



**MARIE STOPES
INTERNATIONAL
AUSTRALIA**

Children by choice, not chance



Annual Report 2019

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Cover image: Selene*, participant in the Keeping Girls in School through Reproductive and Menstrual Health project, Timor-Leste.

Right: Participants in the Keeping Girls in School through Reproductive and Menstrual Health project, Timor-Leste.

*Name changed.



Message from our Executive Officer and our Chairperson

At the time of writing this, the world is being turned upside down by the COVID-19 pandemic. We are watching the daily reports of skyrocketing case numbers in some countries and of health systems pushed to their limits and beyond. There is fear about how severe the outbreak will become in Australia as well as in the more vulnerable countries where we work. There is also concern about how economies will recover in the face of such severe societal and economic disruption. At this stage it is not possible to predict the full ramifications and it is a time when responsiveness and rapid adaptation are critical. However, in the face of many unknowns, we do know some things for certain.

We know that in the face of this global pandemic, the services of Marie Stopes International Australia and our partners are needed more than ever. We expect the rate of unplanned pregnancies to increase, especially in places where people are required to self-isolate without reliable access to contraception. During the pandemic, it is likely that sexual and reproductive healthcare will become less accessible due to disruptions in supply chains, disruptions to public transportation, and health workers being diverted

to help address the pandemic. Evidence suggests that during previous public health emergencies, resources have been diverted from routine preventative health care services toward containing and responding to the outbreak. Research also shows that women and girls are amongst the most vulnerable in crisis situations. Thus, the real impact of a pandemic can be even wider and more devastating than its trajectory appears.

That is why our impact in 2019 has been so important. At the start of 2020 there were 255,000 people in our three priority countries of Cambodia, Papua New Guinea and Timor-Leste using a method of contraception provided by Marie Stopes. A majority of these are long-term methods providing multiple years of protection from pregnancy. For the second year in a row, Marie Stopes International Cambodia (MSIC) successfully ran a Power of Choice campaign to empower women to take charge of their body, their reproductive health, and their future by making decisions that are best for them. In 2019 Marie Stopes Timor-Leste was able to ensure that implant and IUD contraceptive methods were available nationwide. Marie Stopes Papua New Guinea (MSPNG) had its

best year ever – serving more clients, providing more family planning services and generating more couple years of protection (CYPs) than ever before. Through a range of service delivery models, MSPNG was able to see 63,871 clients, a 32% increase on the previous year. As always, this report will highlight just a few of the individual stories behind these impressive numbers.

So, despite great uncertainty, and despite the immense challenges faced by our health workers in the context of a global pandemic, we will remain focused on our mission to enable women to have children by choice, not chance. We are constantly adapting, changing, and looking at new ways to maintain and expand services while protecting health workers, clients and communities. Marie Stopes has always been an innovative organisation and we will validate that reputation in the face of this crisis. We sincerely thank you for your engagement and your support.

Chris Turner

*Executive Officer & Regional Director
Marie Stopes International Australia*

Julie Mundy

*Chairperson of the Board
Marie Stopes International Australia*

Our purpose

At Marie Stopes International Australia, we believe that every woman should be able to determine her future. By providing sexual and reproductive health (SRH) services where they are needed most, we support women and their families 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, MSI 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.

Contraception can be transformational, contributing to the achievement of sexual and reproductive health rights, women's rights and gender equality and delivering significant health, psychosocial, economic and environmental benefits for all. 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 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%¹.

There are currently 132 million women in Asia who do not want to become pregnant, but who are not using a modern method of contraception².

As part of the MSI global partnership, Marie Stopes International Australia (MSIA) is working with programs in Timor-Leste, Papua New Guinea and Cambodia to ensure all women can access contraception when they want it, and to address other sexual and reproductive health and rights issues in the region.

To address high fertility rates and reduce unintended pregnancies, we are working to increase contraceptive prevalence through a range of services to meet the needs of women with different circumstances. The reduction in unintended pregnancies from addressing unmet need for contraception, combined with better care for pregnant women and newborns, would result in a

73% reduction in maternal deaths globally³. By providing contraceptive options to women and girls, and allowing them to plan and space their pregnancies, our work contributes significantly to reducing maternal mortality.

Our client-centred approach

Marie Stopes International has an unwavering commitment to our clients. We provide sexual and reproductive health education, contraceptive services and where legal, safe and comprehensive abortion services free from judgement, stigma and discrimination.

