



ANNUAL REPORT 2014 - 2015

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

OVERVIEW

OF FAMILY PLANNING NSW

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.

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

We are experts in contraception, pregnancy options counselling, sexually transmissible infections (STIs), menopause management, 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 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.

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 rigorous research and evaluation, and leading international development projects to promote the rights of marginalised people in developing countries.

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

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

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

We are active advocates for improved reproductive and sexual health among marginalised communities, both in NSW and internationally.



PRESIDENT'S REPORT



In my first year as president I feel honoured to have taken over the reins from Dr Devora Lieberman who served as president for eleven years and brought considerable expertise and experience to the role. It is a privilege to lead an organisation that continues to deliver quality reproductive and sexual health services across the state and internationally.

Our annual report is a reflection of our expertise and passion to provide the very best clinical services and information possible to our clients.

At Family Planning NSW we can be very proud of our leadership role which allows us to support people in our community who are marginalised and vulnerable.

Our expertise in reproductive and sexual health allows us to guide government and other decision making bodies on best practice and policies which impact on our area of expertise.

Over the 2014-2015 period, we have been actively involved in a broad range of submissions and advocacy activities, from advising on the National Disability Insurance Scheme (NDIS), to Australia's delivery of international aid and increasing the uptake of long acting reversible contraception (LARC).

In this report, you will see evidence of the innovative and impactful projects we have been developing and implementing throughout the past year, addressing the needs of the broader community, as well as marginalised communities. We continue our important work with young people, people with disability, those from culturally and linguistically diverse backgrounds,

Aboriginal and Torres Strait Islander people, lesbian, gay, bisexual, transgender and intersex people, and communities in rural and remote NSW.

The work carried out by Family Planning NSW is exciting, often challenging and always vitally important to the health and wellbeing of the communities we serve.

We are ambitious yet deliberate in our approach to the complex issues that surround reproductive and sexual health service delivery, and we take the responsibility of this work seriously. Family Planning NSW is future-focused in the way we deliver quality care and information across the state, developing meaningful partnerships and utilising technological advancements where most appropriate to our work.

We are committed to improving reproductive and sexual health in the communities we serve and I would like to acknowledge and thank our funding sources and partners, particularly the NSW Ministry of Health 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, our CEO Ann Brassil, and the dedicated staff at Family Planning NSW for their passion and commitment.

Sue Carrick
President
MHS

CEO'S REPORT



Family Planning NSW has had another successful year as the state's leading provider of reproductive and sexual health, continuing our focus on making the very best services and supports available to all people across the state.

Our Integrated Clinical Services arm provides high quality care through our five clinics, with the past year seeing a total of 27,455 clinical consultations to 14,379 clients across NSW.

In addition to continuing to provide access to high quality clinical services through our five fixed clinics and outreach partnerships, we have continued to develop many innovative and informative health promotion resources, programs and activities to cater for our diverse clients. This has included 19 completed and evaluated projects, as well as 28 new or updated community resources, which have been delivered to 23,038 participants – an increase of 172 per cent over the previous year.

Our Education and Training team has also enjoyed a busy year, winning a lucrative contract to design and deliver a comprehensive, evidence based training, education and promotion package for public mental health services across the state – further evidence of our world class education and training services which continue to build the capacity of doctors, nurses, teachers and other health, education and welfare professionals.

In Research, Data and Evaluation, a range of projects have been carried out through the 2014-2015 period. Our leadership in reproductive and sexual health research is evidenced by our growing role in significant national projects, including the development of the Family Planning National Data Dictionary, a data collection and reporting framework commissioned by the Australian Department of Health under the Family Planning Grants Program.

One function of the framework will be to promote consistency, validity and reliability in reproductive and sexual health information, so that organisations like ourselves are able to provide more effective reproductive and sexual health services targeted to populations in need.

Meanwhile, our International Development program continues to grow. With funding from Australian Aid and private donors, our work has reached 23,230 direct beneficiaries in Fiji, Papua New Guinea, the Philippines, Timor Leste, the Cook Islands and Solomon Islands, an increase of 485 per cent over the previous year.

It has been a year of great achievements in which we have continued to challenge ourselves.

I would like to acknowledge the support of our Board, our members and our wonderful staff who continue to strive for the best in providing reproductive and sexual health services to those in our community who need them most.

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

AT A GLANCE OUR CLIENTS

During 2014-2015, Family Planning NSW provided 27,455 clinical consultations to 14,379 clients across NSW. The main services provided to clients were contraception (38%), gynaecological (36%), STIs (8%) and pregnancy related services (5%).



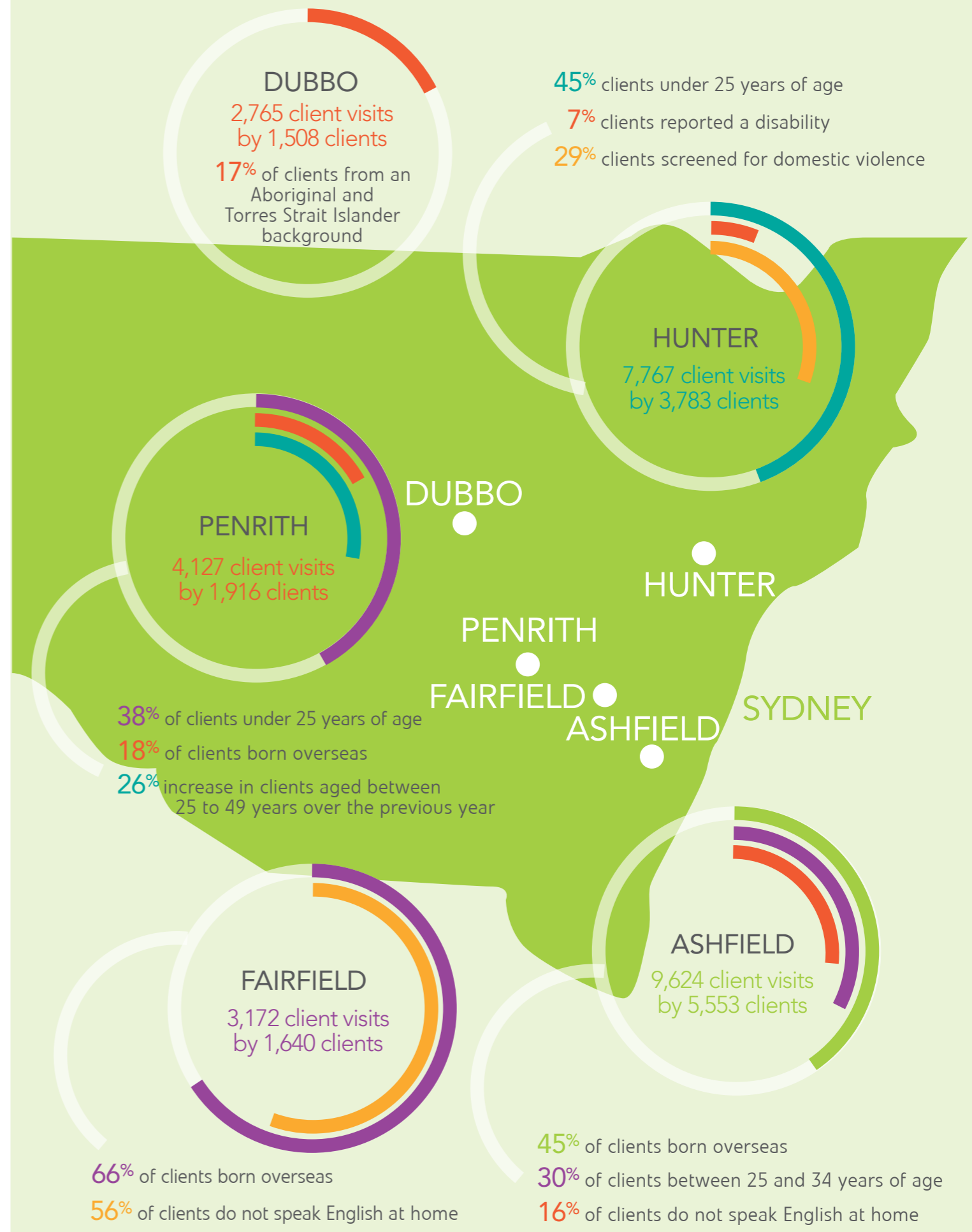
STAFF PROFILE 2014-15
Full time equivalent positions 103
Total employees 152

