



family  
planning nsw

Reproductive & Sexual Health



Family Planning NSW

# STRATEGIC PLAN

## 2018 - 2022

## 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 for 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

## OUR COMMUNITIES

Every body in every family

Aboriginal and Torres Strait Islander people and communities

People from culturally and linguistically diverse backgrounds

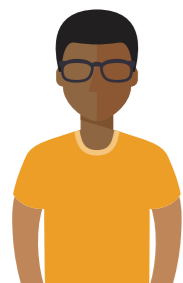
People with disability

Young people





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## WELCOME TO OUR STRATEGIC PLAN 2018-2022

Since 1926 Family Planning NSW has advanced the reproductive and sexual health rights of individuals, families, high need groups and the broader community.

We champion the rights of all for reproductive and sexual health with a focus on priority populations, including young people, Aboriginal and Torres Strait Islander people, people with disability and people from culturally and linguistically diverse (CALD) backgrounds to ensure equal access for services for all.

During the term of our last strategic plan (2014-2018) we celebrated our 90th birthday as an organisation and achieved some critical milestones:

- Implementation of new fee for service models to provide additional income to support our work for priority populations
- Expansion of outreach clinics across NSW to improve access to services
- Establishment of 20 online courses
- Publication of two Australian clinical practice handbooks on reproductive and sexual health and contraception
- Expansion of our research partnerships, including leadership of a national population health research project
- Increase in funding for our international development work to support projects in ten Pacific countries with over 50,000 beneficiaries.

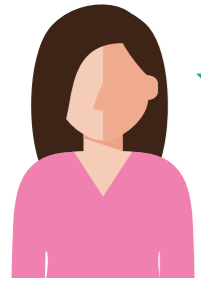
This strategic plan sets an ambitious agenda as we continue to evolve and adapt to areas of emerging need. Some of the key initiatives we are committing to over the next four years are:

- Develop new service offerings, including mid-life services and termination of pregnancy
- Expand the reach of existing services, including services for men
- Offer new ways of accessing our services through mechanisms such as the continued investment in online services, flexible face-to-face delivery options and co-located services with partner organisations
- Increase access to our education services via new technologies
- Expand our international programs for our neighbours in the Pacific
- Upgrade our Head Office and Ashfield clinic.

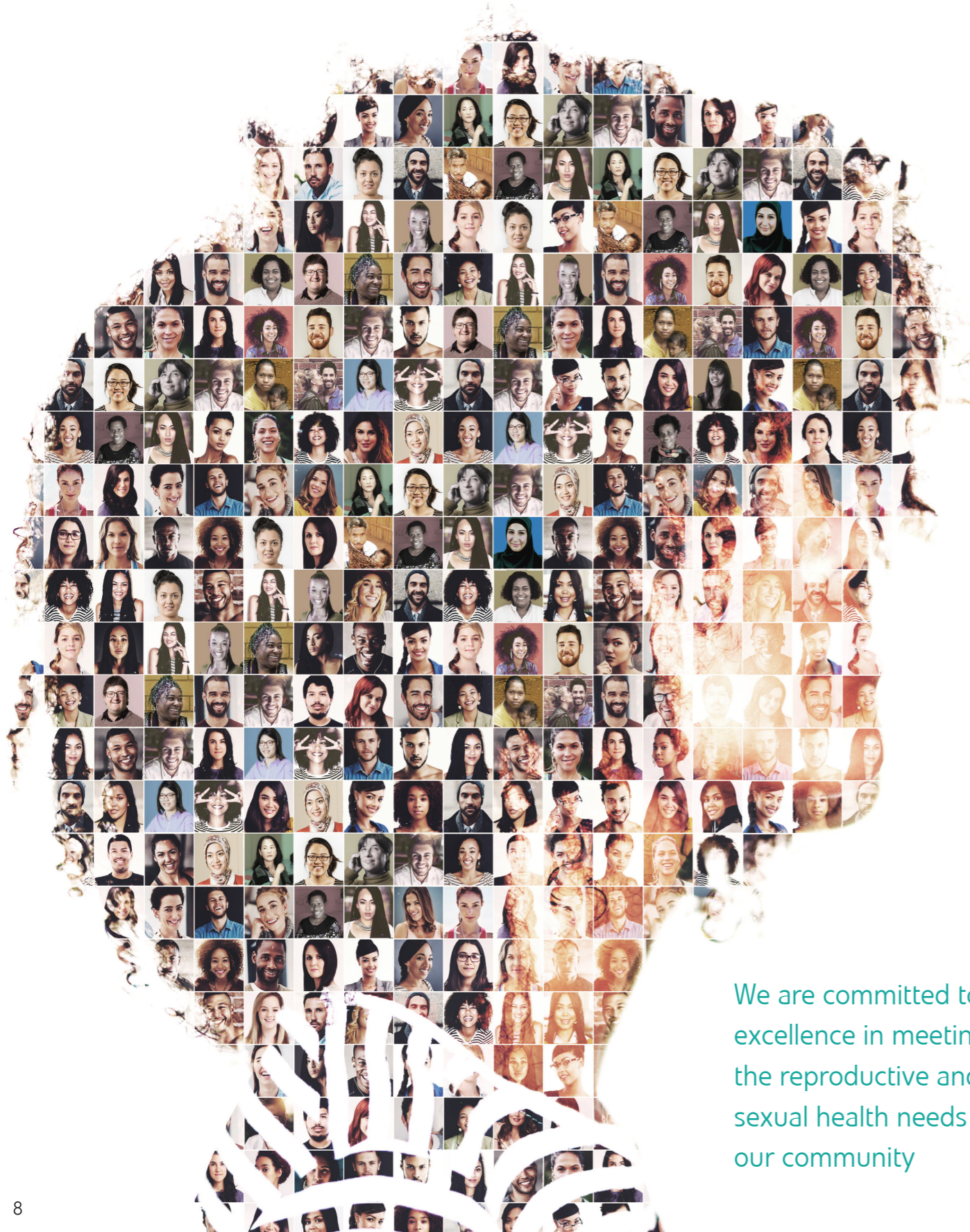
Our remarkable workforce has the passion, skills and commitment to achieve these ambitions and we will continue to work collaboratively with our network of community, NGO, private sector and government organisations. We value these partnerships and understand that in working together we can achieve much more in providing every body in every family access to high quality services and information about their reproductive and sexual health and rights.

**Sue Carrick**  
**President MHSc**  
**MAICD**

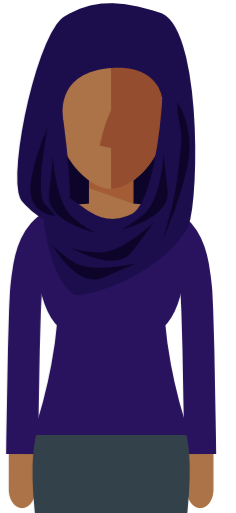




## WHO WE ARE



We are committed to excellence in meeting the reproductive and sexual health needs of our community



We recognise that every body in every family should have access to high quality clinical services and information. As an independent, not-for-profit organisation, we provide a safe place for people to talk about their sexual and reproductive health.

Family Planning NSW is the leading provider of reproductive and sexual health services in NSW. Our work is grouped across four interdependent pillars:

### INTEGRATED HEALTH SERVICES

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's 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.

### EDUCATION SERVICES

Family Planning NSW's education and training activities are evidence-based, broad-ranging and include programs for clinicians, disability workers, teachers, parents and carers, and other health education and welfare professionals, both locally and internationally. Our education services build the capacity of health, education and community professionals to address the reproductive and sexual health needs of their communities and region, beyond our clinical services.

### THE RESEARCH CENTRE

Our Research Centre leads and partners with universities and other research organisations to grow the body of knowledge about reproductive and sexual health.

We focus on translating research findings into clinical practice and teaching and in guiding governments on best practice reproductive and sexual health.

We conduct rigorous evaluations of all our work to continuously improve the quality of all our services and to ensure we are achieving optimal results.

### INTERNATIONAL DEVELOPMENT

Our international development program works to build capacity of government and civil society to assist poor and marginalised communities in developing countries in the Pacific region to increase access to comprehensive reproductive and sexual health services.



