

Annual Report 2017

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Cover image: Jenny Awiana, outreach coordinator for Marie Stopes Papua New Guinea Eastern Highlights province.

Right: Seni Kua, a Marie Stopes Papua New Guinea client.



Message from our Executive Officer and our Chairperson

In 2017, the Guttmacher Institute updated its estimate of the number of women of reproductive age in the developing world who want to avoid pregnancy but are not using a modern contraceptive method. The number is 214 million. That's 214 million women who aren't ready to have a child, or don't want to have any more, but may indeed fall pregnant. At Marie Stopes International Australia (MSIA), we strive to reach these women because we believe in their right to complete their education, preserve their health, realise economic opportunities, and fulfil their potential – in other words, their right to gender equality.

It is a simple truth that when women are empowered to protect themselves from unintended pregnancy, not only is their health and wellbeing protected, but population growth slows. In 2017 the global population reached 7.6 billion people – with nearly half younger than 25. Intuitively it is easy to understand there is a link between population growth and climate change: more people means more pressure on our planet. This link was placed in a new light when family planning and educating girls were ranked as the most effective combined solution to reverse climate change by Project Drawdown, a comprehensive plan authored by

over 200 scholars, scientists and thought leaders.

In spite of this type of evidence, MSIA's mission to reach those 214 million women became harder in 2017 when the US stepped back once more from its established leadership role in supporting international family planning. The Trump administration cut global funding and reinstated the Mexico City Policy, which prohibits US government funding to pro-choice organisations such as Marie Stopes. In this context the role of other governments has become much more important. We welcome the Australian government's prioritisation of gender equality and would like to thank the Department of Foreign Affairs and Trade (DFAT) for its continued support, which continues despite a decline in the Australian aid program of over 25% since 2013. With this in mind we encourage Australians to support the Campaign for Australian Aid to restore vital funding to Australia's Overseas Development Assistance.

In line with the changing needs of our country programs, MSIA restructured its regional support portfolio in 2017. We now have a leaner Melbourne team and oversee a core of three country programs – in Cambodia,

Papua New Guinea and Timor-Leste – while still supporting the global MSI partnership. Running a clinical service delivery organisation is hard; running a family planning service delivery organisation is even harder. We acknowledge our Country Directors for their inspiring leadership and dedication to the MSIA mission.

The scale of the challenge outlined here shouldn't be cause for pessimism. MSIA perseveres because we are able to see and measure the results of our work. We are confident when we say we are making a difference. Globally our services delivered in 2017 averted an estimated 8.2 million pregnancies and 23,900 maternal deaths. Closer to home, we saw positive news coming out of Timor-Leste where the total fertility rate has dropped from 7.8 children per woman in 2003 to 4.2 in 2016. We launched our program in 2006, have grown to work on a national scale, and are very proud to be a big part of that amazing story. Positive change is possible. Women in Timor-Leste, as in Cambodia and PNG, have reproductive choices they never had before. We're proud to share a few of their stories in this report and we thank all our supporters who help us connect with them. You too, are making a difference.

Chris Turner

*Executive Officer & Regional Director
Marie Stopes International Australia*

Julie Mundy

*Chairperson of the Board
Marie Stopes International Australia*

Our purpose

Marie Stopes International Australia transforms the lives of women and girls through the provision of sexual and reproductive health (SRH) services. We support them to make informed decisions about their reproductive health, including if and when they have children. Working across 37 countries, Marie Stopes International (MSI) reaches millions of women, girls and families each year. As a social business, Marie Stopes International has a fee-for service model, subsidising clients who cannot afford to pay and providing free services for women and girls who are the most marginalised. We never turn a client away.

As part of the Marie Stopes International global partnership, Marie Stopes International Australia (MSIA) supports three countries in the Asia-Pacific region: Timor-Leste, Papua New Guinea and Cambodia. Here we find some of the highest fertility rates in the Asia-Pacific region. To address this we are working to increase contraceptive prevalence, reduce unintended pregnancies and prevent maternal mortality in the region.