RESEARCH, DATA AND EVALUATION
We have led 23 research and evaluation projects.

EDUCATION
We have conducted 97 courses attended by 1,322 participants, including 489 doctors, 380 nurses and 194 disability workers.

ADVOCACY
We have made 23 submissions on reproductive and sexual health related issues.

INTERNATIONAL DEVELOPMENT
Our international program reached 23,230 direct beneficiaries in the Pacific – an increase of 485% over the previous year.



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 and intersex (LGBTI) people.

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

Our clients

- 742 (5%) of our clients reported a disability
- 3,830 (20%) of our clients were under 25 years of age
- 2,229 (16%) of our clients were aged 25 to 29 years of age
- 458 (3%) of clients attending our clinics were from an Aboriginal and Torres Strait Islander background, an increase from 432 clients in the previous year
- 2091 (15%) of our clients were born overseas
- 4549 (32%) of our clients use a language other than English at home

NUMBER OF CLIENT VISITS BY MAIN SERVICE PROVIDED BY LOCATION OF CLINICS 2014-2015

MAIN SERVICE PROVIDED	ASHFIELD	DUBBO	FAIRFIELD	HUNTER	PENRITH	TOTAL
Contraception	3,784	964	1,146	2,874	1,714	10,482
Gynaecological	4,171	1,139	1,194	2,322	1,174	10,000
Other	410	158	188	307	190	1,253
Pregnancy	479	173	102	1,165	359	2,278
STIs	780	331	542	1,099	690	3,442
TOTAL VISITS	9,624	2,765	3,172	7,767	4,127	27,455

2014-2015 NUMBER OF CLIENTS BY GENDER BY CLINIC

SEX	ASHFIELD	DUBBO	FAIRFIELD	HUNTER	PENRITH	TOTAL
Female	5,390	1,476	1,617	3,512	1,813	13,808
Male	140	32	23	269	101	565
Other	2			2	2	6
TOTAL CLIENTS	5,532	1,508	1,640	3,783	1,916	14,379



"I left my appointment today feeling so much more relaxed, with more knowledge and feeling much more comfortable about my procedure for an IUD..."

CLIENTS BY GROUP

AGE GROUP	ASHFIELD	DUBBO	FAIRFIELD	NEWCASTLE	PENRITH	TOTAL
Less than 15 yrs	10	5	5	24	10	54
15 years	9	5	-	26	21	61
16-19 years	152	169	55	509	246	1,131
20-24 years	587	239	155	1,149	454	2,584
25-29 years	857	220	216	592	344	2,229
30-34 years	827	156	272	353	236	1,844
35-39 years	629	147	224	278	204	1,482
40-44 years	596	160	193	273	136	1,358
45-49 years	529	139	154	156	125	1,103
50-54 years	458	94	121	142	54	869
55-59 years	381	70	109	114	38	712
60-64 years	272	57	70	82	23	504
65 yrs and over	225	47	66	85	25	448
TOTAL	5,532	1,508	1,640	3,783	1,916	14,379

"I felt like I was being helped and taken great care of."

New leadership of Clinical Services Team

In line with the new organisational structure of the Clinical Services Team, initiated in early 2014, Family Planning NSW introduced a new executive position, Director Clinical Operations, with day to day responsibility for all Clinical Services operations and governance.

This change has allowed the position of Medical Director to focus more fully on clinical research, clinical education delivery and clinical service quality standards.

Family Planning NSW Talkline

We operate Family Planning NSW Talkline, a confidential telephone and email information and referral service, as part of our commitment to providing a state wide service.

Our Family Planning NSW Talkline service is a lifeline for those in need of expert advice and referrals on unplanned pregnancy, contraceptive options, sexually transmissible infections or any concerns about reproductive or sexual health, without embarrassment or judgement.

In 2014-2015, 7,007 calls were made to Family Planning NSW Talkline and 1,075 emails were sent to the service.

NUMBER OF CONTACTS ANSWERED BY REASON*

Type of contact	Email		Phone	
	No.	%	No.	%
Contraception	884	82	6027	86
Pregnancy	293	27	2033	29
STI/HIV	64	6	519	7
Other	401	37	2536	36
TOTAL	1642		11,115	

*May be more than one reason selected per email

Women contacted Family Planning NSW Talkline more often than men, representing 91% of calls and 90% of emails to the service.

Young people utilise the email service more often than the telephone service with under 25 years olds representing 46% of email inquiries and 19% of callers. Callers in the 30 to 39 year old group used the telephone service the most often of all age groups.

NUMBER OF CONTACTS ANSWERED BY SEX*

Type of contact	Email		Phone	
	No.	%	No.	%
Male	91	8	614	9
Female	965	90	6,381	91
Other			1	0
Not provided	19	2	11	0
TOTAL	1,075	100	7,007	100

NUMBER OF CONTACTS ANSWERED BY AGE GROUP*

Type of contact	Email		Phone	
	No.	%	No.	%
< 25 years	493	46	1344	19
25-29 years	175	16	1146	16
30-39 years	176	16	1860	27
40-49 years	68	6	921	13
50 years & over	29	3	443	6
Not provided	134	12	1293	18
TOTAL	1,075	100	7,007	100

Commencement of clinical placement system

Family Planning NSW continues to invest in systems to enhance service delivery and improve access to users of our services.

In 2014, Family Planning NSW received a Health Education and Training (HETI) grant from the NSW Government for the implementation of a clinical placement system. Following a competitive tender process the Student Placement Online Tool (SPOT) was chosen and is being implemented. SPOT provides a web based, centralised student placement system with timetabling, coordinating and reporting functions.

