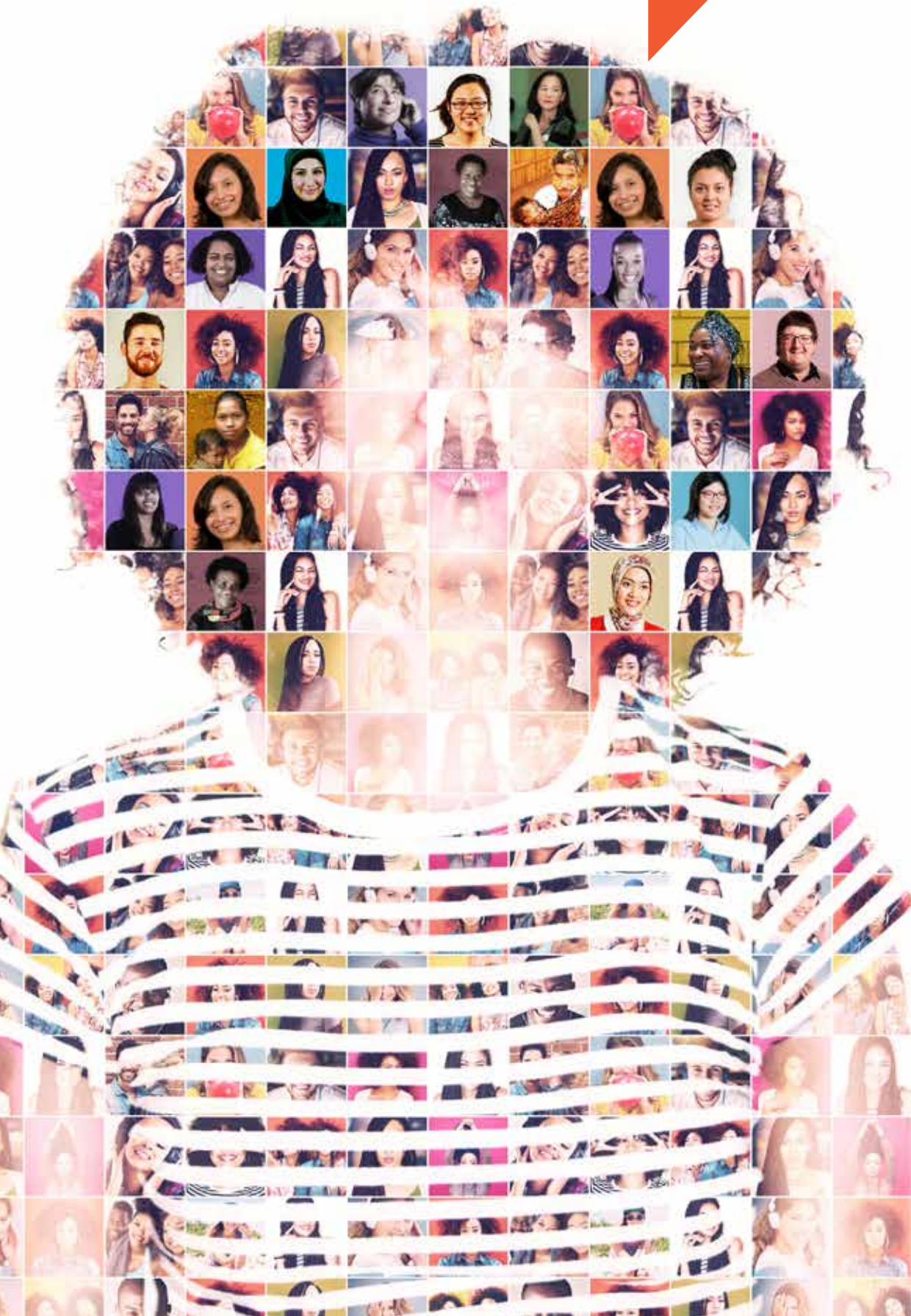


Annual Report 2015/2016



Our vision

Our vision is for all people to have high quality reproductive and sexual health.

Our mission

To enhance the reproductive and sexual health and rights of our communities by supporting all people to have control over and decide freely on all matters related to their reproductive and sexual health throughout their life.

Our values

Human rights focus - promoting the rights of all people to reproductive and sexual health

Integrity - maintaining a strong ethical base, being accountable and transparent

Inclusiveness - valuing and respecting diversity without judgement

Equity of access - ensuring access to our services for all, including priority populations

Client centred - placing the needs of the whole person at the centre of our work

Commitment to excellence - ensuring high standards in all our work

Our principles

Focusing on the **whole person** throughout their lifespan

Working in **collaboration** and through **partnerships** to strengthen our services and programs

Being **advocates** for the community

Developing and using **best practice** and **evidence based** approaches

Designing and delivering **optimal services** to the community

Promoting **freedom of choice** which reflects individual differences and preferences

Building the **capacity** of our organisation, and the **skills** of other professionals and the community

Promoting **professionalism** and **continuous improvement** in our ways of working

Fostering **innovation** and **creativity** in our work

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Who we are

Family Planning NSW is the leading provider of reproductive and sexual health services in NSW.

Family Planning NSW is committed to excellence in meeting the reproductive and sexual health needs of the community.

We achieve this by providing best practice, accredited clinical services, enhancing the knowledge and skills of service providers, improving the body of knowledge about reproductive and sexual health through evidence based research and peer evaluation, and leading international development projects to promote the rights of marginalised people in developing countries.

We pro-actively advocate for improved reproductive and sexual health outcomes for marginalised communities, both in NSW and internationally.

We are experts in contraception, pregnancy options counselling, sexually transmissible infections (STIs), common gynaecological problems including menstrual disorders, cervical cancer screening, breast awareness and women and men's sexuality and sexual function.

We respect the rights of our clients to make choices about their reproductive and sexual health and we treat each and every person with respect, dignity and understanding.

Family Planning NSW's professional education and training activities are evidence based, broad ranging and include programs for clinicians, disability workers, teachers, parents and carers, and allied health education and welfare organisations, both locally and internationally.

As an independent, not for profit organisation, we recognise that every body in every family should have access to high quality clinical services and information, and we provide a safe place for people to talk about their most intimate and personal issues.

Informed by our vision, mission, values and guiding principles, we work to assist economically and socially disadvantaged communities in developing countries to increase access to comprehensive, client-centered reproductive and sexual health services.

We use the best available evidence and analysis to inform our clinical practice, advocacy, health promotion, stakeholder engagement and education programs.

We collaborate with government and organisations at state, national and international levels to strengthen the ability of local health providers to deliver optimal family planning services.



President's Report

It is a privilege to lead an organisation that continues to deliver quality reproductive and sexual health services across the state and internationally as we celebrate our 90th anniversary and look towards our centenary.

Our knowledge in reproductive and sexual health allows us to advise governments, research institutions, universities and peak bodies on best practice and policies which impact on our area of expertise, as well as working together in partnership to deliver better outcomes for our clients.

During 2015-2016, Family Planning NSW has been actively involved in a broad range of submissions, public policy and advocacy activities, both locally and internationally. Examples of this work include:

- making a submission to the Australian Medical Research and Innovation Strategy regarding universal and equitable access to reproductive and sexual health information and services
- corresponding with the Honourable Julie Bishop, Senator the Honourable Michaela Cash & Ms Natasha Stott Despoja, regarding resolutions at the 29th Session of the United Nations Human Rights Council impacting on the human rights and reproductive and sexual health rights of women and girls

We are proud of the range of strategic, innovative projects we have been developing during the past year, which are addressing the needs of the broader community, as well as marginalised and at-risk communities. Our important work with people with disability, clients from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander people, lesbian, gay, bisexual, transgender and intersex people, young people, and communities in rural and remote NSW evolves according to the changing needs of local communities.

We continue to take a strategic approach to complex,

multi-stakeholder policy and service delivery issues that surround the planning, delivery and evaluation of reproductive and sexual health services, and we take the responsibility of our client-centered work seriously.

We remain committed to improving reproductive and sexual health in the communities we serve.

“At Family Planning NSW we can be very proud of our leadership role which allows us to support people across NSW and the Pacific who are marginalised and vulnerable.”

I would like to acknowledge and thank our funding sources and partners, particularly the NSW Ministry of Health and the Department of Foreign Affairs and Trade, for their continued support and recognition of the importance of delivering quality, evidence-based reproductive and sexual health services.

I would like to also thank my fellow directors, Ann Brassil, our CEO – and the dedicated staff at Family Planning NSW for their expertise, passion and commitment in supporting our communities.



Sue Carrick
President
MHSc

CEO's Report

In 2016, Family Planning NSW celebrates our 90th anniversary as the state's leading provider of reproductive and sexual health services, continuing our focus on making the very best services and supports available to all people across NSW. It has been a year of focus and reflection as we strive to continue to provide services that are the most relevant and deliver these through innovative media to ensure they are reaching the communities most at need.

Since 1926, Family Planning NSW has been providing access to high quality clinical services. Our Integrated Clinical Services arm provides client-centered care through our five clinics and strategic outreach programs, with 30,986 clinical consultations provided to 15,716 clients across NSW during 2015-2016. Our clinical records management is now entirely digital and we have begun the process of providing services through telemedicine technologies to those in remote areas.

This year we have continued to develop many innovative and informative health promotion resources, programs and activities for our clients, including 24 completed and evaluated projects. Our Health Promotion team has also enjoyed a busy year with 16,053 clients attending community educational activities. Most of our health promotion resources are now available online through our website, many developed using interactive digital media. Take a look!

Our Education and Training team has provided 90 formal training courses to 1,217 participants. We have also delivered professional education activities to over 6,000 participants. Many of our courses are now developed and delivered with significant on-line training components, through our Moodle Learning Management System. Nothing substitutes for the experience and mentoring associated with the face-to-face clinical training that is so highly regarded by our trainees. The opportunity to provide some of the more academic components of training, and

with the integration of simulation to enhance learning opportunities, ensures our learning offerings are significantly more streamlined and student facing. This year we had our credentialing as an RTO extended for another seven years. This is a magnificent achievement for all those in the Education service.

Meanwhile, our International Development program continues to steadily grow. With funding from the Australian Government through the Department of Foreign Affairs and Trade and private donors, our work has reached 19,016 direct beneficiaries in Fiji, Papua New Guinea, Timor Leste, Solomon Islands and Vanuatu. We are experts in tailoring the delivery of cervical cancer screening training to specific country settings, ensuring the best and most sustainable outcomes for those populations. We are extending our expertise and passion for optimising the reproductive and sexual health of people with disability to our international partners, as well as continuing to focus on the empowerment of men and boys and women and girls to make informed choices about their reproductive and sexual health. Challenging and rewarding indeed!

Our Research and Evaluation Division has also had a mammoth year. You will read about our continuing leadership in providing the latest evidence in reproductive and sexual health through our publications. So too, we have been accepted as a member of the Commonwealth RES Panel, about which we are both very pleased and proud as this acknowledges our maturity as a research organisation.

In May 2016, I was delighted to represent Family Planning NSW at the *Women Deliver* conference in Copenhagen. *Women Deliver* is the world's largest global conference on the health, rights and wellbeing of girls and women.

Our exhibition stall at the conference was visited by international delegates, as well as the Australian Ambassador for Women and Girls, the Hon Natasha Stott Despoja, and the Australia Ambassador to Denmark, Mr Damian Miller.

I would like to acknowledge the support of our wonderful Board, our loyal members and our extraordinarily skilful and committed staff who continue to strive to provide the best reproductive and sexual health services and advocacy for our clients and communities.



Adj Prof. Ann Brassil
Chief Executive Officer
BSc (Psych) Hons MA
(Hons) Clin Psych MBA

At a glance

During 2015-2016, Family Planning NSW provided 30,986 clinical consultations to 15,716 clients across NSW.

The main services provided to clients included contraception (39%), gynaecological (41%), STIs (11%) and pregnancy related services (6%).

Staff profile 2015-2016

- Full time equivalent positions 106.8
- Total employees 174

Health promotion

- We have conducted 405 community education sessions to 16,053 participants, including 10,886 youth, 1,470 Culturally and Linguistically Diverse and 1,317 Aboriginal and/or Torres Strait Islander people

Research and evaluation

- We have led, delivered and actively been involved in 19 research and evaluation projects

Education and training

- We have conducted 90 professional courses attended by 1,217 participants, including 501 doctors, 368 nurses and 103 disability workers
- We have delivered Sexual Safety Policy Training to 475 mental health professionals in NSW Local Health Districts
- We have delivered educational activities to 10,010 participants including 3,795 teachers and professionals through the Safe Schools Coalition

Advocacy

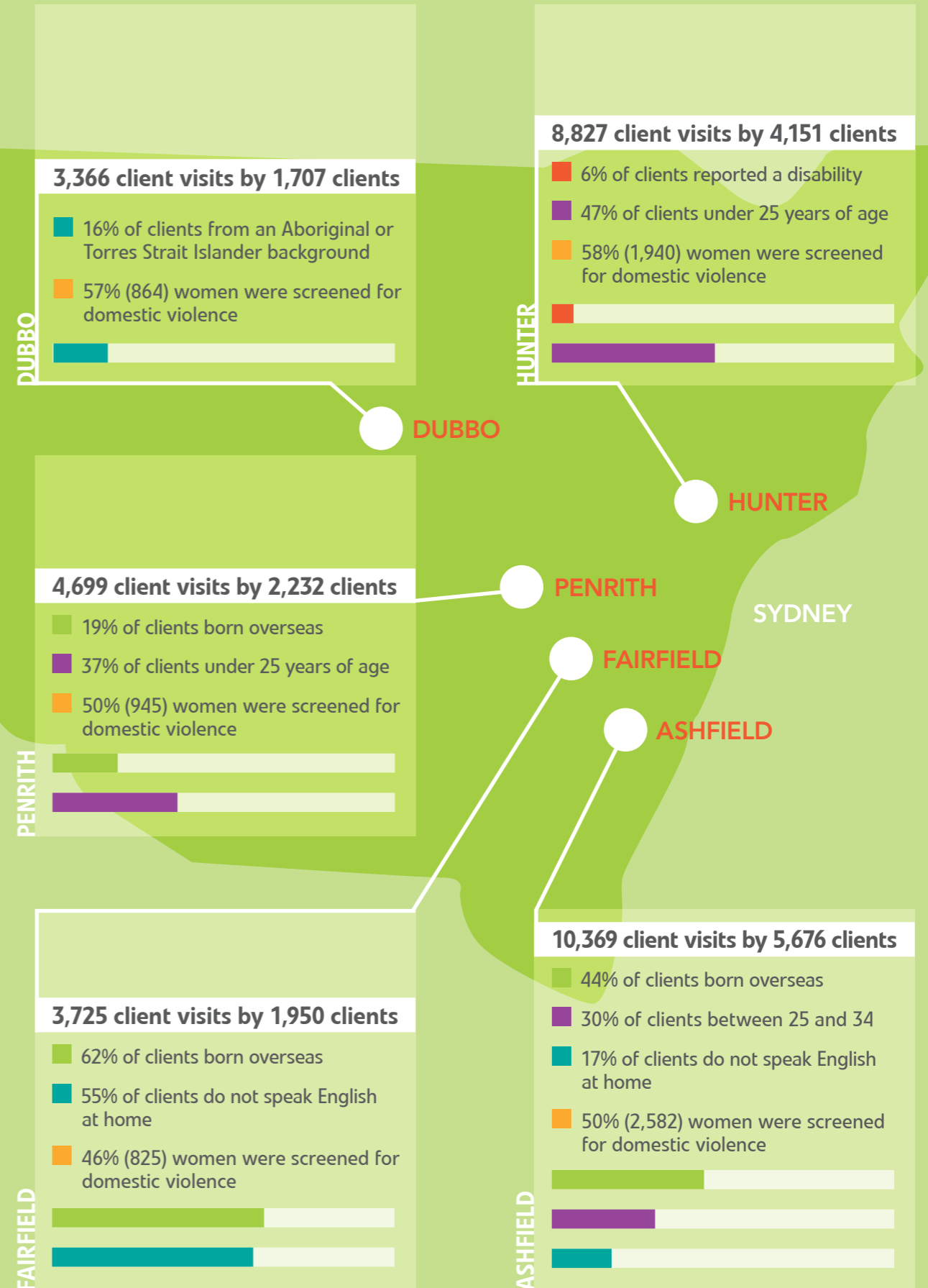
- We made 12 formal submissions to government on reproductive and sexual health public policy issues

International development

- Our international programme reached 19,016 direct beneficiaries in the Pacific



Clinics



Services provided in Metropolitan Local Health Districts



Central Coast
149 occasions of clinical service
123 called or sent email to Talkline
30 attended community education
62 attended professional courses
16 attended professional activities
1,763 resources distributed

Northern Sydney
1,162 occasions of clinical service
611 called or sent email to Talkline
496 attended community education
59 attended professional courses
209 attended professional activities
3,383 resources distributed

Sydney
5,502 occasions of clinical service
1,698 called or sent email to Talkline
3,305 attended community education
142 attended professional courses
649 attended professional activities
35,641 resources distributed

South Eastern Sydney
2,388 occasions of clinical service
1,129 called or sent email to Talkline
1,477 attended community education
87 attended professional courses
1,530 attended professional activities
10,194 resources distributed

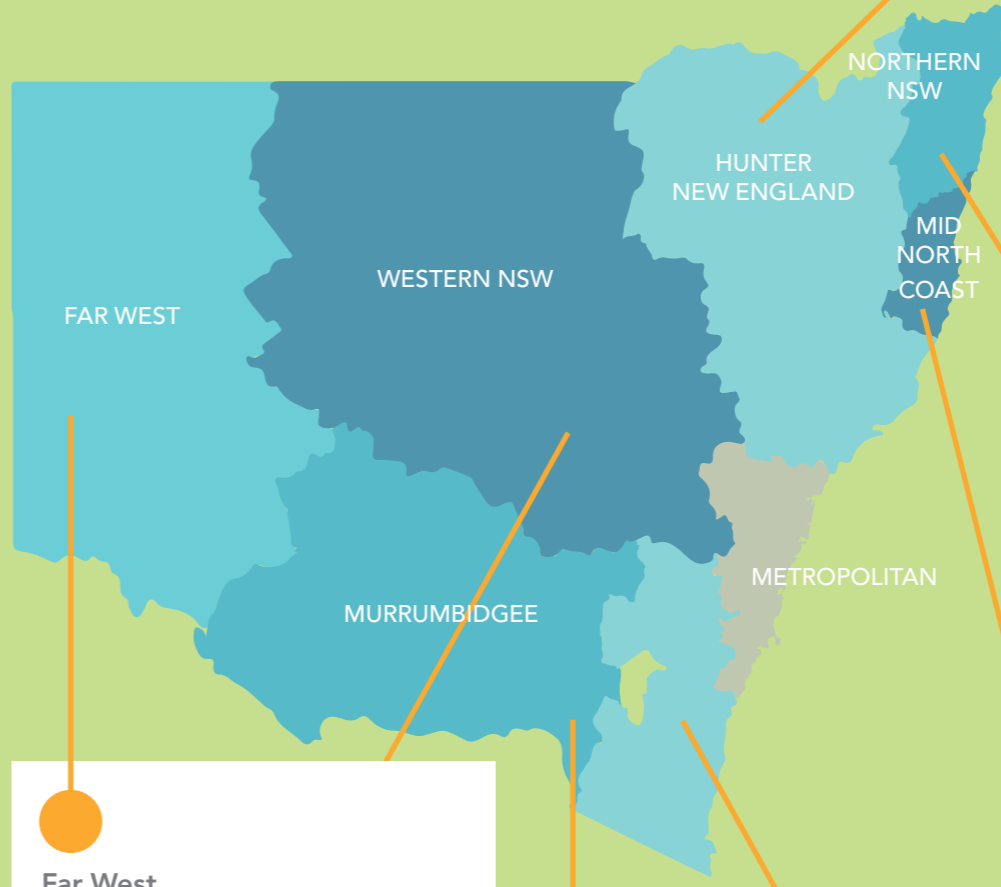
Nepean Blue Mountains
3,505 occasions of clinical service
570 called or sent email to Talkline
3,053 attended community education
93 attended professional courses
103 attended professional activities
11,630 resources distributed

Western Sydney
2,347 occasions of clinical service
684 called or sent email to Talkline
2,195 attended community education
94 attended professional courses
248 attended professional activities
6,514 resources distributed

South Western Sydney
3,711 occasions of clinical service
655 called or sent email to Talkline
1,745 attended community education
96 attended professional courses
113 attended professional activities
7,772 resources distributed

Illawarra Shoalhaven
52 occasions of clinical service
164 called or sent email to Talkline
300 attended community education
70 attended professional courses
27 attended professional activities
1,669 resources distributed

Services provided in other NSW Local Health Districts



Hunter New England
8,648 occasions of clinical service
969 called or sent email to Talkline
1,450 attended community education
220 attended professional courses
68 attended professional activities
22,963 resources distributed

Northern NSW
6 occasions of clinical service
74 called or sent email to Talkline
18 attended professional courses
1 attended professional activities
2,556 resources distributed

Mid North Coast
14 occasions of clinical service
55 called or sent email to Talkline
30 attended professional courses
1,288 resources distributed

Southern NSW
10 occasions of clinical service
42 called or sent email to Talkline
13 attended professional courses
1,350 resources distributed

Far West
3 occasions of clinical service
7 called or sent email to Talkline
34 attended community education
11 attended professional courses
1 attended professional activities
4,895 resources distributed

Western NSW
3,369 occasions of clinical service
163 called or sent email to Talkline
810 attended community education
42 attended professional courses
92 attended professional activities
10,160 resources distributed

Murrumbidgee
19 occasions of clinical service
54 called or sent email to Talkline
11 attended community education
43 attended professional courses
3 attended professional activities
103 resources distributed

Integrated Clinical Services

Family Planning NSW provides reproductive and sexual health services targeted to a wide range of people in the community, including people from culturally and linguistically diverse (CALD) backgrounds, people with disability, Aboriginal and Torres Strait Islander people, young and

older people, people from rural and remote communities, and lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) people.

