

Letter from the CEO

There is no doubt that demand for our work is increasing and last year the number of women using a contraceptive we supplied, increased by 18%. But it is also clear to me that these achievements are not ours alone.

In 2012, a spirit of partnership and collaboration allowed us to support the strengthening of national health systems in the Asia Pacific region.

In Cambodia we began our Partnering to Save Lives program with the Royal Government of Cambodia, AusAID and other Australian Non-Government Organisations. This is a joint commitment to reduce maternal mortality in a region where it is 35 times higher than Australia.

Similarly in Papua New Guinea, a partnership with the Provincial Health Authorities of Western Highlands Province and Eastern Highlands Province will allow us to deliver long acting and permanent methods of family planning via our outreach. This means we can lend our expertise to support a more integrated approach to maternal health and family planning in the region.

Our innovative partnership with the Albion Street Centre (a Sydney-based HIV prevention and treatment group), the Timor Leste Ministry of Health, and Estrela+ (a network of people living with HIV in Timor Leste) will leverage our expertise, outreach and Family Planning clinics to integrate HIV detection, treatment and training for health workers.

Family planning is one of the key ingredients in reducing poverty and improving the lives of women and their families in developing countries. Working collaboratively with Australian and international partners allows us to expand our respective reaches to make tangible and profound impacts on the lives of millions of people.

We are proud to be part of a Consortium of Australian organisations advocating for sexual and reproductive health outcomes which extend far beyond the end of the Millennium Development Goals in 2015.

This consortium was responsible for the Sydney Family Planning Summit in July 2012 – a sister event to the London Summit led by the Bill and Melinda Gates Foundation which aims to ensure that 120 million more women can access contraceptives by 2020.

We are proud to be part of this truly global movement in which our own pledge is to double the number of women we provide contraceptives to from 10 million to 20 million worldwide by 2020.

With the right partners we know we can do it.

Maria Deveson Crabbe
Chief Executive Officer



In 2005 there were four million people using contraception supplied by Marie Stopes International. Last year that number increased to 14 million.

That means that in a few short years, an additional 10 million women have been able to exercise their fundamental human right to control their body, their reproductive health, their fertility, and their family size.

As a result, it is estimated that Marie Stopes International's global work in 2012 alone, will prevent 5.3 million unintended pregnancies, 2.1 million unsafe abortions and the deaths of 11,300 women and children.

Central to our ability to deliver impacts like this, is the social business philosophy under which we operate. This means that we deliver on our social objectives using commercial principles and strategies.

A key component of this social business model is understanding the needs and desires of the people we aim to serve.

Across our country programs it is the collection, deployment and interpretation of consumer and client information that is central to our ability to reach the underserved. Just as it is central to any commercial organisation's ability to acquire, develop and retain their customers. This insight-led decision making is one of the great strengths that I see in the Marie Stopes International model.

Ensuring appropriate choice of products and services is another key component. We know that offering women one form of contraception and assuming they will embrace it because they have no other choice, will not deliver the greatest possible impact on unmet need.

In the Asia Pacific region, 50% of all family planning users are using short term methods such as the pill or condoms. Thirty nine per cent are using long-acting methods such as IUDs or implants. However, among Marie Stopes International clients, who are offered the full range of options, only 17% choose short term methods and 67% choose a long-acting option.

These statistics are a great example of the social business model in action. Know your customers, listen to their needs and provide the choices that they want. It is through this greatest partnership – with its clients – that Marie Stopes International can deliver the greatest benefit.

Glenyce Johnson Chair, Marie Stopes International Australia Board





Children by choice, not chance

The Marie Stopes International mission of "children by choice, not chance" speaks to the dedication of a team of people across the globe to help women and families take control of their reproductive health, their family size, and their future.

Our vision is a world in which every birth is wanted.

But even with the rapid uptake of family planning in many countries around the world since the 1960s, nearly 287,000 women still die every year from pregnancy and childbirth related causes. Despite the goodwill generated by the London Summit on Family Planning, there is still much to be done before our vision of "a world where every birth is wanted" can be realised.

There are an estimated 222 million women in the developing world who currently have an unmet need for family planning.

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.