The new system will improve our ability to timetable, allocate resources and coordinate clinical placements at all Family Planning NSW clinics, while increasing the number of clinical placements available, and improving access to clinical placements outside the metropolitan area.

We are currently completing user acceptance testing and trialling SPOT on selected courses with full implementation of the system scheduled for 2015-2016.

Digitisation of all medical records

We are dedicated to maintaining and upgrading our systems for clinical services across all of our locations.

In November 2014, a decision was made to digitise the historical hard copy medical records across all our facilities. This included the medical records of clients whose first clinic visit had preceded the implementation of our client management system Medical Director in 2011.

The digitisation has freed up valuable storage space and improved efficiency in our clinics.

LARC insertion training for Family Planning NSW nurses

At Family Planning NSW we believe that all women seeking contraception should be given accurate, evidence based information on the safety, efficacy, advantages and disadvantages of all methods, and be assisted to make a choice based on their personal needs, preferences and medical suitability.

Long acting reversible contraceptives (LARC) are highly effective methods of contraception that are becoming increasingly popular in Australia.

In order to meet the growing demand for LARC, Family Planning NSW is building our clinic capacity to expand LARC services including implant insertion and removal, and intrauterine contraception (IUC) insertion and removal.

Our clinic capacity for IUC procedures has been improved across our metropolitan clinics through staff upskilling and new recruitment. The number of clinicians with the skills to

perform IUC procedures has increased by 50 per cent at Penrith and 65 per cent at Fairfield.

In 2015, six nurses from our metropolitan clinics were trained in contraceptive implant insertion and removal and are now able to perform the procedure independently.

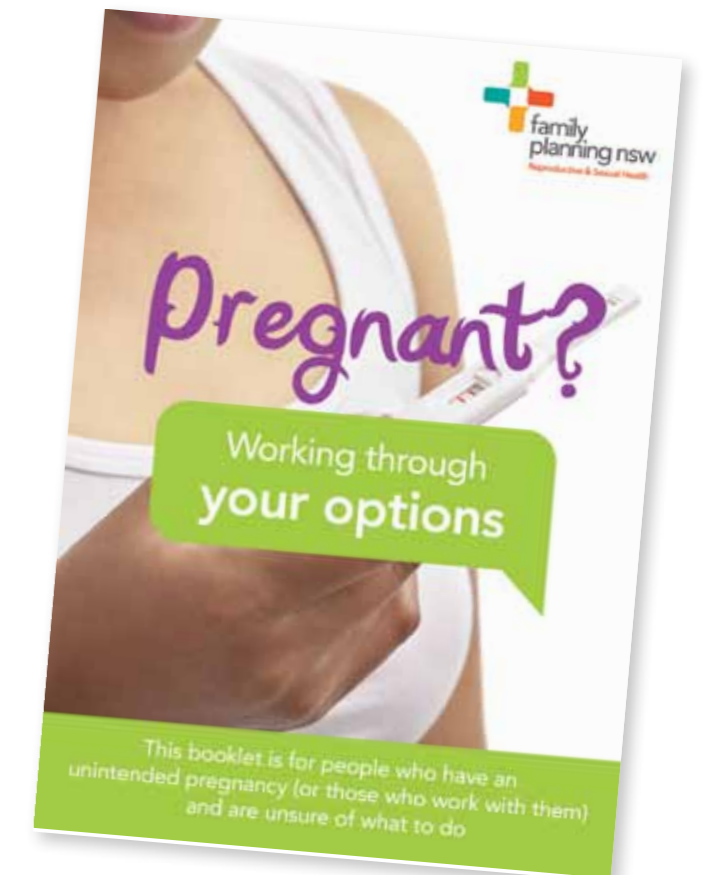
Launch of pregnancy options guide

In recognition of women's need for unbiased, non judgemental and trustworthy information on pregnancy options, Family Planning NSW launched an information booklet, *Pregnant? Working through your options*, to coincide with Women's Health Week in September 2014.

We recognise that an important part of our role at Family Planning NSW is to provide women with factual, unbiased information on pregnancy options so that they can make an informed decision that is best for them. We understand that unintended pregnancies happen to women of all ages from different backgrounds for many reasons.

The new booklet, *Pregnant? Working through your options* offers up to date information on all pregnancy options, decision making tools and further resources so that women can work through their own situation to help them make a decision that is best for them in an environment without judgement and pressure.

It is available at Family Planning NSW clinics and on the website www.fpnsw.org.au.



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

New fact sheets

Family Planning NSW has a wide range of fact sheets for patients on topics from puberty and relationships to postnatal sexuality to STIs and contraception (in a range of languages).

In 2014-2015 we developed a range of new fact sheets including *Maximising Natural Fertility*, *Infertility*, *Combined Oral Contraceptive pills* and a diaphragm guide:

- *Maximising Natural Fertility* offers information for women and their partners surrounding the important issues to consider regarding fertility including age, lifestyle factors, timing of intercourse and when to seek help
- *Infertility* discusses the causes of infertility and its management in primary care with links to further information from the Your Fertility website and the Victorian Assisted Reproductive Treatment Authority website.
- *Combined Oral Contraceptive (COC) pills* explores the important issues to consider when taking the Pill, including types of COC available, suitability, side effects and benefits
- The diaphragm guide fact sheet provides information on the single size contraceptive barrier device, a new barrier method of contraception used by women

“I am so pleased to say that I had such a compassionate, informative and understanding experience today and I really felt the need to pass on my appreciation.”

What’s a LARC? video campaign

In June 2015, Family Planning NSW launched an online video campaign, *What’s a LARC?*, to encourage women to consider long acting reversible contraceptives (LARC) when making decisions about their fertility management.

Research has shown that their slowly increasing popularity, Australia’s uptake of LARC methods is still low compared with similar countries (United Nations, 2011). Many women still choose the combined oral contraceptive pill, which relies on user memory to ensure its effectiveness at preventing unintended pregnancy.

The *What’s a LARC?* video, featuring vox pop interviews with real NSW women, highlights the empowerment that contraception can give individuals to plan their futures and families, and introduces LARC as an effective, safe, reversible and inexpensive contraceptive option.

At time of publication, the video has received over 36,000 views by our target audience of women aged 16-45. It will continue to be promoted over the next year.

This campaign forms part of an organisation-wide initiative to increase awareness and uptake of LARC among women in NSW.

Health Promotion

Our Health Promotion Unit, integrated with the Clinical Services Team in 2013-2014, works to provide community support to each of our priority populations through education, awareness raising, the development of learning materials and assorted other projects.

Over the past year, the Health Promotion Unit has generated a tremendous output, developing new programs and extending successful projects already in place. This has included 19 completed and evaluated projects, as well as 28 new or updated community resources. Additionally, partnerships with various NSW Local Health Districts and service providers have allowed the Health Promotion Unit to extend its reach to further marginalised populations across the state.