## BOARD COMMITTEE & GROUPS CHART

## ORGANISATIONAL CHART

### BOARD OF DIRECTORS

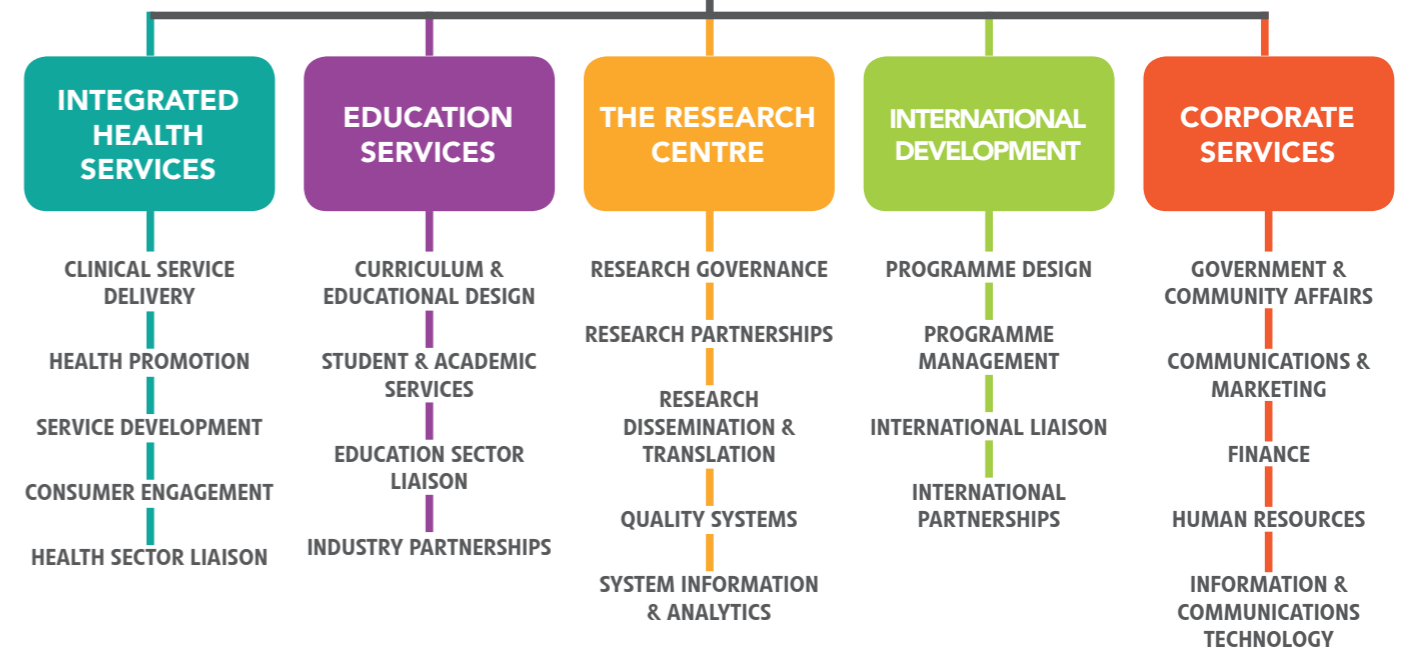
#### BOARD SUB-COMMITTEES



#### BOARD ADVISORY COMMITTEES



### CHIEF EXECUTIVE OFFICER





## OUR STRATEGIC DIRECTIONS AT A GLANCE

### INTEGRATED HEALTH SERVICES

Provide high quality reproductive and sexual health services that encompass prevention, screening, assessment and management.

Our key initiatives in 2018-2022 will be to:

- develop new service offerings including age-specific services (midlife), procedural services (termination of pregnancy, vasectomy) and services for people with disabilities
- expand the reach of existing services across NSW, especially to areas of high need
- utilise new technologies and data to enhance service delivery and access

### EDUCATION SERVICES

Lead reproductive and sexual health education by delivering targeted, accredited courses to clinicians, schools and community sector professionals.

Our key initiatives in 2018-2022 will be to:

- increase access to our educational programs, especially for providers who work with our priority populations
- offer innovative education programs, including the use of technology, to improve access and students' learning experience
- enhance educational programs to the school and community sectors

### INTERNATIONAL DEVELOPMENT

Build the capacity of international partners in the Pacific region to provide universal access to reproductive and sexual health services.

Our key initiatives in 2018-2022 will be to:

- build the capacity of international partners, people and health systems to provide sustainable reproductive and sexual health services
- advocate for and support universal access to reproductive and sexual health and rights to progress the achievement of the Sustainable Development Goals in the Pacific

### THE RESEARCH CENTRE

Provide leadership in reproductive and sexual health research and evaluation

Our key initiatives in 2018-2022 will be to:

- lead and collaborate on reproductive and sexual health research and evaluation including in the areas of contraception, unintended pregnancy, cervical cancer screening and termination of pregnancy
- focus our research and research collaborations on priority populations including Aboriginal and Torres Strait Islander people and communities, people from culturally and linguistically diverse backgrounds, people with disability and young people
- expand our research capacity by increasing our external research funding, providing opportunities for student internships and through partnerships with other research institutions
- disseminate and translate our research and evaluation findings to inform our integrated health services, education, international development and advocacy work to impact public policy

### ORGANISATIONAL SUPPORT

Ensure our people, systems and culture enable us to meet priority reproductive and sexual health needs.

Our key initiatives in 2018-2022 will be to:

- facilitate a workforce culture that models our values
- build and strengthen linkages with key decision makers and partners to advocate for reproductive and sexual health
- build the community profile of Family Planning NSW
- upgrade our Head Office facility
- enhance our Information and Communication Technology (ICT) systems in line with emerging service needs



## OPERATING ENVIRONMENT



### 3 GOOD HEALTH AND WELL-BEING



Family Planning NSW aims to enhance the reproductive and sexual health and rights of communities. We develop our programs to support universal access to reproductive and sexual health-care services, including for family planning, information and education, and the integration of reproductive and sexual health into national strategies and programmes as well as ending all forms of discrimination against all women and girls.

We work in partnership with government, non-government and community organisations to implement programs that support the achievement of the Sustainable Development Goals, in particular ensuring healthy lives and promoting well-being for all ages (goal 3) and achieving gender equality and empowering all women and girls (goal 5).