Glenyce Johnson (Chair)
MAcc, MAICD
Elected: 2009



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: 1998



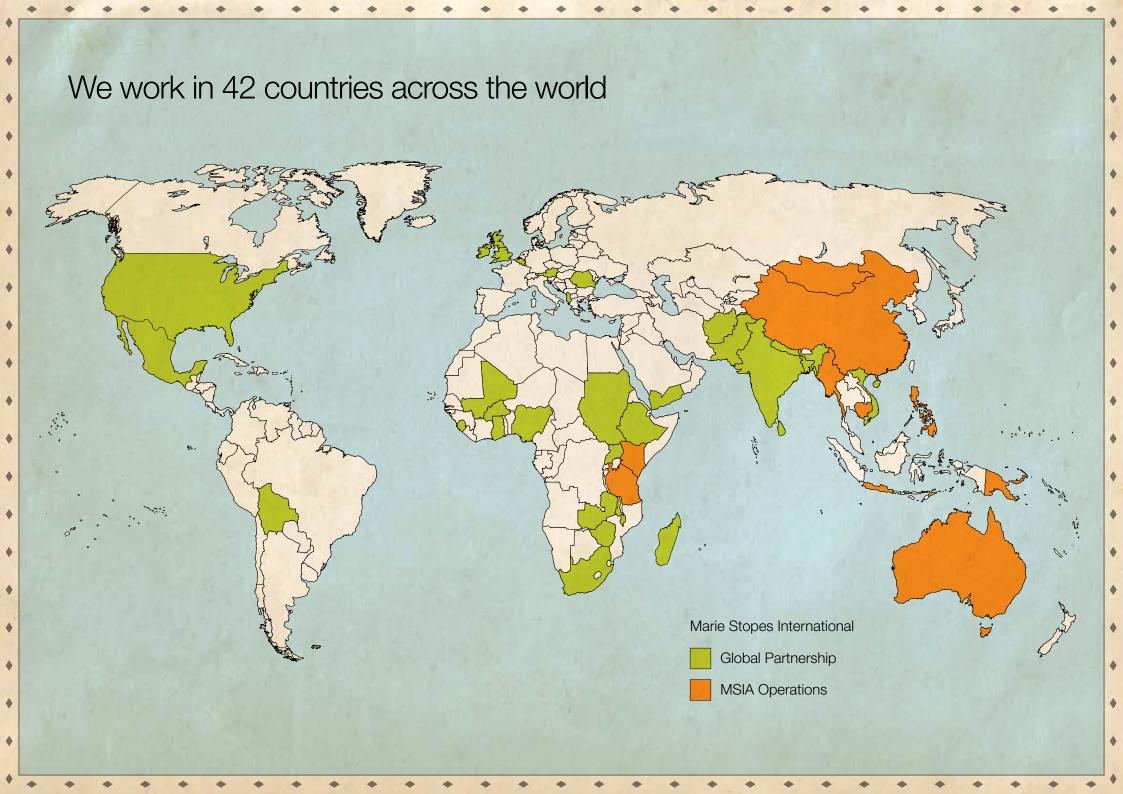
Virgilio Pernito MBA, MPA Elected: 2010 Retired 2012



Maria Deveson Crabbe Elected: 2009



Lily Liu Liqing
M.A. English and Translation,
Dip. English Language Teaching,
B.A. English Language and Literature
Elected: 2012



COUNTRY HIGHLIGHTS

Australia Africa Community Engagement Scheme (AACES)

Through the AusAID funded AACES program, Marie Stopes International had a significant impact on the reproductive health of women in Kenya and Tanzania in 2012. Our clients are some of the most remote and marginalised communities and include young women and men and people with a disability.

With a focus on delivering quality sexual and reproductive health services through outreach, strengthening the capacity of local health systems and partnership with the private sector (social franchising), we have delivered additional family planning services to almost 14,000 women and men in Kenya and over 23,000 in Tanzania. We have also delivered voluntary counselling and testing for HIV to 1,500 women and men in Kenya and almost 10,000 in Tanzania and introduced cervical cancer screening in Kenya, reaching over 2,000 women.

In 2012, we strengthened partnerships with other Australian NGOs who are funded through AACES. This includes the innovative Go Bare initiative, partnering with Care Australia. This initiative raises awareness among the Australian public about the importance of choice and human rights for the many women and girls in developing countries who cannot access the basics

and demonstrates the positive impact Australian aid is having on women and girls living in poverty in Africa.

China

In China, we saw a 14% increase in Family Planning services provided in 2012. Condoms and safe abortion services were the primary services utilised by 17,738 clients. In partnership with the National Family Planning & Population Commission our program in China is focusing on best practices client centred service delivery.