OUR WORK WITH ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

There are a number of reproductive and sexual health challenges facing Aboriginal and Torres Strait Islander communities in 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. In 2014-2015, Family Planning NSW clinics saw 458 (3.2%) clients from an Aboriginal or Torres Strait Islander background. We have delivered a number of health promotion projects tailored to these communities, including information resources and community education programs across the state.

CLINICAL CONSULTATIONS WITH ABORIGINAL AND TORRES STRAIT ISLANDER CLIENTS

BACKGROUND	ASHFIELD	DUBBO	FAIRFIELD	HUNTER	PENRITH	TOTAL
Aboriginal or Torres Strait Islander origin	14	253	3	121	67	458
Neither Aboriginal nor Torres Strait Islander origin*	5,518	1,255	1,637	3,662	1,849	5,076
TOTAL CLIENTS	5,532	1,508	1,640	3,783	1,916	14,379

Workshops and community education

In 2014-2015, we delivered a range of community education sessions and workshops in both metropolitan and regional areas, from Ashfield to Forster and Broken Hill. The workshops covered topics such as long acting reversible contraception, STIs and healthy relationships, as well as our 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 confidence as community 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 for Family Planning NSW. Developed in consultation with urban, remote and regional Aboriginal communities, this program has received consistently enthusiastic feedback from participants, and will be expanded over the 2015-2016 period.

Yarning About resources

Developed for Aboriginal health workers and other clinical, educational and welfare professionals working with Aboriginal and Torres Strait Islander people, the *Yarning About* suite continues to be delivered extensively throughout NSW.

During 2014-2015, we distributed 22,174 *Yarning About* resources to participants attending both community education and professional education workshops delivered by Family Planning NSW.

Family Planning NSW is planning for a more inclusive future. We are publicly formalising our commitment to reconciliation.

The *Yarning About* series was funded by the NSW Ministry of Health Aboriginal and Reproductive Health Program. The suite covers a range of reproductive and sexual health topics, including *Yarning About Our Bodies*, *Yarning About STIs*, a *Yarning About* contraceptive kit, *Yarning About Mums and Bubs*, *Yarning About Relationships*, *Yarning About Pap Tests*, and *Yarning About Boys' Business*. The resources take a conversational approach, presenting five community members who share their concerns and their knowledge about reproductive and sexual health issues.

Reconciliation Action Plan

Family Planning NSW is in the process of developing a Reconciliation Action Plan (RAP) with support from Reconciliation Australia.

A RAP is a business plan focusing on building respectful relationships between Aboriginal and Torres Strait Islander people and the organisation, and creating sustainable opportunities in health and employment. Family Planning NSW's RAP publicly formalises our contribution and commitment to reconciliation by identifying clear actions with realistic targets.

By working in consultation with Aboriginal and Torres Strait Islander communities, organisations and leaders, a RAP allows Family Planning NSW to embed cultural change and create a culturally safe workplace within the organisation, whilst continuing to work towards improving the reproductive and sexual health of Aboriginal and Torres Strait Islander communities.



OUR WORK WITH YOUNG PEOPLE

With 3,830 people aged under 25 visiting our clinics in 2014-2015, Family Planning NSW is aware of its important role in serving young people who require safe, easy access to reproductive and sexual health services and information.

In addition to our clinical services, the Family Planning NSW Health Promotion youth team is highly active and engaged with young people across the state. This year we provided 1,272 health promotion sessions to over 7,228 young people, covering a range of topics including puberty, STIs, contraception, safer sex, respectful relationships, bullying and unintended pregnancy.

Family Planning NSW has a long history of collaboration and partnership with aligned agencies, and through these relationships we are able to develop and disseminate innovative resources that take advantage of youth friendly channels such as social media, digital campaigns, festivals, concerts and public events.

Getting a Sexual Health Check vodcast

The *Getting a Sexual Health Check* vodcast is a short, youth-friendly video which models how a young person might access a Family Planning NSW clinic for an STI check. We know that stigma and lack of knowledge can act as harmful barriers to young people with needs around access to sexual health services, so the resource has been developed to counter these barriers by providing information about what can be expected from a clinic visit, in a clear and unthreatening way.

In order to develop this resource, our Health Promotion team worked closely with clinicians and young people, surveying their expectations of a clinic visit, their apprehensions, and how these could best be addressed.

The result is a highly valuable, engaging and informative video which has accumulated over 4,500 views on YouTube alone.

Your best defence – keeping an eye on STIs

Family Planning NSW advocates for young people's right to access relevant and accurate information about reproductive and sexual health. This year, we were excited to launch *Your best defence: Keeping an eye on STIs*, a booklet resource specifically designed for young people aged 25 years and under.

Currently 75 per cent of all STIs in Australia occur among young people (Giordano and Ross, 2012), and with that rate rising, there is an evident need for more youth specific and youth friendly resources in this area. After reviewing our existing information materials, it was determined that an update on detection, treatment and transmission would be a valuable resource for young people.

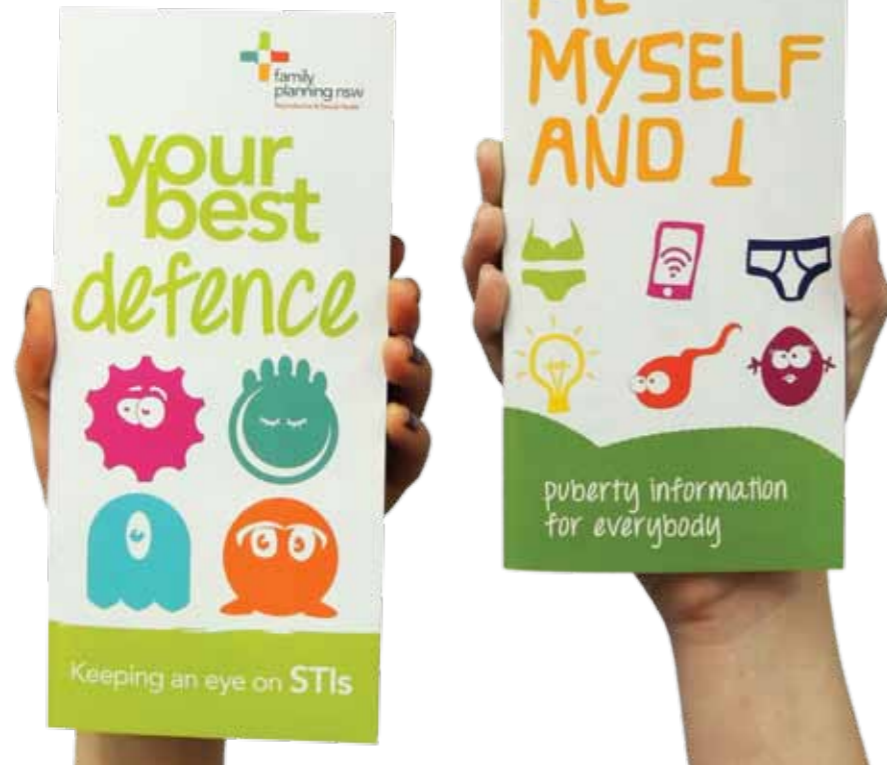
This resource provides young people with all the facts in the one place: a sex-positive, easy-to-read guide on STIs, how and where to get tested and methods of prevention. This resource supports young people in making informed decisions about their sexual health, as well as providing teachers, youth workers and parents with a valuable educational tool to use during STI discussions with young people.

