



annual report 2016



MARIE STOPES
INTERNATIONAL
AUSTRALIA

Letter from the Regional Director and Executive Officer Chris Turner



In 2016 we once again grew our family planning impact in the region. The services we delivered last year will prevent an estimated 1.58 million unintended pregnancies, 900,000 abortions and over 1,000 maternal deaths. The scale of these figures is powerful. However, I know it is the personal interaction with our clients and their individual stories that keep our 1,470 team members in the region going every day.

The eight Marie Stopes country programs in the Pacific Asia region represent remarkable diversity and dynamism – something that both drew me to the region years ago as a university graduate and has kept me engaged with it ever since. In China, Mongolia and increasingly in Viet Nam our social business model is strong and we have less and less reliance on aid funding as we evolve into a self-sustaining part of the health market while continuing to serve those most in need. In 2016, we continued on this path by expanding our contraceptive product sales programs and further developing our role in quality assurance to the public and private sectors.

In the Philippines, Myanmar and Cambodia we are in the process of making a similar transition to sustainability in our clinic networks while continuing to run programming which

reaches the large segments of unmet need that persist in those countries. In the Philippines we have been at the forefront of the health system by helping to shape the national health insurance scheme to include family planning reimbursements and to support our large network of midwife partners to gain accreditation to the scheme. In Myanmar our large clinic network is delivering long-acting family planning methods at national scale and in Cambodia we are working innovatively with a number of major garment factories, the country's largest employer of women of reproductive age.

Timor-Leste and Papua New Guinea still face significant gaps in basic health services, particularly preventative ones such as family planning. Contraceptive prevalence remains dangerously low and in these countries our role as a service provider and support to the public health system is vital. We estimate that 1 in 4 women using a method of contraception in Papua New Guinea received theirs from Marie Stopes Papua New Guinea and more than half the FP users in Timor-Leste received their method from Marie Stopes Timor-Leste.

And so in 2017 we will continue to adapt and evolve, to work with local governments and to integrate further into the private sector. The changing health markets and aid environment create complexity but our mission remains perfectly clear.

Letter from the Chair Julie Mundy



Globally, MSI passed an incredible milestone in 2015 when we served our 100-millionth client and in 2016 we celebrated a smaller but nonetheless quite meaningful number – our 40th anniversary. In 40 years MSI has achieved a lot, but the nature of our challenge is that the need and demand for family planning continues to grow. It is still estimated that 225 million women around the world would like to

use family planning but are not able to access it – that is something which continues to drive us.

With this in mind it was not easy to see the image of the US President sign the re-introduction of the Mexico City Policy in January 2017. The Mexico City Policy (sometimes called the Global Gag Rule) is an executive order that means any international organisation that provides safe, legal abortions, referrals or even just information about safe abortion as one of any number of options – regardless of how those services are funded – is prohibited from receiving US funds.

The impact of this policy is huge: the US government is the world's largest bilateral donor in family planning, investing approximately US\$620 million a year in family planning

services. Millions of women in the developing world are likely to lose access to modern contraception as a result, and in many cases also their access to primary healthcare. This will negatively impact not just women's health and their opportunities for the future, but the longer-term economic prospects and stability of the world's poorest countries. We estimate that, as a result, each year approximately 1.6 million fewer women across the developing world will have access to contraception from a trained Marie Stopes International provider. For women where Marie Stopes International Australia works, that means both our country programs in Cambodia and Myanmar will be adversely affected, but we are committed to maintaining our life-changing services.

Fortunately, we have seen funding commitments from a number of governments around the world who are stepping in to help. In Australia we have been heartened by the public response to the Mexico City Policy. We hear a strong affirmation of a woman's right to choose if and when she wants to have children, and support for a bigger place for family planning within the Australian aid budget. Being able to choose the number and spacing of your children is a key factor in economic advancement, empowerment, health and education. It is something that we here in Australia take for granted as an individual right. Just as every woman should be able to. Our job at Marie Stopes International Australia is to support and enable that aspiration. Please join us.

board of directors

Julie Mundy, *appointed Chair in March 2016*



Julie is an independent development and partnerships specialist and the founding CEO of Marie Stopes International Australia. She brings over 18 years of reproductive health and overseas aid program management experience to the MSIA board.