In November 2015, a small co-payment was introduced for clinical services provided at our clinics.

This change has been well received by our clients and any clients under 18 years or holding a health care concession card continue to be bulk billed.

Overview of our clients

2,490
(16%) of our clients were aged 25 to 29 years of age

537 (3%) of clients attending our clinics were from an Aboriginal and Torres Strait Islander background, an increase from 458 clients in the previous year

2344
(15%) of our clients use a language other than English at home.

4782
(30%) of our clients were born overseas

4,540
(29%) of our clients were under 25 years of age

747
(5%) of our clients reported a disability

Number of client visits by main service provided by location of clinics, 2015-2016

Main service	Ashfield	Dubbo	Fairfield	Hunter	Penrith	Total
Contraception	4,203	1,043	1,646	3,252	2,060	12,204
Gynaecological	4,674	1,663	1,516	3,087	1,656	12,596
Other	225	79	76	257	94	731
Pregnancy	478	268	239	370	380	1,735
STIs	754	297	223	1,807	462	3,543
Sexual Health	35	16	25	54	47	177
Other	225	79	76	257	94	731
Total Visits	10,369	3,366	3,725	8,827	4,699	30,986

Number of clients by gender by clinic, 2015-2016

Sex	Ashfield	Dubbo	Fairfield	Hunter	Penrith	Total
Female	5,542	1,659	1,914	3,775	2,128	15,018
Male	130	58	36	374	102	690
Other	4	0	0	2	2	8
Total Clients	5,676	1,707	1,950	4,151	2,232	15,716

Number of clients by age group by clinic, 2015-2016

Age group	Ashfield	Dubbo	Fairfield	Hunter	Penrith	Total
Under 15 years	13	11	4	40	17	85
15 years	12	20	6	45	33	116
16-19 years	211	190	89	566	278	1,334
20-24 years	744	275	205	1,285	496	3,005
25-29 years	940	239	297	615	399	2,490
30-34 years	784	170	291	406	285	1,936
35-39 years	665	182	280	287	243	1,657
40-44 years	563	172	232	270	167	1,404
45-49 years	535	156	172	225	132	1,220
50-54 years	419	110	118	145	70	862
55-59 years	352	74	113	118	50	707
60-64 years	217	56	77	74	31	455
65 years and over	221	52	66	75	31	445
Total	5,676	1,707	1,950	4,151	2,232	15,716

"I've lived away from Australia for 4 years in London – Family Planning NSW is still the BEST service on earth. I can't believe how great FPNSW is. Thank you."

15% increase in IUD and implant insertion in 2015-2016 from 2,181 in 2014-2015 to 2,498.

Accredited Clinical Services

Family Planning NSW maintained its accreditation against the National Safety and Quality Health Service Standards (NSQHSS) with the Australian Council on Healthcare Standards (ACHS), an independent, not-for-profit organisation dedicated to improving quality in health care.

Family Planning NSW is due for its next site visit in March 2017.

Consumer Engagement

2015-2016 represented a landmark year for Family Planning NSW with the full implementation of our Consumer Engagement Framework. Consultation groups for all priority population groups were established and the Peak Consumer Participation Committee was formed.

Our consumer engagement groups include:

- Youth
- Culturally and Linguistically Diverse
- Aboriginal & Torres Strait Islander
- People with a disability.

Each of these groups is led by a member of our Health Promotion team and participants are supported in their attendance at the Peak Committee by a Health Promotion team member.

We are extraordinarily grateful to the members of our consumer engagement committees for their ongoing support and commitment to the organisation and to improving the reproductive and sexual health of the community. Their input has been invaluable in helping us to improve our service delivery, design new services, and develop client resources across the state.

Long Acting Reversible Contraception (LARC)

We continued to increase our capacity to provide LARC in 2015-2016 through staff training and increased clinic capacity. LARC (implants & IUDs) are highly effective methods of contraception that are becoming increasingly popular in Australia.

Family Planning NSW Talkline

Family Planning NSW Talkline is a confidential telephone and email information and referral service, which is an integral part of our commitment to providing statewide clinical care.

The Family Planning NSW Talkline service is a lifeline for clients needing expert advice, information and referrals on unplanned pregnancy, contraceptive options, sexually transmissible infections or enquiries about reproductive or sexual health, in a client-centered, supportive and confidential environment.

- During 2015-2016, 6,482 calls and 1,067 emails were received by Family Planning NSW Talkline.
- Women contacted the service more often than men, representing 92% of calls and 90% of emails to the service.
- Young people utilised the email service more often than the telephone service, with under-25 years olds representing 44% of email inquiries and 20% of callers.
- Callers in the 30-39 year old group used the telephone service the most often, compared to all age groups.

Type of contact	Email		Phone	
	No.	%	No.	%
Contraception	662	62%	3,750	58%
Pregnancy	186	17%	1,234	19%
STI/HIV	49	5%	269	4%
Other	170	16%	1,179	18%
Not provided			50	1%
Total	1,067	100%	6,482	100%

Type of contact	Email		Phone	
	No.	%	No.	%
Male	93	9%	540	8%
Female	958	90%	5,935	92%
Not provided	16	1%	7	0%
Total	1,067	100%	6,482	100%

Age Group	Email		Phone	
	No.	%	No.	%
<25 years	474	44%	1,280	20%
25-29 years	175	16%	1,039	16%
30-39 years	188	18%	1,702	26%
40-49 years	66	6%	750	12%
50 years & over	32	3%	390	6%
Not provided	132	12%	1,321	20%
Total	1,067	100%	6,482	100%

Health Promotion

Our Health Promotion Unit works to provide community support to each of our priority populations through education, awareness raising, the development of learning materials and a range of allied projects.

We have conducted 405 community education sessions attended by 16,053 participants and carried out 32 focus group discussion sessions attended by 186 community members.

Over the past year, the Health Promotion Unit has generated tremendous output, developing new programs and extending successful projects already in place. This has included 24 completed and evaluated projects, five new projects started as well as having developed 19 new or updated community resources.

Examples of community resources developed:

1. All About Sex fact sheet – Lesbian; Bisexual; Transgender; Gay
2. All About Sex fact sheet – Pregnancy planning and pregnancy options
3. Sex, Safe and Fun – support person's guide
4. Brief intervention tool for youth workers
5. Condom Credit Card video
6. Body Talk website
7. STI Kit
8. Intensive English Centres video
9. Pregnancy options resource for CALD women
10. Post-natal check brochure
11. Pap resources for women living in refuges
12. Family Planning NSW Reconciliation video

Strategic partnerships with NSW Local Health Districts (LHDs) and service providers have allowed the Health Promotion Unit to extend its reach to marginalised populations across the state and support better health outcomes.

Family Planning NSW health promotion officers have made a significant contribution to the leadership of the NSW Sexual Health Promotion Framework Support Programs. In partnership with LHD HIV/AIDS and Related Program (HARP) units and other Non-Government Organisations, we led the Brief Intervention Tool Working Group to develop a resource for youth workers when having conversations about sexual health with young people. Our staff have also taken a leadership role in the Condom Distribution Framework Support Program and a working group to develop an advocacy tool to ensure reproductive and sexual health is embedded in youth service programs. We have also participated in a number of other Framework Support Programs which aim to bring a collaborative, coordinated and evidence based approach to sexual health promotion programs across NSW.



405
community education
sessions attended by
16,053
participants

32 focus group
discussion sessions
attended by
186
community members



Our work with Aboriginal and Torres Strait Islander people

There are a number of reproductive and sexual health challenges experienced by Aboriginal and Torres Strait Islander communities across NSW, including higher rates of cervical cancer and high rates of teenage pregnancy in comparison to other Australians.

Family Planning NSW is committed to providing evidence-based and culturally relevant reproductive and sexual health services to meet the needs of these communities. We are also committed to providing these services in partnership with Aboriginal people and organisations and endeavour to do this in all our activities.

During 2015-2016, Family Planning NSW clinics saw 537 (3.4%) clients from an Aboriginal and Torres Strait Islander background.

We have delivered a number of health promotion projects for Aboriginal and Torres Strait Islander communities, including information resources and community education programs across the state.

Professional development and community education

During 2015-2016, the Aboriginal health promotion team delivered a range of community education sessions and workshops in both metropolitan and regional areas, from Liverpool to Forster-Taree and from Broken Hill-Walgett to Moree. The workshops covered topics such as long acting reversible contraception, STIs and respectful relationships.

We also delivered training on Sexuality, Health and Facilitating Groups. This nationally recognised three day training program supports Aboriginal Health Workers to improve their knowledge about reproductive and sexual health, which in turn increases their professional skills as community-based education facilitators.

The Strong Family Program, which brings together Aboriginal Elders and youth to discuss reproductive and sexual health issues within the framework of Men's Business and Women's Business, is another ongoing project

Clinic consultations with Aboriginal and Torres Strait Islander clients

Background	Ashfield	Dubbo	Fairfield	Hunter	Penrith	Total
Aboriginal or Torres Strait Islander origin	17	268	6	147	99	537
Neither Aboriginal nor Torres Strait Islander origin	5,659	1,439	1,944	4,004	2,133	15,179
TOTAL CLIENTS	5,676	1,707	1,950	4,151	2,232	15,716

for Family Planning NSW. Developed in consultation with remote, regional and urban Aboriginal communities, this program has received consistently enthusiastic feedback from participants.

Reconciliation Action Plan

The Family Planning NSW's Reconciliation Action Plan (RAP) was developed in 2015-2016 and formalises our commitment to reconciliation, commits us to being an inclusive employer for Aboriginal and Torres Strait Islander people and ensures that our services meet the needs of Aboriginal and Torres Strait Islander people. The RAP document is on target for Reconciliation Australia's endorsement.

Overall, it provides opportunities for all staff to engage in reconciliation through:

- raising awareness within the organisation and celebrating significant dates and events, such as National Sorry Day, Reconciliation and NAIDOC Week
- providing training and education opportunities
- initiating conversations about Aboriginal and Torres Strait Islander cultures, heritage and histories.

As part of Family Planning NSW's commitment to developing our RAP we celebrated significant dates throughout the year and developed a series of YouTube videos to raise awareness of Reconciliation and NAIDOC Week. This year we developed a Reconciliation animation that was distributed throughout the organisation and published online using our social and digital media networks. For NAIDOC Week we developed a series of videos showcasing the relevance and importance of Aboriginal and Torres Strait Islander culture and history.

On the advice of Reconciliation Australia our RAP has evolved from a Reflect RAP to an Innovate RAP in recognition of our existing work with Aboriginal and Torres Strait Islander organisations and communities. We are proud to be developing our Innovate RAP, which will see us extend the work that we do and actively support a culture within the organisation that continuously strives to do more.

Consumer Engagement

The Aboriginal Men's and Women's Advisory Groups play an important role in guiding, supporting and offering recommendations on the creation of partnerships with local Aboriginal & Torres Strait Islander services, organisations and communities, including government and non-government agencies to promote reproductive and sexual health services in a culturally sensitive and appropriate way.

2015-2016 has seen the establishment of the Aboriginal Men's Advisory Group in Dubbo, and the continuation of the long-standing Aboriginal Women's Advisory Group.

"I learnt a few more things about all general sexual health and I would address this to other people. This program is well presented."

"I like how the information was delivered and how laid back the two days were."

– Course participants

Both groups provided valuable input into the creation of the Family Planning NSW Reconciliation Action Plan, Aboriginal pregnancy options and 'Yarning About' series resources and the Family Planning NSW website relaunch.

Family Planning NSW would like to thank the committed members of the Dubbo community for their ongoing support and involvement with both Aboriginal advisory groups, and will continue to develop, strengthen and expand these partnerships moving forward.

"Family Planning NSW strongly believes that the effect of a reconciled Australia can dramatically enhance positive outcomes for Aboriginal and Torres Strait Islander people."

"Being part of the RAP working group has been a really valuable experience. I have gained a better understanding of the importance of reconciliation, and what we can do as an organisation to foster understanding and respect between Aboriginal and non-Aboriginal people."

– FPNSW staff member

Our work with young people

With 4,540 people aged under 25 visiting our clinics during 2015-2016, Family Planning NSW is aware of its important role supporting young people who require safe and easy access to reproductive and sexual health services and information.

This year we provided 253 health promotion sessions to over 10,866 young people, covering a range of topics including puberty, STIs, contraception, safer sex, respectful relationships, sexual and gender diversity, and unintended pregnancy.

Family Planning NSW has a long and mutually beneficial history of collaboration and partnerships with allied health agencies, and through these relationships we are able to develop and distribute innovative resources through youth-centered engagement programs, including social media and digital campaigns, festivals, concerts and public events.

Body Talk

Young people have a lot of questions when it comes to their body. To address some of their common questions, the Health Promotion team developed a new youth-specific website called Body Talk. Body Talk is a stand-alone website at www.bodytalk.org.au that complements and links to the main Family Planning NSW website.

Body Talk uses an evidence-based approach to providing accurate information about reproductive and sexual health in an online, responsive format. The website has the ability to be used autonomously, or as a teaching and learning aide for educators, health workers, parents and carers.

The Body Talk website provides information on puberty, relationships, contraception and STIs, as well as referral

pathways to clinical services that are available to support young people in maintaining high-quality reproductive and sexual health.

Infographics

Infographics are a new way of promoting health messages to clients and communities, and can accurately display a large amount of data through social media.

The Family Planning NSW Youth Team has developed three new engaging infographics for young people. The infographics were developed in consultation with clients through three focus groups conducted at North Richmond Youth Centre and one at Mindaribba Local Aboriginal Land Council.

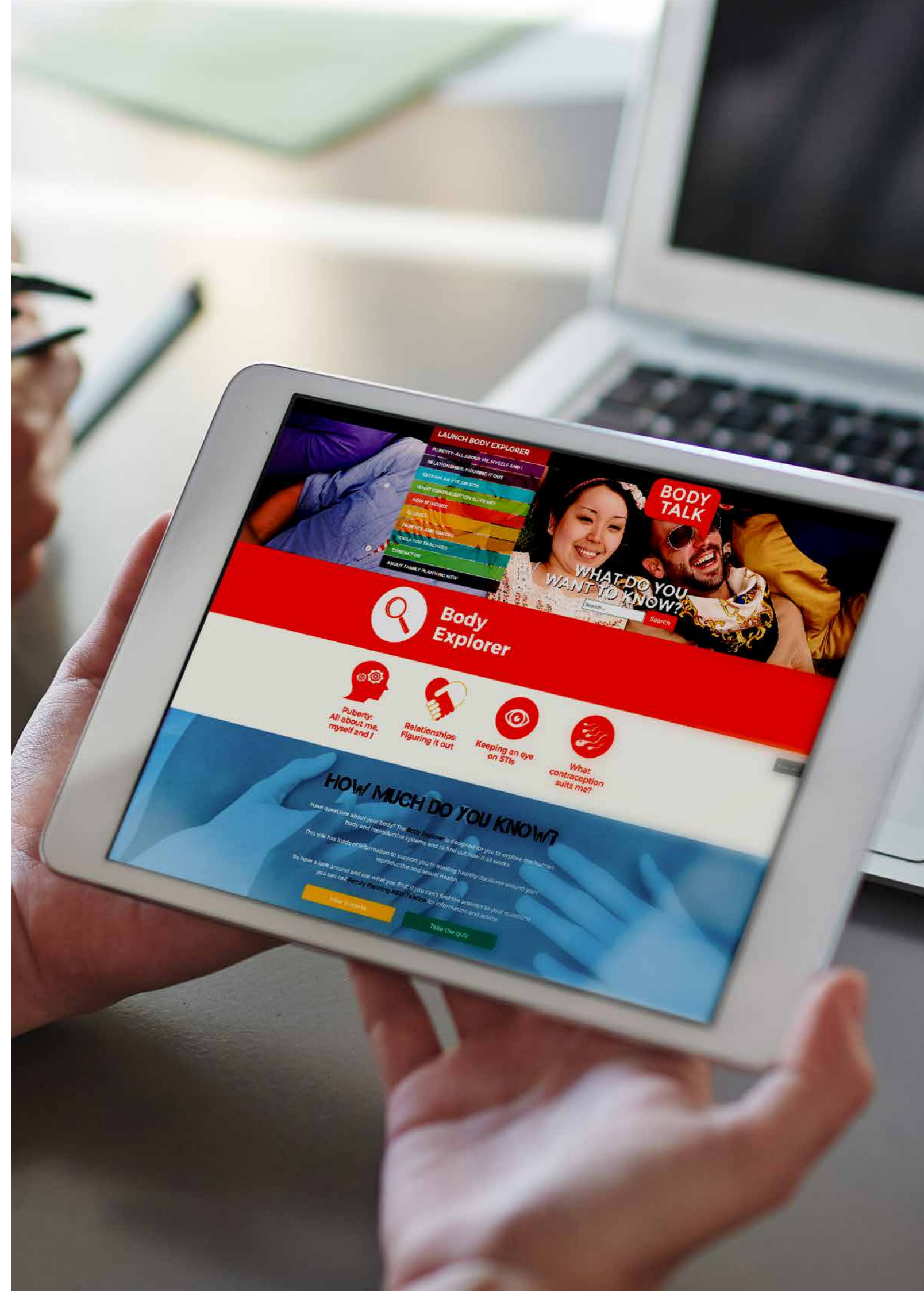
Live Nation Project

The Live Nation Project, conducted in partnership with the NSW Sexually Transmitted Infections Programs Unit at NSW Health, is an initiative aimed at promoting sexual health among young people through online health promotions on music festival websites, as well as selected concerts and music events.

During 2015-2016, the promotion component of the project was led by the Health Promotion Youth Team and facilitated by youth consultants at North Sydney LHD Health Promotion.

Our Health Promotion Officers led training for 15 youth consultants, building their skills in consumer engagement for young people and increasing their knowledge about reproductive and sexual health.

Live Nation health promotion events were held at seven concerts in the Sydney area, increasing awareness among young people about reproductive and sexual health issues.





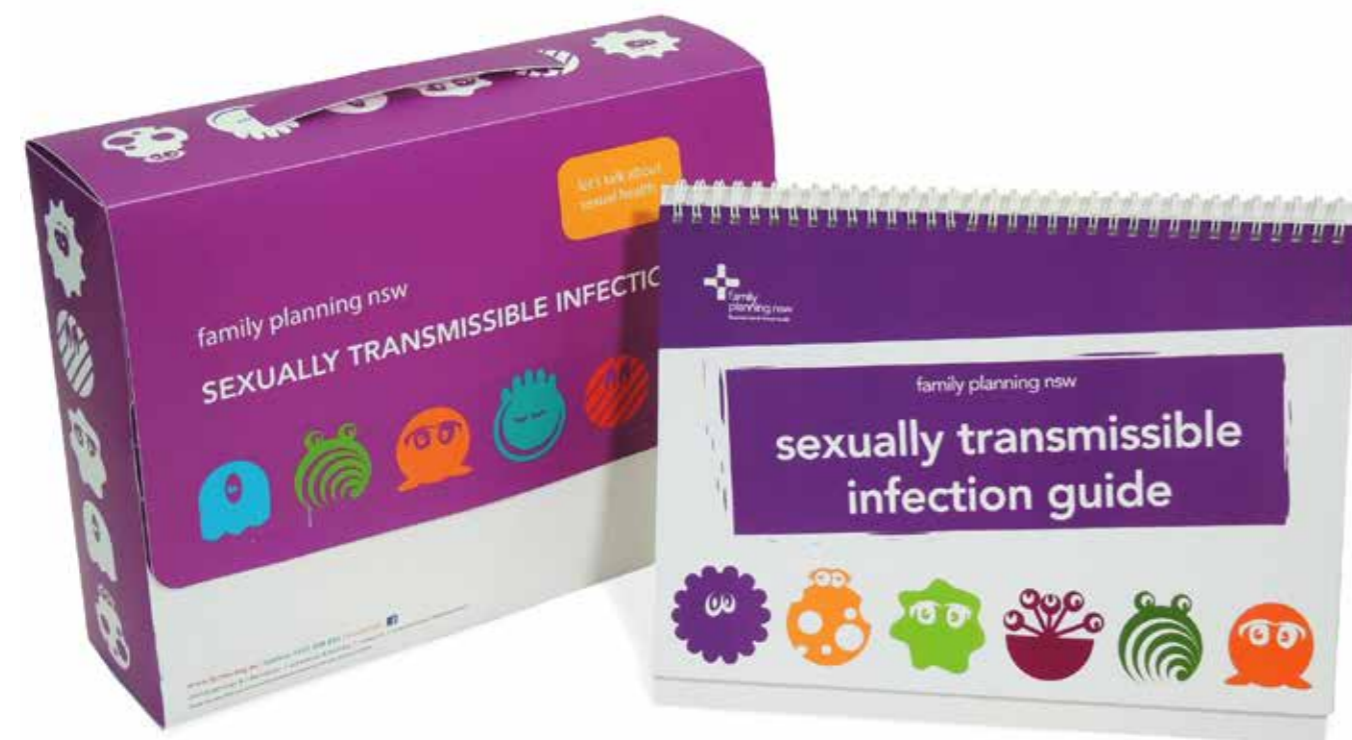
STI Kit and Guide

Family Planning NSW's recently noted a lack of effective and up-to-date teaching resources for educators on the topic of sexually transmissible infections and sexual health checks.

To address this need, we developed a Sexually Transmissible Infection Kit and Sexually Transmissible Infection Guide to provide teachers with easy-to-use educational tools to use in classroom discussions, and to assist young people in making informed decisions about their reproductive and sexual health.