Contraception can be transformational and at the most basic level contributes to

the achievement of sexual and reproductive health rights, women's rights and gender equality. The broader benefits are undeniable. Contraceptive education, information and services for women and girls in developing countries can have significant health, societal and economic benefits for individuals, families, communities and countries. If a woman can access contraception she can make decisions about her future, help support her family and contribute to her community. If a girl has access to contraception, she may choose to stay in school, pursue higher education and be more likely to participate in the formal economy. We know that each additional year of schooling increases a woman's future earnings by at least 10 per cent¹.

At Marie Stopes International Australia, we are addressing the unmet need for modern contraception in the region. There are currently 132 million women in Asia who do not want to become pregnant, but are either using no method of contraception or a traditional method². Delivering education and services to these women and girls can help them make informed choices about their reproductive health and make decisions about their futures. We

are implementing our *Scaling-Up Excellence: One Woman at a Time* strategy, which incorporates the lessons we have learned over the last 40 years in order to increase our **scale and impact**, focus on **quality** at all levels of our business and use our expertise as a social business to ensure our business's **sustainability**.

Accreditation

As a member of the Australian Council for International Development (ACFID), Marie Stopes International Australia is committed to upholding the standards of the ACFID Code of Conduct (The Code). Marie Stopes International Australia adheres to the best-practice principles of The Code and the rigor for governance, financial reporting, management and ethical practice as an international development agency.

Should you have any questions or complaints, please contact feedback@mariestopesinternational.org.au.

Marie Stopes International Australia holds full accreditation from the Australian Government and is eligible for funding under the Australian NGO Cooperation Program (ANCP).

Our Client-Centred Approach

Marie Stopes International's business model is based on an unwavering commitment to our clients. Our rights-based approach

1 unicef.org/media/media_58417.html

2 gutmacher.org/fact-sheet/adding-it-up-contraception-mnh-2017-asia

ensures that women have access to high-quality services to support their choices. To help our clients make informed decisions, we provide sexual and reproductive health education, contraceptive services and where legal, safe and comprehensive abortion services free from judgement, stigma and discrimination. With clients at the centre of everything we do, we ensure no woman is turned away or denied access when they present to our services.

Quality is our priority and we ensure that every woman who receives a service from Marie Stopes is provided with choice. This includes:

- **Clinical Quality** – we ensure all clinical providers promote choice through their group education and individual counselling.
- **Product Quality** – we work to provide the largest range of contraceptive options possible, and we guarantee their quality through end-to-end supply chain management which includes batch-testing and factory inspection.
- **Advocacy** – we promote access to comprehensive reproductive health services. Our Evidence-To-Action team advocates for task shifting amongst health care workers to expand access and legal reform of restrictive SRH policies. We build on our clinical experience, working in partnership with governments to write comprehensive guidelines around SRH service provision.

Marie Stopes Cambodia staff member visiting the community.



How we deliver our services

Centres

Marie Stopes clinics, also known as centres, are a safe and welcoming environment where women and their families can access reproductive health services from experienced clinical service providers. Each centre is fitted out and designed to ensure there is privacy and warmth to maximise every woman's experience. Most of our centres are located in urban areas and we carefully consider a range of demographic factors before deciding if and what fees to charge.

Outreach

Our outreach service providers travel long distances through difficult terrain to reach underserved communities. We offer a range of free or subsidised contraceptive services to women living in rural, remote and hard-to-reach communities. Often people living in these areas would not otherwise have had access to modern contraceptive methods or to skilled healthcare providers. In Papua New Guinea, we estimate 68% of our outreach clients in 2017 had never before used a modern contraceptive method.

MS Ladies

The MS Ladies model meets the reproductive health needs of women and girls in rural and peri-urban areas underserved by traditional health care systems or areas with limited access to health care facilities. MS Ladies are entrepreneurs; women working to provide high-quality family planning services for their own community through door-to-door services in homes or in nearby public health facilities. Through this model, MSI recruits self-employed and qualified nurses, midwives or community health workers who have entrepreneurial aspirations and a desire to generate a supplementary income but may face barriers such as training needs, or a lack of capital or quality supplies. The MS Ladies model can be adapted to each unique community- some MS Ladies set up mini-clinics in their own homes while others travel door-to-door and deliver services in their clients' homes or operate out of private and public healthcare facilities.