Mongolia

MSI's Mongolia program exceeded its annual CYP (see p6) target by 5% and we saw significant growth in the social marketing of oral contraceptives, female condoms and safe abortion. We also continued to see strong demand for IUDs. The condom social marketing program distributed over 4.5 million condoms.

Myanmar

In Myanmar, our extensive clinic and outreach network served over 300,000 clients, which represented a 25% increase on 2011. Family Planning services also significantly increased with demand for oral contraceptives, female condoms, IUDs and implants on the up in 2012. The team continues to forge strong partnerships to provide vulnerable populations with essential

family planning and other health services such as integration of HIV voluntary counselling and testing and cervical cancer awareness and screening services.

Papua New Guinea

Our Papua New Guinea program continued to show significant growth in 2012 with their annual CYP (see p6) target being exceeded by almost 50%. The team more than doubled the number of clients served, 48% of which were seen on outreach. Men were a key focus for 2012 through field education sessions and the PNG team performed 1.199 vasectomies, a 143% increase on 2011's results. We launched a social marketing program in 2012 through which high quality commodities such as contraceptive implants, contraceptive injections, emergency contraception and misoprostol will be made available to Papua New Guineans.

The Philippines

In 2012 our Philippines program delivered services to over 475,000 clients. The team offers a broad range of long acting and permanent contraceptive methods and short term methods and delivered over 1.2 million CYPs (see p6).

We continued to see strong demand for IUD services, providing over 245,000 services of which 52,000 were

performed through social franchises. Our 299 midwife franchisees are continuing to perform strongly and delivered over 250,000 CYPs in 2012.

The new output based aid project with the World Bank commenced in 2012 with 554 new health workers trained on PhilHealth membership and benefits. This project will increase national health insurance coverage rates, accrediting more private sector providers and increasing the number of births attended by a skilled provider.

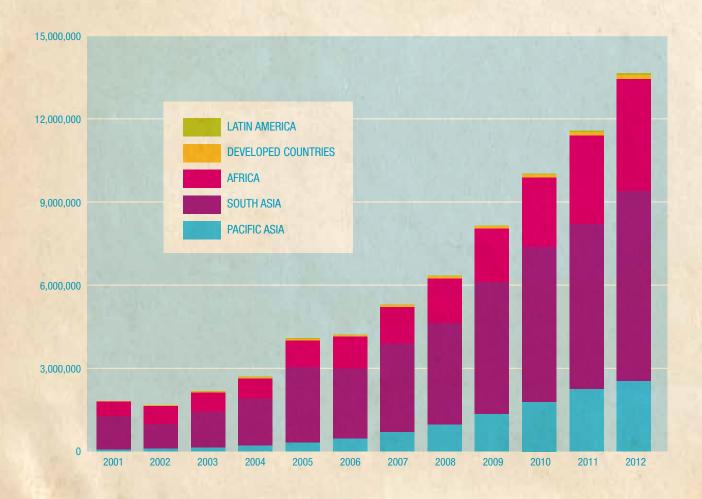
Timor-Leste

MSI Timor-Leste, through the clinic in Dili and extensive outreach served almost 38,000 clients and increased CYPs (see p6) by 35% on 2011. There was strong growth in demand for such commodities as oral contraceptives, male condoms and contraceptive injections. Youth continued to be a key focus. In 2012, 28% of clients were under the age of 25 and the youth focused KISS Infoline has had a large and sustained call volume, receiving an average of 3,760 calls a month. In partnership with Albion Street, the program secured AusAID funding for an HIV integration project which takes a whole of system approach to achieving national goals for improving maternal health outcomes in Timor-Leste.

Making a difference

In 2012, the Marie Stopes International global partnership reached more people than ever before, providing information, products and services through our centres, outreach services, social franchises, social marketing, community based distributors and health information lines.





13.6 million clients

used a contraceptive supplied by us.

300 outreach teams

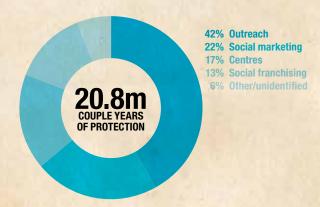
delivered services in close to 12,000 locations.

2,920 social franchises

ensured access to quality family planning services in their local communities.

