than 100 million women and men across the globe, providing contraception and safe abortion services to some of the world’s most vulnerable populations.

Tim’s enduring legacy remains his unique approach to running the organisation he founded. He believed absolutely in the power of what he called a social business: not a charity with a mission to do good, but an organisation that used modern business, management, marketing and financial techniques to pay a social dividend. In the case of Marie Stopes International, a dividend that meant that even the most vulnerable could express their right to determine their own reproductive health and therefore their own future.

This legacy lives on in the 38 country programs that are serving women today.

Everyone at Marie Stopes International has been deeply saddened by this loss, but we remain determined to continue the vital work that he started and remained so utterly passionate about, and committed to, right until the very end.

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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

Photo: At the end of 2014, we welcomed Viet Nam to the Pacific Asia Region of Marie Stopes International. The women pictured are Hmong people, who live in the remote village of Sa Phin Commune in Ha Giang Province, Viet Nam. They had just walked through the night to reach a commune health station to access family planning from our team. Photo taken in 2011. Photographer: Nguyen Minh Duc.



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