

2011
ANNUAL REPORT
2012-13
CALENDAR



MARIE STOPES
INTERNATIONAL
AUSTRALIA

Foreword

Eleven million people around the world used a form of contraception provided by Marie Stopes International in 2011. In our Asia Pacific region, we saw this number increase by over 20% last year.

As a result, our work in 2011 will prevent an estimated 15,000 deaths and 1.98 million unsafe abortions (see p9). The personal faces of this enormous figure were brought home to me on a recent visit to our program in Myanmar where I was able to see first hand just how much our services are needed by women.

Seeing women lining up prepared to wait for hours or walk long distances to get information on family planning or to have an IUD inserted really brings home how much they want these services and how inaccessible they are. That we can provide them at all is only due to the team members who go out into the field day after day with tireless passion and commitment. I encourage you to read a little about them in the calendar pages of this report.

2011 has been an exciting year for Marie Stopes International Australia. We continue to provide strong strategic, programmatic, technical and financial expertise and support to our country programs.

We have focused hard, with significant success, on building a pipeline of projects and associated funding for programs in the Asia Pacific and Africa in particular.

We have been actively advocating and raising awareness in the Australian community and we are



increasingly working with partners in this area to speak with a united voice.

It is heartening to see family planning gaining recognition in all areas of society for the vital role it plays in development, poverty reduction and the empowerment of women. We know that what we do works. Every one of those 11 million people who use our services, the 15,000 who won't die as a result of our work or the 1.9 million who won't have to resort to an unsafe abortion, know that what we do works.

It is with great pleasure therefore that I present this report to you.

Glenyce Johnson

Chair, Marie Stopes International Australia Board

Board of Directors



Glenyce Johnson (Chair)

MAcc, MAICD

Elected: 2009



Dr Yasmin Ahmed

MBBS

Elected: 2010

Retired: 2011



Jane Black

MSc Dev (Pop & Rep Health), DMS,
BA (Hons)

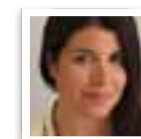
Elected: 1998



Dana Hovig

CEO Marie Stopes International global
partnership, MSc Intl Pol Econ, BA Econ

Elected: 2011



Rachel Molloy

BAS Human Movement,
Grad. Dip. Marketing

Elected: 2010



Julie Mundy

Company Secretary, B.Comm (Hons);
GAICD, PBAS

Elected: 2009



Virgilio Pernito

MBA, MPA

Elected: 2010



Maria Deveson Crabbe

Elected: 2011

Letter from the CEO

In our last annual report I suggested that we needed to talk more about sexual and reproductive health. I'm delighted to report that 2011/12 has been a year of critical and fruitful dialogue within our own organisation, with our partners, and most importantly with the women who seek our services and support.

Fifty five per cent of global unmet need for contraception resides on our very doorstep, the Asia Pacific region.

In Papua New Guinea, a country I visited recently, half of all government health posts are closed. Our services here are clearly a matter of life and death.

At our young women's clinic in the urban slums in PNG, I spent some time with Dr Edith, a passionate young doctor, who explained the stark reality of providing care for women whose last resort was an unsafe abortion. And stories of the women who did not make it.

In many parts of the world, a 15 year old is more likely to die from an unintended pregnancy than she is to finish her schooling.

Fortunately we are seeing a slow reduction in maternal deaths globally, and improvements to the overall quality of life of women and their



families. Because of this, sexual and reproductive health is emerging from a place of controversy, toward a more balanced conversation based in evidence and pragmatism.

This year, the Bill & Melinda Gates Foundation and the United Kingdom Department for International Development joined forces with a range of bilateral governments, including Australia to support countries where unmet need for contraception remains an impediment to development. This commitment until 2020 will ensure access to contraceptives for 120 million women, whilst sustaining access for those already using it. This won't address all of the 215 million women who need access, but it's the biggest scale up we have ever seen.

Given the sheer size of the challenge ahead, we cannot do it alone, but with your help we can all succeed. We cannot wait any longer.

Maria Deveson Crabbe
Chief Executive Officer

Letter from the Regional Director

2011 saw significant development in our programs in the Asia Pacific region as well as increased support for expansion of our African programs.

In PNG, 57% more women and men accessed sexual and reproductive healthcare services from us than last year. In Timor-Leste we expanded our outreach services from 6 to 8 districts, taking us closer to our 2015 goal of providing services across all 13 districts (see p34).

In Myanmar we estimate our work in 2011 will avert 108,667 unintended pregnancies and prevent 21,518 unsafe abortions.

We secured vital new funding for a project in Cambodia which allows us to work with the Royal Government of Cambodia to build capacity in safe abortion and contraceptive service delivery, health system planning, and management strategies (see p38), to reduce the maternal death rate in Cambodia.

Our programs in Tanzania and Kenya began implementing five-year projects under the Australia Africa Community Engagement Scheme (AACES) which will enable hundreds of thousands more African women to access family



planning (see p29). In tandem, we have also been planning activities to increase awareness of development issues in Africa among the Australian public which will be implemented later this year.

Working in partnership is a key element of our 2015 global strategy. Focusing on areas of unmet need in the Pacific Asia region, we began a new partnership with DKT International in Indonesia to increase access to longer acting contraceptive methods.

And, in Australia, we began collaborating closely with a number of NGOs to develop a consortium which has become a unified force to collectively advocate as a regional voice on sexual and reproductive health rights. The consortium has been successfully active in a number of areas including advocacy for the Melinda Gates-led Family Planning Summit of which Australia is a partner, and a successful parliamentary event.

Liz Sime
Regional Director

A GIRL WITH ACCESS TO FAMILY PLANNING,

MATERNAL HEALTHCARE AND THE RIGHT TO CHOOSE
WHEN AND HOW OFTEN TO HAVE CHILDREN IS:

MORE LIKELY

&

LESS LIKELY

TO BE EMPOWERED
AND DETERMINE HER
OWN LIFE



TO GET AN
EDUCATION



TO WORK AND
EARN AN INCOME



TO BE TRAPPED IN A CYCLE OF
PREGNANCY SHE CAN'T CONTROL



TO SUFFER ILL HEALTH FROM
FREQUENT PREGNANCIES

A world where every birth is wanted

In pursuit of our vision of “a world in which every birth is wanted”, our mission is “Children by choice, not chance”

Our aim is to ensure that every woman is able to choose for herself when to have children and how many to have. We do this by ensuring accessible and affordable family planning and, in countries where it is legal, safe abortion services, for those who want it.

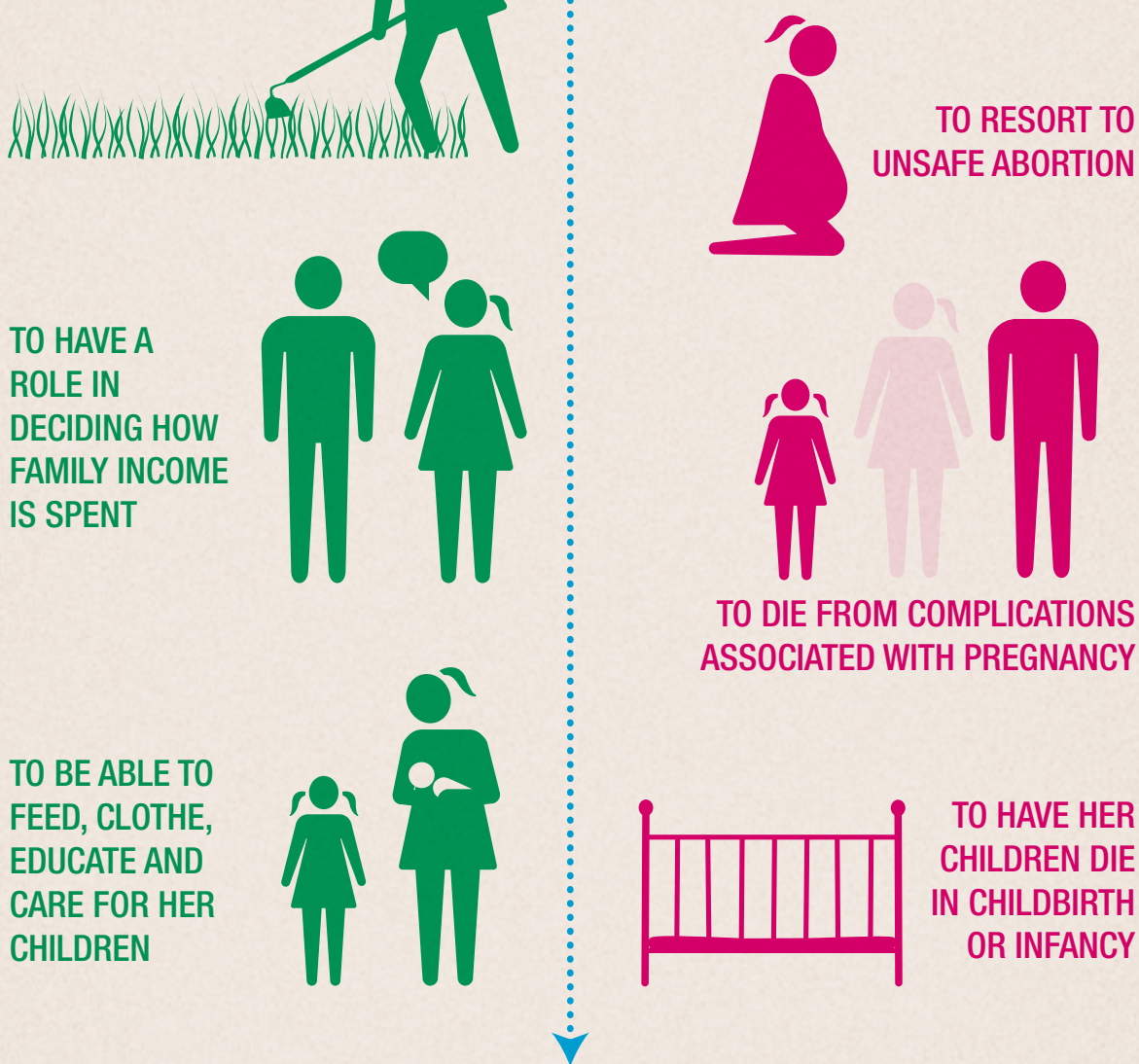
Family planning and safe abortion save women's and children's lives and prevent significant illness and injury. Nearly 70,000 women a year die from what the WHO has called the world's greatest 'preventable pandemic' – unsafe abortion. Millions more suffer permanent injury¹.