The Sexually Transmissible Infection Kit includes samples of testing equipment, safe sex items, activity cards and resources designed to promote discussion about sexually transmissible infections, methods of protection and sexual health.

A teacher's publication, the Sexually Transmissible Infection Guide, is a flip chart style teaching resource also supplied in the kit to support teachers in facilitating activities.



Consumer Engagement

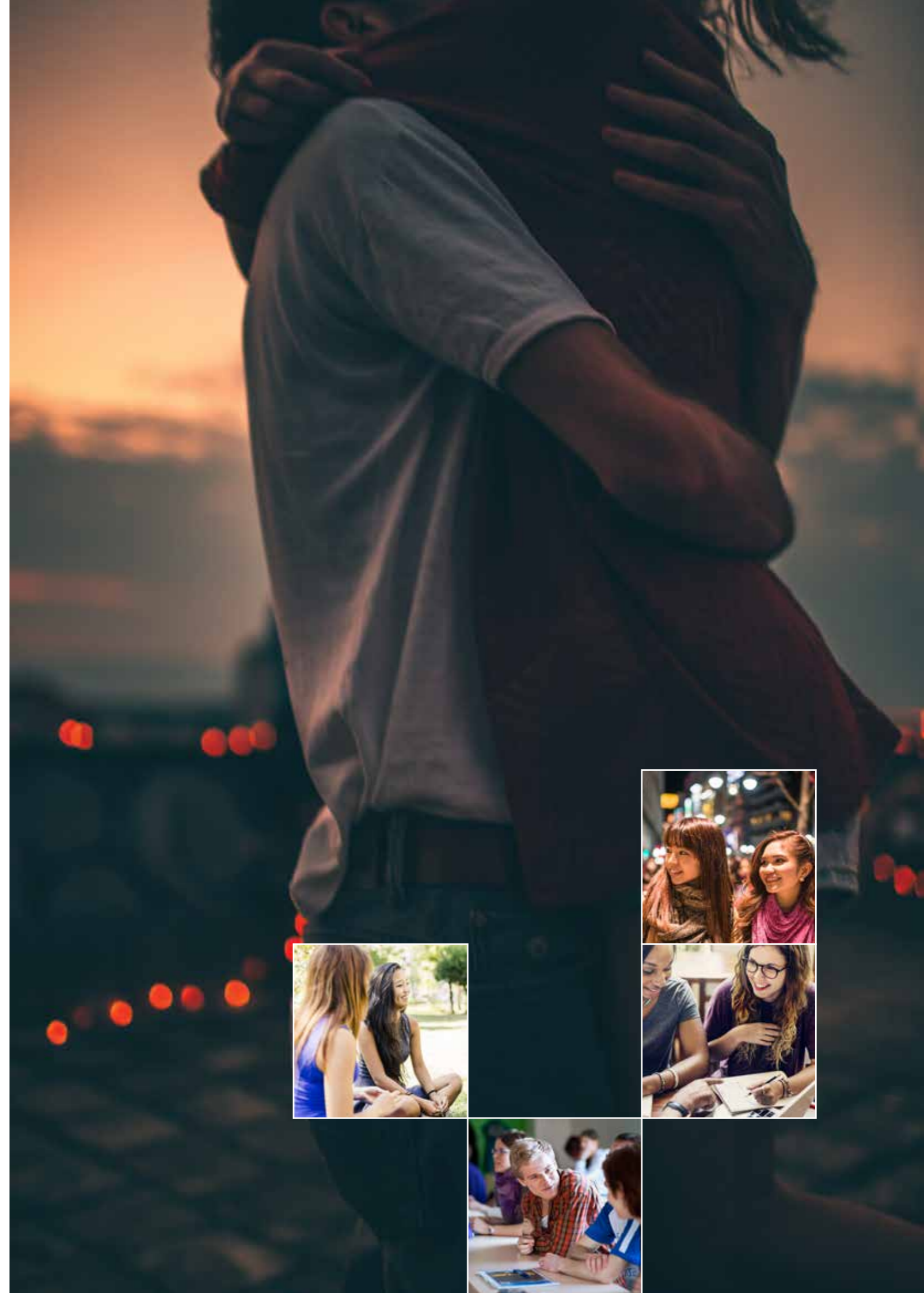
A new partnership with North Richmond Community Centre was created to host and support the establishment of our Youth Consumer Participation Committee.

Nine young people attended the inaugural meeting on May 19th 2016, which provided a rich discussion on a number of issues of importance for Family Planning NSW.

Feedback was sought on the new fee-for-service model, a variety of promotional goods, as well as items related to the whole-of-organisation Youth Friendliness audit.

This included discussions of privacy and confidentiality, opening hours, waiting rooms, the role of a support person in consults and staff training around working with young people.

The feedback has been integrated into a larger implementation plan to ensure the acceptability and accessibility of Family Planning NSW services and resources for young people.



Our work with lesbian, gay, bisexual, transgender, intersex and queer people

Family Planning NSW remains passionately committed to supporting the LGBTI community to access high quality reproductive and sexual health services and information.

Safe Schools Coalition NSW

Over the past year, we have continued our proud work with Safe Schools Coalition Australia, to assist schools in becoming safe, supportive learning environments for same sex attracted, intersex and gender diverse students.

Family Planning NSW launched Safe Schools Coalition NSW in July 2014 in partnership with ACON and The Gay and Lesbian Rights Lobby, and is continuing to successfully deliver the program across the state.

Safe Schools Coalition NSW is part of a national coalition, the Safe Schools Coalition Australia, led nationally by the Foundation for Young Australians. It is the first federally funded program aimed at creating safe and supportive school environments for same sex attracted, intersex and gender diverse young people by reducing homophobic and transphobic bullying and discrimination in schools.

The program provides schools, teachers, young people and their families with the tools to help challenge discrimination and create safer and more inclusive educational environments. Schools that sign up to become a member of the Safe Schools Coalition NSW gain access

to a range of support and resources, tailored to the needs of their school. Our services include staff training, professional networks, printed and digital resources, and assistance with developing inclusive school policies.

This year Safe Schools Coalition NSW has:

- Worked with 144 member schools, including public, independent and faith-based schools.
- Delivered professional development sessions to 3,795 teachers, school counsellors and associated professionals across the state.
- Met with 413 principals, teachers and school counsellors.
- Provided advice to four schools on the development of policies and procedures that ensures all students, staff and families feel supported in an inclusive and safe environment.
- Presented at several conferences including the Positive Adolescent Sexual Health conference in Lismore, the Regional Youth Development Officers Network conference, the PDHPE Teachers' Association conference and the Police Gay Lesbian Liaison Officer conference.

Our professional development courses have been endorsed by the Board of Studies Teaching and Educational Standards NSW.

"Loved it. I have really re-thought my thinking – I thought I was supportive, but this has shown a new perspective."

"Wonderful! Thank you. I'm very excited and feel supported to be able to really start working on my students' attitudes and language. I think this is great to help teachers feel confident that they can address issues directly"



Wear It Purple Day celebrations

This year, Wear It Purple Day was celebrated with great flair and panache around the state. Family Planning NSW attended the event held in Hyde Park, posing for photographs along with all the other well-dressed attendees. This included the NSW Police Force which has been actively involved in supporting Wear It Purple Day since 2012.

Family Planning NSW also held a Wear It Purple morning tea across our five offices, with the staff supporting the message to Be Proud of Who You Are.

Same Difference Panel Speaker Program

The Same Difference program aims to reduce homophobia and celebrate sexual diversity in schools through the delivery of interactive education sessions exploring issues relating to discrimination, homophobia and developing a safe and supportive environment for same-sex attracted young people. We ran 25 programs with 580 participants in 2015-2016.

"This was insightful, useful and empowering to be able to assist our students"



Our work with people with disability

Family Planning NSW has a long tradition of advocating for the rights of people with disability to enjoy the same access to reproductive and sexual health services as everyone.

During 2015-2016, we continued this work through a number of innovative health promotion projects, clinical services, education courses and targeted resources, which help to break down the barriers that people with disability can often face in relation to sex, sexuality and sexual health.

We provided 45 community education sessions to 1,740 carers and/or people with disability, covering a range of topics including puberty, STIs, contraception, safer sex, respectful relationships, sexual and gender diversity, and unintended pregnancy.

Outing Disability photography exhibition tours to Melbourne

Since its launch in 2014, Outing Disability has been exhibited across regional NSW and interstate. During 2015-2016, Outing Disability travelled twice to Melbourne, first to Hobsons Bay City Council for the 2015 International Day of People with Disability, and then to Maribyrnong Council for the 2016 Midsumma Festival. Developed in collaboration

with internationally acclaimed photographer, Belinda Mason, Outing Disability is an intimate portrait series which takes the viewer on a journey into the lives of lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) people with disability.

Outing Disability showcases photographic portraits with individuals' stories of coming out, transitioning, dating, and finding acceptance in a world that often makes invisible, the sexuality of people with disability.

A Family Planning NSW staff member presented an overview of the Outing Disability project at the 2015 Australasian Society for Intellectual Disability (ASID) Annual Conference.

All About Sex update

All About Sex is a series of factsheets for people with disability and the people who support them. The factsheets are easy to read and include illustrations to help people learn about sexuality and relationships, sex, pregnancy and reproduction, sexual health and sexual assault.

During 2015-2016 Family Planning NSW added four new factsheets to the All About Sex series, including lesbian, gay, bisexual and transgender resources.

Disability	Ashfield	Dubbo	Fairfield	Hunter	Penrith	Total
Intellectual/learning	17	8	1	42	20	88
Other	70	45	13	58	49	235
Physical/diverse	20	9	9	28	18	84
Psychiatric/mental health	59	41	22	135	47	331
Sensory/speech	1		1	5	2	9
TOTAL CLIENTS	167	103	46	268	163	747



These new factsheets were focus tested with people with intellectual disability to help ensure the key messages and illustrations are clear, meaningful and supportive.

Prior to the development of our lesbian, gay, bisexual and transgender factsheets, information in accessible formats for clients was difficult to find and access. Our new factsheets help fill that gap, and complement our work on the Outing Disability project.

Parent and carers forums

Family Planning NSW works with families and carers to build their knowledge and skills to assist them to support the reproductive and sexual development of young people with disability.

In 2015-2016, Family Planning NSW engaged with over 100 parents and carers of people with disability through our half-day parent forums and two hour information sessions across a variety of metropolitan and regional locations, including Cabramatta, Newcastle and Strathfield.

The topics included preparing for puberty, sexuality and development, friendships and dating, seeing a sex worker and working with your school. We also delivered a range of new topics, including how to advocate for better sexuality education in schools and sexuality support under the National Disability Insurance Scheme (NDIS).

Feedback from attendees continues to be overwhelmingly positive and we are looking forward to working in partnership with schools, parents and carers in Inverell and Moree.

Professional Education

Family Planning NSW has been delivering sexuality education to the disability service sector for more than 30 years. Our work builds the capacity of disability workers, teachers and health care workers to provide support and education for people with intellectual disability in the area of sexuality and relationships.

During 2015-2016, we have delivered 16 disability courses attended by 160 participants. Over 100 disability workers attended our professional education activities in regional and metropolitan NSW.

Sexuality and Disability service in the Hunter

The Sexuality and Disability Service commenced in the Hunter in April 2015 and with the aim of providing individual and group-based

reproductive and sexual health (RSH) support for people with disability.

This specific area of support was a gap within Family Planning NSW with current disability programs focusing on capacity building of the disability sector through health promotion programs and professional education. The service was initially available to clients with NDIS plans, but was expanded to private and Medicare funded clients in September 2015 to increase accessibility.

Since its launch the Service has earned itself an excellent reputation with a number of health clinicians, disability, and education staff contacting the Family Planning NSW Sexuality and Disability Service clinician for advice on supporting their clients in the area of sexuality and reproduction. The individual clients to the service are steadily increasing as more people have access to NDIS plans.

Consumer Engagement

The Our Voice (disability consumer) group was established in September 2015. The group provides valuable consumer driven feedback on Family Planning NSW services from the perspective of adults with intellectual disability. During 2015-2016 the Our Voice group had two meetings to discuss various aspects of the work carried out by Family Planning NSW, and how the organisation can improve their services to be more inclusive and accessible for people with intellectual disability. Some of the topics discussed at the meetings included:

- Feedback on easy English resources on safe sex and pornography
- Updating the Family Planning NSW website and making it more accessible to people with intellectual disability
- Suggestions for celebrating the organisation's 90th anniversary
- Improving the way Family Planning NSW clinicians provide reproductive and sexual health care for people with intellectual disability pre, during and post appointment.

Family Planning NSW would like to thank the Our Voice group members for all their hard work.



Our work with people from culturally and linguistically diverse backgrounds

Family Planning NSW is committed to making reproductive and sexual health services available to all members of the community, including people from culturally and linguistically diverse (CALD) backgrounds.

This work is carried out through culturally sensitive clinical services, education and training, research, advocacy and health promotion activities.

During 2015-2016, 15 per cent of clients who visited our clinics spoke a language other than English, highlighting the importance of developing accessible information and education materials.

Our Health Promotion CALD team, based in our Fairfield clinic, delivered 67 sessions to 1,888 participants, including community education, events, focus groups and community consultations.

Needs assessment for our CALD clients

During 2015-2016, we conducted a needs assessment for our CALD clients and the communities we work with. As part of the assessment, people aged 25-60 who were born in India, Lebanon, Iraq, Vietnam, China, and Syria that reside in south western Sydney were surveyed on their

reproductive and sexual health concerns as well as barriers to accessing reproductive and sexual health information and services.

The assessment produced a range of recommendations, including the need to develop specific resources for CALD clients on topics including fertility and infertility, breast cancer and cervical cancer.

Resources on contraception

During the year, Family Planning NSW was approached by the NSW Refugee Health Service for a factsheet for low literacy consumers that provides information on a range of contraceptive options.

The final design for the factsheet is a z-card, which can be folded into a credit card size resource, for clients to easily carry with them in wallets and pockets.

The new factsheet provides clients with an overview of the contraceptive options available in Australia, along with basic information on how a woman becomes pregnant, how contraception works, and dispels common myths about contraception that exist within refugee communities to encourage clients to access reproductive and sexual health services.



Know your health: contraceptive options

family planning nsw
Reproductive & Sexual Health

More than 99% effective

- *Implant**: Use up to 3 years. Put in and taken out of the arm by a doctor or nurse.
- *Hormonal Intrauterine Device (IUD)**: Use up to 5 years. Put in and taken out by a doctor or nurse.
- Copper Intrauterine Device (IUD)**: Use up to 10 years. Put in and taken out by a doctor or nurse.

These types of contraceptives are called LARC (long acting reversible contraception). They are very effective and work for a long time. They can be removed if you want to have a baby.

More than 91% effective

- *The Pill**: Tablet taken at the same time each day.
- *Vaginal ring**: Put in and taken out of the vagina each month by yourself.
- *Injection**: Injection every 12 weeks by doctor or nurse.
- *Emergency contraception**: Use up to 5 days after unprotected sex when no condom or any other type of contraception was used.

More than 76% effective

- Male condom**: Worn by a man. Use a new condom each time you have sex.
- Female condom**: Worn by a woman. Use a new condom each time you have sex.
- Diaphragm**: Placed in the vagina by a woman before sex.
- Fertility method**: Least effective method. Only having sex when woman is less likely to get pregnant.

*hormonal method of contraception

Partnerships in Liverpool and Blacktown

Family Planning NSW Fairfield has a range of strategic partnerships with local organisations which extend our services to more women from culturally and linguistically diverse backgrounds in western Sydney.

Our partnership with the NSW Refugee Health Service has resulted in the sharing of clinic facilities in Fairfield and Liverpool to provide reproductive and sexual health services, education and information for newly settled refugees.

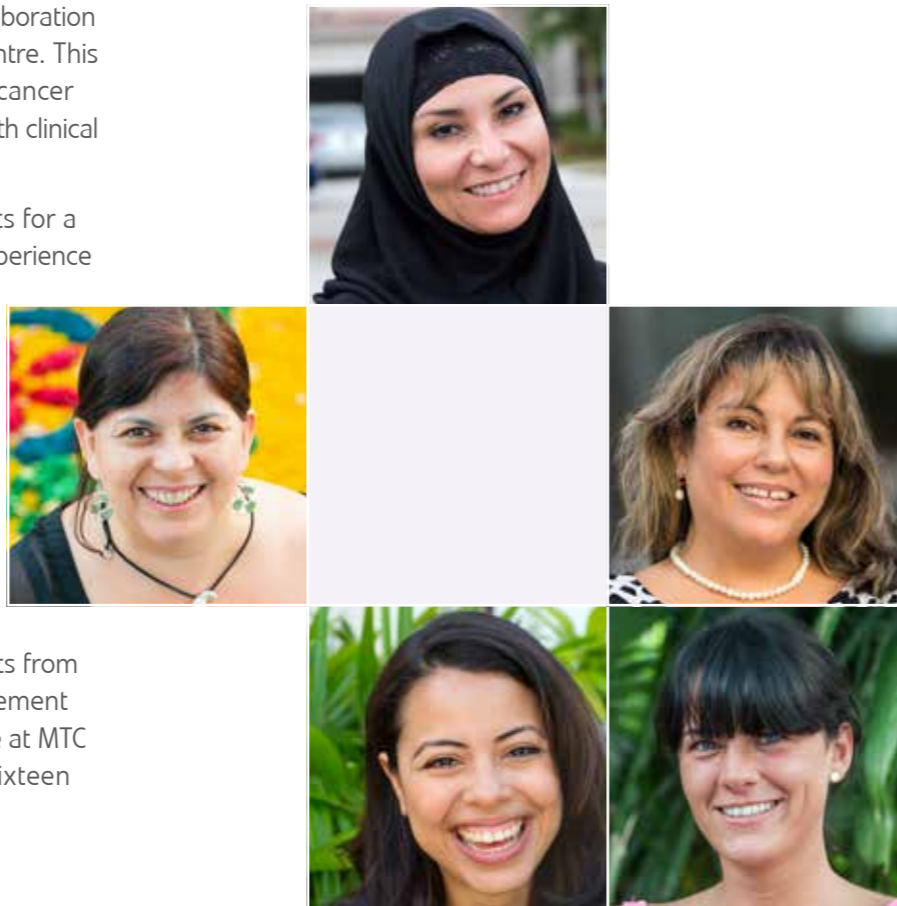
We are also proud of our ongoing successful collaboration with the Blacktown Women’s and Girls Health Centre. This partnership has increased services for cervical cancer screening, as well as reproductive and sexual health clinical services in Blacktown and surrounding areas.

We know that many women delay their Pap tests for a range of reasons, including having a negative experience in the past, or because they feel unsure about the procedure. As Family Planning NSW’s doctors and nurses provide clinical services at our partner locations, clients can be assured that they will receive expert care in a welcoming, safe and easy to access environment.

Consumer Engagement

The partnership between Family Planning NSW and MTC Fairfield established in May 2016 has been valuable in engaging newly arrived students from MTC to participate in the CALD consumer engagement group. The CALD consumer group has met twice at MTC Fairfield since the partnership was initiated. Sixteen

participants attended the first meeting held in May, and feedback was sought on a number of topics including gaps in current services offered by Family Planning NSW and themes for the new CALD resources. Students were also engaged in a group-based activity to list search terms and methods commonly used when searching for translated reproductive and sexual health information online. This feedback has been useful for the CALD team in the development of easy English factsheets for CALD communities.



Our work in regional areas

Family Planning NSW is dedicated to people living in rural and remote NSW.

In 2015-2016, 2,958 of clients who attended our clinics came from regional NSW and 203 from remote to very remote areas of NSW. People from rural and remote NSW accounted for:

- 3161 of our clinical clients
- 1250 of Family Planning NSW Talkline clients
- 2416 health promotion participants
- 461 education and training course participants
- 121 workshop participants.

Our Dubbo clinic provides access to our services for people from central NSW. We enhance our impact in this area through the provision of medical and nursing education and training.

Disability worker scholarships

As a demonstration of our commitment to the needs of rural and remote communities, Family Planning NSW was proud to offer scholarships to disability workers to attend our flagship sexuality course Sexuality Matters held in Wagga Wagga during 2015-2016.

Twenty disability workers completed the two day training to build their capacity to support people with disability around sexuality and relationships to ensure their rights are upheld.

Family Planning NSW recognises that parents and families also play a key role in supporting the sexual development of their child with intellectual disability. In addition to the education of workers, we delivered a Sexuality and Relationships workshop to parents and families in Wagga Wagga to improve their knowledge and confidence in talking about sexuality and relationships. The workshop supports the important role that parents, carers, disability services and schools

have in ensuring people with disability are able to access education that supports their reproductive and sexual health needs.

We are currently expanding our range of professional courses and will continue to offer scholarships for regional disability workers in 2016-2017.

Condom Credit Card (CCC) focusing on regional NSW

Providing equitable access to condoms in rural and remote areas of NSW remains a high priority for Family Planning NSW. Regional areas face unique barriers to condom access which include access to, and availability from, chemists and retailers, confidentiality and community attitudes.

During 2015-2016, the Condom Credit Card project team implemented a new model of partnership training, specifically targeting youth services in rural and remote areas of NSW. The new training program focused on engaging with health promotion officers based within Local Health Districts (LHDs), to assist in the recruitment of youth specific services in particular geographic areas.

In March 2016, in partnership with Hunter New England LHD, we delivered CCC training to services in Narrabri, Inverell and Moree. Over three days, 27 staff from 14 youth services received training in CCC promotion and implementation. The training including promoting Condom Credit Cards with local youth services, better practice methods of discussing condom use with young people, as well as STI testing, contraception and sexual health referral pathways.