20.8 million Couple Years of Protection

Our services equate to protecting 20.8 million couples from unintended pregnancy for a year (CYPs). These were generated through:



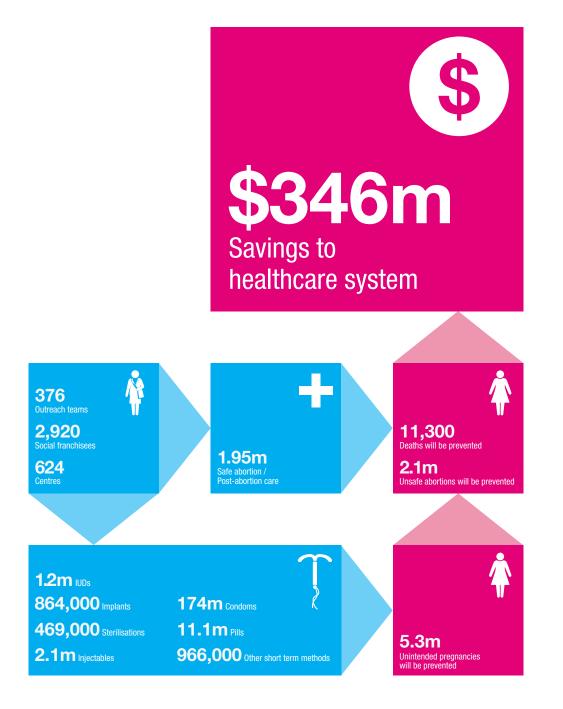
Estimated impacts of our 2012 services globally*

Our work in 2012 will have the estimated lifetime impact of preventing 11,300 deaths and 2.1 million unsafe abortions*.



For every \$1 of donor money spent by our country programs, \$4.30 will be saved by health systems in developing countries.

In 2012, our Impact 2 Calculator - the mathematical model used to calculate these figures - was updated with the latest WHO maternal mortality statistics. All dollar amounts are in Australian Dollars, based on exchange rate at time of print.



^{*}Service impacts: these figures represent the total impact of services provided in 2012, much of which may occur in future years.



Marie Stopes International Australia is part of the global operations of Marie Stopes International (MSI). The MSI partnership generates over \$300million 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 the surpluses from this enterprise donated towards supporting MSIA's work in Australia and developing countries.

2012 saw MSIA continue its strong commitment to maximise spend on overseas programs. \$9.1 mill was contributed to overseas programs representing a 30% increase on 2011 (\$6.9 mill). This represented 79% of the total expenditure for the organisation. Programs supported continued to be primarily in the Asia Pacific Region, with MSIA also providing funding for initiatives in Kenya, Tanzania and Cambodia with assistance from AusAID.

MSIA continues to operate a lean operation, with a low proportion of expenditure relating to accountability and administration costs (2%). MSIA keeps fundraising costs low (5% of overall expenditure). In 2012 we invested in a new donor acquisition strategy to develop a new funding stream.

Income overall has increased significantly by \$4.7 mill or 60%, represented by a larger portfolio of grants under management. The majority of this improvement has come from increased AusAID support for MSIA's overseas work. AusAID funds account for 65% of total revenue. As a result of changes in accounting policies some revenue amounts have been reclassified from the prior year.

Overall MSIA generated a surplus for the 2012 financial year (\$1.03 mill), this represented almost a \$2m turnaround from the 2011 position. The Board and management at MSIA are closely monitoring the organisation's financial situation, with a plan to return to a positive net asset position during 2013.

The graphs below 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.

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 2012, the statement of comprehensive income, the statement of changes in equity and table of consolidated cash movements for designated purposes for the year then ended derived, with the exception of the detailed parent company information, from the audited financial report of Marie Stopes International Australia for the year ended 31 December 2012. 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

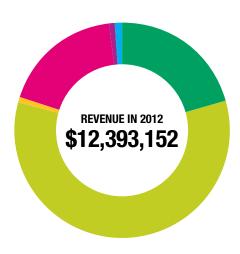
The Directors are responsible for the preparation of the summary financial report and for such internal control as the directors determine are necessary to enable the preparation of the summary financial report.

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 2012. Our audit report on the financial report for the year was signed on 22nd March 2013 and not subject to any modification. 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.