Maria Deveson Crabbe



Maria served as the Executive Director and CEO of Marie Stopes International Australia until June 2016. She is a health food entrepreneur, aged care executive and was the CEO of MSIA for 6 years.

Glenyce Johnson



Glenyce is the co-founder of Wandering the World, a socially responsible travel agency. With Glenyce's senior leadership and financial roles in the travel industry, she has won numerous awards including the State Telstra Business Woman of the Year award in 2006.

Jane Black



Jane has over 25 years of experience in humanitarian and emergency relief both overseas and in Australia. She works with individuals and families who have been impacted by migration including refugees, asylum seekers and people in detention.

Ian Howie



Ian has had an association with Marie Stopes International Australia for many years, bringing over 35 years of experience working with the UNFPA as country programme manager, as a global director of UNFPA human resources, and now as an Adjunct Professor in Global, Urban and Social Studies at RMIT University.

Nguyen Thi Bich Hang



As Country Director for Marie Stopes Viet Nam, Hang has been a vital part of the growth of MSVN. Under Hang's leadership, MSVN has established 10 clinics, a national call centre, a social marketing program, training programs for government midwives and a large social franchise network amongst other innovative approaches to healthcare.

Narelle Magee



Narelle is currently the Operations Manager of Health Services at GMHBA. She is an experienced health services financial specialist and auditor and brings over 20 years of experience with different organisations including cohealth, Ernst & Young, Marie Stopes International and ANZ bank.

Simon Cooke



As Global CEO of Marie Stopes International, Simon has over 25 years of international management, marketing and sales experience in both developed and developing countries. This includes CEO of Supermax, a personal care product marketing organisation, as well as senior leadership positions at Reckitt Benckiser and Procter and Gamble.