Worldwide, pregnancy is the biggest killer of girls aged 15-19. In some countries, a woman's chance of dying in pregnancy is as high as 1 in 11². Tens of thousands of children are left without a mother after an unsafe abortion claims her life and consequently, these children are significantly more likely to die in infancy³.

In total, 358,000 women a year die from pregnancy and childbirth related causes. One third of these deaths could be avoided if women had access to family planning⁴. That's thousands of mothers, sisters, daughters and wives whose lives could be saved.

Access to contraceptive choices can also play a fundamental role in the reduction of poverty. The biggest threat to women's freedom, health, education, livelihoods and mortality is that they cannot choose whether to become pregnant, or to access the services they need when they do.

When girls go to school, when women have control of productive assets like farmland and help decide how family income is spent, children are healthier and more likely to be educated. Communities are more likely to emerge from poverty when women play a greater role.



RESULTING IN A

SUSTAINABLE FUTURE

FOR HER FAMILY AND COMMUNITY

Family planning has a catalytic impact on women's empowerment and can be a turnkey for other areas of development.

When women have the choice, they overwhelmingly decide to have fewer children. This means a greater ability to feed, clothe, educate and provide healthcare for their families. It means increased opportunity to work and participate in the economy. In this way, women can elevate their role in family and community decision making, increase standards of living and help reduce poverty. Ultimately helping ensure their human rights.

The statistics speak for themselves. Our job is to help women claim the rights denied them by economic, social or geographic barriers. With the power to exercise their reproductive rights, women will demolish these terrible statistics.

1. Guttmacher Institute, *Abortion Worldwide: a decade of uneven progress*, 2012.

2. WHO, *Trends in maternal mortality*, 2008

3. Guttmacher Institute, *Adding it up*, 2009

4. Population Reference Bureau, *Family Planning Saves Lives: Fourth Edition*, 2009

Accreditation

Marie Stopes International Australia has been endorsed with Full Accreditation from AusAID, Australia's government aid program. For further information refer to www.ausaid.gov.au.

We are a member of the Australian Council for International Development and are committed to the ACFID Code of Conduct principles. We also adhere to high standards of governance, financial reporting, management, and ethical practice in our work. Questions or complaints can be sent to the Compliance Officer at info.governance@mariestopes.org.au. Further information relating to the Code and the Code complaints handling process is available at www.acfid.asn.au and questions directed to the Code of Conduct Management Team.

We know how to get there

Millions of the world's poorest and most vulnerable women trust us to provide them with quality family planning and reproductive healthcare. By specialising in sexual and reproductive health we have spent over 30

years developing innovative and cost-effective ways to scale up sustainable services and deliver impact.

In 2011, we increased our services globally and 11 million clients used a method of contraception supplied

by Marie Stopes International. Our services in 2011 equate to 21.6 million couple years of protection; the equivalent of protecting 21.6 million couples from unplanned pregnancy for a year. We did this in a number of ways.

1,700
MSI SOCIAL FRANCHISES

Public-private partnerships

We can't do it alone. Nor do we want to. Our goal is to help build sustainable models within the context and framework of the countries we work in.

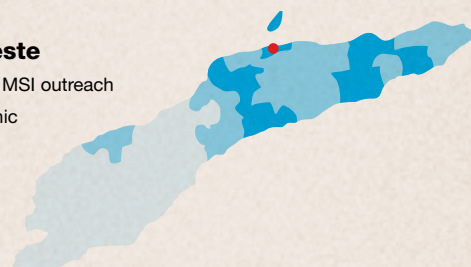
Through private partnerships such as social franchising, we help build skills and resources within the existing system. We support local healthcare providers to integrate family planning into their existing practices. This increases the reach of contraceptive services far beyond that we could achieve alone and reduces the barrier of distance.

We work with government at a national and local level, taking a whole-of-service approach. We may deliver services through the national health network or help strengthen their own service delivery. We support training for government health workers and provide specialist assistance in developing sexual and reproductive health strategies and integrating them into the health system.

Turn to page 17 to hear from a midwife social franchise in the Philippines and to page 19 to read about our work with government in Cambodia

Timor Leste

- Scope of MSI outreach
- Static clinic



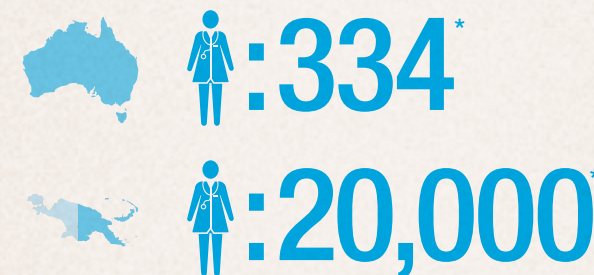
Outreach

We have 300 outreach teams delivering sexual and reproductive health services globally.

Geographic isolation, poor or non-existent transport, economic barriers and social or family burdens all prevent communities from accessing sexual and reproductive health services. Our strong clinical network of over 600 centres provides the base for us to take services out to them.

Often run in collaboration with government health personnel, our outreach models range from the most pared back approach, which may see a nurse and a counsellor travelling to communities by public bus, motorbike or rickshaws to deliver basic services in community huts or people's homes, through to a whole mobile clinical team in a 4x4 vehicle who provide family planning services at government health facilities, a school or even a tent.

Turn to page 15 for a typical day on outreach in PNG



Ensuring services through 'task-shifting'

Fully trained doctors are a scarcity in many of the countries we work in. By delivering services through other health workers and community providers who we train to a high level in specific areas of sexual and reproductive health, we can overcome significant gaps in service provision. In so many of our environments, this makes the difference between whether a service is available or not.

We also 'de-medicalise' services by using the simplest and least painful procedures that do not rely on expensive or complicated technology. This also means that tasks are more easily performed by mid-level health providers. For example, 'vocal local' is a technique pioneered at Marie Stopes International as an alternative to anaesthetic for simple procedures.

*There is one doctor to every 334 Australians, compared to one doctor to every 20,000 Papua New Guineans. WHO World Health Statistics, 2011

Turn to page 21 to read about one of our midwives specialising in family planning



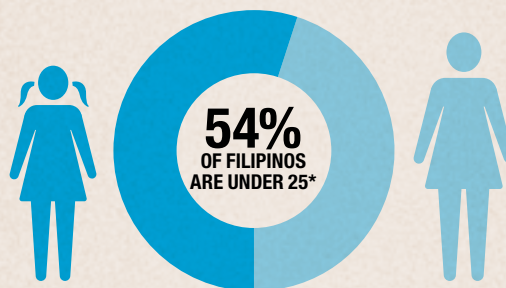
Linking awareness and access

Providing services is only part of the equation. We must first ensure that people have the information they need to exercise reproductive choice. Through raising awareness and understanding we promote preventative behaviours, encourage people to seek services and then link them to the services they want.

With voucher schemes for example, we enable the poor and vulnerable to access services at accredited private or NGO providers who are then reimbursed for this service.

We use a variety of different means to reach specific groups - such as sex workers, unmarried women or men - with easily understandable messages. Through awareness and unbiased information, we ensure that the men and women we work with are ultimately able to make a choice from a range of quality services and products, and that they know where to access these either through our clinics, outreach or other reliable service providers.

Turn to page 25 to read about awareness raising through entertainment in Myanmar



Young people

The current generation of young people is the largest in history with more than three billion people under the age of 25 worldwide.

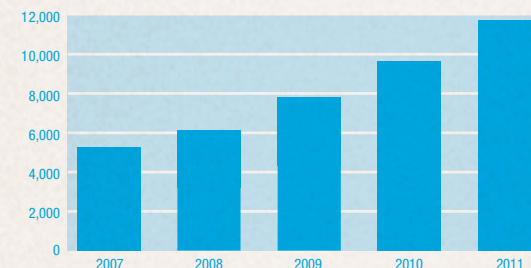
The consequences of unmet need for contraception are disproportionately devastating for the health and wellbeing of young women. Pregnancy is the leading cause of death among teenage girls in developing countries with 15-19 year olds twice as likely to die from pregnancy related complications as women in their twenties.

Approximately one in three of our clients is under 25 years old. Our services specifically targeted to young people aim to address the impacts of widespread negative attitudes to adolescent and, particularly, unmarried sexuality.

*Philippines National Demographic and Health Survey, 2008

Turn to page 31 to read about our young people's information line in Timor Leste

Maternal deaths averted due to MSI's work 2001-2011



Measurable impact

We want the decisions we make to have maximum health impact. So we have developed mathematical models that help us to understand the impact of our current work and to plan higher impact future projects.