Me, Myself and I – Puberty info

In 2015 Family Planning NSW launched a new booklet resource for young people - *Me, Myself and I: Puberty information for everybody*.

Young people require, have a right to, and actively request accurate and in depth knowledge about their bodies and how they function. Family Planning NSW is also consistently approached for puberty resources by young people, carers and teachers. This resource is directed at young people, to address gaps in knowledge about their bodies and changes during puberty.





Brightly styled and easy to navigate, this resource was developed in consultation with young people to ensure its relevance and appeal.

Condom Credit Card project

The Condom Credit Card (CCC) is an innovative health promotion project for young people. Unique in Australia and based on a successful UK model, the CCC project combines education and condom dissemination using a rewards card concept. The project uses a partnership based approach, with partners trained to deliver the project, to increase its reach across NSW.

The CCC aims to overcome many of the barriers known to prevent young people from accessing sexual health services. These include a general feeling of embarrassment, costs associated with purchasing condoms and transport issues (Burtney and Fullerton, 2008). The CCC aims to reduce these barriers through the provision of free condoms, maintaining high levels of confidentiality, providing locations that are familiar and allowing for open communication and dialogue between health professionals, youth workers and young people.

Since its launch in May 2008, the CCC has been an important strategy in engaging young people. 2014-15 has seen the project continues to expand across NSW with a number of regional services becoming partners, assisted through a strategic partnership with the NSW Youth Week working

group led by the NSW Health Sexually Transmissible Infections Programs Unit (STIPU). The project has gained great exposure through two notable conference presentations in late 2014. Recent focus has been placed on resource development that has aimed to increase the promotion and uptake of the project, and assist in its statewide implementation. Additional resources developed over the last year included:

Youth flyer

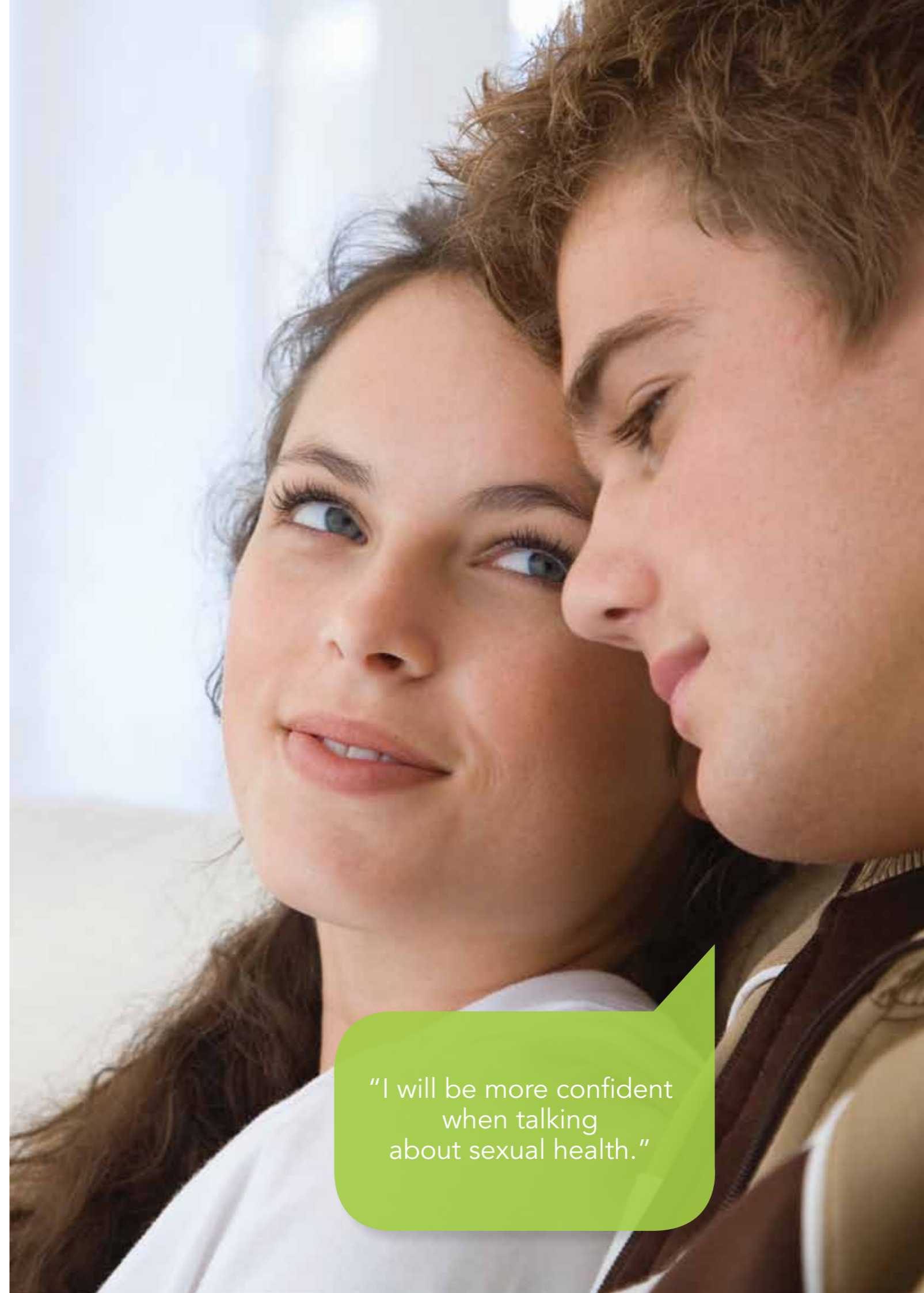
A CCC fold up flyer was developed specifically for young people, to assist in promoting the project at events, within Family Planning NSW clinics and through external partner organisations. The flyer contains youth friendly information and avenues for referral.

How to use a condom card

Designed to replace the existing *Why would I use a condom?* booklet, the *How to use a Condom* card is disseminated with all CCC packs. This double sided card contains clearly visible written and illustrated instructions on how to use a condom, as well as Family Planning NSW referral information.

CCC Kit

A CCC Kit, similar to the Family Planning NSW Contraceptive Kit, has been developed for medical centres and high schools wanting to implement the CCC. The kit includes all project resources for communicating the project and its messages to young people.



“I will be more confident when talking about sexual health.”

OUR WORK WITH LESBIAN, GAY, BISEXUAL, TRANSGENDER AND INTERSEX PEOPLE

All students need to feel included and safe at school - only then can they be engaged and able to thrive. Students deserve to have a supportive and respectful teaching and learning environment that promotes student wellbeing.