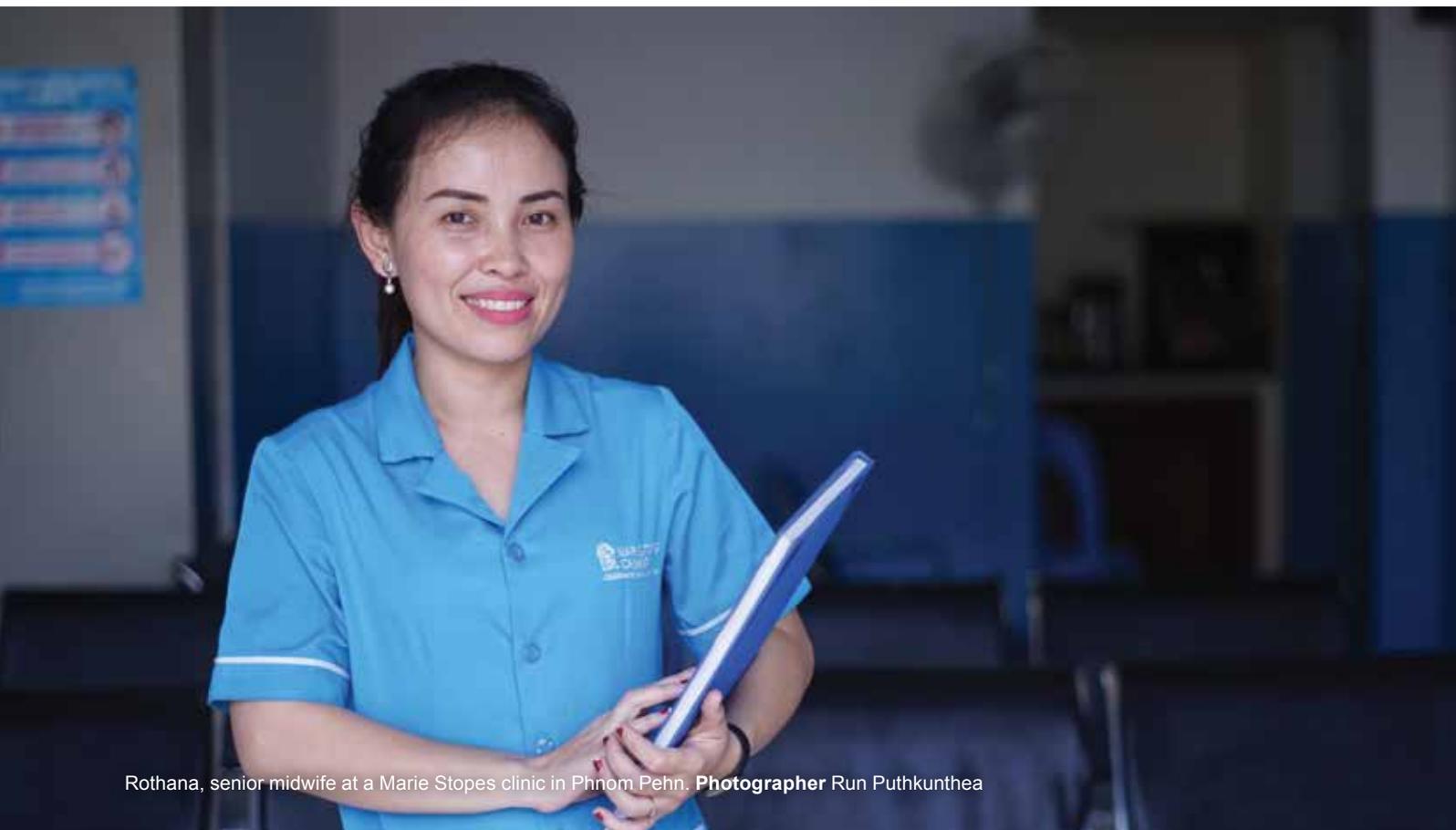
about

When a woman or girl can control her fertility, she has the power to control her future – improving the lives of her family and her community. Marie Stopes International transforms the lives of women and girls by providing them with the reproductive choices they want, where they are needed most.

Working across 37 countries, we are scaling-up proven and sustainable social business models to reach this goal, and are determined to ensure that someday soon all women and men will be able to have children when they choose.

The international programs funded in our region are administered by Marie Stopes International Australia, a non-profit organisation focused on the Pacific Asia region, with tax deductible status and an independent Board of Directors.

We operate as a social business, meaning we use business approaches to deliver social outcomes, with a focus on sustainability. But we don't take a one-size-fits-all approach. Rather, we work hard to understand our clients and their unique challenges, tailoring our services and solutions accordingly – using a range of different models.



Rothana, senior midwife at a Marie Stopes clinic in Phnom Pehn. **Photographer** Run Puthkunthea

accreditation

As a member of ACFID, Marie Stopes International Australia is committed to the ACFID Code of Conduct principles and adheres to high standards of governance, financial reporting, management and ethical practice in our work. Questions or complaints should be sent to the Regional Director at info.governance@mariestopes.org.au

Marie Stopes International Australia has been granted full accreditation from the Australian Department of Foreign Affairs and Trade (DFAT) and is eligible for funding under the Australian NGO Cooperation Program (ANCP).



our social business model

Clinics

Each day around 30,000 women and men access one of our 600 clinics located across 37 countries worldwide.

Offering a range of services including family planning, safe abortion (where legal) and general reproductive health services, these clinics set the standard for care in each country where we work.

Outreach

We will do whatever it takes to deliver contraception to women, even in the most remote areas of the globe. Our teams will travel using whatever means they need to reach people – from planes in Papua New Guinea, to tuk-tuks in Tanzania, to boats in Bangladesh.

Outreach is a crucial element of our delivery model, as it gives us a way to reach out to many more people who need our services, particularly young and very poor clients, and those who have never used contraception before.

Social franchising

We know that we can't reach all the women who need our services on our own. That's why we established a social franchise, BlueStar, where we partner with private health providers who we equip to deliver high-quality contraception and safe abortion services on our behalf.

We take responsibility for the quality of services by providing franchisees, often women business owners, with training, equipment, mentoring and assessment to ensure they meet our high standard of care.

Social franchising is a way to quickly scale-up access to services by engaging the private sector, so that poor and under-served women have access to greater choice in a sustainable way.

Contraceptive social marketing

Contraceptive social marketing programs are designed to make low-cost, attractively packaged contraceptives as easily available as tea, cigarettes, or soft drink. Social marketing brings short term and emergency contraceptive methods closer to the client and provides an opportunity to offer information and referrals to outreach or clinics for clients interested in long-acting or permanent methods.

Our program markets and distributes low-cost condoms, pills and other contraceptive and health products through pharmacies, community-based distributors and other private providers.