Social Franchising

Our social franchising services, known as BlueStar, work in the same way fast-food franchises do. Social Franchisees are midwives or doctors who own their own clinics, providing high-quality contraceptive services with training, support, equipment and commodities from Marie Stopes International. BlueStar clinics adhere to the same standards as Marie Stopes clinics, and women are provided with comprehensive reproductive health services from a trained clinical provider. Social franchisees vary by country, but the services allow us to reach more women and girls in urban and peri-urban settings.

Technical Assistance for the public and private sectors

MSI has provided sexual and reproductive health services worldwide for 41 years. Through our rigorous data monitoring, evaluation and continuous learning practices, we are able to meet the needs of clients while maintaining high-quality and best-practice standards. We share our knowledge with both public and private sector health providers at every point, including at local, provincial and national levels to ensure that women everywhere can receive the care they deserve.

Global impact

In 2017 Marie Stopes International provided more services than ever before, with **26.9 million** women worldwide using a contraceptive provided by MSI. We served over **9 million** people, which has led to an estimated¹:

**26.9
MILLION**

WOMEN WORLDWIDE ARE
USING A CONTRACEPTIVE
PROVIDED BY MSI

31.7 MILLION
COUPLE YEARS OF PROTECTION²

8.2 MILLION
UNINTENDED PREGNANCIES PREVENTED

5.4 MILLION
UNSAFE ABORTIONS AVERTED

23,900
MATERNAL DEATHS AVERTED

¹ To measure the impact of our work, we use a socio-demographic mathematical model called “Impact 2”. Visit mariestopes.org/impact-2 for more information.

² Couple Years Protection (CYPs) is the global family planning measure that estimates the protection from pregnancy provided by contraceptive methods during a one-year period.



Nurse Ne Boramei talks with garment worker Rak Saren in the factory clinic.

Evidence-based learning

Marie Stopes International Australia (MSIA) is committed to providing client-focused clinical services that adhere to rigorous standards.

Our continuous improvement is achieved through an evidence-based approach, with solutions tailored to the needs of our clients.

Data is collected and analysed to better target our services, and ensure delivery of high-quality sexual and reproductive health services in ways that meet our clients' preferences.

By building on our experience in planning, design, service delivery, and evaluation of country programs, MSIA maximises our resources to reach more women and have the greatest impact.

Evidence is an integral part of our programming. We use data to:

- Evaluate and improve how we deliver our services to clients,
- Understand who our clients are, and where unmet need for contraception is highest,
- Assess how we can reach those most marginalised,
- Strengthen our approaches to clinical quality and governance,
- Gather evidence to support advocacy for increasing access to contraception and safe abortion,

- Understand our impact and ensure accountability and transparency for our clients, donors, supporters, and partners,
- Contribute towards broader learning and best practice in the sector both in Australia and globally.

We use a suite of tools that routinely collect and analyses data. Data collection tools include:

- **CLIC** (client information centre), a bespoke online platform, which enables live registration of clients, records client services over time, and is an encrypted database to protect client confidentiality.
- **Client exit interviews** are conducted annually, with a random selection of clients. This survey collects a broader data set from clients than CLIC, including socio-economic status, past family planning use, client satisfaction level and quality of care.
- **Mystery client surveys** are used to assess the quality of service provision. This survey focuses on collecting data that can be used to inform service delivery improvements, including checking that counselling, privacy, comfort, courtesy, waiting times, choice and information on family planning were all provided to the highest standards.

- **Service data validation** is completed on a regular basis and is assessed against set standards. Service data validation is also part of the quarterly review process that country programs complete with the Regional Support Teams.
- **Quality Technical Audits** are conducted annually by the MSI Medical Development Team. These audits review clinical quality and provide technical assistance to improve clinical quality where needed. As part of the Quality Technical Audit, the findings are developed into an action plan for continuous service improvement, which are monitored over the year.

Analysis tools include:

- **InforBI** is an online reporting package, that converts financial and CLIC information into a standard set of reports, which can be used to monitor the efficiency and effectiveness of our service delivery.
- **Impact 2** estimates past, current and future contributions to national family planning use, contraceptive prevalence, and the wider health, demographic and economic impacts of these services.