Quality is our priority, and we ensure that every client who receives a service from Marie Stopes is provided with the highest quality services of their choice. Our commitment to individual service quality includes:

- **Clinical quality** – All our clinical services adhere to rigorous standards to ensure client safety, comfort and infection prevention. These clinical standards are developed in line with global best practice. All clinical providers promote choice through their group education and individual counselling.

1 unicef.org/media/media_58417.html

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

3 Starr et al., 2018:391, 'Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission', The Lancet, Vol.391, pp.2642–92



Dominica, attending
a Marie Stopes youth
sexual and reproductive
health session in Dili,
Timor-Leste.

- **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.

We promote access to comprehensive SRH at the global and country level through:

- **Advocacy** – 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 develop

comprehensive guidelines around SRH service provision.

- **Data driven decision-making** – MSI uses a suite of tools to collect routine data which is then analysed to better understand our clients, evaluate our clinical quality and review our performance. This allows us to ensure delivery of high-quality sexual and reproductive health services that meet the needs of our clients and contribute towards broader learning and best practice in the sector.

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). MSIA adheres to the best-practice principles of The Code and the rigorous governance, financial reporting, management and ethical practices required of it 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).

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 privacy and warmth to enrich every client's experience. Most of our centres are in urban areas and we carefully consider a range of factors before deciding what fees to charge, if any.

Outreach

Our outreach service providers travel long distances, often 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 access to modern contraceptive methods or to skilled healthcare providers. In Papua New Guinea, we estimate that 74% of our outreach clients in 2019 had never previously used a modern contraceptive method.

MS Ladies

The Marie Stopes 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 entrepreneurial 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 a desire to generate a supplementary income but may face barriers such as training needs, or a lack of capital or high-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 public healthcare facilities.

Social franchising

Our social franchising services, known as BlueStar, are operated by 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 centres, 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 have provided sexual and reproductive health services worldwide for 43 years. Through our rigorous data analysis, evaluation and continuous learning practices, we can 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

As of 31 December 2019, there are 32 million women using a method of contraception provided by MSI. That's 32 million women who have been able to make choices about their own bodies and their own futures. To put this number into context, if these women stood side by side on the equator, they would form a human chain that would reach around the world. In 2019 alone, MSI provided 14 million people with contraception, safe abortion or post-abortion care services. Our numbers show that we are meeting the family planning demand for one in five women in the countries that we work in.

**32
MILLION**

WOMEN WORLDWIDE ARE
USING A CONTRACEPTIVE
PROVIDED BY MSI

36.9 MILLION

COUPLE YEARS OF PROTECTION PROVIDED²

13 MILLION

UNINTENDED PREGNANCIES PREVENTED

6.5 MILLION

UNSAFE ABORTIONS AVERTED

35,000

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.

Beyond Family Planning

During 2019, MSIA supported Family Planning projects in Senegal, Nepal and Vietnam. These projects are funded by DFAT through the Australian NGO Cooperation Program (ANCP).

The project in Nepal supports provision of family planning services to rural and remote villages. The MS Ladies who provide these services are trained nurses with incredible passion and dedication.

Most of the villages that these MS Ladies visit cannot be accessed by vehicle. Instead, the MS Ladies trek from village to village carrying heavy backpacks containing all their supplies and medical equipment. They often need to organise food and accommodation with a local family after arriving in the village, and rely on their reputation and the Marie Stopes brand to ensure they are welcomed. While the MS Ladies' primary focus is on providing family

planning services, because health posts and other health facilities may only be accessed by walking for many hours, or even days, they also often play an important role in providing other basic medical advice and support to the villages. The image shows an MS Lady in Nepal providing a blood pressure check for a woman no longer of reproductive age. During this visit, the MS Lady also provided access to scales to help check children's nutrition, and performed procedures on three women who requested contraceptive implants.



MS Lady in Nepal providing a blood pressure check for a woman no longer of reproductive age.

‘Why I Give’ - A Donor’s Story

Long-time supporter of MSIA, Graham Smith, shared with us why MSIA is his charity of choice.