### 5 GENDER EQUALITY



### 17 PARTNERSHIPS FOR THE GOALS







## REPRODUCTIVE & SEXUAL HEALTH INDICATORS

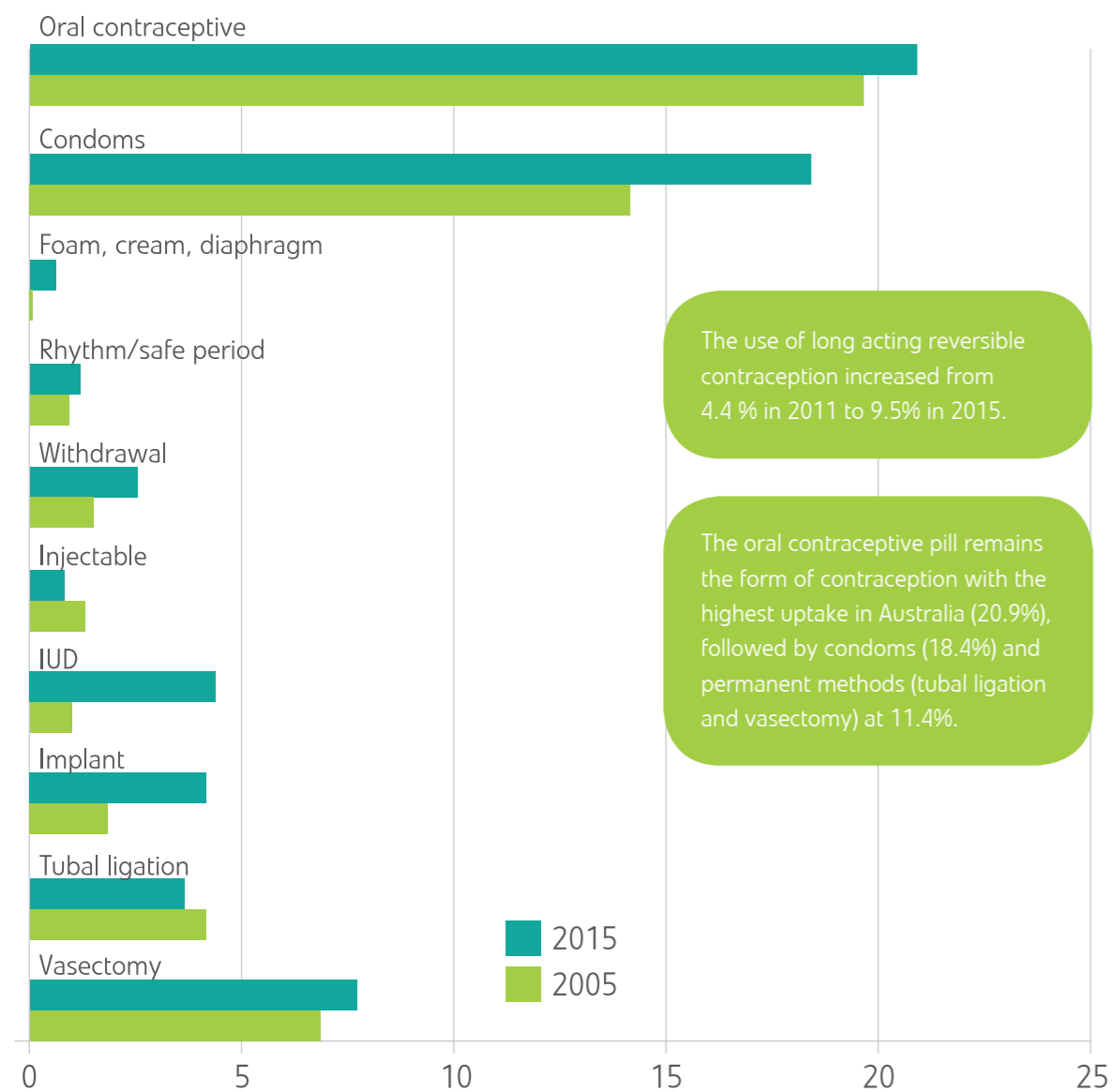
### CONTRACEPTION USE

#### Australia

From 2005 to 2015, over half of Australian women of reproductive age (15-49 years) were using contraception. Approximately 80% of Australian women have used contraception at some stage in their lifetime.

Long acting reversible contraception (LARC) such as intrauterine devices, implants and contraceptive injections are the most effective and cost-effective methods of contraception. However, uptake is low in Australia.

#### Proportion of contraception use by type of contraception, 2005-2015



The use of long acting reversible contraception increased from 4.4 % in 2011 to 9.5% in 2015.

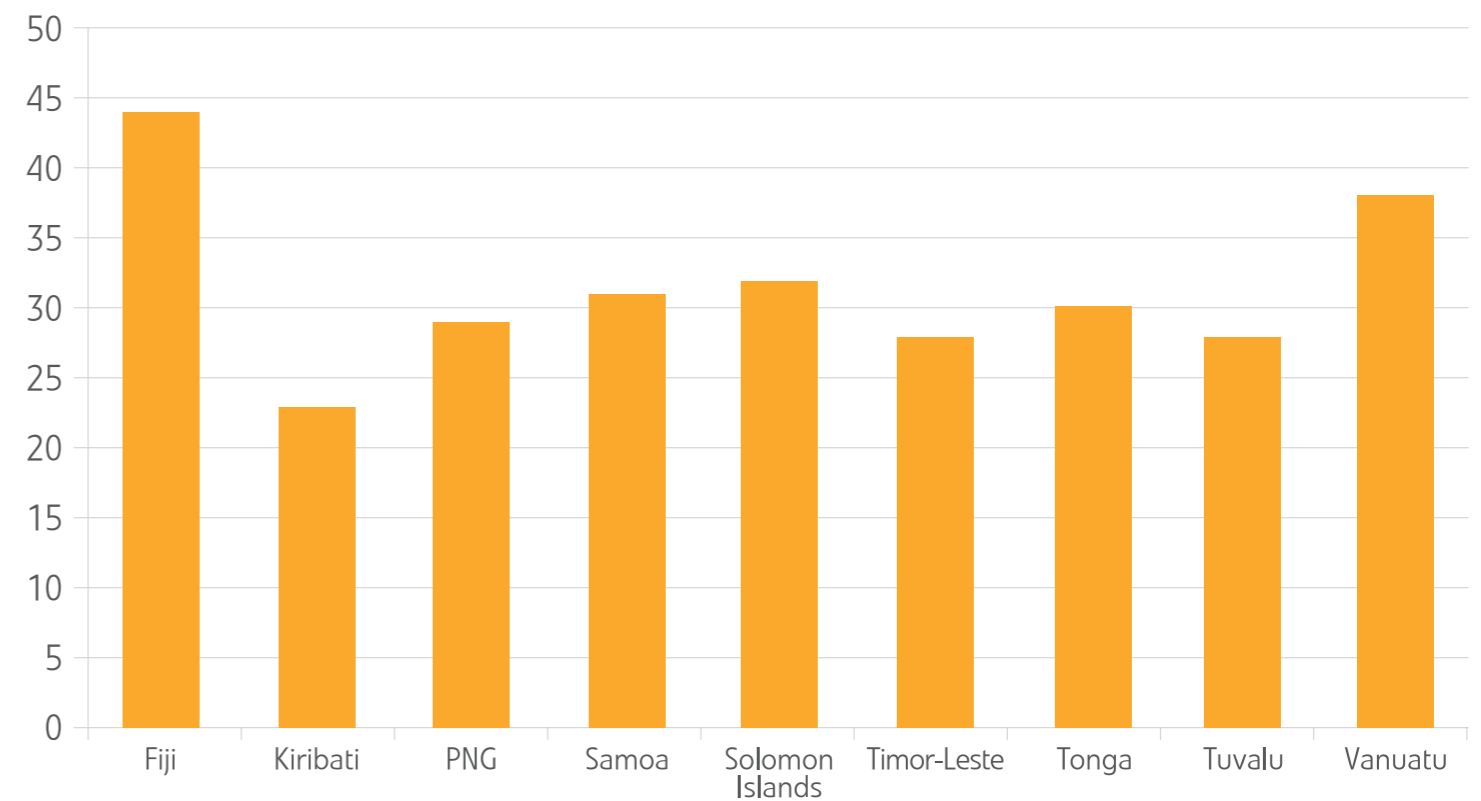
The oral contraceptive pill remains the form of contraception with the highest uptake in Australia (20.9%), followed by condoms (18.4%) and permanent methods (tubal ligation and vasectomy) at 11.4%.

Source: The Household, Income and Labour Dynamics in Australia (HIDLA) survey, 2005, 2008, 2011, & 2015 data, obtained from the Melbourne Institute of Applied Economic and Social Research

#### The Pacific

The contraceptive prevalence rate (any method) for women aged 15-49 in 2016 was 31% in Timor Leste and 38% in PNG. Use of contraception is inversely related to the fertility rate of women, with the average number of children in Timor Leste being 5.3, 3.9 in Samoa, 3.8 in Solomon Islands and 3.6 in PNG and Tonga. The use of modern methods of contraception remains relatively low, which can be attributed to, in part, unreliable supply of contraceptives, lack of training for clinicians in the insertion and removal of LARC, and lack of community education on the benefits of family planning.

#### Contraceptive prevalence rate, women 15-49 years using modern methods of contraception, 2016



Source: UNFPA World Population Dashboard

225 million women in developing countries have an unmet need for modern contraception.

At least 22,500 women died from unsafe abortion complications in 2014.

If we provide reproductive and sexual health services and meet the need for modern contraception, every dollar spent will yield \$120USD in benefits.

If we meet the need for modern contraception and quality care, unintended pregnancy would decline by 70% and unsafe abortions would decline by 74%.

Source: Women Deliver (<http://womendeliver.org/investment/meet-demand-modern-contraception-reproductive-health/>)



## TEENAGE FERTILITY

### Australia

In 2016, the teenage fertility rate in Australia was lower (10.5 live births per 1,000 women) than the average of 18.5 live births per 1,000 women for developed countries. However, the rate for Aboriginal and Torres Strait Islander women was 4.6 times higher than the Australian rate.