Our latest model is called Impact 2 and replaces our Impact Estimator and REACH calculator. Impact 2 is a mathematical model that converts family planning services such as condoms, pill cycles and implants into family planning users. From there, it calculates impacts such as expanded contribution to contraceptive prevalence rate (CPR), number of unplanned pregnancies and maternal deaths averted, and even economic cost savings to the healthcare system.

The model was developed by our demography experts in collaboration with PSI and the Guttmacher Institute, and has been peer reviewed by experts in the field. It is a user-friendly Excel-based tool that can be accessed via our website at www.mariestopes.org.

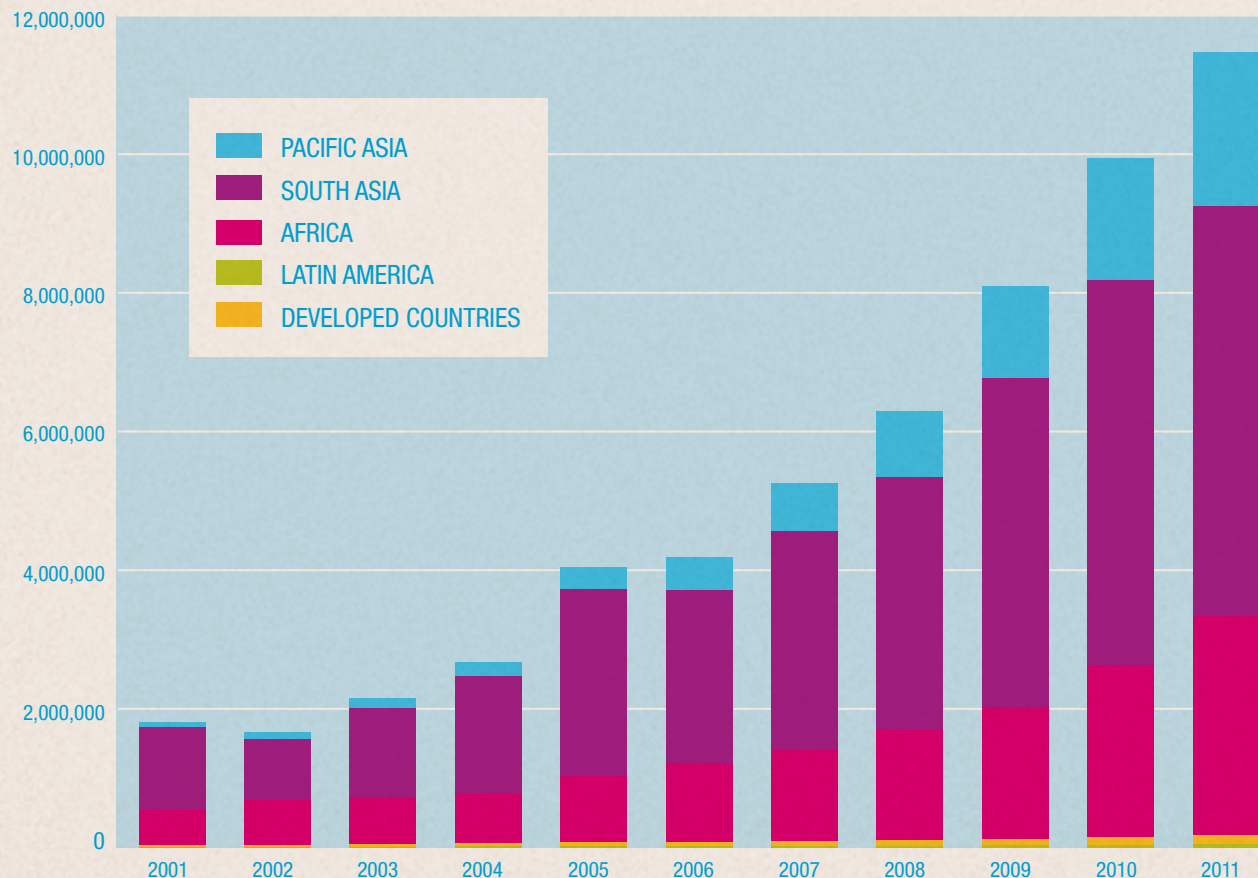
Turn to p8-9 for the global and regional impacts of our work in 2011

To keep up to date with our work and the latest news from Marie Stopes International Australia please visit www.mariestopes.org.au

Making a difference

In 2011, the Marie Stopes International global partnership reached more people than ever before, making a difference to the lives of those who accessed information, products and services through our centres, outreach services, social franchises, social marketing, community based distributors and health information lines.

Estimated users of MSI contraceptives by region, 2000-2011



11 million clients

11 million people used a method of contraception supplied by Marie Stopes International in 2011.

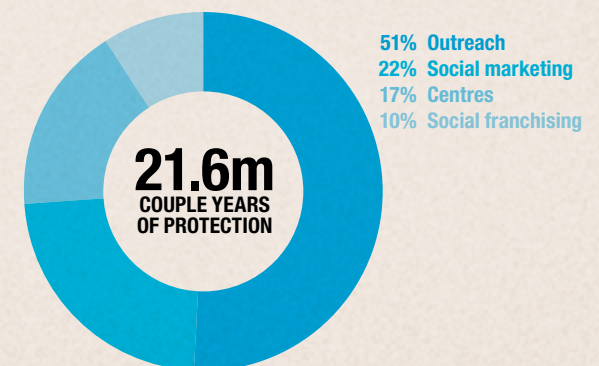
12,000 outreach locations

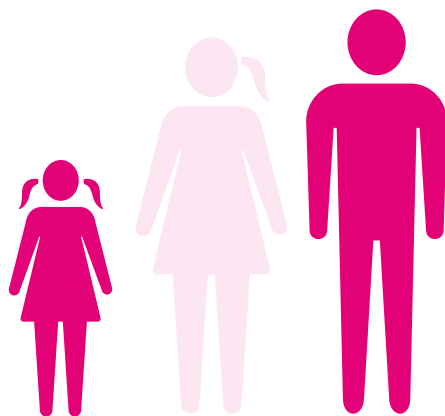
300 clinical outreach teams delivered services at close to 12,000 locations.

1,700 social franchises

We ensured access to quality family planning services through 1,700 social franchises.

In 2011, we provided services that equate to protecting 21.6 million couples from unintended pregnancy for a year (CYPs). These were generated through:





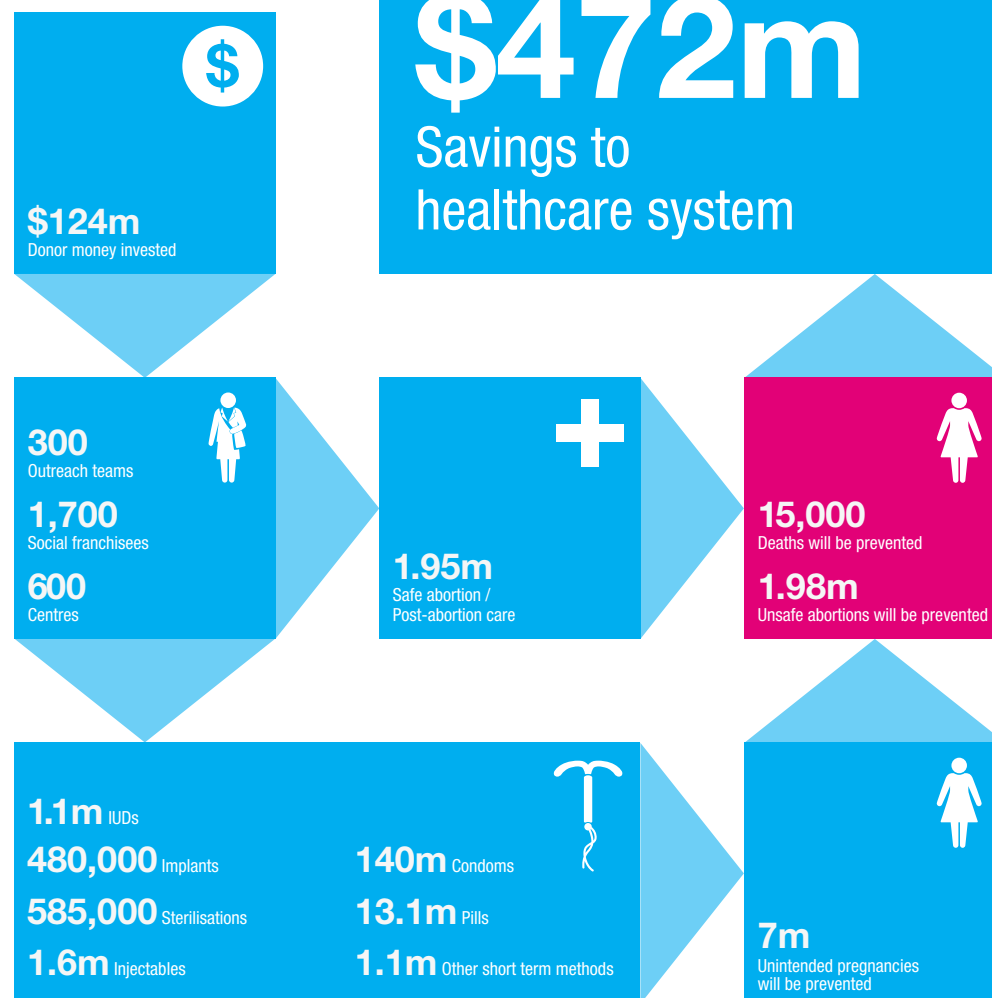
Our work in 2011 will have the estimated lifetime impact of preventing 15,000 deaths and 1.98 million unsafe abortions.



For every \$1 of donor money spent by MSI programs, \$3.80 will be saved by health systems in developing countries.