Positive outcomes of the Condom Credit Card training program included developing strategic partnerships within rural settings, particularly with Aboriginal specific youth services. For example, following the CCC training, an Aboriginal youth service conducted a sexual health awareness night with a local football team. As a result, 17 young men signed up to the Condom Credit Card program, and five made appointments with the local sexual health clinic.

It is important to continue to make the Condom Credit Card available to youth services in regional areas of NSW to ensure young people are provided with access to free condoms, as well as information in a confidential and supportive environment which encourages condom use and discussions about sexual health.



We are expanding our range of professional courses and will continue to offer scholarships for regional disability workers in 2016-2017.

Education & training

Family Planning NSW continues to deliver best practice education and training in reproductive and sexual health, to build the capacity of doctors, nurses, teachers and allied health education and welfare professionals to deliver quality services to communities across NSW.

During 2015-2016, we conducted 90 courses attended by 1,217 participants, including 501 doctors, 368 nurses and more than 103 disability workers and teachers in NSW and provided training to 53 participants in Vanuatu, Solomon Islands, Timor Leste and Fiji. Family Planning NSW also delivered professional education activities to over 6,000 participants, trained 475 mental health professionals in Sexual Safety Policy training and 3,795 teachers and professionals as part of Safe Schools Coalition.

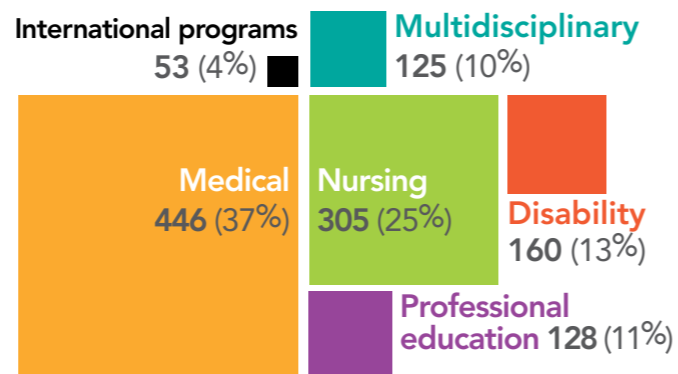
We understand the importance of capacity building and equipping local people with skills and knowledge to meet the needs of rural and remote communities and socially disadvantaged populations.

Family Planning NSW is a registered as an NVR (National VET Regulator) Registered Training Organisation (RTO) by the Australian Skills Quality Authority (ASQA). Accreditation as an RTO since 2000 recognises the quality of our trainers and assessors, the high standards of education and training provided and pleasing levels of participant satisfaction.

In 2015 ASQA re-registered Family Planning NSW for an unprecedented seven year term until 2022.

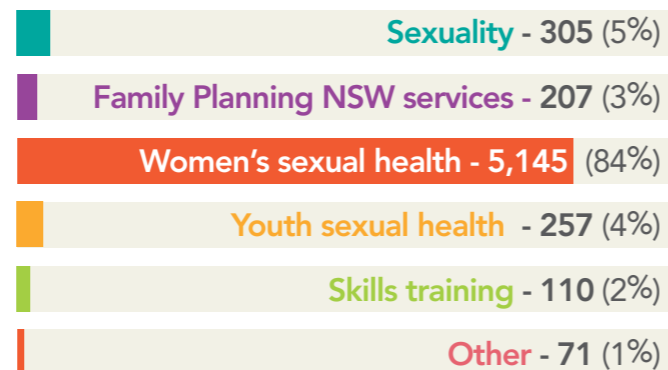
We are endorsed by the Board of Studies Teaching and Educational Standards NSW (BOSTES) as a provider of Quality Teaching Council Registered professional development. Our BOSTES endorsed courses contribute to mandatory requirements for maintaining teacher accreditation in NSW against the Australian Professional

Course participants by type of course



Standards for Teachers. Family Planning NSW continues to be recognised as an Accredited Activity Provider (AAP) status under the Royal Australasian College of General Practitioners' (RACGP) Quality Improvement and Professional Development program. Relevant Family Planning NSW medical education courses and workshops are accredited by the Australian College of Rural and Remote Medicine (ACRRM) of relevant medical education courses and workshops.

Professional education activity participants by main topic



Number of doctor and nurses who attended clinical training practicum and total number of hours spent in clinical training

	Number Trainees	Number Hours
Doctors trained	151	2,698
Nurses trained	176	2,486
TOTAL	327	5,184

Family Planning NSW course participants

Profession of course participants	No. of participants completing courses
Allied health workers	48
CALD workers	6
Disability workers	103
Indigenous workers	30
In-service teachers	47
Medical practitioners	501
Medical students	2
Nursing	368
Nursing students	1
Other Students	15
Youth workers	5
Other	85
Not provided	6
TOTAL	1,217



"I feel much more prepared to provide quality lessons with quality resources to students with disabilities"

Disability education

During 2015-2016, we trained 160 disability workers and teachers across five different courses in regional and metropolitan NSW. The Sexual Health Education for Life: the PDHPE Curriculum for students with disability course was delivered to 39 teachers providing them with skills and confidence to develop a sexual health and relationships education program for students with intellectual disability.

Sixty five participants attended our two-day course Sexuality Matters! Part A: Provide Rights-based Sexuality Supports providing strategies and resources to build workers confidence and gain essential skills in how to proactively support people with intellectual disability in the area of sexuality and relationships.

In 2015-2016, due to Family Planning NSW advocacy, the new Certificate IV in Disability national training package contains the unit "Provide Sexual Information to Clients" as an elective. This is the first time this has happened and is a great success for Family Planning NSW as we are the only organisation that is accredited to deliver this unit of study.

Cervical cancer screening training

In 2015-2016, Family Planning NSW provided cervical cancer screening training and upskilling to 134 doctors and 108 nurses across NSW. This included 105

Disability training courses

Name of course	No. of sessions	Total participants
Introduction to Sexuality and Disability	1	11
Sexual Health Education for Life: PDHPE Curriculum for Students with a Disability	3	39
Sexuality & Disability: workplace policy made easy	1	7
Sexuality Matters! Part A: Provide Rights-based Sexuality Supports	6	65
Sexuality Matters! Part B	2	13
Supporting People With Disability to Access the Sex Industry	3	25
TOTAL	16	160

international medical graduates, 64 GPs practising in regional/remote areas and 13 nurses working in Aboriginal Medical Services.

We extended our reach into regional and rural areas, training 39 participants at workshops in Wagga Wagga, Narrandera, Dubbo and Newcastle.

Participants at each workshop submitted excellent evaluations with 99% of learning needs rated as "entirely met" and 99% of participants rating the workshops as "entirely relevant to my practice".

"Thoroughly informative and enjoyable. Very personalised and as a result look forward to and feel confident in performing future Pap smears in our practices."

"Relevant, practical hands on training. Able to ask questions, felt comfortable with presenters who were very experienced clinicians."

Medical education

During 2015-2016, Family Planning NSW delivered 26 medical education courses to 446 participants. Family Planning continues to be the coordinating state for the National Certificate in Reproductive and Sexual Health for Doctors. In 2015-2016, we delivered the course to 74 participants in both face to face and blended learning modes.



"I really appreciate this course. It should be mandatory to all GPs."

"I am much more confident with Pap smears and STI screening in practice."

"Best course! Covered aspects of common GP presentations that I did not know how to manage."

"A great program with diverse content. Will definitely help me with my practice."

a case study night. The case study night provides an opportunity to support management of complex or interesting cases through peer discussion and to advise of new developments in IUD practice.

University of Sydney Masters unit of study in Contraception and Reproductive Health

Family Planning NSW continues to provide this unit of study for the University of Sydney's Masters in HIV and STIs. With a broad range of participants, from international doctors and researchers on scholarships from developing countries to local social science researchers to medical professionals from all backgrounds, the diversity of this group contributes to fascinating discussions in the online forums. The participants come together for three days at Family Planning NSW Ashfield training centre for an

interactive, intensive workshop before completing the course requirements online with a variety of assessment tasks. Family Planning NSW provides a comprehensive range of on demand training for doctors, nurses, midwives, allied health

The Doctors Short Course in Reproductive and Sexual Health continues to be a popular alternative for doctors providing practical, evidence-based knowledge on range of reproductive and sexual health topics. This year 60 doctors completed the two day course.

The Reproductive and Sexual Health in the Australian Context (International Medical Graduate Doctor course) is an intensive two-day course developed by Family Planning NSW to meet the needs of overseas-trained doctors working towards full Australian Health Practitioner Regulation Agency (AHPRA) registration. Ninety one international medical graduates were trained in the crucial aspects of reproductive and sexual health in general practice, including sexual history taking and the legal aspects relevant to the work. A cervical screening workshop utilising practice patients is included, to upskill the participants in the technique of conducting cervical screening according to Australian guidelines.

Family Planning NSW continues to focus on building the capacity of clinicians to insert Intra Uterine Contraceptives (IUC). This year, 50 doctors completed IUC Insertion Training for GPs and 36 doctors attended

professionals and community groups working in the area of reproductive and sexual health. More than 40 instances of this on-demand training have been delivered during the year, in addition to the Family Planning NSW ongoing suite of accredited core training courses. We have delivered on a range of topics including contraception, cervical cancer screening, STIs, menopause, pregnancy options and common gynaecological presentations in general practice.



Clinical forum in Kiama

A successful clinical forum was held in Kiama with 16 local GPs and 27 nurses attending. Updates were provided on a range of topics including a "What's New" wrap-up of the upcoming renewal of the National Cervical Screening Program, the latest on pelvic infection management, the product debut of EllaOne emergency contraceptive pill and the management of perimenopause. In structuring the agenda for the day, we invited local clinicians to provide a local focus as part of their presentations on common presentations in office gynaecology, sexual health of LGBTI youth in the Illawarra, termination of pregnancy and sexual health for nurses working in the GP setting.

All attendees enjoyed the hands-on practice in the insertion and removal of the contraceptive implant. This was appreciated by the participants as a timely opportunity to put theory into practice, and the words "Informative, Inspiring, Interactive" were used in most evaluations to describe the overall experience of the day.

ThinkGP Partnership

Family Planning NSW continues to partner with ThinkGP to provide reproductive and sexual health updates to GPs across NSW. Family Planning NSW doctors are featured in short videos on the ThinkGP website discussing contraception, unintended pregnancy and cervical cancer screening which have to date had 8,411 views.

Nurse education

The Reproductive and Sexual Health Clinical Accreditation Course (RSH-CAP) is a fast-paced program aimed at increasing nurses understanding, skills and knowledge of reproductive and sexual health through theoretical learning and clinical placements. In 2016, 38 trainees from a broad range of professional backgrounds attended the course. Trainees that have completed the Reproductive and Sexual Clinical Accreditation Program are eligible for recognition of prior learning within a Graduate Certificate in Advanced Nursing Practice at the University of Technology Sydney (UTS).

The Nurses Short Course was launched in February 2016. The Nurses Short Course aims to enhance nurses and midwives theoretical knowledge in the field of reproductive and sexual health. The course is primarily an online course and includes dynamic learning

activities such as making a two minute video of teaching how to put on condoms, and using contact tracing websites to inform course facilitators that they have been in contact with someone with a sexually transmissible infection.

In August 2015, the Nurse Education Day in Newcastle was attended by 85 nurses. The Nurse Education Day provides a snapshot of recent developments in the field of reproductive and sexual health. Topics presented included the NDIS, an update on LARC, challenges of reproductive and sexual health nursing in the Pacific, what practice nurses can learn from refugee health, and the impacts of ageing on both continence and sexuality.

Sexual Safety Policy Training

In 2015-2016, Family Planning NSW was contracted by the Ministry of Health to design and deliver a comprehensive, evidence-based training, education and promotion package for public mental health services.

The Sexual Safety Policy training consists of two interactive online learning modules of up to three hours in duration with an additional module for service managers, to assist mental health professionals and service managers gain a thorough and practical understanding of the Policy Directive PD2013_038 and Sexual Safety of Mental Health Consumers Guidelines GL2013_012.

A six hour workshop builds on the knowledge gained in the online modules to support mental health professionals to respond appropriately and sensitively to sexual safety issues involving mental health consumers, both within the service environment and within the community, and integrate trauma-informed care principles into all aspects of treatment.

Family Planning NSW is working in partnership with ACON, the Mental Health Coordinating Council and Rape and Domestic Violence Services Australia to deliver workshops across NSW Local Health Districts. In 2015-2016, 34 workshops were conducted in eleven Local Health Districts to 475 mental health professionals with up to 200 workshops planned for 2016-2017.



"It helped me understand more exactly what is acceptable and what is not. How to approach situations with confidence. How to be an advocate for a young client and still maintain their trust."

Communications, advocacy & partnerships

At Family Planning NSW we advocate for every body in every family to receive and have access to reproductive and sexual health care of the highest possible quality.

Every week our clinicians and media team are called upon to provide comment, advice and analysis on a range of reproductive and sexual health issues, reflecting our status as the leading NGO in NSW providing clinical services, advocacy and world-class research programs.

Our advocacy work not only reinforces the services we provide through our clinics, but encourages systemic change to address broader issues in access and healthcare, champions the rights of marginalised populations, and supports the communities, families and health care workers who serve them.

Our advocacy agenda

During 2015-2016, we have been actively involved in a broad range of submissions and advocacy activities including:

- Correspondence to the Honourable Julie Bishop, Senator the Honourable Michaela Cash and Ms Natasha Stott Despoja, regarding resolutions at the 29th Session of the United Nations Human Rights Council impacting on the human rights and reproductive and sexual rights of women and girls
- Submission to the NSW Parliament's Select Committee on the regulation of brothels
- Submission Paper – Royal Commission into Institutional Responses to Harm Being Done to Children through Access to Pornography
- Submission Paper – Royal Commission into Institutional Responses to Child Sexual Abuse

- Submission to the NSW Parliament Joint Committee on Children and Young People "Inquiry into Sexualisation of Children and Young People" and representation on 7 April 2016 to the NSW Joint Parliamentary Committee
- Submission to the Australian Medical Research and Innovation Strategy regarding universal and equitable access to reproductive and sexual health information and services
- Submission to the Pharmaceutical Benefits Advisory Committee re the Listing of Truvada for use as a HIV pre-exposure prophylaxis on the PBS
- Submission to the Therapeutic Goods Administration regarding re-scheduling of UPA (EllaOne) from a Schedule 4 prescribed medication to a Schedule 3 drug.

Website

Family Planning NSW recently completed the development of our new website to improve online health awareness, education and corporate information for our clients and stakeholders. Launched in June 2016, our new website is a popular destination for people to find accessible and up-to-date reproductive and sexual health information.

Our new website has been designed to be a dynamic online resource that is easy to navigate, contains accurate and timely information for both clients and health professionals, and assists staff with updating our online resources, including health promotion information, professional training courses, resources for sale and collaborative research projects. The website now features integrated feeds from Family Planning NSW's social media platforms, including Facebook, Twitter and YouTube.

The website includes a significantly improved search engine optimisation function which improves its rankings in online search engines when consumers and health professionals seek high quality, impartial and accurate information for audiences in the Pacific.

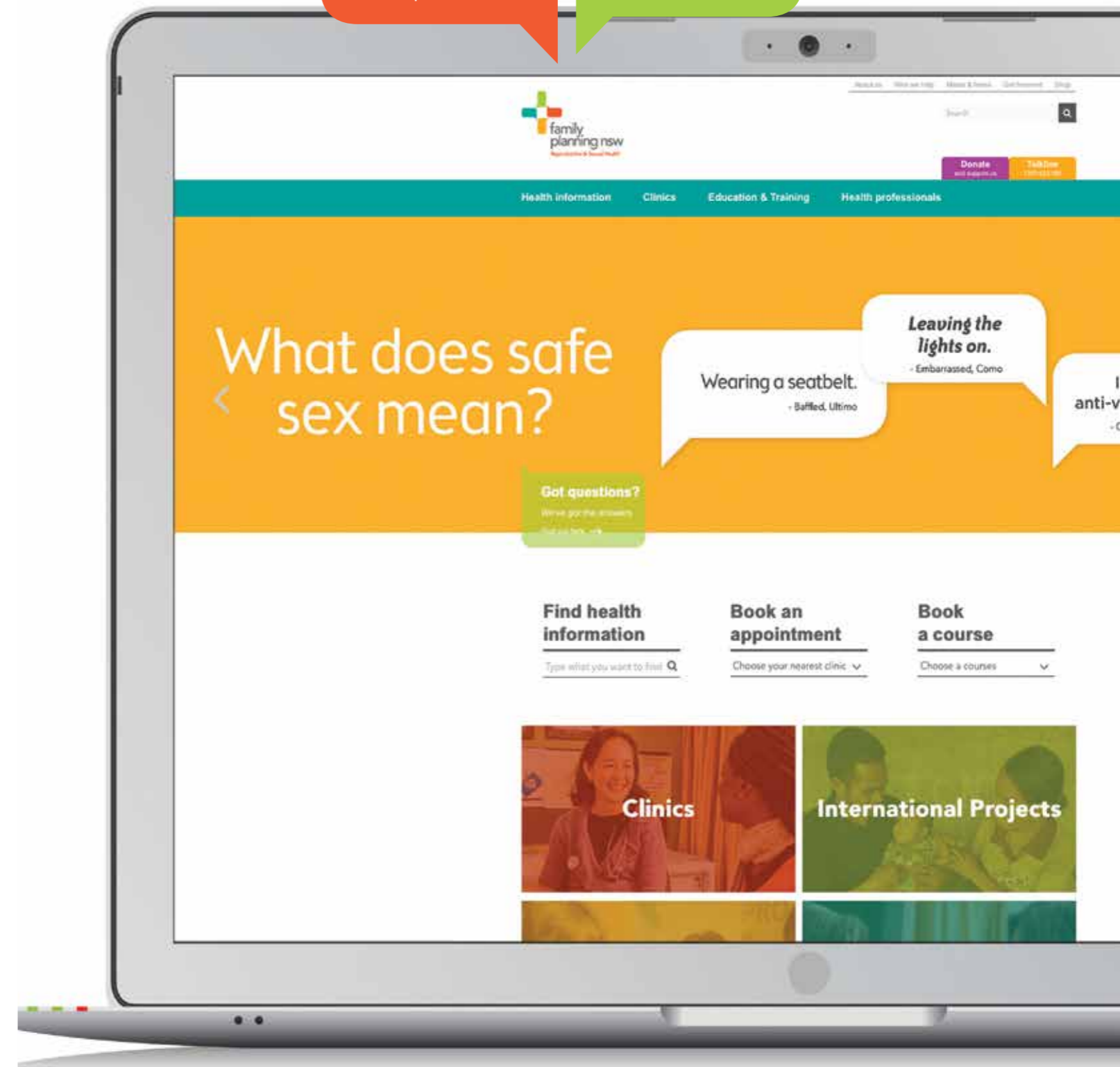
During 2015-2016, the Family Planning NSW website received 728,891 unique views, including:

Home page
110,562
unique views

Common vaginal
and vulva
80,876
unique views

Copper IUD
78,859
unique views

Contraceptive
injection
67,917
unique views



In 2015-2016 the Family Planning NSW website received 728,891 unique views.

Got Questions campaign

On bus routes surrounding Family Planning NSW Clinics we implemented our campaign "Got Questions? We've got the right answers".

The posters utilise Family Planning NSW's talk boxes with humour used to broach subjects around sexual and reproductive health for consumers. These have been strategically placed on the inside of buses, with the first two of four advertisements "What should you do if you catch chlamydia?" and "What's the best contraception?" The second round of the bus campaign will run in late 2016 for "What is a LARC?" and "What does safe sex mean?" The digital component of this campaign commenced in June 2016 using social media. This part of the campaign uses all four questions that are posed in the bus advertising.

Television commercials

For the first time, Family Planning NSW ran television commercials on Prime Television in Dubbo and Newcastle promoting Long Acting Reversible Contraceptives (LARCs) during June 2016.

Communications

In 2015-2016, we distributed 25 newsletters to our key audiences, including clients, government agencies, peak bodies and research institutions. Our newsletters are designed to promote our clinical services, extend our health promotion activities and resources, raise awareness of our professional education courses and encourage donations for our international programme.

No. of newsletters developed & distributed

No. of issues

Schools (Primary and Secondary)	6
Disability	5
General	4
Clinical	3
Staff	3
International	3
Research	1
TOTAL	25



Research & evaluation

Family Planning NSW has a strong history of achievement in research and research translation. The FPNSW Sydney Centre for Reproductive Health Research was established in 1990 to bring a strong Australian perspective to the study of reproductive and sexual health.

In recent years, we have expanded our focus to include research on the impact of education, health promotion and international program activities.

Our research agenda is supported by our broad range of organisational activities, enabling participant recruitment through our clinics, dissemination of findings and research translation through our education and information services.

Profile of research and evaluation projects by funding source

Research funded by FPNSW	4
Research partially funded by FPNSW	2
Research funded by research grants and/or other funding body	11
Partnership with Universities and/or other organisations	1
Funded by pharmaceutical companies	1
TOTAL RESEARCH REPORTS	19

Profile of self-funded and partially funded research projects by status

New and ongoing	15
Completed	4
TOTAL	19

Ethics Committee

The Family Planning NSW Human Research Ethics Committee maintains registration with the National Health and Medical Research Council (NHMRC) in accordance with the National Statement on Ethical Conduct in Human Research (2007).

During 2015-2016, the committee convened 8 times and approved 15 research and evaluation ethics applications. Of these new studies, 5 were collaborative research, 5 were projects conducted in the Pacific Island countries and the remaining initiated by Family Planning NSW.

Accreditation and quality improvement

Family Planning NSW is committed to continuous quality improvement across all services and participates in a wide range of accreditation activities which incorporate evaluation of performance against relevant industry standards.