Marie Stopes Ladies

By visiting clients in their homes or community centres, our mobile service providers, also known as 'Marie Stopes Ladies', are able to reach women and young girls with services that are discrete, accessible and affordable.

They might be midwives or nurses, or committed women from other walks of life that we train and incentivise to provide services and follow-up care to women in their communities.

As with our social franchise network, we assess and ensure the quality of what they do – and as urbanisation increases, they're helping us to reach many more people in underserved, densely-populated areas. In 2016, our program in Viet Nam started an MS Ladies program drawing on learning from other programs globally.

Impact through partnership

Partnerships play a pivotal role in enabling us to deliver and maintain the quality and scope of our services. By working with partners, the private sector, health departments and policy makers, we are able to reach more women while also making it more acceptable for women to access reproductive health services.

Public sector support

We support governments at local, provincial and national levels, helping them to address resource gaps in sexual and reproductive health education, awareness, training and service delivery.

Private sector partnerships

By partnering with private companies and workplaces we are able to reach women where they work; providing them with affordable, accessible and high quality reproductive health services and information.

Working in consortia

We recognise the value of working with other like-minded organisations and have been part of a number of local and international NGO partnerships including the Australian government funded Australia Africa Community Engagement Scheme (AACES) and Partnering to Save Lives in Cambodia. Going forward, we are excited about our partnership with WaterAid as part of the Australian government funded NGO Gender Action Platform.

Advocacy

With local experience and a commitment to measuring the impact of our work, we are uniquely positioned to advocate for the women we support and contribute to local and global policy decisions. Our voice is critical to ensure that policies are supportive of access to contraception and safe abortion, and we help ensure that policies are fit-for-purpose and informed by the latest medical guidance.

regional summary

Scale and Impact, Quality, and Sustainability form the basis of Marie Stopes International's strategic framework *Scaling Up Excellence*, which guides our programming and helps us to deliver global impact.



Our midwife Juliana providing individual high quality family planning counselling in Atauru, Timor-Leste. **Photographer:** Susanna Rossi

Scale and Impact

As the only specialist sexual and reproductive health organisation in Timor-Leste our services are vital for the women we serve.

In 2016, **Marie Stopes Timor-Leste** expanded from 8 districts to serving women in 11 of the 13 districts of Timor-Leste.

72% percent of clients who accessed Marie Stopes Timor-Leste's services in 2016 did not know of another provider that offered a family planning method they wanted.

Traveling across large, geographically challenging areas, **Marie Stopes Myanmar's** outreach teams ensure access to high quality services and information no matter how remote or rural an area may be. In 2016, Marie Stopes Myanmar reached 170,000 clients through their outreach program. With such broad coverage, Myanmar's first ever Demographic and Health Survey released in 2016 reported that Marie Stopes Myanmar provided 46% of all contraceptive implants in the country.

Our two largest programs in the Asia-Pacific region expanded their reach in 2016:

Marie Stopes Viet Nam (MSVN) achieved 3,146,552 CYPs* and had 990,207 client visits. With a diverse approach to service delivery, Marie Stopes Viet Nam reached these clients through 9 MSI clinics and hundreds of local, independent midwives operating clinics within the BlueStar Social Franchise network. MSVN's impact was further extended by working with local governments and by partnering with garment factories.

In the Philippines, our extensive network of 271 outreach providers delivered sexual and reproductive health services to some of the most remote areas in the country. Despite a number of natural disasters and ongoing political disruption, our teams continue to serve the hardest to reach women by visiting homes, local healthcare centres and public health centres.

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

Quality

With support from the China-UK Global Health Support Program, **Marie Stopes China**, in partnership with Fudan University, launched a pilot intervention to improve the health of women and children in Myanmar and Ethiopia.

Through this intervention, both **Marie Stopes Ethiopia** and **Marie Stopes Myanmar** have worked to improve the quality and access to reproductive, maternal, neonatal and child health services through mobile services and strengthening referral systems with government health facilities.

Partnering to Save Lives, a project funded by the Australian government, supported Marie Stopes Cambodia, together with CARE International and Save the Children to improve the quality, access and utilisation of reproductive, maternal and neonatal health (RMNH) services in Cambodia.