Service lifetime impacts: these figures represent the total impact of services provided in 2011, much of which may occur in future years. All dollar amounts are in Australian Dollars, based on exchange rate at time of print.

The estimated lifetime impacts of our 2011 services globally.



July 2012



MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
30	31					NAIDOC Week (AUS) 1
2	3	4	5	6	7	8
9	10	World Population Day 11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

The power of choice

Judith (pictured), a 25-year-old mum, is working in her veggie patch. She lives in a coastal village in Papua New Guinea, 10 kilometres from Port Moresby. Her three kids are inside doing their homework and her husband, a fisherman, will be home soon. For dinner they'll have home-grown sweet potatoes and fresh-caught coral trout.

It's a simple domestic scene, but Judith considers herself extraordinarily lucky. There's food on the table. Her kids, including her daughter, go to school. She

brings in extra income selling produce from her garden.

By contrast, her neighbour has 10 children all close together, and has suffered ill-health. The kids don't go to school because the family can't afford the fees. Her childrearing has effectively prevented her from undertaking any work outside the home.

The differences in health and wealth between these two neighbours could be attributed to one thing: access to contraception. A mobile clinic came to the

village soon after Judith had her third baby and she was able to get an IUD. Her older neighbour already had 10 children – she never had the opportunity to choose.

When it's within their control, most couples choose to have just a few children. Eighty five per cent of Judith's countrywomen with three or more children don't want any more – a common statistic worldwide¹. Yet over 215 million women who want access to contraception, can't get it and one woman dies every 89

seconds from pregnancy and childbirth related causes².

Judith believes her life would be very different without her IUD. "I'd be having baby after baby, unable to do anything else. We'd be poor, the kids wouldn't get an education." She pauses, her expression changing to a proud smile. "School is going to give them an advantage we never had."

1. National Department of Health Ministerial Taskforce on Maternal Health in PNG, 2009

2. Guttmacher Institute, Adding It Up, 2009

For \$25, Marie Stopes can provide IUDs to 5 women like Judith.



Donate online at

mariestopes.org.au/donate

August 2012



MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
		1	2	3	4	5
Picnic Day (NT) 6	7	Royal Queensland Show (Brisbane) 8	International Day of the World's Indigenous People 9	10	11	International Youth Day 12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

A mother's life cut short

Adla*, a mother of eight in rural Tanzania, knew that she was not okay when she woke up with unbearable labour pains. She had given birth eight times before, and it had never felt like this.

This pregnancy had been much harder than any she'd experienced. From the third month she felt sick, ill and utterly exhausted. All Adla's children were born in quick succession, and her health suffered from more than a decade of relentless pregnancies, deliveries and breastfeeding.

However, with no access to healthcare and eight children to care for, Adla had no option but to put her head down and push on. Throughout the pregnancy she fetched and carried water from the well. She crouched on the floor to cook. And her body protested more strongly each day.

On this morning, as the agony intensified, Adla became genuinely frightened. Her eldest son took her the 30km to hospital on the back of a motorbike. As she gave birth to a healthy

daughter, she began to haemorrhage. Doctors couldn't stem the bleeding and Adla died in hospital, aged just 35.

Her husband couldn't cope and abandoned the newborn. Without her dad's support, Adla's 12-year-old daughter dropped out of school to raise her sister. The baby was lucky; children who lose their mother are significantly more likely to die in infancy¹.

Most heartbreaking of all is that Adla's death was probably preventable. If she'd

had family planning, she could have controlled the timing and number of her babies. Imagine Adla with her health. Her family wealthier. Her 12-year-old daughter in school.

That 12-year-old is now a beautiful woman. To see how her life is turning out very differently, turn to 'June' in this calendar.

¹ Guttmacher Institute, Adding It Up, 2009.

*Not her real name. Based on an interview with her daughter.

[#]Service lifetime impacts. See page 9.

September 2012



MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

					1	Father's Day (AUS) 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	28	29	30

Flying doctors

A male nurse in a team that has just completed 57 IUD insertions, Joe Mondo is sitting down to a well-deserved cup of tea. The sun is setting over the remote mountain village in Papua New Guinea where he's been posted for three days. These kinds of remote, hard-to-reach places are home to 87 per cent of the PNG population.

When Joe arrived this morning, there were over 100 patients waiting for his mobile

family planning clinic - a tent with a fold-out operating bed. While the accommodation wasn't five-star, the organisation of his sterile instruments was. Joe can perform safe, clean medical procedures in all sorts of settings, from a government health clinic to a community hall.

Locals queued for hours to consult Joe and his team about different contraceptive options. Most couples in this impoverished area have five children, some as many as

12, and access to birth control is a new opportunity for most. Only one in five couples use modern contraception in PNG¹.

"To reduce the chance of falling pregnant again, many husbands and wives don't sleep in the same bed," says Joe. "Everyone knows a woman who has died in childbirth."

The isolation of these communities is extreme. "People don't have the money to travel and access healthcare, so we bring

it to them," says Joe. He doesn't always arrive by plane. "I've ridden in the backs of trucks, in boats, on motorbikes, even in bullock carts. The terrain is so rugged, it's not always possible to fly in."

Performing hundreds of procedures each week, Joe is a very skilled male nurse. He also cares deeply; "There are lots of smiles, lots of thanks," he says.

¹. UNFPA State of the World Population 2011

\$100 provides 20 women in Papua New Guinea with an IUD.

Donate online at

mariestopes.org.au/donate

October 2012



MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Labour Day (ACT, SA & NSW) Queen's Birthday holiday (WA) 1	2	3	4	5	6	7
Family & Community Day (ACT) 8	9	10	11	12	13	14
15	16	International Day for the Eradication of Poverty 17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Local knowledge, specialist training

It's only 11am, but midwife Jenny Gomez* has already delivered two babies and inserted two IUDs in the front room of her house. She smiles good-naturedly as she cooks herself some eggs for breakfast. "All healthy, all happy," she says.

Many midwives in the Philippines have clinics in their homes. When Jenny became a Marie Stopes BlueStar franchisee, her workspace was refurbished as part of the package. "It's easier to clean, which makes it more sterile and safe," she explains.

Historically, midwives in the Philippines do not provide contraceptive services. Now, as a BlueStar franchisee, Jenny pays a small fee each year. In return, she receives specialist contraceptive training, cheap medical supplies, brochures and diagrams to help explain procedures to patients, and signage to advertise her services.

In the Philippines, one in three births are either unwanted or their mother would have preferred to have them later¹, and only 34 per cent of women use modern

contraception¹. "We don't have much sexual education," Jenny explains. "Natural family planning is the norm. We're helping women cheaply access effective contraception so they can take better care of themselves and their families."

The BlueStar franchise model is a great success story now used in nine countries. It's cheaper than setting up clinics from scratch and the midwives are an invaluable part of their local community - women trust them deeply. This translates into rapid

uptake and immense reach. "So many midwives are part of BlueStar now, we can help so many women who couldn't get contraception before," says Jenny.

"I used to only do baby deliveries - no contraception. Now I have extra income from my family planning and my patients can choose how many kids they have - everyone is better off."

*Not her real name (not pictured)

1. Philippines, 'National Demographic and Health Survey', 2008

November 2012



MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
			1	2	3	4
Recreation Day (TAS) 5	Melbourne Cup Day (VIC) 6	7	8	9	10	11
12	13	14	15	16	17	18
19	Universal Children's Day 20	21	22	23	24	International Day for the Elimination of Violence against Women 25
26	27	28	29	30	"Cambodian women are benefiting from big improvements to maternal mortality rates"	

The whole approach

Dr Antoinette Pirie (not pictured) is a Health Advisor at Marie Stopes International in Cambodia. An obstetrician by training, she is acutely aware of the individual stories that sit behind the national-level, holistic approach to improving safe abortion and family planning services which her work is all about.

The Cambodian government has made great strides in reducing maternal mortality in the country to 206 maternal deaths for every 100,000 live births¹. Antoinette's

work feeds directly into this initiative, focusing on integrating safe abortion and family planning into government health services and policies.

This requires a broad approach. "Helping to build the capacity of the Cambodian health services to provide these services is a big part of what we do" says Antoinette. This includes direct training of medical personnel but also, vitally, informing policies and management

strategies on infection control and quality assurance, equipment and supplies, even refurbishment of health facilities.

"My job is to help the Cambodian government to formulate policies that are backed up by evidence so that in the long-term safe abortion and family planning become mainstream healthcare in the Cambodian health service."

Safe abortion has been legal in Cambodia since 1997 and health system

structures and management strategies are developing in line with this forward looking policy environment. Transparency of services, continuing unsafe abortion, women's knowledge and awareness are all factors that are being addressed.

Antoinette is awed by the changes and progress she's seen in the eleven years she's been coming back and forth to Cambodia. "It's a completely different place today and an incredibly inspiring place to work."

1. Cambodia Demographic and Health Survey, 2010

\$7,000 buys a portable ultrasound, improving outreach diagnostic

capabilities.

Donate online at

mariestopes.org.au/donate

December 2012



MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
New Year's Eve 31					World AIDS Day 1	2
3	4	5	6	7	8	9
Human Rights Day 10	11	12	13	14	15	16
17	18	19	International Human Solidarity Day 20	21	22	23
24	Christmas Day 25	Boxing Day 26	27	28	29	30

Skills where they're needed most

Fernanda, a midwife in Timor-Leste (East Timor), has just finished a family planning consult with a couple who have 10 children. That's not unusual. Most women in Timor-Leste have around six kids¹, some as many as 14.