In October 2015, the Australian Skills Quality Authority (ASQA) renewed the registration of Family Planning NSW as a Training Organisation for seven years.

Work continues to ensure that education practices and delivery, especially in regard to Nationally Recognised Courses, are compliant with the requirements of Standards for Registered Training Organisations (RTOs) 2015.

In delivering high quality education services, Family Planning NSW maintains registration and accreditation with a range of authorities including the Royal Australasian College of General Practitioners' (RACGP), Australian College of Rural and Remote Medicine (ACRRM) and the Board of Studies Teaching and Educational Standards NSW. Family Planning NSW is accredited against the National Safety and Quality



The uptake of long acting reversible contraceptives is overall much lower in Australia than other developed countries.

Our research vision is to be the leader in reproductive and sexual health research that translates into better health for all people through demonstrable improvements in clinical practice, education, training and health promotion

Fifteen new research studies were approved by the Family Planning NSW Ethics Committee in 2015-2016

Health Service (NSQHS) Standards until July 2017.

To assess the capacity and performance of our International Program, a team from the Department of Foreign Affairs and Trade (DFAT) conducted an organisational review in September 2015, checking the organisation systematically against agreed accreditation criteria.

As a result, Family Planning NSW is accredited with DFAT until May 2021 and our international projects are eligible for Australian NGO Cooperation Program (ANCP) funding.

As a member of the Australian Council for International Development (ACFID) and signatory to the ACFID Code of Conduct, Family Planning NSW maintains close industry links which inform our Development Effectiveness Framework. To support rigorous monitoring and evaluation, many international project proposals are referred for ethical review to the Family Planning NSW Human Research Ethics Committee.

Family Planning NSW continues in partnership with HealthDirect, an agency established by the Council of Australian Governments to facilitate access to trusted professional health information. HealthDirect describes Family Planning NSW as a valued Information Partner and facilitates access to the many resources published on the Family Planning NSW website.

National Reproductive and Sexual Health Research forum

Family Planning NSW hosted the second National Reproductive and Sexual Health Research Forum in November 2015. The Forum focused on building and consolidating alliances for sexual health researchers, identifying national and local sexual health priorities,

as well as facilitating dialogue between individuals and organisations working within sexual health program in Australia.

Gathering evidence of the risks of using oral contraceptives

A balanced risk/benefit analysis of new oral contraceptives requires not only data on effectiveness but also robust data on potential side effects. Rare side effects often only show up in the course of long-term observation in clinical practice, or are so rare that they can only be detected in large-scale comparative studies.

The Berlin Centre for Epidemiology and Health Research (ZEG) and Family Planning NSW are performing an observational study on the risks of using oral contraceptives, especially the contraceptive Zoely® (NOMAC-E2). This is a large, controlled, prospective international cohort study on the use of NOMAC-E2 as compared to levonorgestrel-containing combined oral contraceptives in clinical practice. This study is sponsored by ZEG and this project was approved by the Family Planning NSW Ethics Committee in July 2015. The recruitment of general practitioners, gynaecologists and clients started in November 2015.



Project collaborations

In 2015-2016 Family Planning NSW initiated and participated in a number of collaborative research and evaluation projects including:

- Prospective controlled cohort study on the safety of a monophasic oral contraceptive containing norgestrel acetate (2.5mg) and 17β-estradiol (1.5mg) (PRO-E2 study) (Berlin Center for Epidemiology & Health Research)
- The impact of Australia's HPV vaccination program on the prevalence of HPV genotypes in Aboriginal and Torres Strait Islander women attending for Pap testing (Royal Women's Hospital in Melbourne and the Kirby Institute)
- National Human Papillomavirus Genotype Surveillance Program (Royal Women's Hospital)
- The Australian collaboration for coordinated enhanced sentinel surveillance of sexually transmissible infections and blood borne viruses (ACCESS) Primary Health Clinic Network (Burnett Institute)
- Using a supported accommodation setting to reach homeless women to increase cervical cancer screening (Sydney Local Health District and Leichhardt Women's Health)
- Monitoring the prevalence of human papillomavirus (HPV) in women attending Family Planning Clinics for routine cervical cancer screening (Royal Women's Hospital and Family Planning Victoria)
- Australian Development and Operationalisation of Partner Therapy (ADOPT) (NSW Sexually Transmissible Infections Programs Unit, South East Sydney Illawarra, Kirby Institute)
- Socially networked fertility control and early parenthood services (University of Sydney)
- Aboriginal reproductive health: A collaborative approach to understanding and improvement (University of Newcastle, Walgett Aboriginal Medical Service Limited, Victorian Assisted Reproductive Treatment Authority, La Trobe University)
- South Western Sydney Culturally and Linguistically Diverse Needs Assessment (Sydney South Western Local Health District)
- Sexual Health in Schools (NSW Ministry of Health, NSW Department of Education)
- Improving access to abortion in New South Wales: Health providers and women's perspectives (University of Technology Sydney)
- Insertion of intrauterine contraceptive devices by Registered Nurses and Medical Officers at Family Planning NSW.

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Weisberg E, Fraser IS, Contraception and endometriosis: challenges, efficacy and therapeutic importance, *Open Access Journal of Contraception*, 2015;6, 105-115, Jul 2015

International development

Family Planning NSW provides reproductive and sexual health services and training in the Pacific, where we are known as Family Planning Australia. The Pacific has some of the worst reproductive and sexual health indicators globally, with high rates of maternal and infant mortality, unintended and teenage pregnancies, sexual violence and unacceptably high rates of cervical cancer deaths.

Family Planning Australia builds partnerships with family planning organisations at national and international levels, and with local NGOs and government health services to improve access to comprehensive reproductive and sexual health services with funding from Australian Aid, through the Department of Foreign Affairs and Trade, and private donors.

All of our international projects closely align with achievement of the United Nations' Sustainable Development Goals and in particular:

Goal 3: Ensure healthy lives and promote well-being for all at all ages

Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

Goal 5: Achieve gender equality and empower all women and girls.



Our work in the Pacific includes long term capacity building and health system strengthening of government and non-government organisations to address areas of reproductive and sexual health need including:

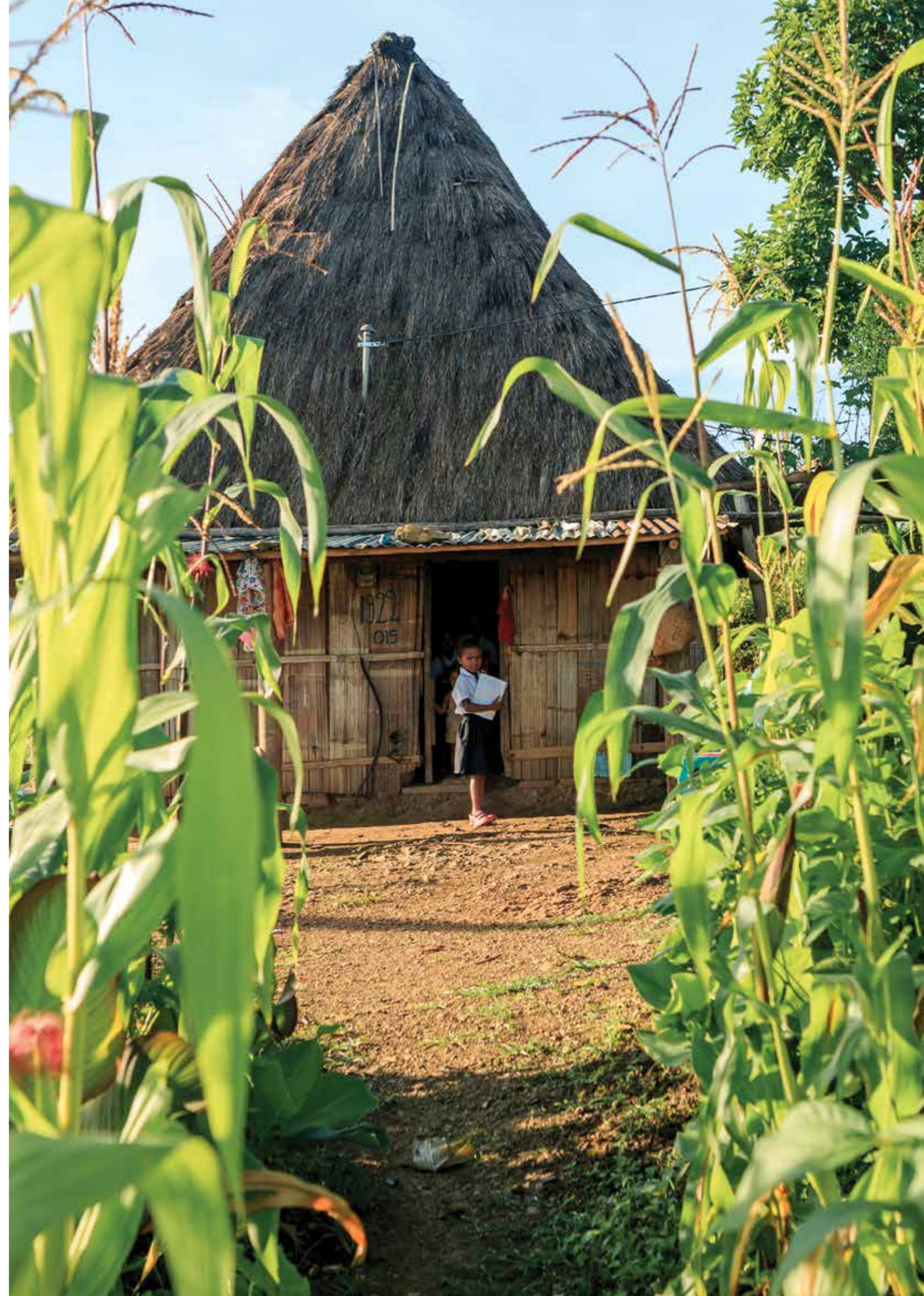
- Training programs for nurses and health extension officers
- Attitudinal and behavioural change programs for men and boys to improve health outcomes and relationships by addressing cultural barriers to reproductive and sexual health and rights
- Implementing cervical cancer screening and treatment programs
- Improving access to contraceptive supplies and reproductive health education resources
- Implementing activities to support reproductive and sexual health and rights for people with disability.

Family Planning NSW is fully accredited with the Department of Foreign Affairs and Trade in relation to the management of international projects. This includes all components of DFAT compliance requirements for service integrity, development effectiveness and financial management.

Family Planning NSW is a signatory to the Australian Council for International Development (ACFID) Code of Conduct, which is a voluntary, self-regulatory sector code for good practice. As a signatory, we are committed and fully adhere to the ACFID Code of Conduct, undertaking and evaluating our work with transparency, accountability and integrity.

If you wish to lodge a complaint with our organisation, our complaints handling policy can be found on our website: www.fpnsw.org.au. Formal complaints can be submitted by email at: feedback@fpnsw.org.au.

If you are not satisfied with our response to your complaint and believe our organisation has breached the ACFID Code of Conduct, you can lodge a complaint with the ACFID Code of Conduct Committee at code@acfid.asn.au. Information about how to lodge a complaint with ACFID can be found at www.acfid.asn.au.



International program highlights



Family Planning

Vanuatu, Papua New Guinea, Fiji

Partners: Vanuatu Family Health Association, Population Services International, Reproductive and Family Health Association of Fiji

Direct beneficiaries: 4,991

Funding: \$51,093 - ANCP, Perpetual Trust and private donations

Cervical cancer prevention and treatment

Vanuatu, Solomon Islands

Partners: Vanuatu Family Health Association, Australian Cervical Cancer Foundation, Solomon Islands Ministry of Health and Medical Services

Direct beneficiaries: 2,394

Funding: \$100,950 - ANCP, private donations

Women's empowerment and gender equality

Timor Leste, Papua New Guinea

Partners: Cooperativa Café Timor, Population Services International

Direct beneficiaries: 11,357

Funding: \$198,629 - ANCP, private donations

Disability

Fiji

Partners: Reproductive and Family Health Association of Fiji (RFHAF)

Direct beneficiaries: 274

Funding: \$37,185 - ANCP, private donations

Women deliver in Copenhagen

Family Planning NSW CEO Ann Brassil and Director, International Programme, Anne Stuart, attended the Women Deliver Conference in Copenhagen.

Women Deliver, held during 16-19 May 2016, was the world's largest global conference on the health, rights and wellbeing of girls and women in the past decade.

Our goal for attendance at the Conference was to highlight that the Pacific should not be overlooked by international multilateral funders and must be included in data and reporting by the United Nations.

While the 22 countries of the Pacific have small populations compared to sub-Saharan Africa and Asia (which receive much of the aid focus), the need in the Pacific is great, with some of the world's worst maternal and infant mortality statistics, as well as unacceptably high rates of deaths from cervical cancer.

Our exhibition stall, Their Right, Their Future, attracted wide attention from international delegates, as well as visitors from Australia, including the Australian Ambassador for Women and Girls, Hon. Natasha Stott Despoja, and the Australia Ambassador to Denmark, Mr Damian Miller.





Alfredo Marce Gomez, a Peer Educator from Suco: Lacio-Aldeia: Serati in Sub District: Letefoho. Alfredo walks many miles to deliver the Men's Health and Gender Awareness program with a smile.

Women's empowerment and gender equality program

Our international programme is informed by our strategic direction to strengthen reproductive and sexual health outcomes in the Pacific region.

The goal is for all women to be able to make informed decisions that enable them to have control over matters related to their reproductive and sexual health throughout their lives, and by doing so provide an opportunity to improve their health, economic and social standing within the family and community. Our program recognises that to empower women, men must be engaged, particularly in countries where patriarchy is the norm and where women's choices are dependent upon the decisions of men.

In Papua New Guinea and Timor Leste, two community peer education programs have reached 9,096 men, engaging them as partners in supporting health and gender equity. These programs aim to reduce gender violence through a shift in the underlying cultural attitudes that accept violence against women as a normal part of life and increase family and community harmony, as men and women share decision making and have increased skills in building and maintaining healthy relationships.

Our programs assist men to become positive 'enablers' of family health to overcome significant cultural barriers to rural clinic access for mothers and children and to ensuring maternal and child health generally.

Working with Men to Improve Sexual and Reproductive Health and Reduce Gender Violence

Location	Emera District, Timor Leste
Partner	Cooperativa Café Timor
Program Highlights	<ul style="list-style-type: none"> • 125 men's groups active with 5,475 people were provided with awareness raising/training on gender issues and women's equal rights. • Two Men's Health refresher trainings of one week each conducted for the 20 Peer Educators from 14 villages in Atsabe and Letefoho subdistricts. • 10 CCT staff completed a two day workshop on facilitation skills • Program was adopted by the Seeds of Life Agricultural Project in their program sites, Raumoko and Daudere, in Emera Province. • An end line evaluation was completed with 400 men and boys from seven sucos/villages and 22 aldeias of the two subdistricts were interviewed. The results indicate changes in the knowledge and attitudes of the men from the baseline results, including: <ul style="list-style-type: none"> • 86% were now aware of safe pregnancy practices (compared to a baseline 74%) • 75% of respondents now felt that a man should not be able to force his wife to have sex (compared to a baseline 57%) • 90% were now aware of the negative impacts of alcohol usage (compared to a baseline of 76%).

Case Study Men's Health and Gender Awareness Program in remote communities of Timor Leste

Alfredo Gomez was selected by his community to be a volunteer Peer Educator for the Men's Health and Gender Awareness Program that we run in Timor Leste. He was chosen because of his commitment to improving community health following the death of his wife in child birth.

Maun Alfredo talks openly about his loss and relates the story of how his wife went into early labour at seven months without having any antenatal care. He didn't hide his tears speaking about the great distance they walked to get help. At the time a UN helicopter was in the vicinity and took her to a hospital in Dili, where sadly she died. The couple had one other small child.

Maun Alfredo is now a committed advocate for antenatal care and health centre delivery.

"The Peer Education program has given me the opportunity to educate men and the community on health issues especially on pregnancy and the danger signs so that what happened to my family doesn't happen to others."

Maun Alfredo has completed all seven modules of the program and is now repeating them.

Four times a month, Alfredo walks to each aldeia to run a program, which includes six men's groups in four aldeias. Both men and women attend, with between 10 and 20 participants in each group.

The community he lives in is small, with a population of just 2,000 people and no vehicles, spread across a remote, mountainous terrain.

People must walk to the local health centre, a journey which can take many hours. Maun Alfredo is dedicated to delivering the information in the hope that people become aware of the precautions that they themselves can take to help prevent poor health and disharmony and especially the unnecessary death or injury of another mother and child.

Maun Alfredo has since remarried and he and his wife are proud parents of a new baby.





Kamap Man Tru Men's Health and Gender Awareness Program in Papua New Guinea

Location Morobe Province, Papua New Guinea

Partner Population Services International

Program Highlights

- Delivered training and capacity building programs to 29 peer educators from Dyamos LLG Kabwum District, through a 6 month residential program with the men graduating in May 2016.
- 4,284 men and 1,598 women attended community education sessions on positive family health and gender equality in homes, churches and schools.
- The Kamap Man Tru, Men's Health and Gender Awareness Training Manual was printed and distributed to peer educators in Dyamos and Wain Erap Local Level Government areas (LLGs), as well as to key local and national stakeholders.
- A baseline survey was conducted in Dyamos LLG in August 2015. 223 males over 16 years in 16 wards and 28 villages were surveyed about their knowledge, attitude and practice in relation to a range of reproductive and sexual health issues.

Case Study Training program inspires men to build birthing houses in Papua New Guinea

Birthing houses are bush material houses that women in rural and remote communities use to provide a safe place to deliver their babies.

In many communities, it is customary to deliver babies outside of the family home. If there are no birthing houses, women often end up birthing alone in the bush.

Most villages in Dyamos are a four to six hour walk from the main stations of Derim and Yalumet where the health centres are located.

During 2015-2016, the Kamap Man Tru Men's Health and Gender Awareness project had finished the second week of training for peer educators in the remote Local level Government area of Dyamos in the Kabwum District in Morobe, when five men came forward and described maternal health issues in their communities.

The five men decided they wanted to assist the Village Birth Attendants (VBA) to advance the Derim women's initiative by building birthing houses.

The Village Birth Attendants are trained to deliver babies when women cannot get to the Health Centre hours away and provide the support and supervision that the women need during childbirth.

Having the birthing houses enables women to have a private place for giving birth outside the family home and the Village Birth Attendants to be able to assist and support the women, in case complications arise.



Couple years of protection (CYPs) is the estimated protection provided by family planning services during a one year period, based upon the volume of contraceptives provided to clients during that period. In 2015-2016, we provided 302 couple years of protection in Vanuatu.



Family Planning program

The family planning program aims to increase access to contraception in line with the Sustainable Development Goals, national policies and regional priorities such as outline in the Pacific Sexual Health and Well Being Shared Agenda 2015-2019.

The importance of family planning to support the economic wellbeing and physical health of women, families and communities, has been promoted through all projects.

Increasing access to contraception in Vanuatu

Location Port Vila, Tanna, Epi and Paama Islands, Vanuatu

Partner Vanuatu Family Health Association

Program Highlights

- Contraception has been provided to 2,037 people across five islands. Long acting reversible contraceptives are becoming increasingly popular, with 834 women choosing a long acting method of contraception.
- In August, VFHA ran the annual Reggae Faea music festival in Port Vila which is very popular with young people. Local bands play original music containing social messages relevant to family planning and the festival was attended by more than 2,400 people.
- VFHA has started to use an Integrated Service Approach to reach isolated communities. Nurses and educators travel together, meeting with Chiefs and then conducting activities that raise community awareness of family planning and reproductive and sexual health issues.
- In consultation with key stakeholders, VFHA develop key messages about family planning and printed 5 posters in Bislama to be used nationally by Ministry of Health and non-government organisations

Case Study Family planning messages through music: an innovative approach to reaching young men in Vanuatu

During 2015-2016, the Vanuatu Family Health Association extended its community awareness activities to engage with young men in a new activity called Family Planning Messages Through Music.

Six local male musicians participated in education about family planning and were then asked to compose songs that contained important messages about contraception that would be relevant to young men as well as women. The musicians took on the task with great enthusiasm and wrote songs about the importance of family planning and the different contraceptive methods available.

Jerry Brown is one of the musicians taking part in the activity. He and his band DropVkal Groove Band sing about life and relationships. "I feel that by giving out messages in my music I can save lives". Jerry says that most of what he knows about contraception he learned from his girlfriend. "We have made a decision about not wanting babies at the moment. I think that family planning is important because if you have too many children you cannot look after them".

Jerry is also concerned about whether Vanuatu can support a bigger population and sees that family planning is important for the whole country.

The songs are now being recorded and will be used in a variety of ways to promote family planning such as during school and community education sessions. VFHA hosts a weekly radio program, focusing on a range of issues, including family planning and the songs are played during the program.

Post Basic Course in Sexual and Reproductive Health for Nurses and HEOs in PNG

Location Morobe Province, Papua New Guinea

Partner Population Services International

Program Highlights

- Conducted an evaluation of the Post Basic Certificate Course in Sexual and Reproductive Health was designed and implemented by Family Planning NSW in 2012 as part of the Clinical Outreach, Men's Programs, Advocacy and Sexual Health Services Strengthening (COMPASS) project, funded by the Australian Government under the Papua New Guinea Australia Sexual Health Improvement Program (PASHIP).
- Face to face structured interviews with six of the nine graduates and the Provincial Health Advisor. Self-administered clinic survey completed by four of the six supervisors
- The course had a positive impact on the graduates, and on the scope and quality of services provided in the clinics where graduates are employed. Impact included:
 - Increased confidence, applying skills learnt in the course and changing practice
 - Positive change in attitudes
 - Increased confidentiality and so increased community trust
 - Improved career opportunities

Support Women in Fiji following Cyclone Winston

Women's reproductive and sexual health is often a low priority when responding to health needs immediately after a natural disaster.