In 2016, **Marie Stopes Cambodia** (MSC) continued to increase access to quality family planning and reproductive health in 20 provinces, including 4 north eastern provinces. With a strong focus on quality improvement, MSC has carried out quality assurance supervision visits to over 200 public health facilities and garment factory infirmaries in 13 provinces.

Marie Stopes Myanmar has been recognised as a major contributor of long term family planning services and as the best provider of “informed choice” and service quality among all the service providers in the country (Myanmar DHS report 2015-2016). In Myanmar, where only one in three women currently has access to contraception, MSI plays a critical role providing access to quality reproductive health services and choice to women across the country. Through the diligence of Clinical Teams, MSI’s clinical services are effective, safe and focused on maximizing each client’s experience. MSI’s performance regarding clinical quality is continuously monitored across all delivery channels through supportive supervision and regular clinical audits.

Sustainability

Marie Stopes International is working toward long term sustainability and health system strengthening in Papua New Guinea. In 2016, 106 health workers were certified as competent in providing long-acting reversible contraceptive methods through the National Family Planning Training program delivered by **Marie Stopes Papua New Guinea** in partnership with the Ministry of Health.

Influencing policy is critical for long term change.

Marie Stopes Mongolia’s advocacy work has been instrumental in bringing about a Parliamentary Directive for STI policy change. This includes mandatory placement of condoms in accommodation, tourist and entertainment venues nationwide.

In 2016, **Population Services Pilipinas Inc.** (PSPI) successfully advocated for a policy shift allowing midwives to insert contraceptive implants. With funding from the Australian Government, PSPI has trained 137 private midwives to insert implants and supported them to claim reimbursements for delivering those services.

Through the Rights at Every Level project, **Marie Stopes Papua New Guinea** engaged parliamentarians, community leaders, health workers and young people to promote the PNG National Family Planning Policy and communicate the policy’s importance for equal rights to access non-judgemental family planning services to all, including young people.

MSI is using our expertise as a social business to work towards sustainable private sector models.

Marie Stopes Cambodia partnered with 39 garment factories in 2016. They reached up to 60,000 garment factory workers with their behaviour change communication (BCC) messages and supported garment factory infirmaries to deliver essential FP counselling and services.

Together with the Australian Government, **Marie Stopes Viet Nam** and the Pou Chen Group entered into a public-private sector partnership in 2016 to increase demand for and access to high-quality reproductive healthcare amongst female workers in one of the largest factories in Viet Nam.

global impact estimates

2016

Marie Stopes International Australia is a member of the Marie Stopes International global partnership. Over the last 40 years, Marie Stopes International has provided life-changing sexual and reproductive healthcare to over 100 million people worldwide.

In 2016, it is estimated that 25 million women worldwide were using a method of contraception provided by Marie Stopes International.

We are proud of the impact of our work and believe that we should demonstrate our impact to those who have contributed to our mission. That's why we have developed Impact 2, an innovative socio-demographic mathematical model that allows us to estimate the impact of our work, and the wider social and economic benefits of offering access to contraception and safe abortion¹.

ESTIMATED IMPACT

7,684,772

Unintended pregnancies averted

4,865,466

Unsafe abortions averted

85,250

Child deaths averted

21,682

Maternal deaths averted

8,518,987

DALYs averted²

AU\$572,400,625

Direct healthcare costs saved (converted from 2015 GBP rates)

1. To find out more about Impact 2 and how we calculate the long term social and economic benefits of family planning, please visit our website <https://mariestopes.org/what-we-do/our-approach/our-technical-expertise/impact-2/>

2. A Disability-Adjusted Life Year (DALY) can be thought of as one lost year from an ideal "healthy" life, free of disease and disability.

pacific asia impact estimates

2016

Last year, Marie Stopes International delivered over 1.5 million family planning, contraception, sexual health and safe abortion services to women in the Pacific Asia region.

These efforts cost AU\$49.6 million but saved an estimated AU\$92 million in direct healthcare costs that would have been paid by families or the healthcare system for pregnancy care, safe delivery and treatment of complications.

It costs us between AU\$10 to AU\$15 (estimated) to provide a woman with one year of contraceptive cover.