Family Planning NSW remains passionately committed to supporting the lesbian, gay, bisexual, transgender and intersex 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.

Australian research shows that these students are among the most at risk groups of young people in relation to violence or abuse.

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

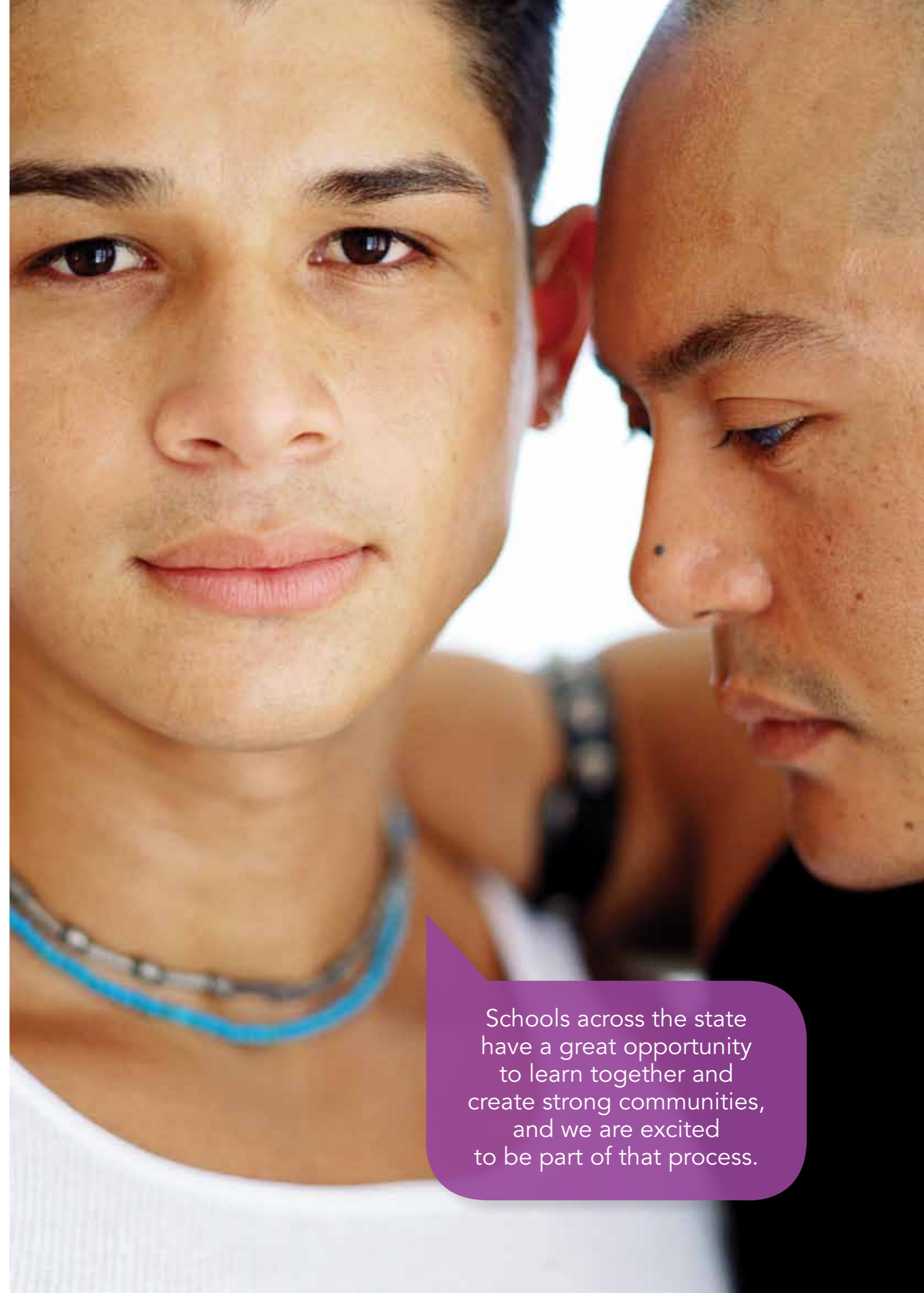
Safe Schools Coalition NSW is part of a national coalition, the Safe Schools Coalition Australia, led nationally by the Foundation for Young Australians. It is the first federally funded program aimed at creating safe and supportive school environments for same sex attracted, intersex and gender diverse 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, tailored to the needs of their school.

Our services include staff training, printed and digital resources, school auditing, professional networks, assistance with developing school policies, and advice about addressing challenges or achieving best practice.

Since its launch, Safe Schools Coalition NSW has:

- Incorporated 71 member schools, including public, independent and faithbased schools
- Delivered 32 professional development sessions to 1,100 teachers and 86 associated professionals across the state
- Met with and/or trained over 400 students and young people through the program's leadership training, UN Youth Summit, meetings with Student Representative Councils, and providing gender affirmation support to students.
- Advised a number of schools on the development of policy that ensures all students, staff and families feel supported in an inclusive and safe environment.



Schools across the state have a great opportunity to learn together and create strong communities, and we are excited to be part of that process.

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 other members of the community. Over 2014-2015, we have continued this work through a number of innovative health promotion projects, targeted 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.

Outing Disability photography exhibition tours to the Hunter

Following a ground-breaking opening exhibition in Sydney last year, Outing Disability enjoyed a second exhibition through May and June 2015 at the Newcastle Region Library.

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 and intersex (LGBTI) 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.

The Hunter exhibition was launched by ABC Newcastle Mornings host, Jill Emberson, with an introduction from Federal Member for Newcastle, the Hon. Ms Sharon Claydon, who shared great admiration for the journeys and identities expressed through the artworks.



Sex, Safe and Fun update

Sex, Safe and Fun is an education tool used for teaching people with intellectual disability about positive safer sex messages. The resource presents a factual and balanced view of the rights and responsibilities associated with a range of sexual activities. *Sex, Safe and Fun* contains important messages about consent, enjoyment, intimacy, privacy and safety. The tool was originally developed in 2004 in partnership with Sydney West Area Health Service (now with Nepean Blue Mountains Local Health District).

In 2012 Family Planning NSW conducted a consultation with HIV and sexual health services in NSW regarding access issues for people with intellectual disability. The aim of the consultation was to address the training and resource needs of service providers in the HIV and STI sector of NSW to improve services to people with intellectual disability. One of the recommendations of the report was to review and reprint the *Sex, Safe and Fun* resource including more information about using condoms. Another recommendation was to develop an online demonstration video of *Sex, Safe and Fun*. It was felt that this would support workers in regional areas who may not have access to face-to-face training.

The updated *Sex, Safe and Fun* resource now includes five learning resources - two for people with intellectual disability (the learner) and three for support people.





For learners

Sex, Safe and Fun booklet (updated)
An easy-to-read booklet with pictures about good sex and bad sex.