Six days after the cyclone, four staff members from the Reproductive and Family Health Association of Fiji travelled from Suva to Western Division to see the extent of need for reproductive and sexual health services particularly in relation to pregnancy, antenatal care, birthing and contraception. They met every pregnant woman in the evacuation centres and her needs for immediate and upcoming care were identified. Over the next three weeks they travelled to Northern and Central Divisions and interviewed over 350 people. They helped women by providing contraceptives and dignity kits and make referrals to the nearest functioning health services.

Matelita Seva, Executive Director RFHAF was concerned that pregnant women were not able to get to hospitals and with all their files destroyed no one knew which women were soon to give birth or needing antenatal care. Also lactating women were missing out on essential nutrition and women did not have any contraceptives. 'Some women have forgotten about contraception. As we do counselling they suddenly remember – I should have had my injection, or taken my pill. We are able to provide them with what they need.'

Matelita's team responded to several emergencies. In Koroipita village in Western Division, they met a woman who was seven months pregnant. She had very low blood pressure and her eyes were yellow. The team drove her along damaged roads to get her to Lautoka maternity unit. On another occasion, a woman who was nine months pregnant had started bleeding so they rushed her from Ba down to Lautoka Hospital.

As Matelita said: "Health is not paramount to the women, even if they are pregnant. They are worried about how their children will survive, where they will get food and clothes. What about school and shelter? So RFHAF can think about their health for them.'



Cervical cancer screening and treatment program

The Cervical Cancer Screening Program works with local government and key stakeholders to reduce deaths from cervical cancer by strengthening national health systems to increase cervical cancer screening and treatment appropriate to the local context. In 2015-2016, Family Planning NSW focussed on Vanuatu and the Solomon Islands - countries with high cervical cancer incidence and mortality rates as well as inadequate cervical screening and treatment services for communities. Our aim is to ensure that comprehensive cervical cancer prevention and control programs are implemented in a sustainable manner.

In each country we have consulted with the local Ministry of Health and non-government organisations to determine the most appropriate cervical cancer screening method, target key populations and clinics, before implementing a pilot study.

Increasing cervical cancer screening and treatment in Solomon Islands

Location	Honiara and Guadalcanal Plains, Solomon Islands
Partner	Solomon Islands Ministry of Health and Medical Services
Program Highlights	<ul style="list-style-type: none"> • Clinical pathway confirmed, screening women 25-49 years with visual inspection with acetic acid (VIA) and treatment with cryotherapy, as a single visit approach where appropriate. Pap test screening for women over 50 years of age. • Audits of pilot sites were performed to determine equipment requirements and medical consumables and equipment were purchased. • In April 2016 sixteen clinicians completed a five day training course in cervical screening and cryotherapy customised for the Solomon Islands. Nine nurse/midwives and three doctors from the Solomon Islands were deemed competent to perform high quality cervical cancer screening. • Cervical screening activities commenced 11 April 2016 and as of 30 June 2016, 278 women received cervical screening. Six women (2.1%) had cryotherapy treatment and 12 women (4.3%) were referred to the National Referral Hospital for follow up. • Ethics approval gained for evaluation of the project from the Solomon Islands National Health Research and Ethics Committee and Family Planning NSW Ethics Committee.

Case Study Cervical cancer screening in Solomon Islands

Roselyn who is 31 years old had travelled to the Good Samaritan Hospital with some of her seven children to receive her contraceptive injection. Her long journey started the previous day when she walked a few hours from her village to sleep by the roadside overnight and catch the morning bus to the hospital. When she arrived at the reproductive health service, the midwives were delivering cervical screening awareness raising sessions to women attending the service and waiting at the hospital for other outpatient services. Roselyn was motivated to undertake screening stating "I need to be healthy for my children". Roselyn is representative of the majority of Solomon Islands women. She lives in a village with poor access to health services and has never been screened for cervical cancer.

The midwife screened Roselyn using Visual Inspection with Acetic acid (VIA) and her result was normal. Roselyn was very happy in sharing the news with some of her friends who had gathered outside the clinic, who, with Roselyn's encouragement, were also screened. An immediate result allows treatment at the same visit with cryotherapy. This is so important in rural settings where women like Roselyn, who do not have a mobile phone and cannot provide a contact number, are difficult to contact for results and follow-up treatment.



Increasing cervical cancer screening and treatment in Vanuatu

Location	Port Vila and Luganville, Vanuatu
Partner	Vanuatu Family Health Association, Australian Cervical Cancer Foundation and Vanuatu Ministry of Health
Program Highlights	<ul style="list-style-type: none"> • 12 nurses and midwives from six clinic sites were trained, mentored and assessed including on clinical skills and data collection and reporting. • A local project nurse was employed and a screening and vaccination clinic setup at VFHA. • Activities were implemented to raise awareness and encourage women to attend screening. Community awareness sessions were conducted, a poster and leaflet designed and translated, and a weekly national radio program broadcast. • 2,100 women were screened for cervical cancer using HPV DNA and Pap tests and referred for treatment by local specialist doctors.

Case Study Cervical cancer screening in Vanuatu

To sell her hand made goods and make a little money, Mrs T* travels from her home on the island of Tanna to the capital, Port Vila, with a woman's group. She was not aware of, nor had any plans for, cervical screening until that day, at the Mama's markets, she heard about a local clinic and a nurse who was offering screening. Nellie, the nurse, was at the market, telling all the women there about the importance of screening for cervical cancer.

Mrs T had never been screened for cervical cancer before and had never had any type of gynaecological exam. She was very nervous but determined to be brave because she did know about cervical cancer - a woman she knew had died from it. Mrs T is 47 years old and is very proud to have seven out of seven live children which she had birthed completely alone in her village home. She said that the first was the easiest because she didn't have to worry about any other children while she delivered...and cleaned up after the birth.

Mrs T speaks a different dialect of the main language Bislama to most other women screened in Port Vila. Fortunately however, Nellie, the project nurse, is also

from Tanna and the woman was very excited to be cared for by her.

Most women in Vanuatu live in rural areas. Like Mrs T, they have no access to screening or knowledge of it, and very little healthcare. Geography of island nations such as Vanuatu is a constant barrier to preventing cervical cancer, and screening programs must address this to achieve the coverage required and have the desired impact on mortality.

Cervical cancer at 46th Pacific Islands Forum Leaders' Meeting

A collective of civil society organisations, troika leaders and Government representatives from across the Pacific met in Port Moresby in September 2015 for the 46th Pacific Islands Forum Leaders' Meeting. They produced a Communique that sets out five priorities to be included in a Framework for Pacific Regionalism.

Family Planning NSW had advocated for cervical cancer to be listed as a priority in the Pacific due to high rates of cervical cancer mortality in the Pacific.

The Troika Leaders noted the substantial burden that cervical cancer places on women and girls in the Pacific region as well as the insufficient response to address it across the region. The Leaders agreed for further consultation to occur across the Pacific with relevant technical organisations and national authorities and consideration of resource allocation for prevention and treatment.

Ms. Emeline Siale Ilohahia, Executive Director of the Civil Society Forum of Tonga, noted the impact this cancer has on all women. "As a Pacific Island woman, daughter, mother, sister, and aunty I know the need to remove fear of cervical cancer. This can be achieved through mobilising resources of Forum countries and partners and we encourage this to happen. I don't want any more girls to grow up with fear of cervical cancer."



Disability Program

The aim of the Disability Program is to work with government and non-government organisations to build the capacity of reproductive and sexual health (RSH) service providers to offer disability inclusive services.

Our first international collaboration has been with the Reproductive and Family Health Association of Fiji (RFHAF) to implement a disability inclusion program which aims to improve the reproductive and sexual health and uphold the rights of people with disability in Fiji.

In Fiji people with disability are leading a shift away from negative cultural and social attitudes that do not recognise or support their rights. However the area of reproductive and sexual health remains a sensitive topic, as is does in most cultures.

Reproductive and Family Health Association Fiji (RFHAF) is challenging the taboos that limit the reproductive and sexual health rights of people with disability by:

- creating awareness in members of local Disabled Persons Organisations about their rights and then working in partnership with them to deliver education in communities
- meeting with school principals and teachers in all Divisions to raise awareness and gain support for students to receive reproductive and sexual health education
- meeting with parents of students with disability to advocate for their children's rights
- advocating to Government

We have learned that a key enabler to disability inclusion is to openly address people's fears and anxieties about their ability to work with people with disability.

Prior to this project, the RFHAF staff had limited experience in disability and had negative views on the abilities of people with disability. These feelings were possibly due to the reality that people with disability are not often active participants in the Fijian community and so they are 'invisible' to most people. Those that are noticed tend to be people who, for example, are behaving in a socially inappropriate way or living on the streets. This tends to reinforce negative views about the capacity of people with disability.

Disability inclusive reproductive and sexual health education in Fiji

Location	Fiji
Partner	Reproductive and Family Health Association of Fiji
Program Highlights	<ul style="list-style-type: none"> • Worked with the Reproductive Family Health Association Fiji (RFHAF) to develop the competency of staff in the area of disability sexual and reproductive health and rights (SRHR) and education. • Delivered a five day program for seven staff and 10 volunteers of RFHAF. Included guest speakers from the United Blind Persons of Fiji and the Fiji Deaf Association. • Provided workplace observation and feedback to RFHAF staff - FPNSW observed RFHAF Program Officers delivering education to the Psychiatric Survivors Association and provided individual coaching on planning and delivering education for people with different impairments. • Conducted an organisational audit of disability inclusiveness by testing an audit tool customised by FPNSW. An outcome was that RFHAF invited the Fiji Disabled Persons Federation to conduct a more comprehensive clinical audit. • RFHAF established partnerships with Pacific Disability Forum, Disabled Persons Organisations, and schools in each Division. This has resulted in planning a collaborative education program in rural areas that will be delivered in 2016-2017. • RFHAF is working with the Ministry of Education Curriculum Unit on designing national curriculum on SRHR for students with disability. They have conducted professional education for 16 teachers. • RFHAF is delivering weekly education to students at the Gospel School for the Deaf. • Gained FPNSW Ethics Committee approval for the program and 107 baseline surveys have been completed.



Financial report

For the year ended 30 June 2016

ABN 75 000 026 335

Directors' report

The directors present their report, together with the financial statements on the company for the year ended 30 June 2016.

Directors

The following persons were directors of the company during the whole of the financial year and up to the date of this report, unless otherwise stated:

Sue Carrick	Neil Steggall
Kim Johnstone	Melissa Williams
Carolyn Miller	Nadine Wilmot (appointed on 28 June 2016)
Rosalind Winfield	Kathryn Kerr (resigned 29 March 2016)
Kerrie Chambers	Rae Cooper (resigned 29 March 2016)
Christine Franks	Ellie Freedman (resigned 1 June 2016)
Sue Shilbury	

Objectives

The entity's short term objectives are to:

- Provide expert reproductive and sexual health services targeted to marginalised communities, through clinical care and health promotion.
- Provide best practice education, training and workforce development to service providers and our target communities.
- Increase the body of evidence for reproductive and sexual health, translating research into practice and evaluating project outcomes.
- Work to assist the poor and disadvantaged communities in the Asia Pacific region to access comprehensive reproductive and sexual health services.

- Maintain a strong and sustainable organisation with efficient core services to support our staff, partners and clients.

The entity's long term objectives are to:

- Facilitate, promote and provide best practice reproductive and sexual health services for all.
- Be sustainable and strive for continuous improvement as to provide the best possible outcomes with respect to reproductive and sexual health for the people of NSW and Asia Pacific region.

Strategies for achieving the objectives:

- Working within a strategic framework to maximise reproductive and sexual health outcomes, through the provision of demonstration services targeted to priority populations, and education and training to healthcare providers.
- Establishing collaborative relationships and partnerships to extend the reach of Family Planning NSW.
- Promoting the uptake and integration of research findings into service delivery.

Principal activities

During the financial year the principal continuing activities of the company are to facilitate optimal sexual and reproductive health service provision through direct

clinical services, education and training of doctors and nurses, research and advocacy.

Performance measures

The company measures its performance against benchmarks determined by the organisation's Strategic Plan, current year Business Plan and the performance indicators set in negotiation with the NSW Ministry of Health as part of annual funding agreements. Performance against these benchmarks is reported to funders and the Board of Directors. The benchmarks are used by the directors to assess the financial sustainability of the company and whether the company's short-term and long-term objectives are being achieved.

Key performance measures

Benchmark	2016 Actual	2016 Benchmark	2015 Actual	2015 Benchmark
Clients	30,986	28,154	27,455	24,728
Operational & Financial				
Proportion of funding from:				
Grants:				
Government grants	75%	78%	76%	80%
Other grants	4%	4%	5%	1%
Self-generated income:				
Donations	1%	1%	1%	1%
Investments	3%	3%	3%	3%
Other	17%	14%	15%	15%



Information on Directors

Sue Carrick
MHS, MAICD



Non-Executive Director - President

Dr Kim Johnstone
M.S.Sc (Hons), PhD



Non-Executive Director - Vice President

Sue's career has taken her from the healthcare sector through academia and into the not-for-profit sector. Her roles have included clinical care with Family Planning NSW, an educationalist in policy and research in public health and nursing at the University of Sydney and research strategist and evaluator with a number of national health and research organisations.

As a consultant, Sue provides specialist advice in relation to designing research strategies and translating research and strategic policy into practice. She has a particular interest in global and national health and the prevention of chronic disease and governance. She has led a number of successful national research implementation strategies including for Suicide Prevention Australia, National Breast Cancer Centre and the National Breast Cancer Foundation.

In her role with the National Breast Cancer Foundation, Sue initiated Register4, a successful national online resource designed to accelerate the outcomes of research by providing more effective and cost efficient delivery of research programs.

Sue is Managing Director of Prevention Partnership Australia and a director of the Australian Twin Register. She has a Master of Health Science with distinction from the University of Sydney. She was elected to the Board in 2010.

Special Responsibilities:

Member of the Executive of the Board of Directors
Chair of the Performance and Remuneration Committee

Kim is a demographer with 20 years' experience. She has a diverse career across research, analytical and social policy/strategy roles in government, non-government and academic sectors. Kim's career has been characterised by using sound evidence to inform policy and strategic planning.

Currently, Kim is Principal Demographer with the NSW Department of Planning & Environment, with responsibility for providing population evidence for policy and community engagement across the state.

Kim has an extensive publication list on many aspects of population. She has presented at a variety of regional and national forums on population issues and lectures at university.

Kim's interest in family planning stems from being a demographer with a focus on how fertility change affects different populations. She is a past-President of Family Planning Welfare NT and of Sexual Health and Family Planning Australia and has represented Australia on the International Planned Parenthood Federation East, South East Asia and Oceania Regional Council. Kim is also Vice President of the Australian Population Association. She was elected to the Board in 2012.

Special Responsibilities:

Member of the Executive of the Board of Directors
Chair of the International Programme Advisory Committee



Carolyn Miller
BA (Comm); MBA (Exec)

Non-Executive Director - Vice President

Carolyn is Managing Director at The Honeycomb Effect and has nearly 20 years' experience in the advertising industry, working on both healthcare and consumer products. Previous clients include Sydney IVF, Lantus (diabetes), Remicade (Crohn's Disease), Reminyl (Alzheimer's) and Consta & Risperdal (Schizophrenia) amongst many others.

She has previously worked in the capacity of Strategic Planning Director at a number of high profile advertising agencies including Moon Communications, DDB and Euro RSCG. Her experience in the field has made her a recognised authority within the creative industries and regularly appeared on ABC television's 'Gruen' series.

Carolyn has previously been a member of the Healthcare Communications Council, the industry body for Healthcare Advertising. She has an Executive MBA from the University of Technology Sydney and a BA in Communications from the University of Western Sydney. She was elected to the Board in 2012.

Special Responsibilities:

Member of the Fundraising Committee

Member of the Peak Consumer Participation Committee

Member of the Executive of the Board of Directors



Rosalind Winfield
BA LLB

Non-Executive Director - Treasurer and Legal Adviser

Rosalind is a lawyer in private practice since 1982. She has a special interest in legal issues affecting women and women's health.

Rosalind has been involved in the following organisations: Women Barristers Forum committee 2011 to date; Women's Advisory Council to Premier of NSW member 1986-1989; Women Lawyers' Association of NSW President 1988-1989 and committee member 1983-1991; Women's Legal Resources Centre director 1983-1987; Women's Electoral Lobby (Brisbane) Convenor 1977-1978, Member 1972 – 1981; and SCEGGS Darlinghurst Parents and Friends President 1996-1997. She was elected to the Board in 1986

Special Responsibilities:

Member of the Executive of the Board of Directors

Chair of the Finance & Audit Committee



Kerrie Chambers
BA LLM

Non-Executive Director - Legal Adviser

Kerrie is a partner with HWL Ebsworth and is currently group leader of the Health group. She has been a lawyer since 1986. For the last 18 years Kerrie has practised exclusively in medical negligence and health law. She regularly writes articles and presents to doctor groups and medical insurers.

Kerrie is a former member of the RANZCO Ethics Committee. She is a member of the Medico-Legal Society of NSW.

Kerrie has a keen interest in pro bono work. She is the partner delegate for the HWL Ebsworth Homeless Persons Legal Project providing legal advice and support to the clients of The Station drop in centre. She is on the volunteer legal roster for Kirribilli Neighbourhood Centre and has previously provided legal assistance at the Welfare Rights Centre and Macquarie Legal Centre. She was elected to the Board in 2012.

Special Responsibilities:

Member of the Performance and Remuneration Committee



Christine Franks
M.Mgt, BA (Statistics), FAICD

Non-Executive Director

Christine is a company director with over 15 years experience. She is currently Chair of Habitat for Humanity Australia, Chair of RESULTS Australia, a member of CUFA International Program Committee and NSW Health Patient Experience Forum. She has worked as a director on a number of financial services, personal insurance and health insurance boards including CUA, CUA Health and Credicorp Insurance.

A keen interest in international aid and development has resulted in thirty-five years of volunteering, including committee and board positions. Christine chaired the NSW Charities Ministerial Advisory Committee and the ACFID Code of Conduct Committee, receiving the inaugural ACFID Award for Outstanding Service to the Aid and Development Sector in 2006. Christine initially qualified and worked as a registered nurse and her executive experience includes consumer research, marketing and fundraising for both commercial, academic, consumer and not for profit organisations. She was a long term beneficiary of Family Planning NSW services and is a strong supporter of the organisation, its aims and objectives. She was elected to the Board in 2014.

Special Responsibilities:

Member of the International Programme Advisory Committee

Member of the Fundraising Committee



Sue Shilbury

MBA, BAppSc (phys), GAICD

Non-Executive Director

Sue is a health care consultant with over 24 years of experience in public health sector management, ten of which have been in senior leadership positions.

As a clinician she worked extensively in children's health services and then at executive level in women's health services, providing her with a deep appreciation of some of the broader and more complex issues pertaining to family health services.

Prior to becoming a consultant in May 2014, Sue was the General Manager of North Shore Ryde Health Service for six years, responsible for clinical and corporate governance of Royal North Shore and Ryde Hospitals and Community Health Services (budget of \$500 million /3,500FTE).

In this position she led a large and complex metropolitan health service that had many challenges from a governance and service perspective. During her tenure much positive change was delivered along with a capital works program of in excess of \$1 billion.

In 2006-2008 she was the General Manager Central Hospitals, responsible for clinical and corporate governance and a member of the Area Health Service Executive (budget of \$370 million /3,250FTE).

She has a Bachelor of Applied Science (Physiotherapy), Masters of Business Administration and has completed the Australian Institute of Company Directors course. She was elected to the Board in 2014.

Special Responsibilities:

Member of the Peak Consumer Participation Committee



Neil Steggall

BEng, FAICD

Non-Executive Director

Neil's career has been based around merger and acquisition activities and the strategic development, financing and growth of a diverse range of organisations and industries including technology, telecommunications, food and agribusiness, timber, construction, export, wine and finance.

He has served as a director of both public and private companies in Australia, Asia and Europe since 1985. He is currently Chairman of Wardour Capital and a non-executive director of several other companies.

Neil's speciality is to assist in recognising latent opportunities within organisations or industries and to help develop the plans, strategies and implementation structures needed to realise those opportunities.

Neil is passionate about improving rural health and education in Australia and is widely published as an author of articles on business and business ethics. He was elected to the Board in 2014.

Special Responsibilities:

Member of the Finance and Audit Committee



Melissa Williams

BBus, Grad Cert of Research

Non-Executive Director

Melissa is a descendant of the MALERA/Bundjalung People located in Northern NSW. Since November 2007, Melissa has been the Director of the Office of Aboriginal and Torres Strait Islander Employment and Engagement at the Western Sydney University. For this work, her Office was a 2009 Finalist for the Pru Goward Award for Diversity Management, awarded by the Australian Human Resources Institute, 2010 Finalist for the Ministers Award for Outstanding EEO initiative for the Advancement of Women, and won the Australian Human Resources Institute (AHRI) Fons Trompenaars Award for best people management initiatives and strategies in the management of a diverse or multicultural workplace.

Melissa holds a Bachelor of Business from UTS, project management qualifications from the Australian Institute of Project Management, an Innovation Patent (Medical Mechanical) from IP Australia, a Graduate Certificate in Research from UWS and is currently enrolled in the Doctor of Philosophy (PHD).

In 2012, Melissa was the recipient of the Chief Executive Women scholarship award and her Office received an exemplar in the Federal Governments Review of Higher Education Access and Outcomes for Aboriginal and Torres Strait Islander People for University Culture and Governance. She was elected to the Board in November 2014.



Nadine Wilmot

(appointed on 28 June 2016)

B.Sc, MBA, FIAA, GAICD

Non-Executive Director

Nadine is a senior superannuation and life insurance executive with over 25 years' experience in financial services in Australia and the United States.