ESTIMATED IMPACT

1,585,493

Unintended pregnancies averted

978,705

Unsafe abortions averted

3,914

Child deaths averted

1,043

Maternal deaths averted

394,838

DALYs averted²

AU\$92,192,503

Direct healthcare costs saved (converted from 2015 GBP rates)

Adolescent Reproductive Health Educator

Cipriano Rivery

I have been working with Marie Stopes Timor-Leste as a youth educator and hotline operator for almost six years. When I go into work, every day is different.

I am based in the capital city, Dili, and work in a team with five other male and female youth educators. Together we operate the National Youth Hotline 'Lina Foin-Sae'. The hotline receives 100 – 200 calls per day, from young people all over the country.

Young people can call the hotline for free to ask questions about healthy relationships and sexual and reproductive health (SRH). In one day I will talk with young people about menstruation, sexually transmitted infections, contraception, wet dreams, and a wide range of other topics, including love. Everybody has their own questions and concerns that they want to talk about.

Sexual and reproductive health is a very sensitive topic to discuss in Timor, especially for young people, so we work hard to provide young people with a safe and confidential space where they can access good quality information and referral to services. For many, the hotline is the only place where they can access good quality and accurate information.

Along with working on the hotline, my team and I provide education and information at schools, youth groups and at community events all over the country. We travel with our outreach teams to difficult and hard to reach locations and try to be as inclusive and interactive as possible in our youth-engagement approach. If young people have follow-up questions or are too shy to ask in-person, we invite them to call the hotline and speak in private, for free. Our aim is to improve the health and wellbeing of all young people.

We work with a wide-range of young people, including young people with disability. Last year we started working with a school for young people with hearing disabilities. It was the first time I had worked with a signing translator, who was able to translate what I was saying into sign-language. I used a lot of visual education tools for that session also, and spent a long time answering the many questions from the group. It was a very rewarding experience for me, and has driven me to keep working towards increasing access to SRH information and services for young people with disability.

I am passionate about improving the health and wellbeing of my country, and I study public health when I'm not at work. Each day I know I am contributing to better health outcomes for my country. If young people are healthy, happy and in control of their own bodies and fertility, Timor-Leste will become stronger and more powerful as a country.



Our Adolescent Reproductive Health Educator, Cipriano providing an overview of different methods of family planning in Timor-Leste. **Photographer: Andrew Barton**

fast finance

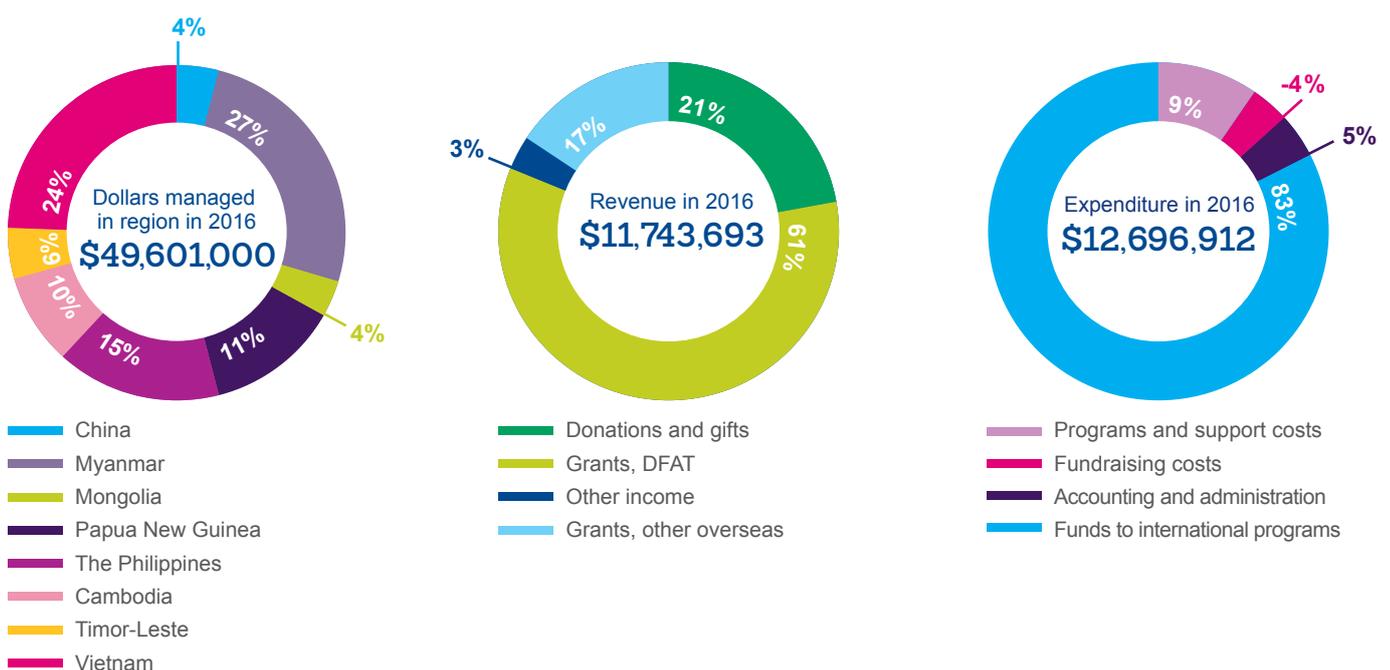
Marie Stopes International Australia is part of the global Marie Stopes International partnership. The partnership generates over \$475 million in revenue globally. This income is primarily composed of grants from institutional donors and private foundations together with revenues generated from the partnership's commercial operations. Marie Stopes International Australia also benefits from the network of 14 clinics operated by Marie Stopes Australia, with surplus income from this enterprise donated towards supporting our work in reaching those most in need.