By integrating evidence into the planning, design, service delivery and evaluation of country programs, MSIA provides effective and efficient programming and generates the greatest impact possible: delivering client-focused, high quality services to women and men.

Student Adi Pereira at
Tocululi Secondary School in
Timor-Leste.



Timor-Leste

Marie Stopes Timor-Leste (MSTL) was established in 2007 in a post-conflict, newly sovereign nation. Since then, MSTL has played an integral role in the health system, contributing to the current contraceptive prevalence rate of 24%. Timor-Leste's population is young, with 28% of the population aged between 10-19¹. Our youth services include a national youth hotline called Lina Foin Sae and our adolescent health project, **Keeping Girls in School through improved Reproductive and Menstrual Health**. MSTL also provides values clarification and attitude training (VCAT) for our service providers to ensure our services are youth-friendly.

Funded by the Australian Government and implemented in partnership with WaterAid, Keeping Girls in School through improved Reproductive and Menstrual Health is a project supported by the Australian *Gender Action Platform*, a fund for accredited Australian NGOs aiming to strengthen gender equality programming in the Indo-Pacific region. Implemented in both Timor-Leste and Papua New Guinea, the project recognises that both reproductive and menstrual health are critical to girls' health, education and empowerment.

Adi's story

Adelina 'Adi' Pereira is an 18-year-old student at Tocoluli Secondary School in the municipality of Ermera. A naturally shy girl, she felt nervous when she found out Marie Stopes Timor-Leste would be coming to her school to educate the students about menstrual and reproductive health. Sharing a classroom with boys, she felt even more shy and embarrassed. Despite taking a class in biology, she felt these issues weren't addressed because of their sensitivities.

When the MSTL educator entered the classroom, there was a shift in the student's interest. The educator asked the boys in the classroom to try to figure out how to put a sanitary pad on underwear and to point out where a baby grows. He would repeat "you don't need to feel ashamed." As a result of participating in these activities, Adi felt more comfortable learning about her body and her reproductive health.

When she first got her period at age 14, she didn't understand what was happening. She "felt sick, and scared, too." After speaking with her mother, she was given some disposable pads and told that though it was okay to have a shower but she should not wash her hair. If she did, the white blood [vaginal discharge] would go onto her head and make her sick. After MSTL's visit she said "maybe I will try [washing my hair]... secretly." She also learned how sexual intercourse can result in pregnancy. She also learned the advantages of waiting to have children until she is older. She would like to learn more about contraception and plans to call MSTL's youth hotline, Lina Foin Sae, to find out more information privately.

Despite all that she learned, she still wants MSTL to come back "so that we can learn well." She says she still doesn't understand everything and can't wait to know more.

In 2017, approximately 31,578 people in Timor-Leste were using a modern method of contraception supplied by Marie Stopes Timor-Leste, with 11,535 women supplied with a long-acting method.

¹ unicef.org/infobycountry/Timorleste_statistics.html

Cambodia


Women make up an estimated 90-92% of the garment factory industry in Cambodia, accounting for over 700,000 workers¹. Most garment factory workers are under 24-years-old, unmarried and with low levels of education. There are also high rates of migration among this population. Unmet need for reproductive health services is high, and both factory workers and youth more generally are key target populations for Marie Stopes International Cambodia. Youth pregnancy is a particular concern. Young women in Cambodia experience high rates of unplanned pregnancies and approximately 1 in 8 Cambodian women aged 15-19 have become mothers or are currently pregnant with their first child². With the support of the Australian Government and the United States International Aid and Development agency (USAID), Marie Stopes International Cambodia has been working to address the sexual and reproductive health and wellbeing of factory workers.

Since 2015, the USAID funded Worker Health project supported workers to gain access to high quality education, information, counselling and access to rights-based contraceptive services. In 2017, we reached over 45,000 garment factory workers with information and education. This led to 18,385 garment factory workers receiving voluntary family planning counselling and the delivery of 14,362 contraceptive services. This project ended in early 2018.

1 Human Rights Watch: www.hrw.org/report/2015/03/11/work-faster-or-get-out/labor-rights-abuses-cambodias-garment-industry

2 UNFPA: [cambodia.unfpa.org/sites/default/files/pub-pdf/TeenagePregnancyCasesCompiled\(approved4Nov2015\).pdf](http://cambodia.unfpa.org/sites/default/files/pub-pdf/TeenagePregnancyCasesCompiled(approved4Nov2015).pdf)





Maksy, a garment factory worker stands on the factory floor.