"I often meet my clients for the first time when they're pregnant. After I deliver the baby, I run through the different contraceptive options," Fernanda explains. "Often, it's the first time they've been offered

contraception. And they're very interested."

In Timor-Leste, just 600 kilometres north of Darwin, there is only one doctor for every 10,000 people. In Australia, it's one to 334². It's not unusual for women to travel for hours to get to a clinic, only to find that there's no doctor on duty.

So, where there are doctor shortages, Marie Stopes International trains midwives and nurses to perform basic procedures. "Having a trained nurse on hand is the

difference between life and death for many women," says Fernanda.

She recalls an outreach session when she met a mother of eight, Marciana, who was very pale and dizzy. Marciana explained that three days earlier she'd had a miscarriage and that she now wanted an IUD.

Fernanda examined her and found that the miscarried foetus had become stuck in her cervix. "It was very serious," says Fernanda. "Left untreated, she would likely

have died from an infection."

Fernanda was able to treat Marciana's condition and delivered the foetus. Afterwards, she was able to provide her with the IUD she wanted. To this day, they catch up whenever Fernanda is in town. "Marciana always calls in to let us know how she and her family are doing. It's great to see them healthy and happy."

1. Timor Leste, 'Demographic and Health Survey', 2009-2010

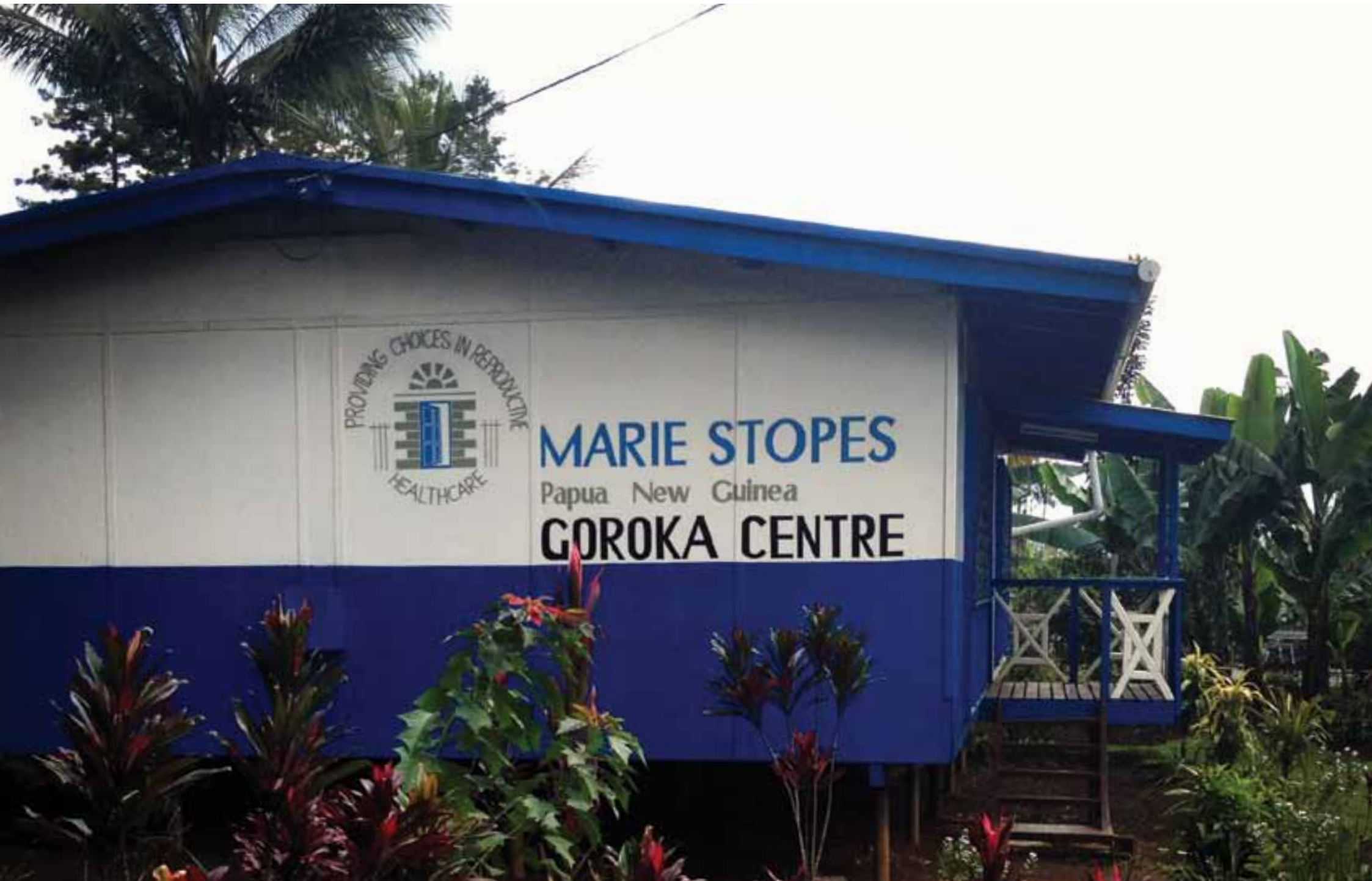
2. WHO, 'World Health Statistics', 2011

\$50 pays a midwife to provide life-saving services for two days.

Donate online at

mariestopes.org.au/donate

January 2013



MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	New Year's Day 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	Australia Day 26	27
Australia Day holiday 28	29	30	31			

A global network of care

It's 7am and nurse Sahien unlocks the staffroom for the busy day ahead; the first clients will arrive for IUDs and contraceptive implants in 30 minutes. Her team will also be assisting doctors with termination procedures. Yesterday was vasectomies.

The clinic run by Marie Stopes International in Sydney where she works is high tech; the equipment is new, everything is spotless. But the priority for the doctors and nurses who work here is to provide non-judgemental, quality care to their clients.

"In countries like Australia we charge affordable prices. That money is then reinvested in our services locally and internationally," explains Sahien. This means we can provide quality care and services to the local community, while also supporting vital programs in developing countries.

Sahien's team takes extra steps to help their sister centre in Papua New Guinea. "We started selling heat packs to support them. We didn't think much of it at the time. But they bought a water tank with the

money and wrote a beautiful letter saying what a difference it's made."

This feel-good moment bolstered morale, and prompted the Australian staff to go further. "We're collecting surgical scrubs for the PNG team and having movie nights to help them pay the electricity bills," adds Sahien. "We get regular updates from them. It reminds us what we're about."

Though the environments could not be more different, the essence of the care provided in this inner-city Australian

suburb and a mountain village is the same. "Women complete a survey after their procedure" says Sahein. "You see many of the same responses. They say that we've made a big difference in their lives; that they feel safe."

These sentiments, and the 97 per cent approval rating in Sahein's centre, are mirrored in the Papua New Guinea program (pictured) it helps support.

\$4,000 provides a water tank to a women's health clinic in PNG.



Donate online at

mariestopes.org.au/donate

February 2013



MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

				1	2	3
4	5	6	7	8	9	Chinese New Year (Year of the Snake) 10
Royal Hobart Regatta (TAS - South) 11	12	13	Valentine's Day 14	15	16	17
18	19	World Day of Social Justice 20	21	22	23	24
25	26	27	28			

Knowing what's possible

Ramon* is reviewing theatre scripts in his Marie Stopes International office in Myanmar (Burma). It might seem like an odd activity for a man who is in charge of a project called Mobilizing Access to Sexual and Reproductive Health, but he's been doing it for years. With great success.

In the remote Mon district there is an immensely popular travelling folk theatre scene known as Pwe. During the dry season people turn out in droves to see their favourite actors perform tales of love,

jealousy and success.

Ramon and his team, while developing strategies to increase awareness of sexual and reproductive healthcare among the Mon population, came up with the idea of incorporating storylines and messages into Pwe performances.

They approached the most popular troupes and despite this quite traditionalist culture, the high-profile actors were keen to participate.

Two of the most famous troupes signed

on and have been performing storylines that feature family planning for the past three years. "One of the shows had a subplot where a husband and wife were struggling to financially support their kids, so they travelled to a clinic in town where she could get an IUD," explains Ramon.

This practical way of reaching communities is incredibly effective and responds to local way of life. Ramon tells the story of a 24-year-old mother of three who saw a theatre performance that

mentioned Marie Stopes International and visited the clinic the next day. "She had never heard of family planning before," he says, "but she was there, keen as mustard the very next day!"

"People really love the festival atmosphere of the theatre. It means we can get information out to a large number of men and women in a fun, non-threatening way."

*Not his real name.

Four in 10 of our users are new adopters of family planning.

Donate at

mariestopes.org.au/donate

March 2013



MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
				1	2	3
Labour Day (WA) 4	5	6	7	International Women's Day 8	9	10
Labour Day (VIC) Adelaide Cup Day (SA) Eight Hours Day (TAS) 11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	Good Friday 29	30	31

The 'good men project'

There were over 200 men waiting outside the government health centre when nurse John Guagl arrived to set up his mobile clinic, all wanting vasectomies. A lot of them had camped overnight to secure their place in the line.

When you live in the Eastern Highlands of Papua New Guinea and your wife falls pregnant, it's a happy time, but also a nervous nine months.

One third of deliveries happen with no midwife or doctor to supervise. "This means about 300 labour complications and around 100 pregnancy-related deaths per year," says John. It's a lot for a remote area with a small population.

"On the day I arrived in the highlands and found 200 men waiting, I was shocked. I only had one day at that clinic, and only managed to do 23 vasectomies," he says.

He is known in the area as a safe, clean male nurse who minimises discomfort – hence his popularity.