“When I finished university, I travelled to Papua New Guinea, because that was as far as I could get on the money I had. The local people took me in and shared with me what little they had. When I became able to give something back, Marie Stopes was the natural choice because I had seen the effectiveness of the work they do in PNG. I feel that being a donor to MSIA is the most worthwhile thing I have ever done. I had been planning on leaving a bequest, but by giving now I can see and verify the effect. It feels good! For anyone

“ I feel that being a donor to MSIA is the most worthwhile thing I have ever done. ”

Graham Smith

thinking of getting into philanthropy, think about the cost effectiveness of your gift. For a few thousand dollars you can send a child to Disneyland and be rewarded with a smile. Alternatively, the same amount of funding can provide contraception to dozens of families who will then be better able to feed, educate and provide medical care for hundreds of children. You will not know which families you have saved, but your gift will echo down the generations.”



MS Cambodia Country Director, Amy Williamson and donor to MSIA, Graham Smith.

Timor-Leste

Since establishing operations in the newly sovereign nation in 2006, Marie Stopes Timor-Leste (MSTL) has been a leading provider of quality family planning. In 2019, MSTL provided services to over 28,000 family planning clients. We estimate 49,000 people are using a method of contraception provided by MSTL.

Increasing family planning choice


Over the last 10 years, MSTL has had great success in building community knowledge and acceptance of long-acting reversible contraception (LARC) and meeting the growing demand for these devices. LARCs such as IUDs (intra-uterine devices) and implants are beneficial as they are highly effective and don't require repeat visits to a health centre, making them more convenient for women and avoiding the risk of stock shortages. In 2010, only 1% of married women in Timor-Leste were using an IUD and 1% were using implants. In the national demographic health survey¹, conducted in 2016 this rate had increased to 2% and 6% respectively.

The mix of contraceptive methods delivered by MSTL has shifted considerably over the last ten years

and continues to increase each year. From comprising only 11% of family planning services in 2010, LARC methods now make up 82% of services. The increasing uptake of LARCs is in response to a growing understanding and demand for services in Timor-Leste, and the increasing ability of government health care workers to provide family planning services. Where possible, MSTL teams actively refer to government health care providers to deliver family planning services. Often referrals are mostly limited to short-term methods of family planning, due to skill and resource shortages that limit provision of LARCs within the government system. Through developing the clinical skills and confidence of midwives, MSTL was able to ensure that implant and IUD methods were available in every municipality in which they worked in 2019. Surveys of clients found that 82% reported that without MSTL services, they would not have any other way to access the family planning method of their choice. From 2020 onwards, MSTL will work with donors and the Government of Timor-Leste to build the capacity of the government sector to provide a range of contraceptive options.

1 General Directorate of Statistics (GDS), Ministry of Health and ICF. 2018. Timor-Leste Demographic and Health Survey 2016, Dili, Timor-Leste and Rockville, Maryland, USA:GDS and ICF.





Young couple, Geovanio and Ecomenia, attending a Marie Stopes youth SRH session in Dili, Timor-Leste.

Fast facts

In 2019, approximately 49,000 people in Timor-Leste were using a modern method of contraception supplied by Marie Stopes Timor-Leste.

In 2019, MSTL prevented an estimated:

- 10 maternal deaths
- 23,000 unintended pregnancies
- 5,400 unsafe abortions

Cambodia

Cambodia enjoys a relatively progressive legal and policy context for sexual and reproductive health and rights in the region. However, despite abortion being legal in Cambodia since 1997, many Cambodians, including healthcare providers, still believe abortion is illegal.

US President Trump's re-enactment of the expanded Mexico City Policy in 2017, which restricts US foreign aid funding from organisations

their reproductive health, and their future by making decisions that are best for them. Through the Power of Choice campaign, women and other participants gained a better understanding of what safe abortion is as well as where they could seek services. As family planning plays an essential role in women's sexual reproductive rights and reduces unplanned pregnancy, the Power of Choice also disseminates information about various contraceptive methods.

“ **Despite abortion being legal in Cambodia since 1997, many Cambodians, including healthcare providers, still believe abortion is illegal.** ”

providing information about abortion services, had a significant impact in Cambodia resulting in several NGOs ceasing their delivery of safe abortion education, information and referrals.

In 2018, Marie Stopes International Cambodia (MSIC) launched the Power of Choice campaign to address individual and community stigma around sexual and reproductive health and increase understanding and awareness of safe, legal options existing in the community.

MSIC ran a Power of Choice event on 17 October, 2019 to empower women to take charge of their body,

Promoting the event through Facebook and social media channels, MSIC is working to raise awareness amongst young people and provide them with accurate information, and overcome stigma associated with talking about pre-marital sex.