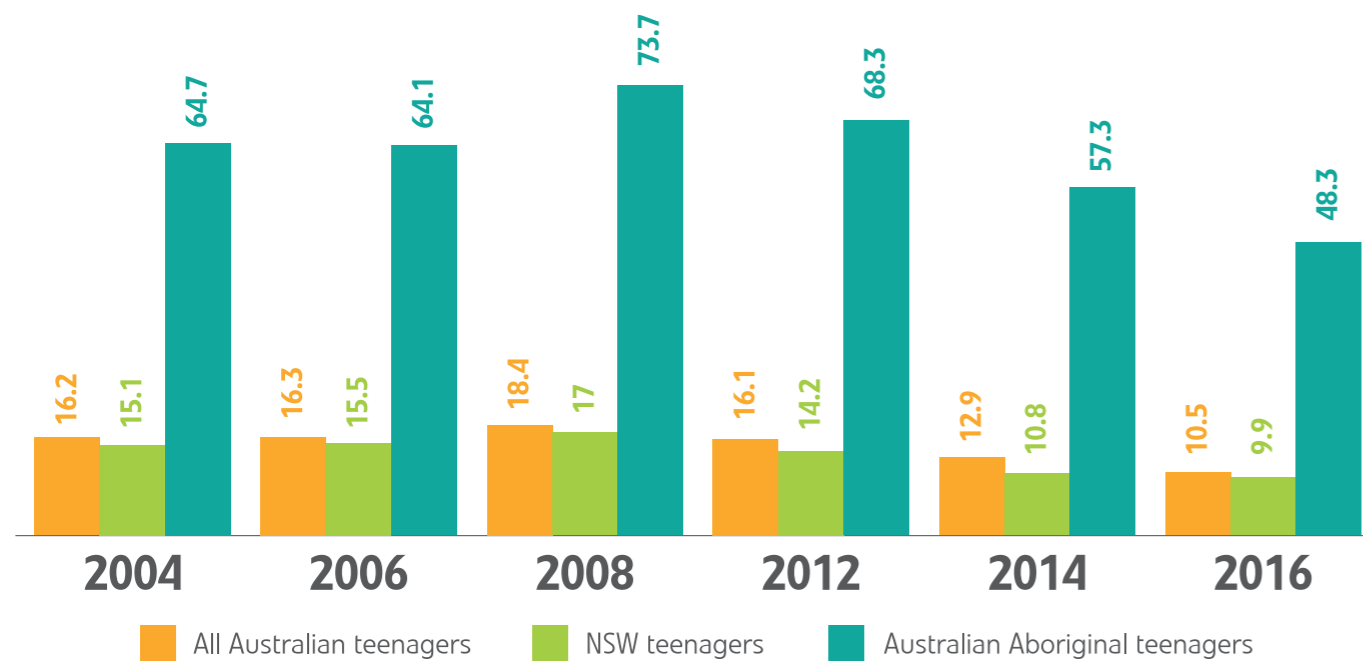
In 2014, the teenage fertility rate was higher in very remote areas of Australia (81 live births per 1,000 teenagers) and among North African and Middle Eastern teenagers (23 live births per 1,000 teenagers) than the overall Australian rate of 13 live births per 1,000 teenagers.



The Australian teenage fertility rate for Aboriginal and Torres Strait Islander women is 4.6 times higher (48.3 live births/1,000 women) than the average Australian rate of 10.5 live births/1,000.

### Teenage fertility rate, 2004-2016

(No. of live births per 1,000 women aged 15- 19)



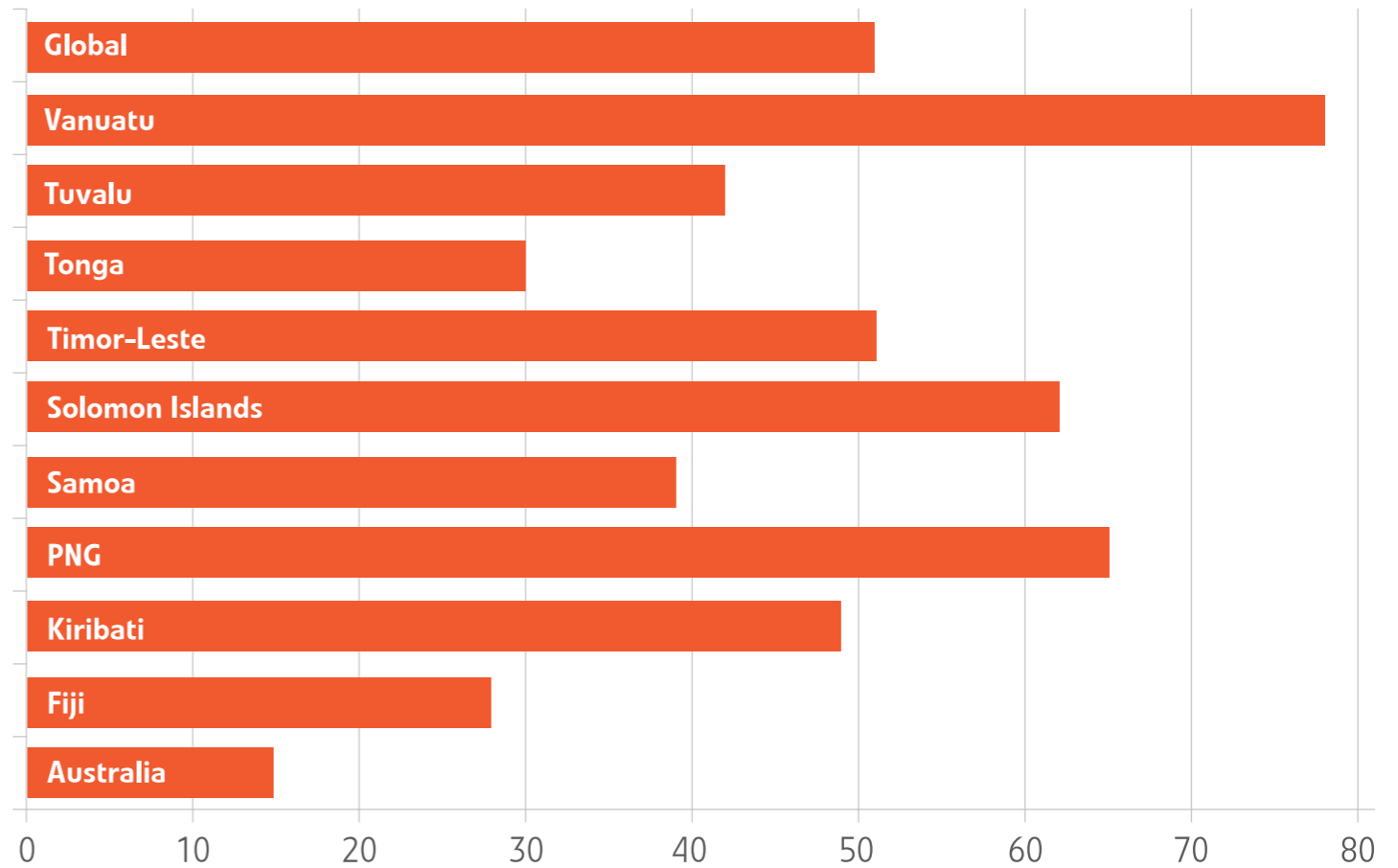
Source: Australian Bureau of Statistics, 3301.0 - Births, Australia, 2015

### The Pacific

In Australia the average teenage birth rate was 14.8 per 1,000 women aged 15 – 19 years (between 2006 and 2016), where as the rates in the Pacific are between 2-6 times higher, with average teenage birth rate in Vanuatu at 78 per 1,000 and 65 per 1,000 in Papua New Guinea. The global average (including developed, developing and under developed countries) for this period was 51 births per 1,000 women aged 15 -19 years.

### Teenage fertility rate, 2006-2015

(No. of live births per 1,000 women aged 15 to 19)



Source: UNFPA World Population Dashboard

## SEXUALLY TRANSMISSIBLE INFECTIONS

### Australia

Chlamydia remains the most frequently notified sexually transmissible infection (STI) in Australia, with a total of 71,751 notifications in 2016. Three quarters of these notifications were among people under 30 years of age.