"My patients in the highlands want long-term and permanent contraceptive options, rather than the Pill or injections," says John. "Vasectomies are easier to perform and lower risk than tubal ligations, because men's reproductive organs are on the outside. It's less invasive. These

men want to share family planning responsibilities with their wives."

Amid the poverty in this part of the world fighting often breaks out over resources, like food and access to farmland. "With fewer kids and a healthy wife, it's much easier for men to support their families," explains John.

"Vasectomy is a simple procedure that makes a big difference."

April 2013



MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Easter Monday 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 25	26	27	28
29	30					

With a little help from our friends

Elsie Lardner puts the phone down after a discussion with her counterpart at a partner charity and walks outside into the hot African sun. They've just finalized the details of a joint maternal and child health medical camp in Kinango, Kenya.

Elsie, a cheerful Aussie hailing from Ballarat in Victoria is the Project Officer for Marie Stopes International in Kenya. She's working on a five year project known as the Australia Africa Community Engagement Scheme through which the Australian

Government has funded 10 organisations to contribute to water and sanitation, women and children's health, and food security.

The outreach trip Elsie is planning is part of a significant expansion of family planning services in the Kingano region and will be the first time that many of its inhabitants will have the opportunity to receive family planning advice and contraceptive services if they want.

"Traditionally, although maternal, newborn and child health are widely

recognised as essential services in development, family planning has too often been left out of the equation. It's vital that these services are integrated into mainstream primary health care, especially maternal and child health," says Elsie.

The project enables the Kenyan team to train over 300 healthcare providers on a wide range of sexual and reproductive health services.

They will be able to reach more women in new areas, particularly the rural coastal

regions, and focus on groups with particular needs. Community Health Workers and Peer Educators will also receive training in sexual and reproductive health.

"We're also developing partnerships with organisations already working with specific community groups such as young people and those with disabilities" explains Elsie. "In this way, we can increase the profile of sexual and reproductive health through existing support channels and networks for these groups.

Three in 10 of our clients are under 25.



Donate online at

mariestopes.org.au/donate

May 2013



MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
		1	2	3	4	5
May Day (NT) Labour Day (QLD) 6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Doing it for the kids

Agueda Miranda is on the phone explaining to a teenage girl that, if she gets a contraceptive implant in her arm, there is no way that it could travel to her heart or brain and kill her.

A professionally trained counsellor at the Marie Stopes Sexual Health Infoline in Timor-Leste (East Timor), Agueda listens to the concerns of her callers, provides information, dispels myths, explains various contraceptives, and gives them the

address of their local clinic.

Timor-Leste has one of the highest rates of teen pregnancy in the South East Asia region. Less than one per cent of girls aged 15-19 use contraception¹.

"There are so many misconceptions about sex," says Ageuda. With correct information hard to come by, 20 per cent of 19 year olds already have babies¹ – almost all of them drop out of school. More distressingly, pregnancy is the leading

cause of mortality among teen girls in developing countries. Unsafe abortion is the third most common reason for pregnant women to die².

The goal of the infoline is to be a trusted, free source of accurate sexual health information. It's known colloquially as the 'KISS Infoline' – 'KISS' standing for 'Kuidadu Ita nia Saude Seksual', meaning 'Take Care of Your Sexual Health' in the Tetum language – and has received

thousands of calls in its first year.

"By educating young people in a friendly way, they can make informed decisions, prevent unintended pregnancies and STIs," says Ageuda. "I give young people information they otherwise wouldn't have; information that could change their futures."

¹ Timor Leste, 'Demographic and Health Survey', 2009-2010
² UNFPA, 'Maternal Mortality, Unplanned Pregnancy and Unsafe Abortion in Timor Leste: A Situational Analysis,' 2009

For \$40, Ageuda can counsel the young people of Timor Leste

for a day.

Donate at

mariestopes.org.au/donate

June 2013



MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

					1	2
Foundation Day (WA) 3	4	5	6	7	8	9
Queen's Birthday (All states, except WA) 10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Happy families, healthy families

Mayassa remembers her mother dying in childbirth. It was the last day she went to school. At just twelve, she had to become the baby girl's adopted mother. She had all the responsibility of parenthood before she herself reached puberty. "I had no idea," she says. "We used to depend on friends and neighbours for food. Some nights we'd go hungry."

The sisters lived like this for many years, until Mayassa met and married

Awali, a tailor who 26-year-old Mayassa now has two children with. "Only God helped me until I met Awali," she says. "He is a very good man who supports my decisions and has helped my sister through school."

He's also a progressive and modern man, as he supports Mayassa in using the birth control pill to plan their family - making her life very different to that of her mother.

After she delivered her first child at a Marie Stopes International centre in 2004, Mayassa and Awali were given contraceptive counselling, and decided that the Pill was the best option.

"We can avoid unintended pregnancies and I stay strong and healthy - which means I can work in the fields to help provide for my family," she says. "I can also easily stop if we decide we want another baby."

Myassa knows that if she didn't have access to contraception she would have many children, making life a huge struggle. "Just walking to the well for water would be difficult, and if I couldn't work on the farm, food would be hard to come by," she says. "I don't want to struggle to provide food again. Now, we live well and have enough money for the girls to go to school. I would like them to complete their studies, so they can get good jobs."

\$1,000 funds a family planning outreach session to an isolated

community.

Donate online at

mariestopes.org.au/donate



The Philippines

2011 country achievements

In the Philippines, we delivered services to 408,199 clients in 2011, providing the equivalent of 1,405,506 Couple Years of Protection*. This will have the estimated impact of averting 417,250 unintended pregnancies and 71,054 unsafe abortions.

We conducted 234 days of outreach in the Philippines. An increase of 5% on 2010.

Our social franchise network, BlueStar, grew to 266 franchisees.

Sixty five BlueStar facilities are accredited with the Philippine Health Insurance Corporation for Maternity Care Package which includes family planning and New Born Screening reimbursements.

Looking forward

- We will aim to achieve 2.2 million Couple Years of Protection by 2015 and will be delivering 700,000 services in the Philippines
- We will aim to see a 3 point increase in the contraceptive prevalence rate by 2015.



Papua New Guinea

2011 country achievements

In Papua New Guinea, we saw a 57% increase in clients served and a 25% increase in family planning provided in 2011 compared to 2010. This will have the estimated impact of averting 2,661 unintended pregnancies and 71 unsafe abortions.

We conducted a total of 327 days of outreach in PNG where 87% of the population lives in small villages or isolated rural communities. Fifty six percent of our clients in 2011 were reached through outreach.

The introduction of contraceptive implants as a choice for our clients in October 2011 saw a rapid uptake in the first 3 months of 548 clients. In PNG, we are now providing the full range of family planning services.

We have employed male nurses and actively focus on men in our field education sessions on contraception. This has resulted in a marked increase in our vasectomy services with close to 500 vasectomies performed mostly in the last quarter of 2011. Over 300 of these were done on outreach.

We opened our fourth centre in Goroka.



Timor Leste

2011 country achievements

In Timor-Leste, we delivered services to just under 40,000 clients in 2011, providing the equivalent of 14,907 Couple Years of Protection*. This will have the estimated impact of averting 3,764 unintended pregnancies and 626 unsafe abortions.

We provided 18,425 family planning services, the majority of these through outreach.

We expanded our outreach service in 2011 from 6 to 8 of the thirteen districts in Timor-Leste.

In 2011 we increased our focus on young people. In partnership with the national telecom provider, Timor Telecom, we launched the KISS Infoline, which provides free confidential and youth friendly sexual and reproductive health information to young people and is now taking around 100 calls a week.

We also developed a service provision manual for teachers and healthcare providers which focuses on adolescent reproductive health issues.

Our work with the government in Timor-Leste resulted in approval being granted for nurses to be allowed to

Country donors

- MSI clinic donation
- World Bank

Our “Yangpela Hotline” aimed at young people increased the number of calls it takes to an average of 1000 per month. A further aspect of our youth program, Youth Wellness Checks, allows young people to seek advice on sexual health within the safe environment of a broad youth health package.

Looking forward

- We will continue to scale up services in PNG. We aim to increase vasectomy services threefold from 2011 results, and expand our outreach model into the Enga and Southern highlands regions to reach more of the most in need women.
- We will develop new partnerships with other organisations in order to provide a comprehensive range of maternal and child health services.

Country donors

- AusAID
- National AIDS Council Secretariat (NACS) PNG
- PSI/Exxon Mobil
- UNICEF
- Individual and philanthropic donors

insert contraceptive implants. In a country with chronic doctor shortages, this means more women will be able to access long term contraception if they choose it.

Looking forward

- By 2015 we aim to expand our outreach services from 8 districts in Timor-Leste to all 13 districts.
- We will provide workforce training through placements for nursing and midwifery students at our reproductive health centre in Dili to ensure newly graduated health professionals are equipped to provide quality sexual and reproductive services
- The KISS Infoline for young people will be expanded through increased operating hours and more operators.

Country donors

- AusAID
- European Commission
- UNFPA/World Bank
- Individual and philanthropic donors

***Couple Years of Protection** is a metric used to measure the effect of contraceptive services delivered. It is based on the average length of protection that different contraceptives offer. Providing 100 Couple Years of Protection means to provide the equivalent of 100 couples with protection from unintended pregnancy for a year.



China

2011 country achievements

In China, we delivered services to 15,547 clients in 2011. Our “You&Me” youth brand focuses on reducing unintended pregnancies, STIs and HIV amongst young people in China.

The brand seeks to establish an enabling environment by providing information and services to allow young people to make healthy and responsible choices with respect to their sexual and reproductive health through a website, four You&Me centres and many youth peer education training activities.