MSIC is fostering an enabling and supportive environment, especially for young and unmarried women through outreach education activities at universities and schools. As well as youth-friendly service provision at MSI centres and through a network of MS Ladies and a confidential contact centre for advice and referrals.

Ness* looking pleased with her MSI Cambodia provided implant



Power of Choice

Ness*, a 30-year-old factory worker and mother of three, used to experience unbearable side effects when taking the contraceptive pill. After speaking with a Marie Stopes Cambodia midwife, who visited her at work, Ness* decided to change to a contraceptive implant. She was relieved to have options and be given a choice – one that would provide her with three years of protection.

More than 73,000 women in Cambodia were using an MSI-supplied contraceptive method in 2019.

In 2019, MS Cambodia prevented an estimated:

- 20 maternal deaths
- 26,000 unintended pregnancies
- 11,000 unsafe abortions

*Name changed.

Papua New Guinea

Marie Stopes Papua New Guinea had their best year ever in 2019 – serving more clients, providing more family planning services and generating more couple years of protection than ever before. Through a range of service delivery models, MSPNG was able to see 63,871 clients, a 32% increase on the year before.

There are over 2,000 maternal deaths every year in Papua New Guinea. There are almost one million women at risk of an unplanned or unwanted pregnancy, which increases their chances of dying due to pregnancy-related causes by 32%. In any context, these maternal mortality statistics are deeply disturbing. But in PNG, they are compounded by deep social problems, and by geographical and resource challenges.

To address this, MSPNG ensures that a broad range of family planning options are available to women, men and young people using different

targeted approaches across much of the country. In 2019, mobile outreach teams used vehicles, boats and planes to provide services to people in rural and remote areas. Four centres provided services to urban populations in Port Moresby, Lae, Mt Hagen and Goroka, and specialist family planning nurses were based in the post-natal wards of local hospitals to offer post-partum contraception to women at this critical time.


Through the National Family Planning Training Program, MSPNG conducted clinical supervision visits of 647 government health staff in 16 provinces. The visits are conducted to follow up and provide support to health workers trained in long-acting and reversible methods of contraception such as implants and IUDs, to ensure they continue to meet clinical standards and that the training is having an impact for the communities where they work.

Fast facts

Despite the difficult terrain and context in Papua New Guinea, at the end of 2019 approximately 133,000 women, girls and men were using a contraceptive method supplied by MSPNG.

In 2019, with four centres and 16 outreach teams MSPNG prevented an estimated:

- 80 maternal deaths
- 61,000 unintended pregnancies
- 6,700 unsafe abortions.



Rita*, participant in the *Keeping Girls in School through Reproductive and Menstrual Health* project, Papua New Guinea.

*Name changed.



Keeping Girls in School

Integrated Menstrual Health and Hygiene Programming

Together Marie Stopes International and WaterAid are delivering a three-year integrated water, sanitation, and hygiene (WASH) and sexual and reproductive health (SRH) project in PNG and Timor-Leste. The project aims to improve women and girls' education, health and social outcomes through menstrual health. The partners are piloting strategies to develop cross-sectoral and cross-cultural solutions to improve girl-friendly WASH facilities, access to menstrual products, education and health services.

Program Results

- 32,813 girls, boys, and adults have improved awareness and knowledge of SRH and good menstrual health (MH) practices
- 7,441 women and girls are using contraception as a result of this program
- 1,855 students accessing MH-friendly WASH facilities in schools
- Locally produced reusable menstrual materials are being sold locally by women entrepreneurs.

Fast finance

Marie Stopes International Australia is part of the global Marie Stopes International partnership. The partnership generates over \$555 million AUD in revenue globally. This income is primarily composed of grants from institutional donors and private foundations together with revenue generated from the partnership's commercial operations. MSIA also benefits from the clinic network operated by Marie Stopes Australia, with a portion of surplus income from this enterprise donated towards supporting our work in reaching those most in need.

In 2019, MSIA recorded expenditure of \$12.4m on International Programs, an increase of 19% compared to 2018 (\$10.4m). This International Programs expenditure represented 90% of total expenditure in 2019, ensuring the majority of funds are spent in country

and support office costs remain low. Administration costs account for 7% of total expenditure and fundraising costs account for 2% of total expenditure.