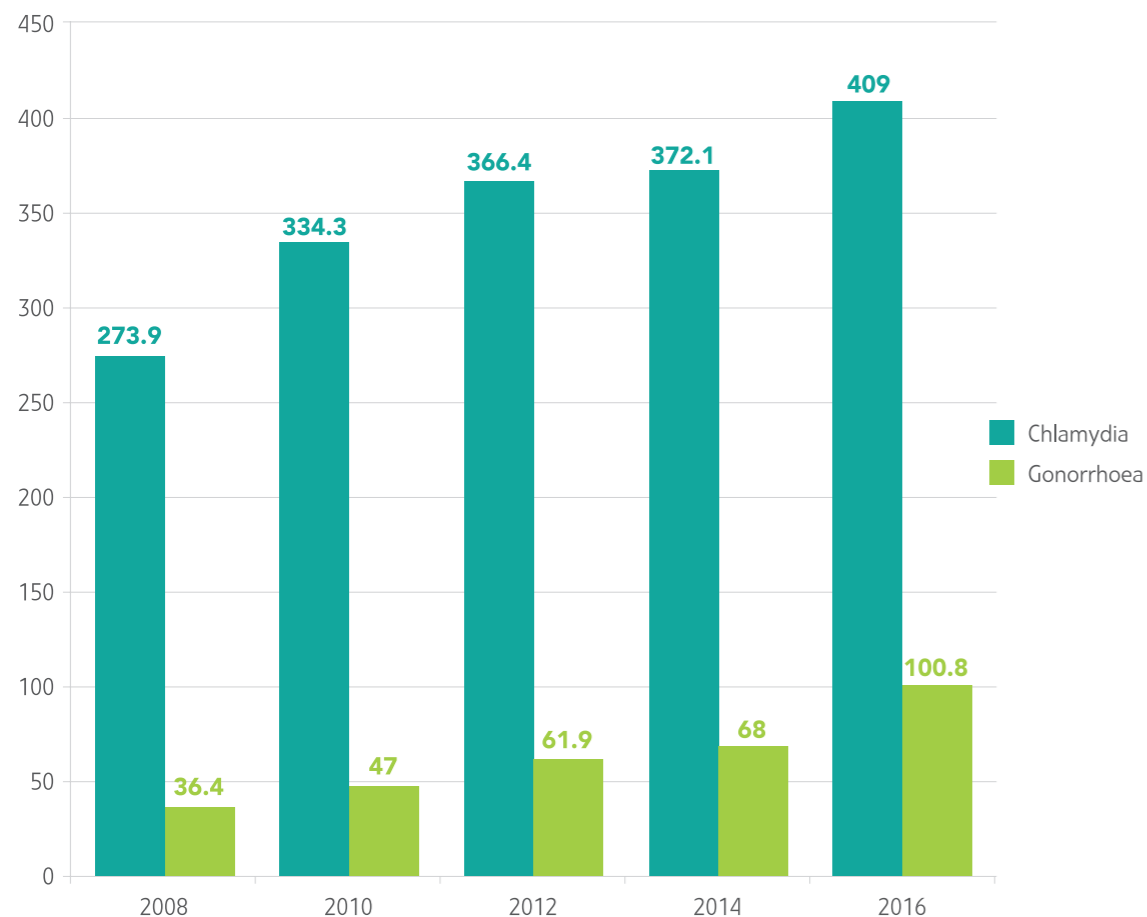
There were 23,887 new diagnoses of gonorrhoea in 2016, with about three-quarters of all diagnoses in males. In 2016, gonorrhoea incidence was 34 per 100 person-years in HIV-positive gay and bisexual men, 1.5 times higher than in HIV-negative gay and bisexual men (23 per 100 person-years).



On average, one in four sexually active young people in the Pacific has an STI, and in some Pacific Island Countries and Territories up to 40 per cent of sexually active young people have an STI.

In the Australian Aboriginal and Torres Strait Islander population, notification rates of sexually transmissible infections remain higher than in the non-Aboriginal population: gonorrhoea is 7 times higher, infectious syphilis 5 times higher, and chlamydia 3 times higher.

### Age standardised STI notification rates per 100,000 population in the Pacific, 2008-2016



Source: Australian National Notifiable Disease Surveillance System.

## CERVICAL CANCER

### Australia

In Australia, the age-standardised biennial cervical screening participation rate of women aged 20-69 in 2014-15 was 57%.

Participation varied ranging from 52% for very remote areas to 58% for inner regional areas. There was a clear association between participation and socioeconomic group, with participation rising from 51% for women in the lowest socioeconomic group to 63% for those in the highest socioeconomic group.

The incidence of cervical cancer in Aboriginal and Torres Strait Islander women is more than twice that of non-Aboriginal and Torres Strait Islander women, and mortality is 4 times the non-Aboriginal and Torres Strait Islander rate.



3.8 million women participated in the National Cervical Screening Program, in 2014-2015. Age standardised biennial participation rate in Australia and NSW were 57 and 58, respectively.

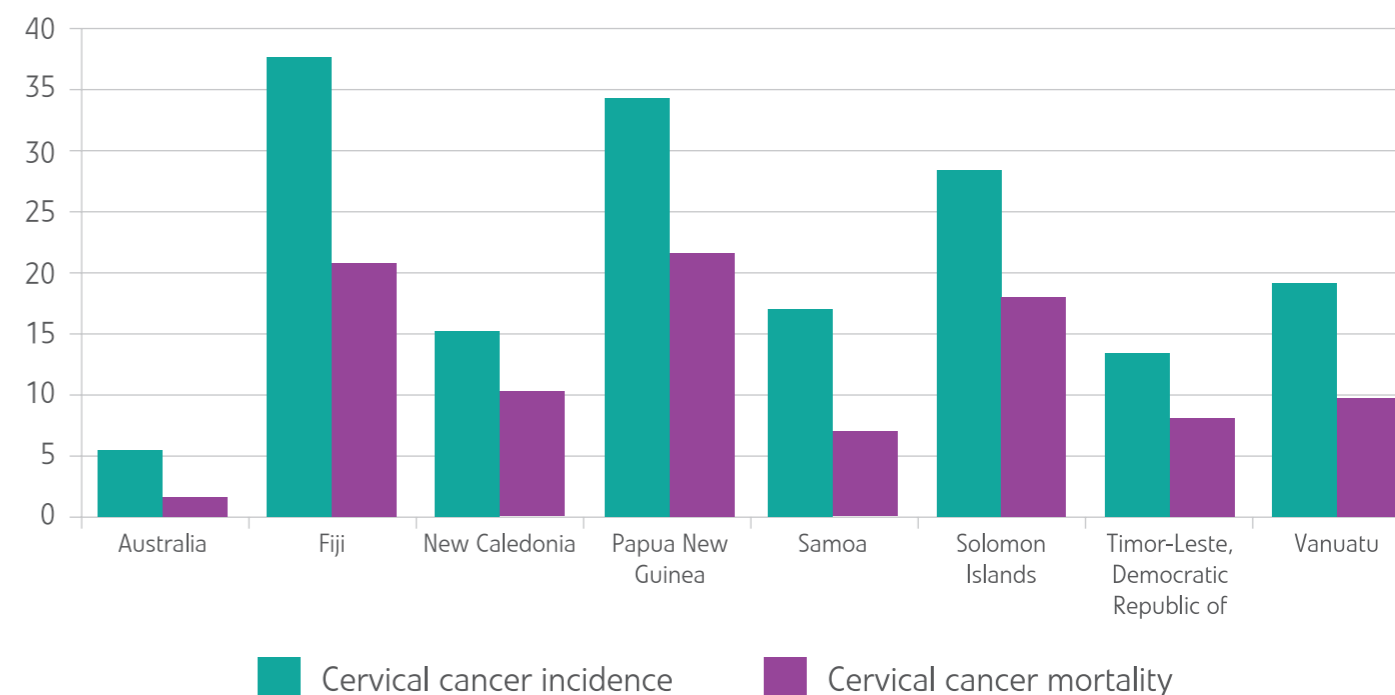
In 2015, 78% of females and 67% of males aged 15 years had received all 3 doses of the HPV vaccine. HPV vaccination coverage is lower in very remote areas and in those of lower socioeconomic status.

### The Pacific

Women in the Pacific are dying of cervical cancer at up to 13 times the rate in Australia. In 2012 the incidence of cervical cancer in Australia was 5.5 new cases and the mortality rate was 1.6 per 100,000 women, standardised for age. By comparison the age standardised incidence rate in Fiji was 37.8 new cases and the death rate was 20.9 women.

Cervical cancer deaths in Australia have halved since the introduction of the National Cervical Cancer Screening Program in 1991 but this trend has not occurred in developing countries where screening programs have not been implemented or where success has been more limited. Cost- and resource-effective methods for prevention, screening and treatment of cervical pre-cancer in developing countries are required to reduce deaths from cervical cancer in the Pacific.

### Age standardised cervical cancer incidence and mortality, 2012



Source: Ferlay J, Soerjomataram I, Ervik M, Dikshit R, Eser S, Mathers C, et al. GLOBOCAN 2012 v1.0. Cancer Incidence and Mortality Worldwide: IARC CancerBase No. 11. 2013. Available from: <http://globocan.iarc.fr>

## PHYSICAL AND SEXUAL VIOLENCE

Approximately **one in four women** have experienced violence by an intimate partner, compared to 1 in 13 men.

### Australia

In 2016, two in five people (39%, or 7.2 million) aged 18 years and over have experienced an incident of physical or sexual violence since the age of 15, including 42% of men and 37% of women. Four in 10 men and three in 10 women have experienced physical violence, and one in five women and one in 20 men have experienced sexual violence.