Condom pack (new)
This pack includes a condom, a sachet of lubricant and a booklet with step-by-step instructions about how to use a condom. This new resource was developed and extensively focus tested to ensure the information was easy to read and understand.

For support people

Support person's guide (updated)
This guide helps a support person to feel confident using the resource. It helps them become familiar with the key messages in the booklet and condom pack. It provides guidance on how to talk about the pictures and what questions to ask the learner.

Support person's demonstration video (new)
This short video shows how to use the booklet with the learner. It demonstrates one of the units in the guide using best practice education principles for teaching people with intellectual disability.

Sex, Safe and Fun workshop (new)
A half-day workshop designed for disability workers who support people with intellectual disability to increase their skills in delivering positive and safer sex messages using *Sex Safe and Fun*.

The workshop was delivered to 42 participants in Dubbo, Wollongong, Ashfield and Penrith.

New sexuality and disability service in the Hunter

We are excited to announce the opening of a new Sexuality and Disability Service at our Hunter clinic. This service provides individual and group based programs that are tailored to the sexuality and relationship support needs of people with disability and those who support them.

It has been specially designed to provide expert support for people of all ages with intellectual disability, Autism Spectrum Disorder and/or acquired brain injury, and covers a variety of topics, from puberty and managing menstruation, to healthy relationships, safer sex practices, public and private behaviours and cyber safety.

Family Planning NSW is a registered provider in the National Disability Insurance Scheme (NDIS), helping to make the service more accessible to people who face access barriers around reproductive and sexual health.

“The condom sequencing activity was just brilliant! We need to get everyone to do that.”



OUR WORK WITH PEOPLE FROM CULTURALLY AND LINGUISTICALLY DIVERSE BACKGROUNDS

Family Planning NSW is committed to making better reproductive and sexual health 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.

In 2014-2015, 14 per cent of clients who visited our clinics spoke a language other than English, highlighting the importance of developing information and education materials that are accessible to this large share of the community.

Our Health Promotion CALD team, based in our Fairfield clinic, delivered 1,577 sessions to 2,602 participants, including community education, events, focus groups and community consultations.

New partnerships extend our reach in Liverpool and Blacktown

Family Planning NSW Fairfield has a number of exciting partnerships to extend our service to more women from CALD backgrounds in the Western Sydney community.

Negotiations with the NSW Refugee Health Service have resulted in an agreement to share clinic facilities and better meet the reproductive and sexual health needs of newly settled refugees.

The collaboration with the Blacktown Women's & Girls Health Centre to increase access to our services for their own clients continues. This partnership has been developed in response to statistics that show a strong need for increased cervical cancer screening, and reproductive and sexual health services in Blacktown and surrounding areas. The Blacktown Local Government Area is currently ranked number one in the

priority areas listed by Cancer Institute NSW; the biennial cervical screening rate for women aged 20-69 in 2011-2012 was 47 per cent - significantly lower than the NSW rate of 56.4 per cent.

This partnership holds great promise for the women of Blacktown and its surrounding areas. We know that many women put off their Pap tests – sometimes because they've had a negative experience in the past, or perhaps they've never even tried because they feel unsure about the whole process. With Family Planning NSW doctors and nurses providing this clinic through Blacktown Women's & Girls' Health Centre, clients can be assured that they will receive expert care, in a welcoming and safe environment.

The clinic's range of services include cervical cancer screening (Pap tests), advice on contraception, pregnancy and fertility, STI testing and management, and treatment of common gynaecological issues.

***Untold Stories* resource extension**

In September 2014 Family Planning NSW released a second series of the *Untold Stories* DVD suite, a resource that features women from various CALD backgrounds sharing their experiences of cervical cancer screening (Pap tests). The original series of stories was developed in Vietnamese, Arabic, Chinese, French and Nepalese in 2013. In 2014 we launched an additional eight stories during Multicultural Health Week, in Karen, Cambodian, Mandarin, Assyrian, Arabic, Hindi, Dari and Turkish.

Gathered from interviews with women of different cultural backgrounds, the second series of *Untold Stories* features eight women speaking about their experiences of cervical cancer screening in both their first language and English. The project uncovered



98% of education group and program participants identified an increase in knowledge and skills around reproductive and sexual health.

common misconceptions about cervical cancer screening, as well as specific cultural issues and beliefs. The first hand accounts dispel some of these myths and encourage all women to take care of their reproductive health through regular screening.

The resource is a vital tool for engaging women from CALD backgrounds in a simple check up which can sometimes seem daunting. Cervical cancer is the third most common cancer diagnosed in women worldwide (GLOBOCAN, 2008). In Australia, cervical cancer rates have fallen thanks to an effective screening program, but the incidence remains higher in many communities of overseas born women, due to low screening among this group (AIHW & AACR 2010).

We have also updated our suite of fact sheets in various languages, which cover specific information about contraception and reproductive and sexual health issues such as menstruation and common gynaecological conditions.

“The new resources provide excellent information for women and the service providers who work with them to help improve reproductive and sexual health communication.”

The *Untold Stories* extension project was funded under the Fairfield Local Area Club GRANTS Program.

Female genital mutilation/cutting professional development

In 2013, Family Planning NSW was awarded an 18 month grant from the Department of Health and Ageing for the scoping and development of a Female Genital Mutilation Continuing Professional Development project.

This course delivers training in communication, professional practice and the management of health consequences associated with female genital mutilation/ cutting (FGM/C) for general practitioners, nurses and midwives.

The course was developed after conducting a nationwide training needs analysis among health professionals, many of whom highlighted the need for education around communication with women affected by FGM/C. The voice of women from affected communities has been integrated throughout the training.

The lesson plans and tools have been reviewed and approved by women from these communities, national referral information and resources are also included.

FGM/C: a health professional's guide to good practice provides health professionals with the information and skills to effectively communicate with women affected by FGM/C and provide client centred care.

The course is comprised of both online learning and face to face sessions.



OUR WORK IN RURAL AND REMOTE AREAS

Family Planning NSW is dedicated to improving the accessibility of reproductive and sexual health services and information to people living in rural and remote NSW. In 2014-2015, people from rural and remote NSW accounted for 7,670 of our clinical clients, 1,271 of Family Planning NSW Talkline clients, 3,885 health promotion participants, 226 education and training course participants, and 382 workshop participants.

Our Dubbo clinic provides and increases the geographic reach of our services to people from central NSW, we strengthen our impact in this area with medical education and training services.

Clinical forum for doctors and nurses

In May 2015, the Family Planning NSW Education team held an RACGP accredited clinical forum for medical and nursing practitioners in Dubbo and surrounding areas. The highly popular forum drew 38 doctors and nurses, with participant feedback praising the overall content and professionalism of the event.

Forum presentations covered a wide range of topics in reproductive and sexual health, including management of infertility from a GP perspective, management of heavy menstrual bleeding, domestic violence and the law, new directions in cervical screening and new STI guidelines. Concurrently, case study workshops offered an opportunity for participants to discuss their own cases with Family Planning NSW experts.