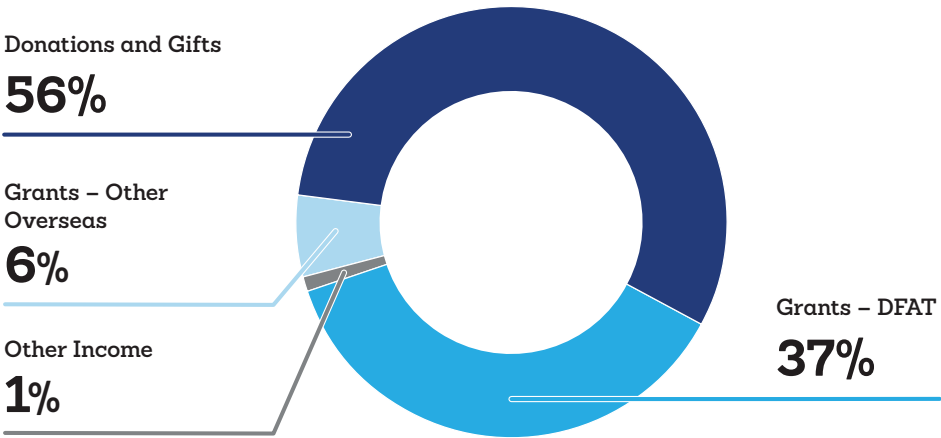
Total revenue of \$24.4m was recognised in 2019, an increase of 93% compared to 2018 (\$12.6m). This increase was driven by a generous one-off tied donation of \$12m for activities to be implemented in specified MSI country programs in 2019 and 2020. Donations and gifts represented 56% of total revenue, up from 23% in 2018. DFAT funds account for 37% of total revenue, down from 67% in 2018. We will continue to look for opportunities to build upon our donor portfolio in 2020 whilst continuing to invest in public fundraising.

Overall, we have generated a surplus for the 2019 financial year of \$10.8m. Of this \$10.3m remains in the

designated funds reserve to support International Programs in 2020. The timing difference between recognising public donation revenue in 2019 and incurring associated expenditure beyond 2019 will likely see MSIA record a deficit in 2020. The Board and management at MSIA will continue to closely monitor the organisation's financial situation, ensuring both a healthy bottom line while maximising our contribution to the global mission.

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

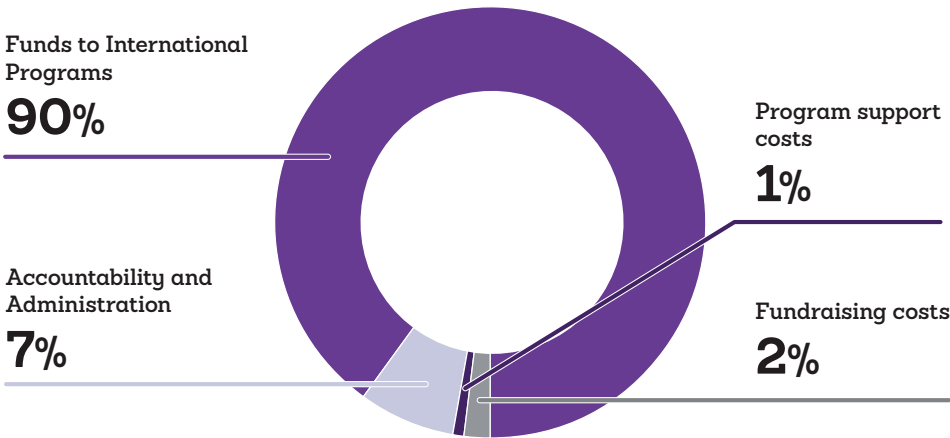
Figure 1: Revenue in 2019.



Revenue	%	AUD
Donations and Gifts	56	13,600,992
Grants – DFAT	37	9,035,993
Other Income	1	339,379
Grants – Other Overseas	6	1,393,666
Total		24,370,030

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

Figure 2: Expenditure in 2019.



Expenditure	%	AUD
Program support costs	1	149,000
Fundraising Costs	2	246,441
Accountability and Administration	7	1,025,567
Funds to International Programs	90	12,412,666
Total		13,833,674

Figure 3: Dollars managed in the region, 2019.