Source: Australian Bureau of Statistics

### The Pacific

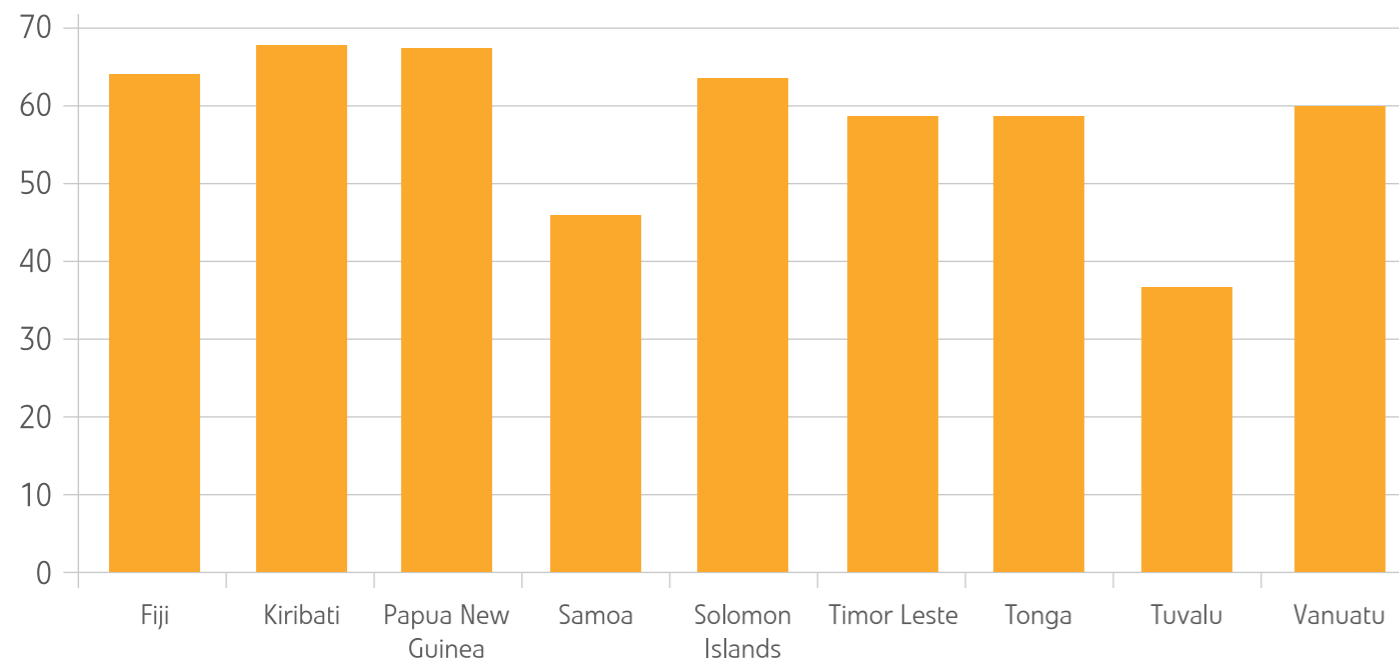
Based on data from 2000 – 2015, it has been estimated that between 60% and 70% of women experience physical or sexual violence during their lifetime.

1 in 3 women worldwide experience physical or sexual violence in their lifetime, mostly by an intimate partner.

Economists found that investing in the elimination of gender-based violence is one of the 19 most cost-effective SDG targets.

Source: Women Deliver (<http://womendeliver.org/investment/dramatically-reduce-gender-based-violence-harmful-practices>)

## Percentage of women who experience physical or sexual violence in their lifetime



Source: UNFPA [http://asiapacific.unfpa.org/sites/default/files/pub-pdf/VAW%20Regional%20Snapshot\\_2.pdf](http://asiapacific.unfpa.org/sites/default/files/pub-pdf/VAW%20Regional%20Snapshot_2.pdf)



## INDUCED ABORTION

### Australia

There is no routine data collected across Australia on the incidence of induced abortion and estimates are therefore derived from a number of sources. In 2004, there was a slight decline in the estimated abortion rate in Australia from 22 per 1,000 women aged 15-44 in 1995 to 19 per 1,000 women.

Lack of data limits the capacity of health services to target reductions of unintended pregnancies and to provide services for the management of these pregnancies, including in NSW.

Source: Chan A, Sage LC. Estimating Australia's abortion rates 1985-2003. *Medical Journal of Australia*. 2005; 182:447-52; Laws P, Grayson L, Sullivan EA. Australia's mothers and babies 2004. AIHW National Perinatal Statistics Unit. 2006

In 2005, 35% of the most recent pregnancies to women aged 18 to 44 were unintended.

Source: Hewitt B, England P, Baxter J, Fitzgibbons Shafer E. Education and unintended pregnancies in Australia: Do differences in relationship status and age at birth explain the education gradient? *Population Review*. 2010;49:36-52.

Between 2001 and 2002, 23% of women aged between 16 to 59 years who had ever been pregnant, had had an abortion.

Source: Smith AMA, Rissel CE, Richters J, Grulich AE, de Visser RO. Sex in Australia: Reproductive experiences and reproductive health among a representative sample of women. *Australian & New Zealand Journal of Public Health*. 2003;27:204-9



## OTHER NATIONAL & STATE FRAMEWORKS

The Australian government and NSW government have developed a number of strategies that are directly relevant to our work. These include:

### NATIONAL STRATEGIES

- The Second National Hepatitis B Strategy 2014-2017
- The Third National Sexually Transmissible Infections Strategy 2014-2017
- The Fourth National Hepatitis C Virus (HCV) Strategy 2014-2017
- The Fourth National Aboriginal and Torres Strait Islander Blood Borne Viruses (BBVs) and Sexually Transmissible Infections (STIs) Strategy 2014-2017
- The Seventh National HIV Strategy 2014-2017
- COAG, Closing the Gap on Indigenous Disadvantage, 2008
- National Disability Insurance Scheme policies
- National Women's Health Policy 2010
- Family and Domestic Violence Strategy 2016 - 2019

### NSW STRATEGIES

- NSW State Health Plan: Towards 2021
- Healthy, Safe and Well: A Strategic Health Plan for Children, Young People and Families 2014-24
- NSW Health Framework for Women's Health 2013
- NSW Aboriginal Health Plan 2013-2023
- NSW Health Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012-2016
- NSW Youth Health Framework 2017-2024
- NSW Rural Health Plan: Towards 2021
- NSW Cancer Plan
- NSW Domestic and Family Violence Prevention and Early Intervention Strategy 2017-2021
- NSW HIV Strategy 2016-2020
- NSW Sexually Transmissible Infections Strategy 2016-2020
- NSW Hepatitis C Strategy 2014-2020
- NSW Hepatitis B Strategy 2014-2020
- NSW Aboriginal Blood Borne Viruses and Sexually Transmissible Infections Framework 2016-2021

Some of the key themes of these strategies are:

- massive differential between the prevalence of cervical cancer, blood borne viruses and sexually transmissible infections between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander populations
- attendant need to focus on the needs of Aboriginal and Torres Strait Islander and culturally and linguistically diverse people in culturally sensitive and appropriate ways
- importance of focusing on providing information and education to young people in preventing unplanned pregnancies and the spread of STIs
- need for engagement between Government, NGOs, the private sector and the community in confronting these health issues
- importance of coordinated policy responses to health issues across Governments
- early intervention across the health spectrum improves health outcomes for the community and also allows the redistribution of funds and effort to areas of need

Other key drivers of our strategic direction over the next four years include:

- The ongoing evolution of the Primary Health Networks (PHNs) which commission primary care services for their local communities – Family Planning NSW will continue to explore opportunities to engage with PHNs in providing reproductive and sexual health services across NSW
- The implementation of the National Disability Insurance Scheme (NDIS) – Family Planning NSW will explore options for providing reproductive and sexual health supports to people with a disability under the NDIS
- The implementation of electronic and patient-held medical records that will facilitate sharing of information across providers – Family Planning NSW will actively participate in the roll-out of new medical record technologies.





## WHAT OUR CONSUMERS TELL US



We obtained consumer input to the development of this strategic plan via:

- Consumer Participation Committees
- a survey of recent Family Planning NSW clients.

### Consumer Participation Committees

Family Planning NSW has established 6 committees to obtain feedback on our services and to contribute items for our service engagement:

- Aboriginal Women's Advisory Group
- Aboriginal Men's Advisory Group
- Culturally and linguistically diverse consumer group
- Disability (Our Voice) consumer group
- Youth Consumer Participation Committee

All the above groups have representation on the Peak Consumer Participation Committee.