In 2011 we worked with Qinghao Population and Family Planning Commission to improve client-centered sexual and reproductive health care in Qinghai Province, one of the least economically developed provinces in western China.

We also launched a weekly radio program with China National Radio Broadcast Station to increase awareness of HIV/AIDS social stigma and discrimination.



Mongolia

2011 country achievements

In Mongolia, we delivered services to 53,171 clients in 2011, providing the equivalent of 197,655 Couple Years of Protection*. This will have the estimated impact of averting 29,500 unintended pregnancies.

Our Condom Social Marketing program distributed half a million condoms in 2011. TRUST Condoms now account for over 50% of the national condom market in Mongolia. Significant marketing campaigns included endorsement from national pop star Bold.

Our Mongolia program extended the success in social marketing to promote long term methods of contraception.

Through successful promotion and awareness, we doubled the number of IUDs provided to women through our program.



Myanmar

2011 country achievements

In Myanmar, we delivered services to 240,756 clients in 2011, providing the equivalent of over 331,000 Couple Years of Protection* from unintended pregnancy. This will have the estimated impact of averting 108,667 unintended pregnancies and preventing 21,518 unsafe abortions.

We were successful in developing new partnerships with stakeholders in maternal and child health. For example, we are working in partnership with international NGO PACT, on a USAID funded project to provide integrated maternal and child health and family planning services through outreach in rural areas.

We also prioritised working with civil society groups who focus on general community development to strengthen their capacity for service provision, education and advocacy around sexual and reproductive health and integrate it into their own work.

We saw an estimated 88% increase in women using oral contraceptives through our social marketing in Myanmar.

We worked in partnership with local government and partner organisations to train midwives and help

Looking forward

- We will be piloting a model for call centres with Ningbo city government family planning services to provide more client-friendly information and services.

Country donors

- AusAID
- Ford Foundation
- Gates Foundation
- Global Fund
- Luxemburg Embassy
- Nanning Provincial AIDS Office
- Nike Foundation
- Oxfam Hong Kong
- UNDP
- UNFPA

Looking forward

- We will increase market share of contraceptives by 5% in Mongolia
- We will establish new supply partnerships with key public and private sector organisations.

Country donors

- AusAID
- Global Fund
- UNFPA

overcome workforce shortages. Training included work placements at our clinics, mentoring by our clinical staff as well as local workplace training in the township governing the area they would be placed. Through our program in 2011 we trained 102 people, including clinical service providers working in the private and non-governmental sector.

Looking forward

- We aim to increase the number of Couple Years of Protection provided by 26% by 2015
- Strengthen commercial sector alliances to further expand contraceptive distribution
- Expand partnerships with international and local organisations and non-health sections of the government

Country donors

- AusAID
- DFID
- EU
- Global Fund
- UNFPA
- UNODC
- USAID
- Individual and philanthropic donors

***Couple Years of Protection** is a metric used to measure the effect of contraceptive services delivered. It is based on the average length of protection that different contraceptives offer. Providing 100 Couple Years of Protection means to provide the equivalent of 100 couples with protection from unintended pregnancy for a year.



Kenya & Tanzania

Australia Africa Community Engagement Scheme. Donor: AusAID

In 2011, along with a number of other Australian NGOs, we commenced a 5-year, AusAID funded project in Africa. This project will have a significant impact on the health of women and children in Sub-Saharan Africa where a woman is 79 times more likely to die from pregnancy or childbirth related causes than in Australia. And for every 1,000 children born, 130 die before the age of five.

In Kenya and Tanzania our aim is to enable more marginalised people to access quality sexual and reproductive health services. We will expand sexual and reproductive healthcare education and services through outreach and social franchising.

We will also develop partnerships with the national health sector, other NGOs and private partners to increase their capacity to deliver high quality sexual and reproductive health services.



Cambodia

Reducing Maternal Mortality Project. Donor: AusAID

This project aims to increase access to safe abortion services and long-term and permanent family planning methods.

Working closely with the Ministry of Health in Cambodia, this project supports the Government's strategy to reduce maternal and infant mortality and aims to integrate vital aspects of sexual and reproductive healthcare into mainstream healthcare planning and provision.

As well as technical training support in safe abortion and family planning for public health workforce, we provide strategic support to assist improvements in quality assurance and infection control; commodities procurement and stock control; and health facility refurbishment. We use initiatives such as Voucher Schemes to enable those who can least afford it to seek health services.



Indonesia

Expanding family planning choices to prevent unintended pregnancies

For an emerging middle-income country, Indonesia still has health indicators that rival some of the poorest countries in the world. One woman dies for every 238 babies born – one of the worst rates in the Asia Pacific region. Many of these deaths are caused by unsafe abortion which accounts for 60% of all abortions.

Currently, the use of long-term contraception is very low and has actually declined over the past decade. Expanding family planning choices will help reduce the high rate of maternal deaths.

A new partnership between Marie Stopes International and DKT Indonesia has seen two leading family planning organisations join hands to increase access to long-term and permanent methods of contraception.



Australia

SNAKE Condoms. Donor: OATSIH

Snake is Australia's first socially marketed condom for Indigenous Australians. Developed in the Indigenous community in 2004, Snake has grown into a popular condom brand with more than half a million condoms distributed in some 180 communities.

In 2011, Snake provided nearly 180,000 condoms. An 18% increase on 2010.

Snake also held a sexual health and rights forum attended by over 30 Indigenous women from around Australia. The goal was to empower women to make positive changes to sexual and reproductive health in their communities and provide an opportunity for knowledge transfer.

To see how Snake has impacted on one participant, see our video at www.snakecondoms.org.au

In the Australian community



ABOVE: Dr Sid Naing speaks at Parliament House.
LEFT: The Marie Claire PNG feature.

Marie Stopes International Australia is active in the Australian community, increasing awareness of development issues and highlighting the importance and impact of sexual and reproductive health.

In August 2011, we hosted an event at Parliament House in Canberra with Dr Sid Naing, Country Director for Marie Stopes International Myanmar.

In late 2011, we began collaborating with four other NGOs to form an Australian Consortium for Sexual and Reproductive Health Rights. The aim of the consortium is to position reproductive health access as a priority and support Australia's response to the increasing global commitment to sexual and reproductive health.

The consortium is now actively advocating for and encouraging engagement in a global movement to complete the family planning revolution and make contraception a global public health priority. Listen to Melinda Gates discuss this at www.TedxChange.com

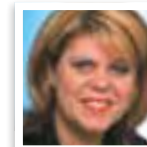
We highlighted development issues in a range of national media including radio interviews, a photo-essay from our program in the Philippines in The Big Issue and a feature in women's magazine, Marie Claire.

We also engaged young Australians wishing to work in International Development through volunteer positions in our Melbourne offices and through the Government's Australian Youth Ambassadors for Development scheme.

Our patrons



Lyn Alison
Former Senator and Leader of the Australian Democrats



Dr Sally Cockburn, MBBS
'Dr Feelgood', GP, Public Health Advocate, Award Winning Australian Radio and TV Presenter



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Ian Howie
Former UNFPA Country Representative and Global Director of Human Resources



Jane Sloane
Vice President of Development Women's World Banking



Sean Triner
Co-Founder Pareto Fundraising and Pareto Phone

Fast finance

Marie Stopes International Australia is part of the global operations of Marie Stopes International (MSI) based in Australia. The MSI partnership generates over \$200 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. MSI also operates a network of 15 clinics in Australia, with all surpluses from this enterprise donated towards supporting MSIA's work in Australia and developing countries.

2011 saw MSIA continue its strong commitment to maximising its spend on overseas programs. \$6.9 million was contributed to overseas programs (2010: \$5.1 mill). This represented 79% of the total expenditure for the organisation. Programs supported continued to be primarily in the Asia Pacific Region, with a focus on Myanmar, the Philippines and Timor-Leste. MSIA also secured funds from AusAID for an exciting new initiative in Kenya and Tanzania.

MSIA continues to operate a lean operation, with a low proportion of expenditure relating to accountability and administration costs (2%). MSIA is able to keep fundraising costs low (3% of overall expenditure), as it mainly has large institutional donors and a small pool of high value individual donors. In 2012, MSIA has launched a public fundraising appeal which will see an increase in fundraising costs which are necessary to invest in the new funding stream.

Income overall has increased by \$1.2 mill or 18%. The majority of this improvement has come from AusAID support for MSIA's overseas work. AusAID funds account for 36% of total revenue. Some revenue amounts have been reclassified from the prior year, to reflect changes in accounting policies.

Overall MSIA sustained a deficit for the 2011 financial year (\$0.9 mill). This was primarily caused by spending more than anticipated on overseas programs. The board and management at MSIA are closely monitoring the organisation's financial situation, with a plan to return to a break even position in 2012.

MSIA had a healthy cash position at the end of the financial year (\$3.8 mill) and this has continued into the new financial year. The current asset deficiency situation relates largely to unspent grant funds received from institutional donors. MSIA's UK affiliate, Marie Stopes International, operates a central treasury function for the partnership, and retains funds that will be contributed to meet these grant commitments as required.

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

Independent auditor's report

To the members of Marie Stopes International Australia

We have audited the accompanying summary financial report of Marie Stopes International Australia which comprises the consolidated and parent company statement of financial position as at 31 December 2011, the statement of comprehensive income, the statement of changes in equity and table of cash movements for designated purposes for the year then ended derived, with the exception of the detailed parent company information and table of cash movements, from the audited financial report of Marie Stopes International Australia for the year ended 31 December 2011. 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.