In 2016, Marie Stopes International Australia had a total expenditure of \$9.8m on international programs, down 11% compared to 2015 (\$11m). This expenditure represented 85% of total expenditure in 2016, consistent with 2015. We continue to run a lean operation, with a low proportion of expenditure relating to administration costs at 2%. We keep our fundraising costs low at 4% of overall expenditure.

Revenue was recorded at \$11.8 million for the year, representing a decrease of 16% on 2015, predominantly driven by a 15% decrease in Grant Revenue resulting from a drop in regional donor funding in 2016. DFAT funds account for 78% of total revenue, down from 90% in 2015. We will continue to pursue an income diversification strategy moving into 2017 with the goal of long term sustainability. This will be driven by a focus on new partnerships, linkages with emerging health financing streams and public fundraising.

Overall, we have generated a small surplus for the 2016 financial year of \$136k. This positive result builds upon on the strength of the net asset position. The Board and management at MSIA continue to closely monitor the organisation's financial situation, ensuring both a healthy bottom line while maximising our contribution to the global mission.

The below revenue and expenditure graphs represent our various components of income and expenditure as a proportion of the totals. Each category is adapted 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.



independent auditor's report

Melbourne, 29 March 2017

To the members of Marie Stopes International Australia

Auditor's opinion

We have audited the accompanying summary financial report of Marie Stope International Australia (the Company), which comprises the balance sheet as at 31 December 2016, the income statement, the statement of changes in equity and table of cash movements for designated purposes for the year ended 31 December 2016. In our opinion, the summary financial report of Marie Stope International Australia for the year ended 31 December 2016 is consistent, in all material respects, with the financial report from which it was derived.

Summary financial statements

The summary financial report does not contain a statement of cash flows or all the disclosures required by the Australian Accounting Standards and accordingly, reading the summary financial report is not a substitute for reading the audited financial report.

The audited financial report and our report thereon

We expressed an unmodified opinion on that financial report in our report dated 20 March 2017. The Australian Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report for the year is free from material misstatement.

Responsibility of the Directors for the financial report

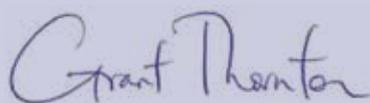
The Directors are responsible for the preparation of the summary financial report and for such internal control as the directors determine are necessary to enable the preparation of the summary financial report.

Auditor's responsibilities for the audit of the financial report

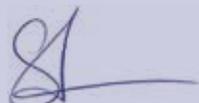
Our responsibility is to express an opinion on whether the summary financial statements are consistent, in all material aspects, with the audited financial report based on our procedures, which were conducted in accordance with Auditing Standard ASA 810 Engagements to Report on Summary Financial Statements.

Independence

In conducting our audit, we have complied with the independence requirements of the Australian professional accounting bodies.