Nadine's experience is wide ranging in wealth management, having held senior roles in strategic, operational, public policy, regulatory reform and governance areas. She has been involved in strategic and operational risk management as part of various roles. Her most recent executive role was managing the office of the trustee for AMP's superannuation funds (where the trustee is responsible for over \$100 billion in assets for superannuation members). Nadine is currently working on a contract/consulting basis within the financial services industry.

Nadine is a qualified actuary and holds an MBA, and is a Graduate Member of the Australian Institute of Company Directors. She joined the Board in June 2016.

Special Responsibilities:

Member of the Finance and Audit Committee

Kathryn Kerr

(resigned on 29 March 2016)

B.Comm, MBA, ACA



Former Non-Executive Director - Treasurer

Kathryn is a chartered accountant with over twenty years' experience in the financial services industries in Australia and Asia.

Kathryn is the Executive Officer to the CEO at Suncorp Life and has held a number of financial and operational roles throughout her career.

Kathryn commenced her career at Ernst & Young, and spent 12 years working in their Sydney and Jakarta offices in their financial services practice.

Kathryn then went on to hold a number of finance roles with the financial services industry including General Manager of Finance for the Commonwealth Bank International Financial Services division, where she was formerly responsible for businesses across the Asia Pacific region, and held a number of Board positions in Hong Kong, Indonesia, Thailand and the Philippines.

Kathryn followed this with number of risk management roles at AMP and then went on to establish the finance and operations of a start up insurance advice company (a subsidiary of Macquarie Bank). She was elected to the Board in 2012.

Special Responsibilities:

Former member of the Executive of the Board of Directors

Former Chair of the Finance and Audit Committee

**Associate Professor
Rae Cooper**

(resigned on 29 March 2016)

BA (Hons) PhD

Non-Executive Director

Rae is an Associate Professor at the University of Sydney Business School, where she teaches employment relations and human resource management, and is a research specialist in work, careers and employment relations.

She is a Director of undergraduate studies in her discipline and a member of the Undergraduate Studies Board.

Rae is the Chair of the Board of Directors of Australian Hearing, and has formerly been a Director of the NSW TAFE Commission, the NSW Rural Assistance Authority. She was elected to the Board in 2013.

Special Responsibilities:

Former member of the Performance and Remuneration Committee

Dr Ellie Freedman

(resigned on 1 June 2016)

B.Sc, MBA, FIAA, GAICD



Non-Executive Director

Ellie is a Sexual Health Physician and the Medical Director of the Northern Sydney Sexual Assault Service. In this role she performs medical forensic examinations and medical follow up for adult victims of sexual assault and advocates for the rights of victims both in the medical and legal systems within NSW.

She is a trustee of the Women's Plans Foundation, a charitable organisation that fundraises for contraceptive input to existing Asia Pacific aid programs. Ellie undertook her undergraduate medical training in the UK and specialised in Sexual Health and HIV and later gained fellowship of the Royal Australasian College of Physicians, Chapter of Sexual Health Medicine. She worked at Family Planning NSW from 2007 to 2010 as the Medical Education Coordinator and remains involved with the organisation as a consultant and educator. She consults to both the Education Centre Against Violence (ECAV) and to Australasian Society for HIV Medicine (ASHM), sits on the ECAV Clinical Standards Committee, and on the NSW Ministry of Health Sexual Assault Clinical Advisory Group. In her clinical work, Ellie provides a forensic and medical service to adult victims of sexual assault and also provides a clinical session each week for the sexual health service in the Northern Area Local Health District. She was elected to the Board in November 2014.

Special Responsibilities:

Former Board representative of the Ethics Committee

Former member of the Peak Consumer Participation Committee

**Karen Gannon**

Company Secretary

Karen Gannon (MCom, Grad Dip Applied Corporate Governance, CPA) has held the role of Company Secretary since 1995. She is a member of the Governance Institute of Australia.

Meetings of directors

The number of meetings of the company's Board of Directors ('the Board') and of each Board committee held during the year ended 30 June 2016 and the number of meetings attended by each director were:

Director	Full Board		Finance & Audit Committee		Performance & Remuneration Committee		Fundraising Committee		Peak Consumer Participation Committee*	
	Attended	Held	Attended	Held	Attended	Held	Attended	Held	Attended	Held
Sue Carrick	10	10	-	-	2	2	-	-	-	-
Kim Johnstone	7	10	-	-	-	-	-	-	-	-
Carolyn Miller	5	10	-	-	-	-	2	2	-	-
Rosalind Winfield	9	10	2	2	-	-	-	-	-	-
Kerrie Chambers	10	10	-	-	2	2	-	-	-	-
Christine Franks	9	10	-	-	-	-	2	2	-	-
Sue Shilbury	9	10	-	-	-	-	-	-	1	1
Neil Steggall	6	10	1	1	-	-	-	-	-	-
Melissa Williams	6	10	-	-	-	-	-	-	-	-
Nadine Wilmot	1	1	-	-	-	-	-	-	-	-
Kathryn Kerr	5	7	0	1	-	-	-	-	-	-
Rae Cooper	4	7	-	-	2	2	-	-	-	-
Ellie Freedman	6	9	-	-	-	-	-	-	1	1

Held: represents the number of meetings held during the time the director held office or was a member of the relevant committee.

Contributions on winding up

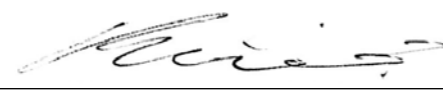
In the event of the company being wound up, ordinary members are required to contribute a maximum of \$10 each. The total amount that members of the company are liable to contribute if the company is wound up is \$540, based on 54 current ordinary members.

This report is made in accordance with a resolution of directors.

On behalf of the directors



Sue Carrick – President



Rosalind Winfield – Treasurer

Date this 27th day of September 2016

Statement of profit or loss and other comprehensive income for year ended 30 June 2016

	2016 \$	2015 \$
Revenue		
Domestic revenue		
Grants		
Government grants	9,434,293	9,494,560
Other grants	531,275	516,926
	9,965,568	10,011,486
Sales revenue		
Contraceptive income	125,358	123,322
Course fees	332,818	429,648
Bookshop sales	76,660	146,839
	534,836	699,809
Other revenue		
Medicare revenue	694,065	804,806
Private billing revenue	426,030	11,889
Investment revenue	399,820	418,679
Other revenue	239,414	172,639
	1,759,329	1,408,013
TOTAL DOMESTIC REVENUE	12,259,733	12,119,308

**Statement of profit or loss and other comprehensive income (continued)
for year ended 30 June 2016**

	2016 \$	2015 \$
International revenue		
Grants		
Department of Foreign Affairs and Trade	308,335	341,275
Other Australian	11,000	143,324
Other overseas	-	31,022
Donations and gifts		
Monetary	55,982	148,930
Non-monetary	17,220	2,102
Bequests and legacies	-	-
Investment income	2,494	2,321
Fundraising	2,673	1,351
Other revenue	358,582	235,240
Revenue for international political or religious adherence promotion program	-	-
TOTAL INTERNATIONAL REVENUE	756,286	905,565
TOTAL REVENUE	13,016,019	13,024,873

**Statement of profit or loss and other comprehensive income (continued)
for year ended 30 June 2016**

	2016 \$	2015 \$
Expenses		
Domestic program expenses		
Cost of goods sold	(81,645)	(103,100)
Employee benefit expenses	(9,541,381)	(8,776,957)
Depreciation and amortisation expenses	(186,731)	(178,774)
Lease/rent	(82,898)	(91,050)
Insurance	(111,589)	(116,663)
Computer services and software	(158,791)	(201,367)
Printing/ postage/ stationery/ advertising/ photocopying	(171,211)	(175,076)
Repairs and maintenance/ cleaning	(199,985)	(256,217)
Teaching resources	(148,615)	(136,844)
Travel	(229,944)	(186,989)
Materials and equipment	(36,636)	(27,443)
Branding & marketing	(993)	(250,000)
Labour hire – external	(151,736)	(81,146)
Medical consumables	(76,115)	(59,654)
Consultancy	(32,633)	(454,944)
Telephone / internet	(132,329)	(119,887)
Staff recruitment	(35,142)	(19,882)
Conferences & seminars	(35,525)	(61,491)
Website development	(7,560)	(93,877)
File scanning	(5,480)	(83,058)
Utilities	(74,573)	(78,162)
Audit / professional services	(40,173)	(37,052)
Consumables / client expenses	(99,635)	(92,657)
Strata levies	(29,937)	(35,119)
Bad debts	(337)	(483)
Stock write-off	(8,119)	(18,043)
Other expenses	(307,493)	(250,362)
TOTAL DOMESTIC PROGRAM EXPENSES	(11,987,206)	(11,986,297)

Statement of profit or loss and other comprehensive income (continued) for year ended 30 June 2016

	2016 \$	2015 \$
International aid and development programs expenses		
International programs		
Funds to international programs	(223,889)	(356,553)
Program support costs	(248,318)	(310,116)
Community education	-	-
Fundraising costs		
Public	(3,270)	(887)
Government, multilateral and private	-	-
Accountability and administration	(263,589)	(235,907)
Non-monetary expenditure	(17,220)	(2,102)
Total international aid and development programs expenses	(756,286)	(905,565)
International political or religious adherence promotion programs expenditure	-	-
TOTAL INTERNATIONAL PROGRAM EXPENSES	(756,286)	(905,565)
TOTAL EXPENSES	(12,743,492)	(12,891,862)
SURPLUS FOR THE YEAR ATTRIBUTABLE TO THE MEMBERS OF FAMILY PLANNING NSW	272,527	133,011
Other comprehensive income for the year		
Net gain on asset revaluation reserve	8,828,060	-
Net gain on investment revaluation reserve	(42,816)	(245,700)
TOTAL COMPREHENSIVE (LOSS)/INCOME ATTRIBUTABLE TO THE MEMBERS OF FAMILY PLANNING NSW	9,057,771	(112,689)

The above statement of profit or loss and other comprehensive income should be read in conjunction with the accompanying notes

Statement of financial position as at 30 June 2016

		2016 \$	2015 \$
Assets			
Current assets			
Cash and cash equivalents	4	2,907,439	2,650,268
Trade and other receivables	5	160,029	372,615
Inventories on hand	6	49,074	66,130
Assets held for sale		-	-
Other financial assets		-	-
Other	7	228,641	459,702
TOTAL CURRENT ASSETS		3,345,183	3,548,715
Non-current assets			
Trade and other receivables		-	-
Financial assets	8	4,028,184	4,071,000
Property, plant and equipment	9	17,023,443	8,277,669
Intangibles		-	-
Other non-current assets		-	-
TOTAL NON -CURRENT ASSETS		21,051,627	12,348,669
TOTAL ASSETS		24,396,810	15,897,384

Statement of financial position (continued) as at 30 June 2016

	Note	2016 \$	2015 \$
Liabilities			
Current liabilities			
Trade and other payables	10	1,199,768	1,874,209
Employee benefits	11	1,259,847	1,367,891
Grants received in advance	12	1,062,091	830,052
Borrowings		-	-
Current tax liabilities		87,811	54,541
Other financial liabilities		-	-
Provisions		-	-
Other		-	-
TOTAL CURRENT LIABILITIES		3,609,517	4,126,693
Non-current liabilities			
Trade and other payables		-	-
Employee benefits	13	149,485	190,654
Borrowings		-	-
Other financial liabilities		-	-
Provisions		-	-
Other		-	-
TOTAL NON-CURRENT LIABILITIES		149,485	190,654
TOTAL LIABILITIES		3,759,002	4,317,347
NET ASSETS		20,637,808	11,580,037
Equity			
Reserves	14	12,699,430	3,930,822
Retained surpluses	15	7,938,378	7,649,215
TOTAL EQUITY		20,637,808	11,580,037
Contingent liabilities	16		
Commitments	17		

The above statement of financial position should be read in conjunction with the accompanying notes.

Statement of changes in equity for year ended 30 June 2016

	Retained Surplus	Asset Revaluation Reserve	Investment Revaluation Reserve	General Reserves	Overseas Aid Reserve	Total Equity
Balance at 1 July 2014	7,507,840	4,007,786	102,100	75,000	-	11,692,726
Surplus for the year	133,011	-	-	-	-	133,011
Other comprehensive income for the year	-	-	(245,700)	-	-	(245,700)
Total comprehensive income for the year	133,011	-	(245,700)	-	-	(112,689)
Other transfers to/from reserves:						
Overseas aid reserve	(16,635)	-	-	-	16,635	-
General reserve	25,000	-	-	(25,000)	-	-
Balance at 30 June 2015	7,649,216	4,007,786	(143,600)	50,000	16,635	11,580,037
Balance at 1 July 2015	7,649,216	4,007,786	(143,600)	50,000	16,635	11,580,037
Surplus for the year	272,527	-	-	-	-	272,527
Other comprehensive income for the year	-	8,828,060	(42,816)	-	-	8,785,244
Total comprehensive income for the year	272,527	8,828,060	(42,816)	-	-	9,057,771
Other transfers (to) from reserves:						
Overseas aid reserve	16,635	-	-	-	-	-
Balance at 30 June 2016	7,938,378	12,835,846	(186,416)	50,000	16,635	20,637,808

The above statement of changes in equity should be read in conjunction with the accompanying notes

Statement of cash flows for the year ended 30 June 2016

	Note	2016 \$	2015 \$
Cash flows from operating activities			
Receipts from customers		2,550,606	2,139,834
Payments to suppliers and employees		(13,054,754)	(12,311,156)
Grants received	3	10,501,218	10,259,181
Donations received		55,982	148,930
Interest and dividends received		308,564	341,236
Net cash generated from operating activities		361,616	578,025
Cash flows from investing activities			
Payment for property, plant & equipment		(107,982)	(124,831)
Proceeds from sale of property, plant & equipment		3,537	20,436
Payment for investments		-	(1,714,600)
Proceeds from sale of investments		-	1,250,000
Net cash used in investing activities		(104,445)	(568,995)
Cash flows from financing activities			
Net cash from financing activities		-	-
Net increase in cash and cash equivalents		257,171	9,030
Cash and cash equivalents at the beginning of the financial year		2,650,268	2,641,238
Cash and cash equivalents at the end of the financial year	4	2,907,439	2,650,268

The above statement of cash flows should be read in conjunction with the accompanying notes

Notes to the financial statements for the year ended 30 June 2016

Note 1. Significant Accounting Policies

The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies are consistently applied to all the years presented, unless otherwise stated.

New, revised or amending Accounting Standards and Interpretations adopted.

The company has adopted all of the new, revised or amending Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

Any new, revised or amending Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

Any significant impact on the accounting policies of the company from the adoption of these Accounting Standards and Interpretations are disclosed below. The adoption of these Accounting Standards and Interpretations did not have any significant impact on the financial performance or position of the company.

The following Accounting Standards and Interpretations are most relevant to the company:

AASB 1053 Application of Tiers of Australian Accounting Standards

The company has applied AASB 1053 from 1 July 2014. This standard establishes a differential financial reporting framework consisting of two Tiers of reporting requirements for preparing general purpose financial statements, being Tier 1 Australian Accounting Standards and Tier 2 Australian Accounting Standards - Reduced Disclosure Requirements. The company being classed as Tier 2 continues to apply the full recognition and measurements requirements of Australian Accounting Standards with substantially reduced disclosure in accordance with AASB 2010-2 and later amending Standards, as relevant.

AASB 2010-2 Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements
The company has applied AASB 2010-2 from 1 July 2014. These amendments make numerous modifications to a range of Australian Accounting Standards and

Interpretations, to introduce reduced disclosure requirements to the pronouncements for application by certain types of entities in preparing general purpose financial statements. The adoption of these amendments has significantly reduced the company's disclosure requirements.

AASB 2011-2 Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project - Reduced Disclosure Requirements, AASB 2012-7 Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements and AASB 2012-11 Amendments to Australian Accounting Standards - Reduced Disclosure Requirements and Other Amendments

The company has applied AASB 2011-2, AASB 2012-7 and 2012-11 amendments from 1 July 2014, to the extent that they related to other standards already adopted by the company. These amendments make numerous modifications to a range of Australian Accounting Standards and Interpretations to significantly reduce the company's disclosure requirements.

AASB 2012-3 Amendments to Australian Accounting Standards - Offsetting Financial Assets and Financial Liabilities

The company has applied AASB 2012-3 from 1 July 2014. The amendments add application guidance to address inconsistencies in the application of the offsetting criteria in AASB 132 'Financial Instruments: Presentation', by clarifying the meaning of 'currently has a legally enforceable right of set-off'; and clarifies that some gross settlement systems may be considered to be equivalent to net settlement.

AASB 2014-3 Amendments to AASB 136 - Recoverable Amount Disclosures for Non-Financial Assets

The company has applied AASB 2014-3 from 1 July 2014. The disclosure requirements of AASB 136 'Impairment of Assets' have been enhanced to require additional information about the fair value measurement when the recoverable amount of impaired assets is based on fair value less costs of disposals. Additionally, if measured using a present value technique, the discount rate is required to be disclosed.

Note 1: Significant Accounting Policies (continued)

Basis of Preparation

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards - Reduced Disclosure Requirements and Interpretations issued by the Australian Accounting Standards Board ('AASB'), the Australian Charities and Not-for-profit Commission Act 2012, as appropriate for not-for-profit oriented entities, and the ACFID Code.

The financial statements are presented in Australian dollars, which is the functional and presentation currency of the company.

Historical cost convention

The financial statements have been prepared under the historical cost convention.

Critical accounting estimates

The preparation of the financial statements requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the company's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements are disclosed in note 2.

Revenue Recognition

Revenue is recognised when it is probable that the economic benefit will flow to the company and the revenue can be reliably measured. Revenue is measured at the fair value of the consideration received or receivable.

Sales revenue

Revenue from the rendering of a service is recognised upon delivery of the service to the customer.

Revenue from the sale of goods is recognised upon the delivery of the goods to the customer.

Donations

Donations are recognised upon receipt subject to there being no residual right of the donor for those funds to be returned.

Grants

Grants are recognised at their fair value where there is a reasonable assurance that the grant will be received and all attached conditions will be complied with.

Interest

Interest revenue is recognised as interest accrues using the effective interest method. This is a method of calculating the amortised cost of a financial asset and allocating the interest income over the relevant period using the effective interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to the net carrying amount of the financial asset.

Other revenue

Other revenue is recognised when it is received or when the right to receive payment is established.

Income Tax

As the company is a charitable institution in terms of subsection 50-5 of the Income Tax Assessment Act 1997, as amended, it is exempt from paying income tax.

Current and Non-Current Classification

Assets and liabilities are presented in the statement of financial position based on current and non-current classification.

An asset is current when: it is expected to be realised or intended to be sold or consumed in normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realised within 12 months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least 12 months after the reporting period. All other assets are classified as non-current.

A liability is current when: it is expected to be settled in normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within 12 months after the reporting period; or there is no unconditional right to defer the settlement of the liability for at least 12 months after the reporting period. All other liabilities are classified as non-current.

Cash and Cash Equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short term, highly liquid investments with original maturities

Note 1: Significant Accounting Policies (continued)

of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

Trade and Other Receivables

Other receivables are recognised at amortised cost, less any provision for impairment.

Property, Plant and Equipment

Plant and equipment is stated at historical cost less accumulated depreciation and impairment. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

Depreciation is calculated on a straight-line basis to write off the net cost of each item of property, plant and equipment (excluding land) over their expected useful lives as follows:

Class of fixed asset	Years
Buildings	50
Freehold Improvements	50
Fixtures & Fittings	10
Medical & Office Equipment	8
Motor Vehicles	6.66
Computers	3

The residual values, useful lives and depreciation methods are reviewed, and adjusted if appropriate, at each reporting date.

An item of property, plant and equipment is derecognised upon disposal or when there is no future economic benefit to the company. Gains and losses between the carrying amount and the disposal proceeds are taken to profit or loss.

Financial Assets

Investments are recognised and derecognised on trade date where the purchase or sale of an investment is under a contract whose terms require delivery of the investment within the timeframe established by the

market concerned, and are initially measured at fair value, net of transaction costs except for those financial assets classified as at fair value through profit or loss which are initially measured at fair value.

Financial assets are classified into the following specified categories: financial assets 'at fair value through profit or loss', 'held-to-maturity investments', 'available-for-sale' financial assets, and 'loans and receivables'. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

Available-for-sale Financial Assets

Listed shares and listed redeemable notes held by the Company that are traded in an active market are classified as AFS and are stated at fair value. Also included in this category is investments in unlisted shares that are not traded in an active market but that are also classified as AFS financial assets and stated at fair value (because the directors consider that fair value can be reliably measured).

Gains and losses arising from changes in fair value are recognised in other comprehensive income and accumulated in the investments revaluation reserve, with the exception of impairment losses, interest calculated using the effective interest method, and foreign exchange gains and losses on monetary assets, which are recognised in profit or loss. Where the investment is disposed of or is determined to be impaired, the cumulative gain or loss previously accumulated in the investments revaluation reserve is reclassified to profit or loss.

Dividends on AFS equity instruments are recognised in profit or loss when the Company's right to receive the dividends is established.

Impairment of Financial Assets

Financial assets, other than those at fair value through profit or loss, are assessed for indicators of impairment at each reporting date. Financial assets are impaired where there is objective evidence that as a result of one or more events that occurred after the initial recognition of the financial asset the estimated future cash flows of the investment have been impacted.

Note 1: Significant Accounting Policies (continued)

For financial assets carried at amortised cost, the amount of the impairment is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the original effective interest rate.

The carrying amount of the financial asset is reduced by the impairment loss directly for all financial assets with the exception of trade receivables where the carrying amount is reduced through the use of an allowance account. When a trade receivable is uncollectible, it is written off against the allowance account. Subsequent recoveries of amounts previously written off are credited against the allowance account. Changes in the carrying amount of the allowance account are recognised in profit or loss.