Maksy's story

"I am Maksy. I am 35 years old. I have two sons, aged 11 and 13. They are smart and do well at school, so my goal is to support them to go to university."

Like many garment factory workers in Cambodia, Maksy has big dreams for the future, for herself and her family. Fourteen years ago, she and her husband moved to Phnom Penh from their rural home province of Takeo, to earn money to start a family. She has worked in her current factory for nine years.

Contraception is an important part of Maksy's future plans. "I use an IUD," says Maksy. "I don't want to be pregnant yet, not for a long time. [My husband and I] need to earn money to support our children through school."

Maksy's children live in Takeo with their grandparents and Maksy dreams of one day re-joining her family. "If I have enough money, I will go back to Takeo to live with my children," she said. "I'll open a small business selling groceries...I'd be very happy."

By using a voluntary contraceptive method, Maksy has taken an important first step towards achieving the financial independence and family life that she seeks. 'I had been looking for a long-term method for a long time but I couldn't find one,' she says.

"I visited the infirmary and had counselling about different methods. I decided to use IUD. Now I am happy using [it] and have no problems," says Maksy.

Women like Maksy are proving that access to voluntary contraception has a positive impact for individuals, families and whole communities, as she invests her energy and money in educating her children and takes a step towards economic empowerment. With her determination to succeed, and the contraceptive services made available by Marie Stopes International Cambodia, Maksy is shaping her life and helping her family to achieve a bright future.

More than 94,000 women in Cambodia were using an MSI-supplied contraceptive method in 2017. Marie Stopes International Cambodia provided 13,985 long-acting and permanent contraceptives in 2017 and served over 98,000 clients for sexual and reproductive health services, including safe abortion.

Papua New Guinea

In Papua New Guinea, Marie Stopes Papua New Guinea (MSPNG) staff members travel by plane, car and boat to reach our clients. With one of the highest rates of maternal mortality in the Asia-Pacific region, MSPNG's services are integral to improving maternal health.

MSPNG provides services across PNG, in all four provinces – Highlands region, Islands region, Momase region and Papua region. To achieve this, the MSPNG team works with national and provincial health authorities to deliver services in remote and rural districts, and urban and peri-urban areas. MSPNG also supports provincial health workers to deliver FP/SRH services through the National Family Planning Training Program (NFPTP).

Through the Australian Government Funded project, **Partnering for Strong Families**, MSPNG has been able to address the needs of young people, people living in rural or remote areas and most importantly, clients who would not have otherwise been able to access family planning.

In 2017, 75% of our clients did not know of another provider offering their choice of contraception.





Jenny Awiana, outreach
coordinator for Marie Stopes
Papua New Guinea Eastern
Highlights province.

Jenny's story

Jenny has been working with Marie Stopes Papua New Guinea since 2014.

"What's different about Marie Stopes is that the health workers go to really remote areas," she says.

"The maternal mortality rate is very high in PNG, but once women can access family planning, it drops.

"Government health workers do not always have the capacity to go to remote areas. Where the government cannot go, MSPNG goes. Our approach is different from government health workers, who cannot only focus on contraception. We create a friendly environment and then provide services.

"Women are very different before and after family planning. They look a lot healthier, have more money for school fees, the children grow up healthier and there's less malnutrition. Children have enough food and clothes too.

"In PNG culture, women with many children stop having sex with their husbands to avoid unwanted pregnancies. The husbands might look for sex elsewhere with other women, sometimes contracting sexually transmitted infections. We tell women that they can continue to have sexual intercourse and avoid unintended pregnancies if they choose contraception.

"Before working with MSPNG, I worked with the Salvos. I'm motivated to work for MSPNG because I like working in reproductive health services – it's very interesting and I learn a lot.

"We've saved a lot of women and a lot of families and we get a lot of positive feedback from our clients."

In 2017, MSPNG saw over 40,000 clients with high-quality sexual and reproductive health services. Despite dealing with the difficult terrain of Papua New Guinea, approximately 93,000 women, girls and men were using a contraceptive method supplied by MSPNG in 2017.