23% Donations and gifts

65% Grants - AusAID

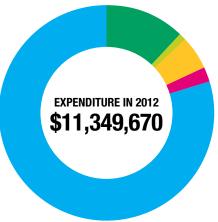
1% Grants - Other Australian

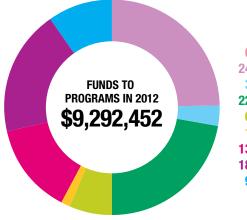
20% Grants - Other overseas

1% Investment income

1% Other income

Program support costs
Community Education
Fundraising Costs
Accountability and administration
Domestic Programs Expenditure
Funds to international programs
12.0%
5.2%
0.1%
79.0%





0.1% Australia
24.7% Cambodia
3.1% Indonesia
22.0% Kenya & Tanzania
6.5% Myanmar
1.3% Nepal
13.7% Philippines
18.7% Timor
9.7% Vietnam

Our procedures in respect to the summary report included testing that the information in the summary financial report is derived from, and is consistent with, the financial report for the year and examination on a test basis, of audit evidence supporting the detailed parent company information, 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, for the year ended 31
 December 2012 is consistent, in all material respects, with the financial report from
 which it was derived.
- the detailed parent company information presents fairly, in all material respects, the financial position of Marie Stopes International Australia as at 31 December 2012, 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.

Grant Thornton

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Sandra LawsonPartner - Audit & Assurance
Dated this 22nd day of March 2013

Melbourne, Victoria

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FINANCIAL STATEMEN

Income Statement for the Year Ended 31st December 2012	Consolidate	d	MSIA		
	2012	2011	2012	2011	
REVENUE	\$	\$	\$	\$	
Donations and gifts					
- Monetary	2,893,305	2,583,353	2,882,655	2,571,149	
- Non-monetary	10,065	9,719	10,065	9,719	
Grants					
- AusAID	8,049,426	2,752,718	8,049,426	2,752,718	
- Other Australian	142,712	650,827	105,442	426,159	
- Other overseas	1,145,692	1,643,773	1,145,692	1,669,524	
Investment income	102,979	56,783	102,367	56,783	
Other income	48,973	28,142	18,103	17,401	
Total Revenue	12,393,152	7,725,315	12,313,750	7,503,453	
EXPENDITURE	THE RESERVE				
International Aid and Development Programs Expenditure					
International programs					
- Funds to international programs	9,112,727	6,872,132	9,112,727	6,861,884	
- Program support costs	1,363,593	1,059,537	1,363,593	1,056,155	
Community Education	42,565	18,636	42,565	18,636	
Fundraising Costs					
- Public	372,918	47,969	370,925	47,969	
- Government, multilateral and private	222,232	173,672	222,232	173,672	
Accountability and administration	227,556	172,785	222,143	169,948	
Non-Monetary Expenditure	10,455	9,719	10,455	9,719	
Total International Aid and Development Programs Expenditure	11,352,046	8,354,450	11,344,640	8,337,983	
Domestic Programs Expenditure	8,079	258,757			
Total expenditure	11,360,125	8,613,207	11,344,640	8,337,983	
Excess/ (shortfall) of revenue over expenditure	1,033,027	(887,892)	969,110	(834,530)	

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

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

The above figures have been extracted from the Audited Financial Statements for the year ended 31 December 2012. 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 2012

	Consol	lidated	MSI	A
Current assets	2012 \$	2011 \$	2012 \$	2011 \$
Cash and cash equivalents	3,309,719	1,839,184	3,309,577	1,764,245
Trade and other receivables	4,300,709	1,957,520	4,298,749	2,100,061
Inventories	26,528	13,826	26,441	13,826
Other	28,674	15,445	28,674	15,446
Total current assets	7,665,630	3,825,975	7,663,441	3,893,578
Non-current assets	4 (1)			
Property, plant and equipment	244,850	182,686	244,850	182,686
Intangibles	3,436	143,573	3,435	143,573
Total non-current assets	248,286	326,259	248,285	326,259
Total assets	7,913,916	4,152,234	7,911,726	4,219,837
			-	
Current liabilities				
Trade and other payables	7,830,480	5,219,425	7,814,762	5,211,021
Current tax liabilities	125,055	38,105	125,025	36,637
Provisions	76,887	52,801	76,887	52,801
Total current liabilities	8,032,422	5,310,331	8,016,674	5,300,459
Non-current liabilities		1.0		
Provisions	20,386	13,822	20,386	13,822
Total non-current liabilities	20,386	13,822	20,386	13,822
Total liabilities	8,052,808	5,324,153	8,037,060	5,314,281
Net assets	(138,892)	(1,171,919)	(125,334)	(1,094,444)
			44 III I	
Funds available for future use				
Retained earnings/(losses)	(138,892)	(1,171,919)	(125,334)	(1,094,444)
Total available funds	(138,892)	(1,171,919)	(125,334)	(1,094,444)
The Cancelidated antity relates to Maria Stones Intelligence	aurational Australia and		Maria Otanana Austra	11-