Some key strategic themes emerging from these committees are:

- the importance of reproductive and sexual health education in schools
- the need to raise Family Planning NSW's profile
- the importance of worker education and training on reproductive and sexual health
- the need for more men's services and domestic violence screening for men as well as women

"The service I received from doctors and staff was excellent and being on a carer's pension I was covered by Medicare"

"I think they [FP] are an essential part of the health system"

### Consumer survey

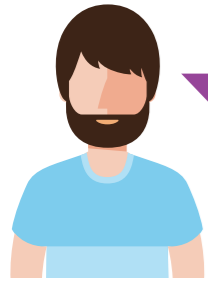
Clients who attended Family Planning NSW clinics in 2017 were invited to complete a consumer survey to inform the strategic direction, with a total of 467 responses:

- 98% were female
- 40% were aged 25-39; 37% were aged 40-59 years old; 15% were aged under 25
- 83% spoke English at home.

The survey sought consumers' views on possible improvements to services and potential new services. The key strategic themes emerging from the survey were the need for:

- services to be affordable
- Family Planning NSW to raise its profile
- an easy-to-navigate website
- Family Planning NSW to expand or provide new services for men (e.g. vasectomy), women of child bearing age (e.g. termination of pregnancy) and middle aged and older women (e.g. mid life services)
- more rural outreach services
- more out-of-hours and weekend clinics
- more education opportunities for rural providers

"[There needs to be] more awareness [provision] for male sexual health including male teenagers"



# GOALS, STRATEGIES AND TARGETS

## 1. INTEGRATED HEALTH SERVICES

GOAL	STRATEGIES	TARGETS	ASPIRATIONS
1.1 Deliver high quality reproductive and sexual health services and programs that encompass prevention, screening, assessment and management	Continue to provide accredited clinical services that are evidence-based and translate research into practice	112,000 client visits at fixed sites	4,000 client visits at outreach locations
	Continue to provide high quality health promotion programs that are evidence-based and translate research into practice	45,000 community education participants 400,000 health promotion resources distributed	
	Continue to provide information and referral services for reproductive and sexual health issues across the life span	38,000 Talkline contacts Review and develop Talkline service delivery model and implement revised model	Increase proportion of Talkline contacts provided via LiveChat
	Enhance services and programs for Aboriginal and Torres Strait Islander people and communities  Enhance services and programs for priority populations including people from a culturally and linguistically diverse background, people with disability and young people	At least 35% of services provided to priority populations	
1.2 Build innovative service delivery models	Explore alternative health services, models and programs to address emerging needs and grow services in consultation with consumers	Develop and implement four new services, models or programs (e.g. termination of pregnancy, disability/NDIS, midlife)	Four new services implemented and 1,000 people reached
	Implement innovative uses of digital technologies and data to enhance service delivery and access	Develop and implement four new health promotion programs utilising digital technologies	50% of consenting clients have a health summary uploaded to their My Health Record
	Explore alternate staff mix options to support and enhance effective and efficient delivery of services	Review and develop clinic staffing mix and implement revised model Establish AIN pathway and workforce for FPNSW	Establish Nurse Practitioner pathway and workforce for FPNSW

GOAL	STRATEGIES	TARGETS	ASPIRATIONS
1.3 Engage with consumers and build partnerships to improve services	Enhance consumer engagement framework to enable representation of all client groups in service development and improvement  Develop strategic partnerships to support extended scope of practice and reach priority populations	Evaluate consumer engagement framework Develop and implement revised consumer engagement framework	
		Identify areas of need and work with local agencies to provide new services in new locations Services and/or programs provided in four additional LGAs	



## 2. EDUCATION SERVICES

GOAL	STRATEGIES	TARGETS	ASPIRATIONS
2.1 Be the leader in the provision of reproductive and sexual health education	Continue to deliver targeted courses for doctors, nurses, disability, health, education and welfare professionals	5,200 course participants with 80% completion rate 16,000 clinical training hours provided	Explore registration with Tertiary Education Quality Standards Authority (TESQA) as a higher education provider
	Build and strengthen partnerships with key stakeholders to increase reach of our education programs, especially for providers who work with priority populations	20,000 educational activity participants 8% increase in regional and rural participants	Increase the number of FPNSW courses accredited/recognised by universities
	Enhance educational programs to support the delivery of comprehensive sexuality education in school and community sectors	Four enhanced educational programs trialled and evaluated	
	Build and strengthen programs to support professionals providing services to Aboriginal and Torres Strait Islander people and communities	Customised support to professionals working with Aboriginal and Torres Strait Islander people	
	Maintain appropriate accreditation of relevant courses	Maintain course accreditation with ASQA, RACGP, ACCRM and NESA as appropriate	
2.2 Develop new innovative education programs	Develop and deliver a portfolio of diversified programs to respond to reproductive and sexual health educational needs (eg. colposcopy, vasectomy, termination of pregnancy)	Three new programs delivered	100 clinicians trained to deliver new procedures
	Enhance educational programs to support the delivery of clinical education to doctors, nurses, midwives and other health professionals	Modular education packages developed for all RSHR topics	Modular education packages accredited / recognised by universities
	Maximise the use of technology and data to increase access to education services and enhance the student experience	30% increase in participants accessing education utilising technology	50% increase in participants accessing education utilising technology
	Diversify and increase funding for education programs	10% increase in education revenue	20% increase in education revenue

GOAL	STRATEGIES	TARGETS	ASPIRATIONS
2.3 Build capacity to deliver high quality educational programs	Develop and implement an educational framework to ensure consistency in FPNSW courses and educational products	95% compliance with educational quality process 90% students reported learning needs were met	95% students reported learning needs were met
	Enhance educational model to support and enhance effective and high quality education services	Review education staff mix and develop and implement revised model Develop and implement internal staff skills audit and capacity building program for external facilitators	
	Enhance educational systems and processes to improve efficiency	New Student Management System implemented	





### 3. THE RESEARCH CENTRE

GOAL	STRATEGIES	TARGETS	ASPIRATIONS
3.1 Lead and collaborate in reproductive and sexual health research	Provide leadership in reproductive and sexual health research and evaluation through population health, clinical and health service delivery research in priority areas including contraception, TOP, cervical cancer screening and unintended pregnancy among our priority populations  Collaborate to implement reproductive and sexual health research and evaluation with Aboriginal and Torres Strait Islander people and communities, people from culturally and linguistically diverse backgrounds, people with disability and young people	Eight research priority topics identified and undertaken	16 research articles published in a peer reviewed journal
3.2 Strengthen and expand organisational research and evaluation capacity	Build and strengthen partnerships with universities, research institutions and other relevant organisations  Proactively source funding opportunities  Establish research internship opportunities for Honours, Masters and PhD level students  Promote an organisational culture that incorporates and recognises the value of research and evaluation	At least eight new research agreements signed  At least 12 grant applications submitted  Eight research internships offered  24 FPNSW service delivery projects evaluated as per NHMRC guidelines  16 journal club/research seminars conducted	16 research agreements signed  Four grant applications successful  24 journal club/research seminars conducted/ supported
3.3 Promote research and evaluation findings and support translation of findings into our clinical services, education, international development work and advocacy to inform public policy	Develop an integrated plan for communication, publication, promotion and translation of research into practice  Strengthen strategies for the dissemination of research findings	Dissemination and research translation plans developed for relevant research publications  20 conference presentations  Four FPNSW statistical reports or relevant reproductive and sexual health guidelines published	Eight media releases relating to FPNSW peer review publications produced  Seven abstracts presented at national conferences  Eight FPNSW reports published



## 4. INTERNATIONAL DEVELOPMENT

GOAL	STRATEGIES	TARGETS	ASPIRATIONS
4.1 Build the capacity of international partners, people and health systems to provide sustainable reproductive and sexual health services	Provide education and support to partners to deliver high quality family planning services	Contraception provided to 12,000 women 160 people trained to provide family planning services	Increase delivery of capacity building programs for clinicians and community educators in reproductive and sexual health and rights across the Pacific
	Provide guidance and support to implement cervical cancer prevention and screening programs	10,000 women screened 500 women treated	Cervical screening programs implemented in two new countries
	Support partners to work with communities to deliver innovative approaches to gender equality	10,000 people provided with awareness raising/ training on gender issues and women's equal rights	Increase the delivery of comprehensive reproductive and sexual health education programs that promote gender equality and address gender based violence
	Provide education and support to partners to ensure access to high quality reproductive and sexual health services for people with a disability	2,000 people provided with information/ training on disability inclusion and RSHR	Disability workplace training program delivered in two countries
4.2 Advocate and support universal access to reproductive and sexual health and rights to progress the achievement of the Sustainable Development Goals in the Pacific	Build and strengthen partnerships with key stakeholders to support the achievement of optimal reproductive and sexual health services	RSHR promoted at key national and international forums by FPNSW	Partnerships and community engagement result in increased funding for reproductive and sexual health programs
	Build and strengthen communication with the Australian community regarding the impact of international development activities	Quarterly communication provided regarding program activities	
4.3 Strengthen organisational capacity to support international program implementation	Diversify and increase funding for international activities	Eight grant applications submitted	
	Develop and implement effective processes to ensure appropriate engagement of staff in international programs	Internal staff skills audit and capacity building program implemented	
	Measure and promote the effectiveness and impact of all international programs	Effectiveness and impact measured in accordance with the Development Effectiveness Framework Theory of change developed for all programs	Eight conference presentations