When an AFS financial asset is considered to be impaired, cumulative gains or losses previously recognised in other comprehensive income are reclassified to profit or loss in the period.

For financial assets measured at amortised cost, if, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the statement of profit or loss and other comprehensive income to the extent the carrying amount of the investment at the date the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

In respect of AFS equity securities, impairment losses previously recognised in profit or loss are not reversed through profit or loss. Any increase in fair value subsequent to an impairment loss is recognised in other comprehensive income and accumulated under the heading of investments revaluation reserve. In respect of AFS debt securities, impairment losses are subsequently reversed through profit or loss if an increase in the fair value of the investment can be objectively related to an event occurring after the recognition of the impairment loss.

Impairment of Non-Financial Assets

Non-financial assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount.

Recoverable amount is the higher of an asset's fair value less costs of disposal and value-in-use. The value-in-use is the present value of the estimated future cash flows relating to the asset using a pre-tax discount rate specific to the asset or cash-generating unit to which the asset belongs. Assets that do not have independent cash flows are grouped together to form a cash-generating unit.

Trade and Other Payables

These amounts represent liabilities for goods and services provided to the company prior to the end of the financial year and which are unpaid. Due to their short term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

Employee Benefits

Short-term employee benefits

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled within 12 months of the reporting date are recognised in current liabilities in respect of employees' services up to the reporting date and are measured at the amounts expected to be paid when the liabilities are settled.

Other long-term employee benefits

The liability for annual leave and long service leave not expected to be settled within 12 months of the reporting date are recognised in non-current liabilities, provided there is an unconditional right to defer settlement of the liability.

Defined contribution superannuation expense

Contributions to defined contribution superannuation plans are expensed in the period in which they are incurred.

Note 1: Significant Accounting Policies (continued)

Fair Value Measurement

When an asset or liability, financial or non-financial, is measured at fair value for recognition or disclosure purposes, the fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date; and assumes that the transaction will take place either: in the principal market; or in the absence of a principal market, in the most advantageous market.

Fair value is measured using the assumptions that market participants would use when pricing the asset or liability, assuming they act in their economic best interest.

For non-financial assets, the fair value measurement is based on its highest and best use. Valuation techniques that are appropriate in the circumstances and for which sufficient data are available to measure fair value, are used, maximising the use of relevant observable inputs and minimising the use of unobservable inputs.

Goods and Services Tax ('GST') and Other Similar Taxes

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the tax authority is included in other receivables or other payables in the statement of financial position. Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the tax authority, are presented as operating cash flows.

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the tax authority.

Note 2. Critical Accounting Judgements, Estimates and Assumptions

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses.

Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events; management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities (refer to the respective notes) within the next financial year are discussed below.

Estimation of useful lives of assets

The company determines the estimated useful lives and related depreciation and amortisation charges for its

property, plant and equipment and finite life intangible assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

Impairment of non-financial assets other than goodwill and other indefinite life intangible assets

The company assesses impairment of non-financial assets other than goodwill and other indefinite life intangible assets at each reporting date by evaluating conditions specific to the company and to the particular asset that may lead to impairment. If an impairment trigger exists, the recoverable amount of the asset is determined. This involves fair value less costs of disposal or value-in-use calculations, which incorporate a number of key estimates and assumptions. estimates and assumptions.

	2016 \$	2015 \$
Note 3. Grants received during the year		
NSW Ministry of Health: NGO Funding		
Women's Health	7,504,500	7,291,500
Fairfield – National Women's Health	700,000	540,600
HIV/AIDS	277,000	267,900
The Warehouse -Community Education, Women's Health & Health Transport	483,800	472,000
The Warehouse – AIDS	138,600	137,000
	9,103,900	8,709,000
NSW Ministry of Health: AIDS/Infectious Diseases Branch		
NSW Aboriginal Sexual & Reproductive Health Pilot	-	250,000
NSW Aboriginal Mentoring & Leadership Framework	23,000	-
NSW Government		
Sexual Safety training	323,772	115,550
Hunter New England LHD		
Hunter Health Promotion	51,000	50,400
Cancer Institute NSW		
GP's Up-Skilling and Well Women's Screening Training for Practice Nurses	198,118	149,790
Australian Government		
Department of Health & Ageing: Gender & Reproductive Health Population	-	57,000
Department of Foreign Affairs and Trade		
ANCP	300,000	300,000
Other Grants		
Foundation of Young Australians	326,270	472,216
Research Grants	89,547	61,987
Abt JTA	-	31,324
UNFPA	-	31,022
Family Planning Alliance Australia	21,634	21,092
City Council of Sydney	-	5,000
Aurora Group	-	4,800
SWSLHD – Postnatal Project	50,341	-
SLHD – Homeless Pap Test	13,000	-
Strathfield Council	636	-
TOTAL GRANTS RECEIVED	10,501,218	10,259,181

	2016 \$	2015 \$
Note 4. Current assets - cash and cash equivalents		
Cash on hand	5,760	5,660
Cash at bank		
- Domestic programs	224,021	86,782
- International programs	135,770	105,411
Cash on deposit		
- Domestic programs	2,541,888	2,452,415
- International programs	-	-
	2,907,439	2,650,268
Note 5. Current assets - trade and other receivables		
Other receivables	135,606	340,452
BAS receivable	24,423	32,163
	160,029	372,615
Note 6. Current assets - inventories on hand		
Stock at cost	49,074	66,130
Note 7. Current assets - other		
Accrued revenue	5,814	9,556
Prepayments	222,827	450,146
	228,641	459,702
Note 8. Non-current assets - financial assets		
Available-for-sale financial assets	4,028,184	4,071,000
Available-for-sale financial assets comprise:		
Listed investments at fair value	4,028,184	4,071,000

	2016 \$	2015 \$
Note 9. Non-current assets - property, plant & equipment		
Land and buildings: at independent valuation 2016	15,150,000	7,540,000
Less: Accumulated depreciation	-	(164,590)
	15,150,000	7,375,410
Leasehold improvements - at independent valuation 2016	1,575,000	640,000
Less: Accumulated amortisation	-	(26,667)
	1,575,000	613,333
Plant & equipment - at cost	473,375	432,884
Less: Accumulated depreciation	(340,342)	(297,074)
	133,033	135,810
Motor vehicles - at cost	102,025	79,501
Less: Accumulated depreciation	(17,738)	(4,969)
	84,287	74,532
Office equipment - at cost	177,282	169,206
Less: Accumulated depreciation	(96,159)	(90,622)
	81,123	78,584
TOTAL PROPERTY, PLANT & EQUIPMENT	17,023,443	8,277,669

The entity's land and buildings were re-valued at 1 June 2016 by an independent valuer. Valuations were made on the basis of open market value. The revaluation increase was credited to the asset revaluation reserve in equity.

Note 9. Non-current assets - property, plant & equipment (continued)

Reconciliations

Reconciliations of the written down value at the beginning and end of the current financial year are set out below:

	Land & buildings	Leasehold improvements	Plant & equipment	Motor vehicles	Office equipment	Total
	\$	\$	\$	\$	\$	\$
Balance at 1 July 2015	7,375,410	613,333	135,810	74,532	78,584	8,277,669
Revaluation increment	7,610,000	935,000	-	-	-	8,545,000
Additions	-	-	60,692	22,525	24,766	107,983
Disposals	-	-	(1,439)	-	(3,168)	(4,607)
Depreciation	(79,003)	(12,800)	(62,030)	(12,770)	(19,059)	(185,662)
Accumulated depreciation revaluation	243,593	39,467	-	-	-	283,060
Balance at 30 June 2016	15,150,000	1,575,000	133,033	84,287	81,123	17,023,443

	2016 \$	2015 \$
Note 10. Current liabilities - trade & other payables		
Trade payables	2,035	11,800
Other payables	1,197,733	1,862,409
	1,199,768	1,874,209

Note 11. Current liabilities - employee benefits

Employee benefits	1,259,847	1,367,891
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Note 12. Current liabilities - grants received in advance

Government Grants	571,431	250,292
Other Grants	490,660	579,760
	1,062,091	830,052

Note 13. Non-current liabilities - employee benefits

Employee benefits	149,485	190,654
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	2016 \$	2015 \$
Note 14. Equity - Reserves		
Fixed asset revaluation reserve	12,835,846	4,007,788
Investment revaluation reserve	(186,416)	(143,601)
General reserve	50,000	50,000
Overseas aid reserve	-	16,635
	12,699,430	3,930,822

Note 15. Equity - Retained Surpluses

Retained surplus at the beginning of the financial year	7,649,216	7,507,840
Surplus for the year	272,527	133,011
Movement from general reserve	-	25,000
Movement to overseas aid reserve	16,635	(16,635)
	7,938,378	7,649,216

Note 16. Contingent Liabilities

The company had no contingent liabilities as at 30 June 2016 and 30 June 2015

Note 17. Commitments

Non cancellable operating leases contracted for but not capitalised in the financial statements:

Payable: minimum lease payments		
- not later than twelve months	74,999	75,466
- between twelve months and five years	90,046	86,315
- greater than five years	25	26
	165,070	161,807

Note 18. Key Management Personnel Disclosures

Compensation

The aggregate compensation was made to directors and other members of key management personnel of the company is set out below

TOTAL REMUNERATION	1,388, 795	1,261, 176
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	2016 \$	2015 \$
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Note 19. Related Party Transactions

Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other parties unless otherwise stated:

Sydney Reproductive Health Services Limited

Payment of ASIC fees by Family Planning NSW for Sydney Reproductive Health Services Limited. Dr Johnstone, Ms Kerr and Ms Chambers are directors of both Sydney Reproductive Health Service Limited and Family Planning NSW.

	121	48
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Note 20. Events After The Reporting Period

No matter or circumstance has arisen since 30 June 2016 that has significantly affected or may significantly affect the company's operations, the results of those operations, or the company's state of affairs in future financial years.

Note 21. Economic Dependence

The company is dependent upon the ongoing receipt of Federal and State government grants to ensure the continuance of its programs. At the date of this report, management has no reason to believe that this financial support will not continue.

Note 22. Members Guarantee

The company is incorporated under the ACNC Act 2012 and is a company limited by guarantee. If the company is wound up, the ordinary members are required to contribute a maximum of \$10 each. As at 30 June 2016 the number of members is 54 (2015: 50).

Note 23. Table of Cash Movements for Designated Purposes

	Cash available at beginning of year	Cash raised during financial year	Cash disbursed during financial year	Cash available at end of financial year
Designated Purpose or Appeal				
ANCP	40,568	398,486	(417,821)	21,233
Total for other non-designated purposes	64,843	95,537	(45,843)	114,537
TOTAL	105,411	494,023	(463,664)	135,770

Note 24. Financial Summary

The surplus for the year is \$272,527. The company's income and expenditure for the year ended 30 June 2016 are summarised below:

Income (\$)		Expenditure (\$)	
Government grant	9,742,628	Staffing	10,216,291
Research grant	58,010	Projects	1,930,844
Other grant	484,265	Site	596,357
Self-generated income	2,731,116		
TOTAL INCOME	13,016,019	TOTAL EXPENDITURE	12,743,492
		SURPLUS	272,527

Directors' Declaration

The directors of Family Planning NSW declare that in the directors' opinion:

- There are reasonable grounds to believe that the registered entity is able to pay all of its debts, as and when they become due and payable; and
- The attached financial statements and notes comply with the *Australian Charities and Not-for-profit Commission Act 2012*, the *Australian Accounting Standards – Reduced Disclosure Requirements* and other mandatory professional reporting requirements.

Signed in accordance with subsection 60.15(2) of the *Australian Charities and Not-For-Profits Commission Regulations 2013*.

This declaration is made in accordance with a resolution of the Board of Directors.



Sue Carrick – President



Rosalind Winfield – Treasurer

Date this 27th day of September, 2016

INDEPENDENT AUDITOR'S REPORT TO THE DIRECTORS' OF FAMILY PLANNING NSW

Report on the Financial Report

We have audited the accompanying financial report of Family Planning NSW (the Company), which comprises the statement of financial position as at 30 June 2016, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

Directors' Responsibility for the Financial Report

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Regime and the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of a 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 the financial report based on our audit. We have conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the 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 financial report that gives a true and fair view 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. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

INDEPENDENT AUDITOR'S REPORT TO THE DIRECTORS' OF FAMILY PLANNING NSW (CONT)

Auditor's Opinion

In our opinion the accompanying financial report of Family Planning NSW is prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- a) giving a true and fair view of the Company's financial position as at 30 June 2016 and of its performance and cash flows for the year ended on that date; and
- b) complying with Australian Accounting Standards – Reduced Disclosure Regime and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013.

Matters Relating to the Electronic Presentation of the Audited Financial Report

This auditor's report relates to the financial report of Planning NSW for the year ended 30 June 2016 included on the Family Planning NSW web site. The company's directors are responsible for the integrity of Family Planning NSW's web site. We have not been engaged to report on the integrity of Family Planning NSW's web site. The auditor's report refers only to the financial report. It does not provide an opinion on any other information which may have been hyperlinked to/from these statements. If users of this report are concerned with the inherent risks arising from electronic data communications they are advised to refer to the hard copy of the audited financial report to confirm the information included in the audited financial report presented on this web site.



William Buck
Chartered Accountants

ABN 16 021 300 521



L.E. Tutt
Partner

Dated this 27th day of September, 2016

CHARTERED ACCOUNTANTS & ADVISORS

Sydney Office
Level 29, 66 Goulburn Street
Sydney NSW 2000
Telephone: +61 2 8263 4000

Parramatta Office
Level 7, 3 Horwood Place
Parramatta NSW 2150
PO Box 19
Parramatta NSW 2124
Telephone: +61 2 8836 1500
williambuck.com

Who we work with

3 Bridges Community

ACON NSW

Allambi Youth Service

ALOW Youth Hub - Ku-ring Gai
Council Youth Services

Armajun Aboriginal Health Service Inc
• Glen Innes
• Inverell
• Tenterfield

Australian Catholic University

Australian Council for International
Development Communities of
Practice

Australian Council Healthcare
Services

Australasian Menopause Society

Australasian Sexual Health and
HIV Nurses Association Inc

Australasian Sexual Health Alliance

Australasian Society for HIV, Viral
Hepatitis and Sexual Health
Medicine

Bankstown Intensive English Centre

Bankstown Workers With Youth
Network

Barnardos
• Canterbury
• Cobar

BBV and STI Research, Intervention
and Strategic Evaluation (BRISE)

Belinda Mason Photography

Beresfield Surgery

Birralli - Aboriginal Maternal and
Child Health Services

Blacktown Women and Girls
Health Centre

Bligh Park Community Services Inc.

Breast Cancer Foundation -
Community Reference Group

Break Thru People Solutions

BreastScreen NSW

BUPA

Burnett Institute Melbourne

Child and Adolescent Mental Health
Service Prevention, Early
Intervention and Recovery Service
(CAMHS PEIRS) - Parramatta

Cancer Council Australia

Cancer Council NSW

Cancer Institute NSW

Central Coast Youth Health Service

Cessnock High School

Cessnock Youth Services

Chatswood Youth Centre -
Willoughby City Council Youth
Services

Community First Step - Fairfield

Community Junction (formerly St
Clair Youth Service)

Core Community Services -
Cabramatta

Dareton Primary Health Centre

Deakin University

Department of Education

Department of Health and Ageing

Diethylstilbestrol (DES) Action NSW

Douglass Hanly Moir

Eastlake Youth Service
• Windale
• Swansea

Evolution Youth Service
(Coast Community Connections)

Fairfield Liverpool Youth Health
Team - Carramar

Fairfield Youth Workers Network

Family Medical Practice @2325

Family Planning Australia Alliance

Family Planning Queensland

Family Planning Victoria

Family Referral Services

Far West Child and Family
Health Centre

Foundation for Young Australians

Gilgandra Youth Service

Gloucester Youth Service

GP Maroubra

Hawkesbury City Council

Hawkesbury Community
Outreach Services

headspace

- Ashfield
- Bankstown
- Campbelltown
- Castle Hill
- Dubbo
- Liverpool
- Mount Druitt
- Newcastle
- Parramatta
- Penrith

Hobsons Bay City Council

Hunter New England Local Health
District

Hunter Primary Care

Information on Disability Education
and Awareness Services

Illawarra Local Health District

Kurri Kurri Youth Service

La Trobe University

Life Links

LikeMind
• Penrith
• Seven Hills

Lunette

Maari Ma Health Aboriginal
Corporation Broken Hill

Macarthur Family and Youth
Services

Macquarie University

Maribyrong City Council

Marist Youth Care

Marrickville Resource Centre

Mental Health Coordinating Council

Merana Aboriginal Service

Mid Mountains Youth Centre

Mid North Coast Local Health District

Mindaribba Local Aboriginal Land
Council

Ministry of Health

- Mental Health Drug and
Alcohol Branch
- Office of Kids & Families
- NSW Health STI Programs Unit
- NSW Multicultural Health
Communication Service
- NSW Refugee Health Service

Mission Australia

- Bourke
- Claymore
- Dubbo
- Wellington

Miyay Birray

- Youth Service
- Aboriginal Community Centre

Monash University

Moree Community Health Centre

Moree Family Support Inc

Mountains Youth Services Team

MTC Australia

Multicultural Health Unit

Murrumbidgee Local Health District

MYST Upper Mountains

National Aboriginal Sporting Chance
Academy

Nepean Blue Mountains Local Health
District

Nepean Community Neighbourhood
Service
• Glenmore Park
• Koolyangara Aboriginal Child
and Family Centre
• South Penrith

Nepean Interyouth Services

New South Wales Association for
Youth Health

Newcastle Multicultural Health
Interagency

North Richmond Community Centre

North Richmond Youth Project

Northern NSW Local Health District

Northern Sydney Local Health
District

NSW Gay and Lesbian Rights Lobby

NSW Anti-Homophobia Interagency

Parks Community Network Inc -
Prairiewood

Pathfinders Inverell - Inverell Family
Youth Support Services

Penrith City Council

Peppercorn Youth Services

Phoenix House
• Youth Service
• Support Service

Planet X Youth Centre

Platform Youth Services

Poche Centre for Indigenous Health

Port Stephens Family and
Neighbourhood Services

PozHet

Putland High School - Cobham

Queensland University of
Technology

RANZCOG

Rape and Domestic Violence
Services Australia

Red Cross - Blacktown

Regional Youth Support Services

Richmond PRA

Risky Business

Royal Flying Doctors Service

Royal Women's Hospital, Melbourne

rsvp.com.au

Safe Schools Coalition Australia

Samaritans Student Accommodation
Wickham

Sexual Health Far West

Singleton Youth Centre

South Eastern Sydney Local
Health District

South Western Sydney Local Health District

Southern NSW Local Health District

Southlake Youth Service

St Elmo Medical Practice

St Leonards Medical Centre

Sydney Local Health District

Sydney Men's Health

Synergy Youth Centre

Taldumande Youth Services

Ted Noffs Mount Druitt

The Burdekin Association

The Corner - Bankstown

The Fitz Youth Centre -Ku-ring Gai Council Youth Services

The Glue Factory

The Grove

The Hills Youth Centre, Kariong

The Junction Works - Austral

The Kirby Institute

The Shack Youth Services

Tobwabba Aboriginal Medical Service

Tomaree Medical Centre

Touching Base Inc

University of NSW - Northern Clinical School

University of Newcastle - Medical and Nursing Faculty

University of Sydney

- Rural Clinical School, Dubbo Catchment
- Western Sydney Sexual Health Centre

University of Technology, Sydney

Upper Hunter Youth Services

Victorian Assisted Reproductive Treatment Authority

Walgett Aboriginal Medical Service

Waverley Community Living Program

Werrington Youth Centre

Western NSW Local Health District

Western Sydney Local Health District

Western Sydney University

Wyong Central Community Centre

Wyong Neighbourhood Centre

yFoundations

Young Peoples Refuge Leichhardt

Youth Health Council

International Partnerships

Asia Pacific Alliance for Sexual and Reproductive Health and Rights

Australian Cervical Council Foundation

Australian Council for International Development

Australian Disability and Development Consortium

Cooperative Café Timor

Department of Foreign Affairs and Trade

International Planned Parenthood Federation

Population Services International

Reproductive and Family Health Association of Fiji

Solomon Islands Ministry of Health and Medical Services

Vanuatu Family Health Association

Partnerships with Pharmaceutical Companies

Bayer Healthcare

MSD

Peak Consumer Participation Committee Partners

- Waverley Community Living Program
- MTC Australia, Fairfield
- North Richmond Community Centre

Our clinics

Family Planning NSW Ashfield

328-336 Liverpool Road
Ashfield NSW 2131
P: 02 8752 4300

Family Planning NSW Fairfield

Units 45 & 46
24-26 Nelson Street
Fairfield NSW 2165
P: 02 9754 1322

Family Planning NSW Penrith

13 Reserve Street
Penrith NSW 2750
P: 02 4749 0500

Family Planning NSW Hunter

Ground floor,
384 Hunter Street
Newcastle NSW 2300
P: 02 4929 4485

Family Planning NSW Dubbo

2B/155 Macquarie Street
Dubbo NSW 2830
P: 02 6885 1544



"I travel some distance to visit FPNSW, great service and staff always talk through procedure, excellent always."

"Staff very professional, friendly and helpful. This is a fantastic service and I would definitely refer friends and family."

"This has been my second visit to this clinic and I seriously doubt I will ever go anywhere else."

"Thank you FPNSW team. Terrific to catch up. Professional, informative; evidence-based and engaging."

"I can't fault it - I found the course innovative, informative and highly valuable."

"My doctor was great: informative, friendly, attentive and professional."