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

Statement of Changes in Equity for the year ended 31 December 2012

Consolidated	(Accumulated Losses) \$	Total \$
Balance at 31 December 2011	(1,171,919)	(1,171,919)
Surplus for the year	1,033,027	1,033,027
Other comprehensive income		KLO TO
Balance at 31 December 2012	(138,892)	(138,892)
MSIA	(Accumulated Losses) \$	Total
MSIA Balance at 31 December 2011	Losses)	
	Losses)	\$

Table of consolidated cash movements for designated purposes for year ended 31 December 2012

	Cash available at beginning of financial year	Cash raised during financial year	Cash disbursed during financial year	Cash available at end of financial year
Marie Stopes International Clinics				
- Philippines Choice Camp		624,747	624,747	
- Cambodia Choice Camp		91,404	91,404	CHRIST
- Vietnamese Choice Camp		797,009	797,009	
- Indonesia	THE PARTY	289,246	289,246	-
Other designated purposes (AusAID)	1,701,177	7,930,982	6,385,133	3,247,026
Other purposes	138,007	1,139,872	1,215,186	62,694
Total	1,839,184	10,873,260	9,402,725	3,309,719



July 2013

MON	TUE	WED	THU	FRI	SAT	SUN
1	2	3	4	5	6	NAIDOC Week (AUS) 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	30	31				

The Marie Stopes International team met Wari (pictured with son) during an outreach visit to the highlands of Papua New Guinea while she waited to get contraception in a mobile clinic set up in a small school.



August 2013 THU WED FRI SUN Picnic Day (NT) 10 9 (NSW & ACT) of the World's Indigenous People 12 13 Royal Queensland Show (Brisbane) 151 16 17 Youth Day 19 20 21 22 23 24 25 26 27 28 29 30 31

Fatima was 14 years old and pregnant with her second child when she visited a Marie Stopes outreach team in Tanzania to discuss her maternal health and future long term contraceptive options. After the birth of her child, Fatima opted for a contraceptive implant.



September 2013

Queen's Birthda (WA)	MON y 30	TUE	WED	THU	FRI	SAT	SUN Father's Day (AUS) 1
	Australian Natio Flag Day	^{nal} 3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	Bare Day (www.gobare.org.au) 20	21	22
	23	24	25	World Contraception Day 26	27	28	29

Through the AusAID funded AACES project it is estimated that the work of Marie Stopes International has averted 78,120 unintended pregnancies, 10,660 unsafe abortions and prevented 293 maternal deaths across Tanzania and Kenya¹.

^{1.} The estimated impact of our services has been measured using our Impact 2 calculator. Data provided is based on the lifespan of the service and the protection it will give over this time.



October 2013

MON	TUE	WED	THU	FRI	SAT	SUN
	1	2	3	4	5	6
Labour Day (QLD, NSW, ACT, SA) 7	8	9	10	11	12	13
14	15	16	International Day for the Eradication of Poverty	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