Grant Thornton Audit Pty Ltd
Chartered Accountants



Sandra Lawson
Partner - Audit & Assurance

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financial statements

Income statement for the year ended 31 December 2016		MSI Australia
	2016 \$	2015 \$
REVENUE		
Donations and gifts		
– Monetary	2,423,992	3,087,111
– Non-monetary	–	2,612
Bequests and legacies	–	–
Grants		
– DFAT	7,154,228	8,315,490
– Other Australian	261,807	326,458
– Other overseas	1,774,488	2,178,194
Investment income	66,452	39,577
Other income	62,726	67,457
Revenue for International Political or Religious Proselytisation Programs	–	–
Total Revenue	11,743,693	14,016,899
EXPENDITURE		
International Aid and Development Programs Expenditure		
International programs		
– Funds to international programs	9,764,032	10,961,284
– Program support costs	1,000,272	1,191,289
Community Education	–	–
Fundraising Costs		
– Public	74,399	57,242
– Government, multilateral and private	232,105	271,350
Accountability and administration	530,770	215,747
Non-Monetary Expenditure	–	–
Total International Aid and Development Programs Expenditure	11,601,578	12,696,912
Expenditure for International Political or Religious Proselytisation Programs	–	–
Domestic Programs Expenditure	–	–
Non-monetary expenditure	–	–
Exchange rate (gain) / loss	(3,931)	(25,723)
Total Expenditure	11,597,647	12,671,189
Excess of revenue over expenditure	146,046	1,345,710
Other comprehensive (revenue) / expenditure	9,583	28,817
Total excess of revenue over expenditure	136,463	1,316,893

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 2016. For a copy of this full financial report, please call us on 1300 003 707 or email info@mariestopes.org.au.

Statement of changes in equity for the year ended 31 December 2016		
MSI Australia	2015 \$	2016 \$
Balance at 31 December	952,986	2,269,879
Surplus for the year (net of transfers to reserves)	992,362	146,046
Other comprehensive income	(28,817)	(9,583)
Transfer to Reserves	353,348	–
Balance at 31 December	2,269,879	2,406,342

Balance sheet as at 31 December 2016		MSI Australia	
	2016 \$	2015 \$	
Current assets			
Cash and cash equivalents	4,560,784	6,529,462	
Trade and other receivables	228,602	–	
Inventories	75,536	59,622	
Other	–	113,738	
Total current assets	4,864,922	6,702,822	
Non-current assets			
Property, plant and equipment	186,184	257,974	
Total non-current assets	186,184	257,974	
Total assets	5,051,106	6,960,796	
Current liabilities			
Trade and other payables	2,563,491	4,538,577	
Current tax liabilities	–	–	
Provisions	71,392	127,730	
Total current liabilities	2,634,883	4,666,307	
Non-current liabilities			
Interest bearing loans and borrowings	–	–	
Provisions	9,881	24,610	
Total non-current liabilities	9,881	24,610	
Total liabilities	2,644,764	4,690,917	
Net assets	2,406,342	2,269,879	
Funds available for future use			
Foreign Currency translation reserve	(6,794)	2,789	
Designated Funds Reserve	–	353,348	
Retained earnings	2,413,136	1,913,742	
Total available funds	2,406,342	2,269,879	

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.

Table of cash movements for designated purposes for the year ended 31 December 2016				
	Cash available at start of financial year	Cash raised during financial year	Cash disbursed during financial year	Cash available at end of financial year
Marie Stopes International				
– Philippines service delivery	281,933	1,300,000	1,581,933	–
– Timor-Leste service delivery	71,415	–	71,415	–
Other designated purposes (DFAT)	3,090,040	6,147,612	7,133,519	2,104,134
Other purposes (MSI affiliated entities)	3,086,074	1,023,418	1,652,841	2,456,650
Total	6,529,462	8,471,030	10,439,708	4,560,784

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All donations of AU\$2.00 or more are tax deductible.

Environmental statement

Marie Stopes International is committed to reducing its environmental impact and has produced this annual report with consideration for the most environmentally-friendly options available. This report is produced on Forest Stewardship Council accredited recycled paper and is certified carbon neutral. We are also cognisant of the need to reduce energy output, costs and potential waste from excess reports.

Front cover: Our outreach nurse and vasectomist presenting a group education session on sexual and reproductive health in the Highlands region in Papua New Guinea. **Photographer:** Tom Greenwood