In 2017, with four centres and twelve outreach teams MSPNG prevented an estimated:

- 32,796 unintended pregnancies
- 1,961 unsafe abortions
- Over A\$1.7m in direct healthcare costs saved.

Fast finance

Marie Stopes International Australia (MSIA) is part of the global Marie Stopes International partnership. The partnership generates over \$495 million in revenue globally. This income is primarily composed of grants from institutional donors and private foundations together with revenues generated from the partnership’s commercial operations. MSIA also benefits from the clinic network operated by Marie Stopes Australia, with surplus income from this enterprise donated towards supporting our work in reaching those most in need.

In 2017, MSIA recorded expenditure of \$7.6m on international programs, down 22% compared to 2016 (\$9.8m) as Vietnam, Mongolia,

Myanmar, China and Philippines transitioned out of the Pacific Asia region and were supported by the South and East Asia regional team in 2017. International Programs expenditure represented 89% of total expenditure in 2017, increasing from 84% of total expenditure in 2016. We continue to run a lean operation, incurring administration costs at 3% of total expenditure and fundraising costs at 2% of total expenditure.

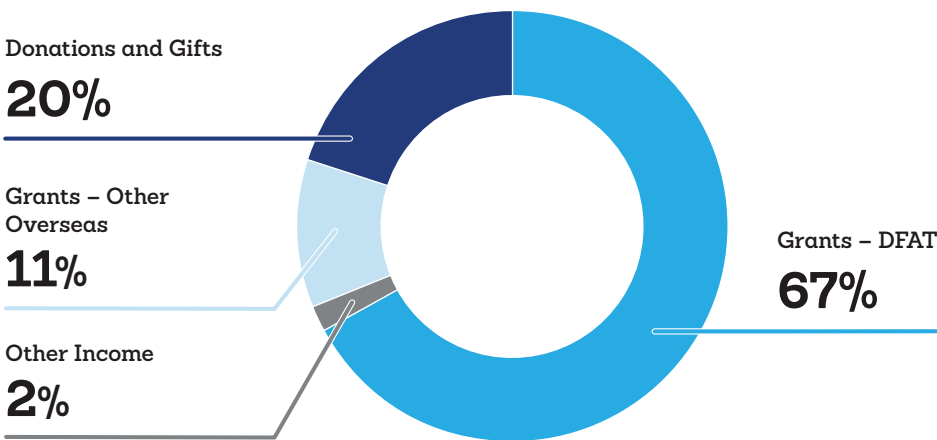
Revenue was recorded at \$9.2 million for 2017. DFAT funds account for 67% of total revenue, down from 78% in 2016 and 90% in 2015. Donations and gifts represented 20% of total revenue, consistent with 2016. We will continue to look for opportunities to diversify and build

upon our donor portfolio in 2018 whilst continuing to pursue public fundraising opportunities.

Overall, we have generated a surplus for the 2017 financial year of \$609k. This positive result strengthens our net asset position. The Board and management at MSIA continue to closely monitor the organisation’s financial situation, ensuring both a healthy bottom line while maximising our contribution to the global mission.

Figures 1 and 2 show the various components of income and expenditure as a proportion of the totals. Each category is adapted from the summary financial statements on the following pages and is based on the definitions described in the ACFID Code of Conduct.¹ Figure 3 shows expenditure for each of the Country Programs within the Pacific Asia region, supported by MSIA.

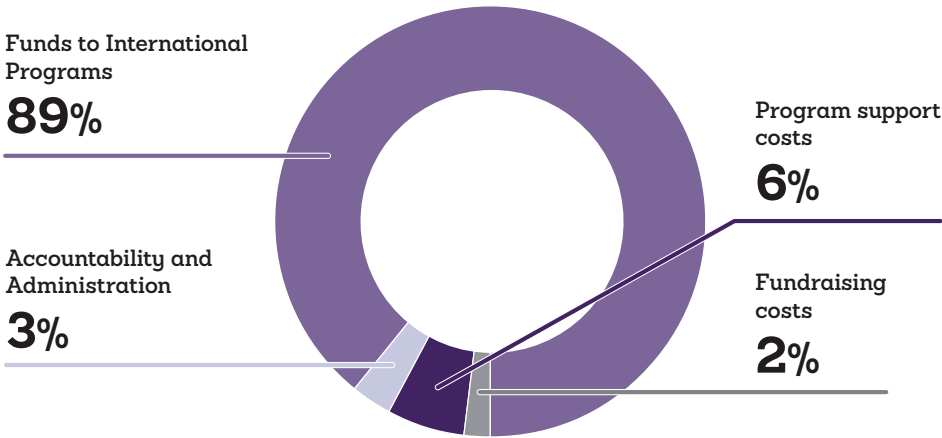
Figure 1: Revenue in 2017.