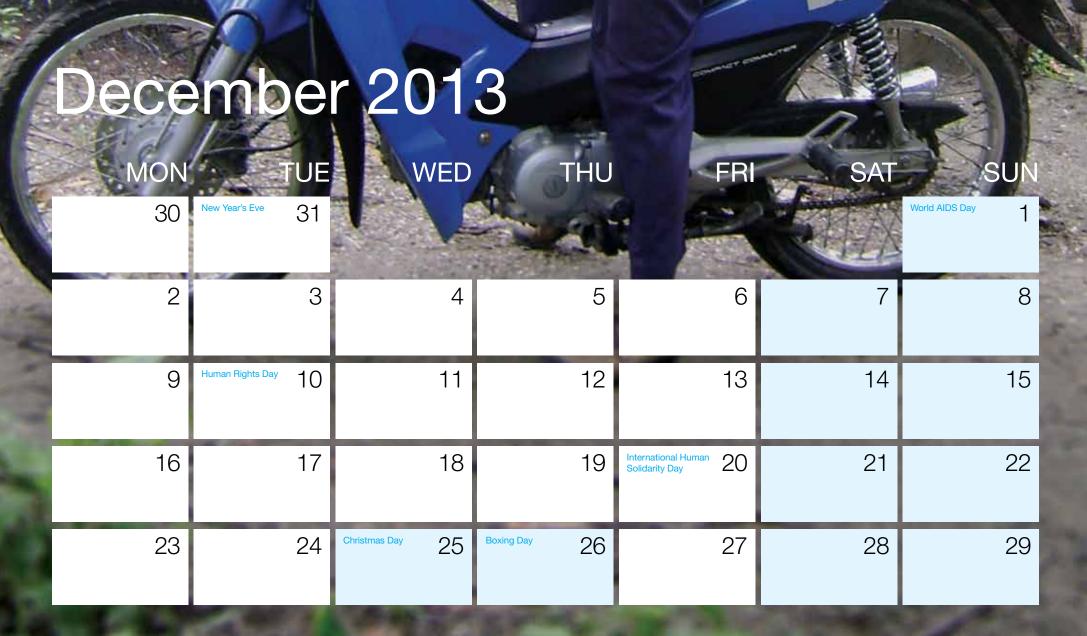
A Myanmar woman wearing thankakha, a traditional make up and sunscreen, has just visited a Marie Stopes International clinic in Myingen.



November 2013 FRI SUN MON TUE WED THU SAT 6 5 Day (VIC) 11 12 13 14 15 16 17 19 18 20 21 22 23 24 Children's Day 27 26 28 29 30 the Elimination of Violence against

Kina, from PNG's remote Bonanamo said the IUD she received meant she could space her children which, in turn, would allow her to spend more time farming peanuts to provide an income for her family.





A midwife prepares for an outreach visit in Timor-Leste. Poor road conditions mean that trail bikes are an effective and affordable way to reach women.



January 2014

MON	TUE	WED	THU	FRI	SAT	SUN
		New Year's Day	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
Australia Day holiday 27	28	29	30	Chinese New Year (Year of the Horse) 31		

A Marie Stopes International midwife delivers a sexual and reproductive health education session in the Henan province of the Philippines. It is not uncommon for women in the Philippines to have as many as 12 children and access to modern contraception and education can be difficult.



THU FRI SAT SUN Royal Hobart Regatta (TAS - south) World Day of Social Justice

A Timorese mother of five on an outreach visit to Ainaro in Timor Leste. She was happy to walk for an hour to reach our team as for her, contraception meant she could take a break from being pregnant in order to work with her husband.



March 2014

MON	TUE	WED	THU	FRI	SAT	SUN
31					1	2
Labour Day (WA) 3	4	5	6	7	International Women's Day	9
Adelaide Cup Day (SA) Labour Day (VIC) Eight Hours Day (TAS) Canberra Day (ACT)	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Marie Stopes International male nurse, Joe runs an education session during outreach in the remote, and hard to reach highlands of Papua New Guinea. Eighty nine per cent of the vasectomies we provide in PNG are done on outreach.



April 2014

N	MON	TUE	WED	THU	FRI	SAT	SUN
	1	1	2	3	4	5	6
World Health Day	7	8	9	10	11	12	13
	14	15	16	17	Good Friday 18	19	20
Easter Monday	21	22	23	24	ANZAC Day 25	26	27
	28	29	30				

This mother from the outskirts of Phnom Penh, visited a small community clinic run by a local doctor with training and support from Marie Stopes. Social franchising opens up a large range of family planning options for Cambodian women who would otherwise be unable to access them.



May 2014

MON	HITUE	WED	THU	ERI	SAT	///SUN
			1	2	3	4
May Day (NT) 5	6	7	8	9	10	Mother's Day (AUS) 11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

A Marie Stopes International midwife from the Philippines, often travels for hours in order to reach remote and rural areas. Outreach is a vital service in a country where many of the population live in hard to reach areas and 94 women die per 100,000 live births.



June MON	2014 TUE	Org	aun Re	produkt	tiva - Fet	SUN
30		-	>	1	Sel teli sai hus telur iha	1
Western Australia Day (WA)	3	4	5	6	7	8
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

A Marie Stopes International health educator in Timor-Leste provides comprehensive sexual and reproductive health education to university students and young people across the country. Spending hours in a car on bad roads is just another day at the office.