## 5. ORGANISATIONAL SUPPORT

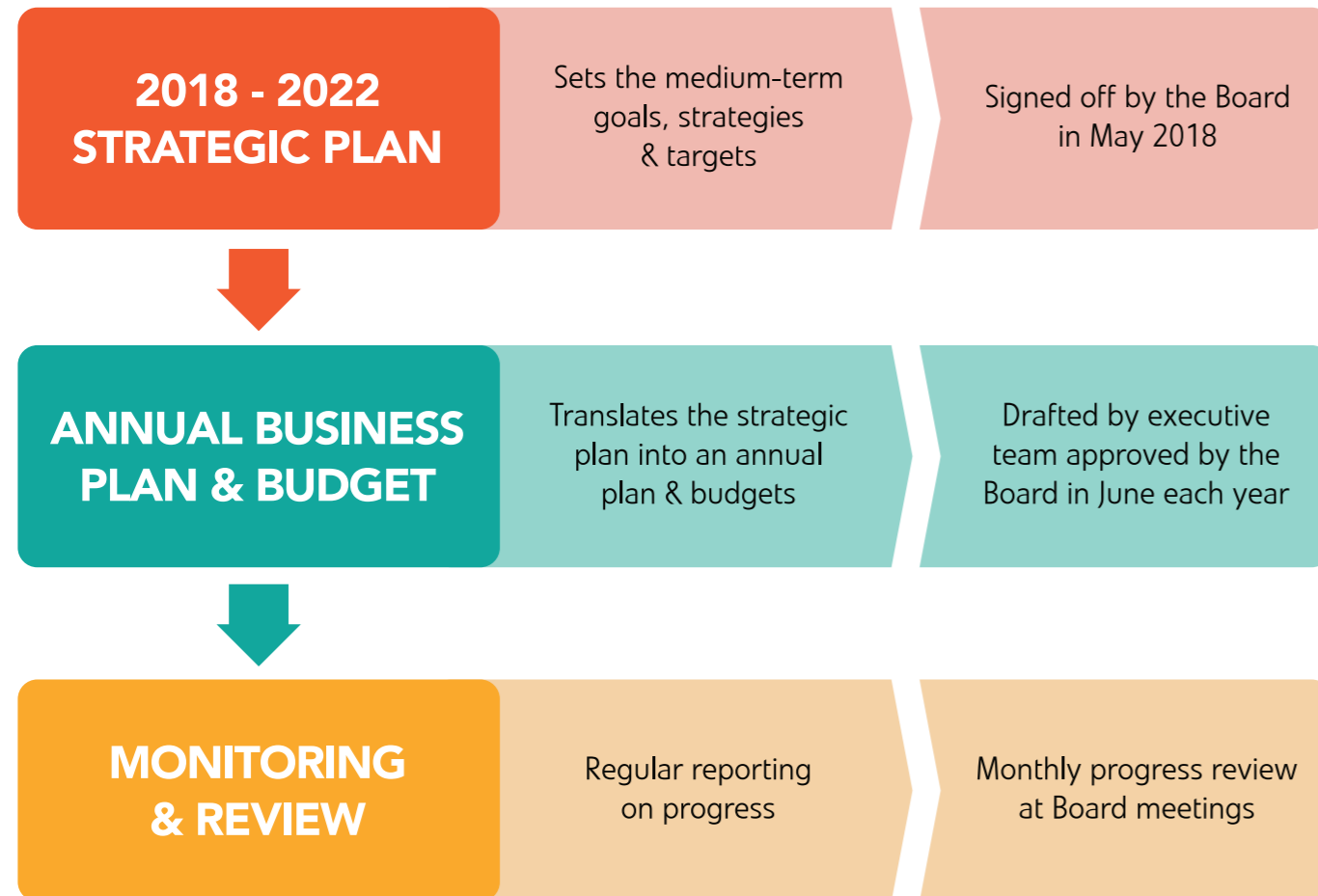
GOAL	STRATEGIES	TARGETS	ASPIRATIONS
5.1 Strengthen leadership in reproductive and sexual health policy and advocacy	Build and strengthen linkages with key decision makers and partners to provide a voice for reproductive and sexual health issues and shape policy	40 instances of engagement with MPs and decision makers	Contribute to reproductive and sexual health policy/ decision making
	Advocate from an evidence based position on reproductive and sexual health issues	40 submissions made to enquiries / commissions	
Explore innovative models to diversify funding sources for FPNSW	Build and strengthen partnerships with key influencers to support diversification of funding	Fundraising plan developed Explore opportunities for revenue diversification such as social impact bonds	10% increase in revenue from fundraising activities
5.2 Build Family Planning NSW's profile through engaged and targeted communication, media strategies and marketing	Increase community awareness, utilisation and engagement with Family Planning NSW services	Increase in brand awareness and consideration of FPNSW as service provider	FPNSW consumer facing resources are the first that a standard internet search produces FPNSW increases its footprint in digital spaces
		10% increase in proportion of client bookings through trackable, targeted marketing activities	
		10% increase in course enrolments through trackable, targeted marketing activities	
		Consistent production of high-quality content geared to platform-specific engagement	
Promote positive discussion of reproductive and sexual health issues in the media and raise Family Planning NSW's profile		Hold events to position Family Planning NSW relative to audiences, funders, influencers and decision makers	Be called to act as the leading opinion for reproductive and sexual health conversations in the media
		Maintain a consistent media portfolio of 24 positive media mentions per annum	
5.3 Enable a workforce and culture that supports the achievement of Family Planning NSW's strategic priorities	Attract and retain high calibre staff to meet the changing needs of the organisation	Workforce action plan developed and implemented	
	Engage with staff to develop and implement a culture that meets the changing needs of the organisation	FPNSW culture recognises achievement and adaptability to meet the changing environment	
	Build the capacity of staff and support their professional development	Formalise staff development programs for all categories of staff to ensure they are able to meet the needs of the organisation	

GOAL	STRATEGIES	TARGETS	ASPIRATIONS
	Facilitate internal collaboration and communication	Methods of internal collaboration and communication are sustainable, formalised and transparent	10% increase in staff satisfaction regarding internal communication
	Improve efficiency and effectiveness of internal processes	All internal processes are transparent and understood by all staff, where possible using technology to streamline processes	
5.4 Manage our resources to better meet organisational priorities	Implement effective planning, financial management and reporting frameworks consistent with FPNSW priority directions	Set policies, frameworks, models and performance indicators in line with organisational directions	
	Provide financial leadership and direction across the organisation in line with organisational direction, priorities and business plan	Financial systems and reporting enable achievement of organisational priorities	
	Strengthen the risk and quality frameworks across the organisation	100% compliance with incident management framework and clinical audit program Maintenance of quality accreditations across the four pillars	
	Maintain and develop safe, appropriate, accessible facilities	Upgraded Head Office facility	
	Minimise the environmental impact of the organisation	Develop and implement an environmental sustainability action plan	
5.5 Provide information and communication technology (ICT) to support FPNSW strategic goals	Design, build and operate enhanced IT infrastructure and networking systems	New IT infrastructure that meets current and future business requirements implemented New data communications network implemented	Design and build new IT infrastructure for new Head Office facility
	Drive technology architecture to a cloud based service model	60% business applications delivered via hybrid cloud computing model	Master client database or CRM implemented
	Enhance and maintain ICT system security to meet emerging health data privacy standards	Security system upgraded in line with technological advances that protect IT system and data against cyber risks	
	Provide productivity and collaboration solutions to improve staff efficiency and team work	New Standard Operating Environment (SOE) that meets business requirement implemented	Cloud-based productivity and collaboration tools implemented
Ensure that ICT systems satisfy the emerging needs of the organisation		15% increase in ICT system staff satisfaction	20% increase in ICT system staff satisfaction



## MONITORING IMPLEMENTATION

Our four year strategic planning cycle starts with this strategic plan which is translated into actual business plans each financial year. We have a rigorous system of monitoring progress against the plan – by our executive and the board.





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Family Planning NSW is a not-for-profit organisation funded by the NSW Ministry of Health