Revenue	%	AUD
Donations and Gifts	20	1,844,709
Grants – DFAT	67	6,124,794
Other Income	2	214,838
Grants – Other Overseas	11	983,848
Total		9,168,189

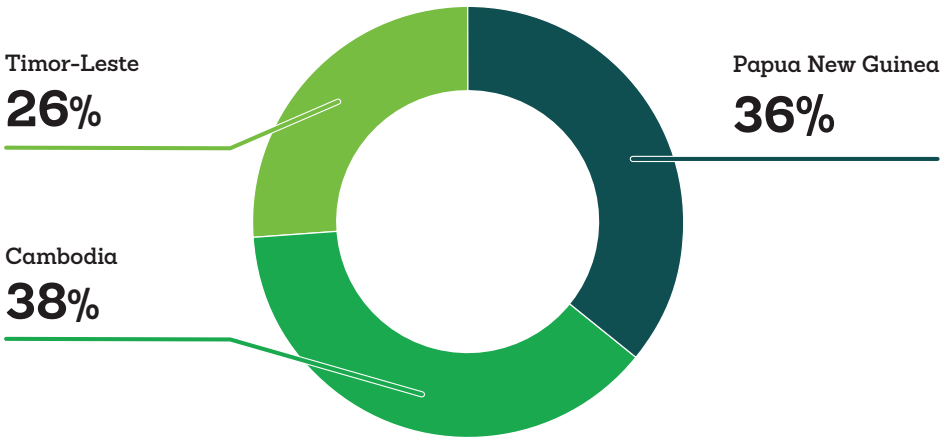
1 acfid.asn.au/content/financial-definitions

Figure 2: Expenditure in 2017.



Expenditure	%	AUD
Program support costs	6	565,948
Fundraising Costs	2	146,429
Accountability and Administration	3	259,349
Funds to International Programs	89	7,592,955
Total		8,564,681

Figure 3: Dollars managed in the region, 2017.



Region	AUD
Papua New Guinea	3,841,216
Cambodia	4,052,100
Timor-Leste	2,704,338
Total	10,597,654

Independent Auditor's report to the Members of Marie Stopes International Australia

Auditor's Opinion

We have audited the accompanying summary financial report of Marie Stopes International Australia (the Company), which comprises the balance sheet as at 31 December 2017, the income statement and the statement of changes in equity for designated purposes for the year ended 31 December 2017.

In our opinion, the summary financial report of Marie Stopes International Australia for the year ended 31 December 2017 is consistent, in all material respects, with the financial report from which it was derived.

Summary Financial Statements

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

The Audited Financial Report and Our Report Thereon

We expressed an unmodified opinion on that financial report in our report dated 9 March 2018. The Australian Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report for the year is free from material misstatement.

Responsibility of the Directors for the Financial Report

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

Auditor's Responsibilities for the Audit of the Financial Report

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

Independence

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

GRANT THORNTON AUDIT PTY LTD
Chartered Accountants

S P Lawson
Partner – Audit & Assurance

Melbourne, 9 March 2018

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Financial statements

Marie Stopes International Australia

Income statement for the Year Ended 31 December 2017

(All amounts in AUD)