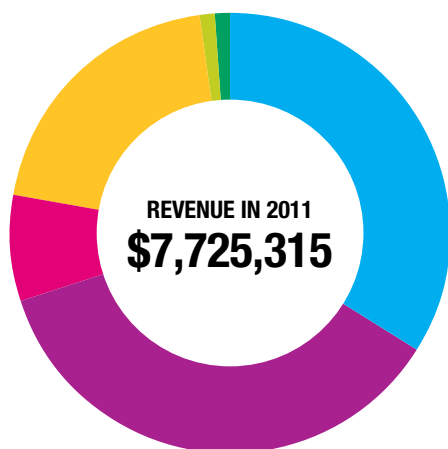
Directors' responsibility for the summary financial report

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 responsibility

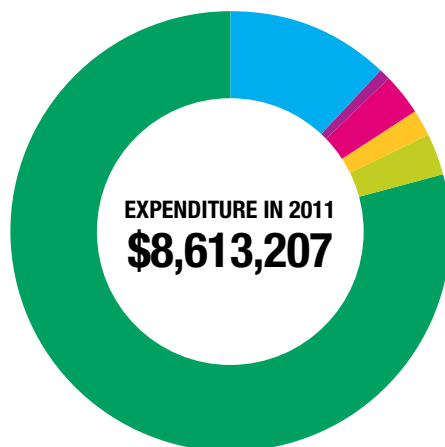
Our responsibility is to express an opinion on the summary financial report based on our procedures which were conducted in accordance with applicable Australian Auditing Standards. We have conducted an independent audit, in accordance with Australian Auditing Standards, of the financial report of Marie Stopes International Australia for the year ended 31 December 2011. We expressed an unmodified opinion on that financial report in our report dated 30th March 2012. 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.

An audit involves performing procedures to obtain evidence about the amounts and disclosures in the summary financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the summary financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the summary financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Our procedures included testing that the information in the summary financial report is derived from, and is consistent with,

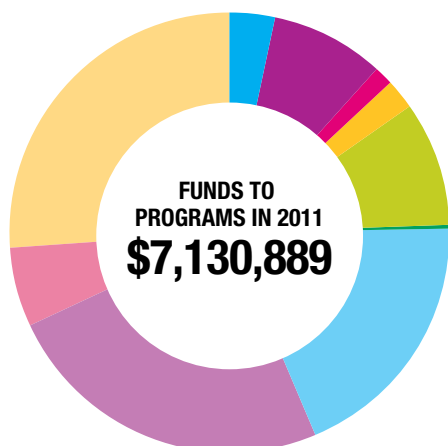


34% Donations and gifts
36% Grants - AusAID
8% Grants - Other Australian
20% Grants - Other overseas
1% Investment income
1% Other income

Program support costs 12%
Community Education 1%
Fundraising Costs 3%
Accountability & administration 2%
Domestic Programs Expenditure 3%
Funds to international programs 79%



3.5% Australia
8.3% Cambodia
1.5% China
2.1% Indonesia
9.1% Kenya & Tanzania
0.4% Mongolia
18.8% Myanmar
24.4% The Philippines
5.9% Papua New Guinea
26% Timor-Leste



the financial report for the year and examination on a test basis, of audit evidence supporting the detailed parent company information and table of cash movements which were not directly derived from the financial report for the year.

The summary financial report and the audited financial report do not reflect the effect of events that occurred subsequent to the date of the auditor's report on the audited 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 professional accounting bodies.

Opinion

In our opinion:

- the summary financial report of Marie Stopes International Australia, with the exception of the detailed parent company information and table of cash movements, for the year ended 31 December 2011 is consistent, in all material respects, with the financial report from which it was derived.
- the detailed parent company information and the table of cash movements present fairly, in all material respects, the financial position of Marie Stopes International Australia as at 31 December 2011, and its financial performance and cash flows for the year then ended in accordance with the accounting policies as disclosed in the full financial report.

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SANDRA LAWSON
Director
Dated this 30th day of March 2012
Melbourne, Victoria

BDO is the brand name for the BDO International network and each of the BDO Member Firms. BDO in Australia is a national association of separate entities (each of which has appointed BDO (Australia) Limited ACN 050 110 275 to represent it in BDO International). Liability of each Australian entity is limited by a scheme approved under Professional Standards Legislation other than for the acts or omissions of financial services licensees.

Financial statements

Income Statement for the Year Ended 31st December 2011

	Consolidated		MSIA	
	2011 \$	2010 \$	2011 \$	2010 \$
REVENUE				
Donations and gifts				
- Monetary	2,583,353	687,989	2,571,149	682,344
- Non-monetary	9,719	11,196	9,719	10,747
Grants				
- AusAID	2,752,718	1,033,511	2,752,718	1,033,511
- Other Australian	650,827	2,127,311	426,159	1,896,437
- Other overseas	1,643,773	2,652,566	1,669,524	2,652,556
Investment income	56,783	21,830	56,783	18,704
Other income	28,142	38,649	17,401	38,608
Total Revenue	7,725,315	6,573,052	7,503,453	6,332,907
EXPENDITURE				
International Aid and Development Programs Expenditure				
International programs				
- Funds to international programs	6,872,132	5,135,575	6,861,884	5,135,570
- Program support costs	1,059,537	1,094,216	1,056,155	1,094,216
Community Education	18,636	32,185	18,636	32,185
Fundraising Costs				
- Public	47,969	64,366	47,969	64,366
- Government, multilateral and private	173,672	144,820	173,672	144,820
Accountability and administration	172,785	268,875	169,948	146,304
Non-Monetary Expenditure	9,719	11,196	9,719	11,906
Total International Aid and Development Programs Expenditure	8,354,450	6,751,233	8,337,983	6,629,367
Domestic Programs Expenditure	258,757	311,339	-	128,732
Total expenditure	8,613,207	7,062,572	8,337,983	6,758,099
Excess/ (shortfall) of revenue over expenditure	(887,892)	(489,520)	(834,530)	(425,192)

The Consolidated entity relates to Marie Stopes International Australia and its controlled entity, Marie Stopes Australia.

During the financial year, Marie Stopes International Australia had no Legacies & Bequests Income, Income or Expenditure for International Political or Religious Adherence Promotion activities.

The above consolidated figures have been extracted from the Audited Financial Statements for the year ended 31 December 2011. This report also includes additional detailed information in respect to the parent entity and a table of cash movements for designated purposes.

This information has been prepared in accordance with the accounting policies as disclosed in the Audited Financial Statement. For a copy of this report, please call us on 1800 003 707 or email at info@mariestopes.org.au.

Balance Sheet as at 31 December 2011

	Consolidated		MSIA	
	2011	2010	2011	2010
	\$	\$	\$	\$
Current assets				
Cash and cash equivalents	1,839,184	2,959,801	1,764,245	2,803,743
Trade and other receivables	1,957,520	1,156,367	2,100,061	1,258,677
Inventories	13,826	-	13,826	-
Other	15,445	39,726	15,446	39,550
Total current assets	3,825,975	4,155,894	3,893,578	4,101,970
Non-current assets				
Property, plant and equipment	182,686	107,190	182,686	107,190
Intangibles	143,573	-	143,573	-
Total non-current assets	326,259	107,190	326,259	107,190
Total assets	4,152,234	4,263,084	4,219,837	4,209,160
Current liabilities				
Trade and other payables	5,219,425	4,303,373	5,211,021	4,235,920
Current tax liabilities	38,105	169,697	36,637	169,198
Provisions	52,801	54,444	52,801	47,267
Total current liabilities	5,310,331	4,527,514	5,300,459	4,452,385
Non-current liabilities				
Interest bearing loans & borrowings	-	-	-	-
Provisions	13,822	19,597	13,822	16,689
Total non-current liabilities	13,822	19,597	13,822	16,689
Total liabilities	5,324,153	4,547,111	5,314,281	4,469,074
Net assets	(1,171,919)	(284,027)	(1,094,444)	(259,914)
Funds available for future use				
Revaluation reserve - building	-	120,108	-	120,108
Retained earnings/(losses)	(1,171,919)	(404,135)	(1,094,444)	(380,022)
Total available funds	(1,171,919)	(284,027)	(1,094,444)	(259,914)

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

Statement of Changes in Equity for the year ended 31 December 2011

Consolidated	(Accumulated Losses) \$	Asset Revaluation Reserve \$	Total \$
Balance at 31 December 2010	(404,135)	120,108	(284,027)
Deficit for the year	(887,892)	-	(887,892)
Transfer from reserves	120,108	(120,108)	-
Balance at 31 December 2011	(1,171,919)	-	(1,171,919)
MSIA	(Accumulated Losses) \$	Asset Revaluation Reserve \$	Total \$
Balance at 31 December 2010	(380,022)	120,108	(259,914)
Deficit for the year	(834,530)	-	(834,530)
Transfer from reserves	120,108	(120,108)	-
Balance at 31 December 2011	(1,094,444)	-	(1,094,444)

Table of cash movements for designated purposes for year ended 31 Dec 2011

	Cash available at beginning of financial year	Cash raised during financial year	Cash disbursed during financial year	Cash available at end of financial year
Marie Stopes International Clinics				
- Phillipines Choice Camp	-	1,468,275	1,468,275	-
Other designated purposes	1,221,986	4,578,630	4,099,439	1,701,177
Other non-designated purposes*	1,737,815	2,611,496	4,211,304	138,007
Total	2,959,801	8,658,401	9,779,018	1,839,184

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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.

Calendar photography

Tom Greenwood, Martin Potter, Christina Simons, Susan Schulman, Mariano Redondo, Mina Barling, Mariano da Silva Tome, Brian Smith, Claire Maloney, Elsie Lardner.