Region	AUD
Papua New Guinea	11,992,951
Cambodia	3,032,604
Timor-Leste	3,628,869
Total	18,654,424

Report of the Independent Auditor on the Summary Financial Statements to the members of Marie Stopes International Australia

Opinion

The summary financial statements, which comprise the summary balance sheet as at 31 December 2019 and the summary income statement and the summary statement of changes in equity for the year then ended, are derived from the audited financial report of Marie Stopes International Australia for the year ended 31 December 2019. In our opinion, the accompanying summary financial statements are consistent, in all material respects, with the audited financial report in accordance with the basis described in the summary financial statements.

Summary Financial Statements

The summary financial statements do not contain a summary statement of cash flows or all the disclosures required by the Australian Accounting Standards. Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial report and the auditor's report thereon. The summary financial statements and the audited



financial report do not reflect the effects of events that occurred subsequent to the date of our report on the audited financial report.

The Audited Financial Report and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial report in our report dated 26 March 2020.

Responsibilities of the Directors for the Summary Financial Statements

The Directors are responsible for the preparation of the summary financial statements that gives a true and fair view in accordance with Australian Accounting Standards and for such internal control as the Directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Deloitte Touche Tohmatsu
DELOITTE TOUCHE TOHMATSU

Anneke Du Toit
Partner
Chartered Accountants

Melbourne, 26 March 2020

Financial statements

Marie Stopes International Australia

Income statement for the Year Ended 31 December 2019

(All amounts in AUD)

	Year Ended 31 December	
	2019	2018
REVENUE		
Donations and gifts		
– Monetary	13,600,992	2,903,025
Grants		
– DFAT	9,035,993	8,501,397
– Other Australian	113,415	48,866
– Other overseas	1,393,666	1,000,335
Investment income	106,442	111,161
Other income	119,522	81,701
Total Revenue	24,370,030	12,646,485
EXPENDITURE		
International Aid and Development Programs Expenditure		
International programs		
– Funds to international programs	12,412,666	10,409,325
– Program support costs	149,000	54,154
Fundraising Costs		
– Public	112,953	100,343
– Government, multilateral and private	133,488	160,568
Accountability and administration	1,025,567	768,594
Total International Aid and Development Programs Expenditure	13,833,674	11,492,984
Exchange rate (gain) / loss	(216,190)	196,241
Total Expenditure	13,617,484	11,689,225
Excess / (shortfall) of revenue over expenditure	10,752,546	957,260
Other comprehensive (revenue) / expenditure	16,489	3,675
Total Excess / (shortfall) of revenue over expenditure	10,769,035	960,935

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 2018. 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 2019

(All amounts in AUD)

	Year Ended 31 December	
	2019	2018
ASSETS		
Current Assets		
Cash and cash equivalents	21,141,405	7,342,364
Trade and other receivables	127,387	1,213,184
Inventories	88,556	93,481
Total Current Assets	21,357,348	8,649,029
Non-Current Assets		
Property, plant and equipment	266,987	162,285
Total Non-Current Assets	266,987	162,285
Total Assets	21,624,335	8,811,314
LIABILITIES		
Current Liabilities		
Trade and other payables	6,639,717	4,716,314
Provisions	102,271	111,716
Lease liability	127,398	—
Total Current Liabilities	6,869,386	4,828,030
Non-Current Liabilities		
Provisions	10,065	7,435
Total Non-Current Liabilities	10,065	7,435
Total Liabilities	6,879,451	4,835,465
Net Assets	14,744,884	3,975,849

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 2018. 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 2019 – continued

(All amounts in AUD)

	Year Ended 31 December	
	2019	2018
EQUITY		
General Reserves	(12,249)	(28,738)
Restricted Reserves	10,379,861	32,176
Retained Earnings	4,377,272	3,972,411
Total Equity	14,744,884	3,975,849

Statement of Changes in Equity for the Year Ended 31 December 2019

(All amounts in AUD)

	Retained Earnings	Reserves	Total
Balance at 31 December 2018	3,972,411	3,438	3,975,849
Items of other comprehensive income	–	16,489	16,489
Excess of revenue over expenses	10,752,546	–	10,752,546
Other amounts transferred (to) from reserves	(10,347,685)	(10,347,685)	–
Balance at 31 December 2019	4,377,272	10,367,612	14,744,884

MS Timor-Leste youth educator Silvina conducting SRH youth education in Dili





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

Marie Stopes International Australia

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ABN: 79 082 496 697

Environmental Statement

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