	Year Ended 31 December	
	2017	2016
REVENUE		
Donations and gifts		
– Monetary	1,844,709	2,423,992
Grants		
– DFAT	6,124,794	7,154,228
– Other Australian	64,285	261,807
– Other overseas	983,848	1,774,488
Investment income	61,321	66,452
Other income	89,232	62,726
Total Revenue	9,168,189	11,743,693
EXPENDITURE		
International Aid and Development Programs Expenditure		
International programs		
– Funds to international programs	7,592,955	9,764,032
– Program support costs	565,948	1,000,272
Fundraising Costs		
– Public	5,915	74,399
– Government, multilateral and private	140,514	232,105
Accountability and administration	259,349	530,770
Total International Aid and Development Programs Expenditure	8,564,681	11,601,578
Exchange rate (gain) / loss	(30,683)	(3,931)
Total Expenditure	8,533,998	11,597,647
Excess / (shortfall) of revenue over expenditure	634,191	146,046
Other comprehensive (revenue) / expenditure	25,619	9,583
Total Excess / (shortfall) of revenue over expenditure	608,572	136,463

During the financial year, Marie Stopes International Australia had no Non-monetary Donations and gifts Income, Bequests and Legacies Income, Income or Expenditure for Commercial activities, Income or Expenditure for International Political or Religious Adherence Promotion Programs, Community education Expenditure, Non-monetary Expenditure or Domestic Programs Expenditure. The above figures have been extracted from the Audited Financial Statements for the year ended 31 December 2017. For a copy of this report, please call us on **1300 478 486** or email programs@mariestopes.org.au

Financial statements - continued

Marie Stopes International Australia

Balance Sheet as at 31 December 2017

(All amounts in AUD)

	Year Ended 31 December	
	2017	2016
ASSETS		
Current Assets		
Cash and cash equivalents	7,449,633	4,560,784
Trade and other receivables	305,980	228,602
Inventories	81,697	75,536
Total Current Assets	7,837,310	4,864,922
Non-Current Assets		
Property, plant and equipment	136,236	186,184
Total Non-Current Assets	136,236	186,184
Total Assets	7,973,546	5,051,106
LIABILITIES		
Current Liabilities		
Trade and other payables	4,879,800	2,563,491
Provisions	76,188	71,392
Total Current Liabilities	4,955,988	2,634,883
Non-Current Liabilities		
Provisions	2,644	9,881
Total Non-Current Liabilities	2,644	9,881
Total Liabilities	4,958,632	2,644,764
Net Assets	3,014,914	2,406,342

At the end of the financial year, Marie Stopes International Australia had zero balances in Current and Non Current Other Financial Assets, Current Assets held for sale, Non-Current Trade and Other Receivables, Non-Current Investment Property, Other Non-current Assets, Non-Current Intangibles, Current and Non-Current Borrowings, Current and Non-Current Other Financial Liabilities, Current Tax Liabilities, Current and Non-Current Other Liabilities. The above figures have been extracted from the Audited Financial Statements for the year ended 31 December 2017. For a copy of this report, please call us on **1300 478 486** or email programs@mariestopes.org.au

Financial statements - continued

Marie Stopes International Australia

Balance Sheet as at 31 December 2017 – continued

(All amounts in AUD)

	Year Ended 31 December	
	2017	2016
EQUITY		
General Reserves	(32,413)	(6,794)
Restricted Reserves	207,177	–
Retained Earnings	2,840,150	2,413,136
Total Equity	3,014,914	2,406,342

Statement of Changes in Equity for the Year Ended 31 December 2017

(All amounts in AUD)

	Retained Earnings	Reserves	Total
Balance at 31 December 2016	2,413,136	(6,794)	2,406,342
Items of other comprehensive income	–	(25,619)	(25,619)
Excess of revenue over expenses	634,191	–	634,191
Other amounts transferred (to) from reserves	(207,177)	207,177	–
Balance at 31 December 2017	2,840,150	174,764	3,014,914

Women in Goroka, PNG learn about sexual and reproductive health as part of an MSPNG outreach visit.





If you would like to support our work, please visit
mariestopesinternational.org.au/donate
or call 1300 478 486

Marie Stopes International Australia

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Environmental Statement

Marie Stopes International Australia is committed to reducing its environmental impact and has produced this annual report with consideration for the environment. The paper used in this report is manufactured using ECF and FSC Mixed Sources certified pulp from well-managed forests under ISO 14001 standards. We are also cognisant of the need to reduce energy output, costs and potential waste from excess reports.

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