A Cervical Screening Upskilling Workshop, including Pap test consultations with practice patients, was run at the Dubbo clinic on the day of the Forum with the support of our Dubbo staff.

The Dubbo Clinical Forum was a valuable event for all involved, and we will continue to make regional clinical forums a regular part of the Family Planning NSW education calendar.

Playing it Safe in Cessnock

Family Planning NSW has been working with young people in Cessnock to promote safer sex messages through school based education sessions. This year participants joined a *Playing it Safe* session at a Cessnock high school, with sixty students engaging in a safer sex poster design competition.

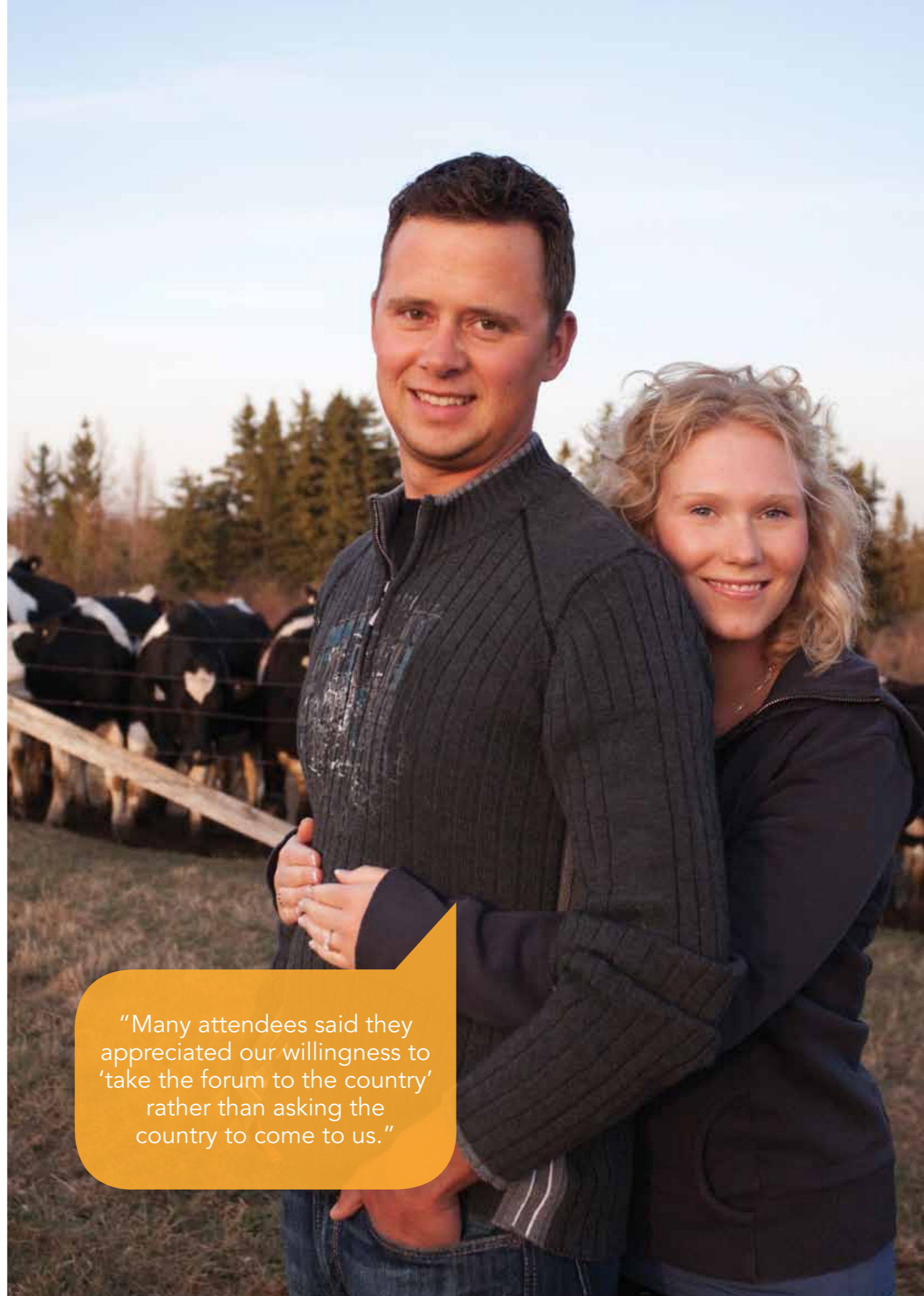
Using judging criteria developed by young people who attend a local youth service in the Cessnock area, a finalist artwork was peer selected and displayed at the school to promote safer sex messages.

Allowing young people to create their own artworks to reflect learning about safer sex practices provides a great opportunity for creative expression, and serves as a powerful learning and information retention tool, as well as an opportunity to communicate openly with their peers about the messages taken away from the education session.

Family Planning NSW would like to thank our Cessnock participants for their hard work in the *Playing it Safe* project.



"Many attendees said they appreciated our willingness to 'take the forum to the country' rather than asking the country to come to us."



EDUCATION AND 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 other health education and welfare professionals, so that they may deliver quality services to communities across NSW.

During 2014-2015, we conducted 97 courses attended by 1,322 participants, including 489 doctors, 380 nurses and 194 disability workers.

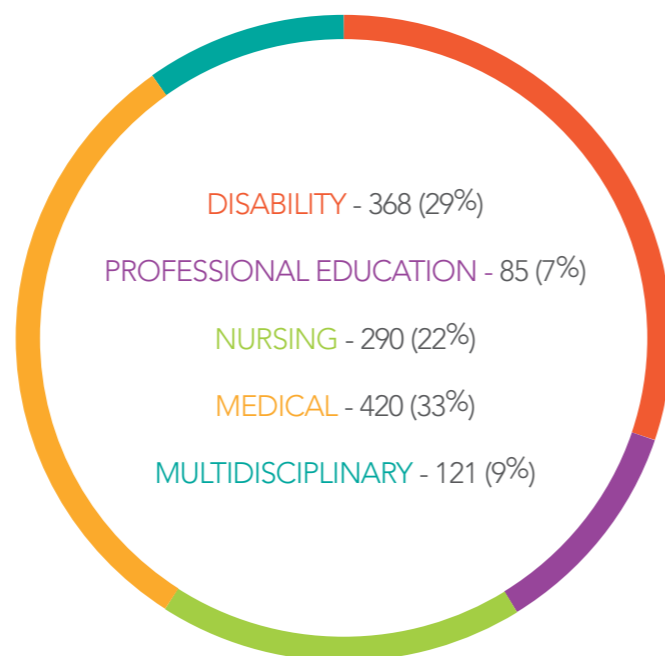
We understand the importance of capacity building and equipping local people with skills and knowledge to meet the needs of rural and remote communities and vulnerable populations.

Family Planning NSW is building the capacity of our organisation and the skills of other professionals to meet the needs of the community in reproductive and sexual health services.

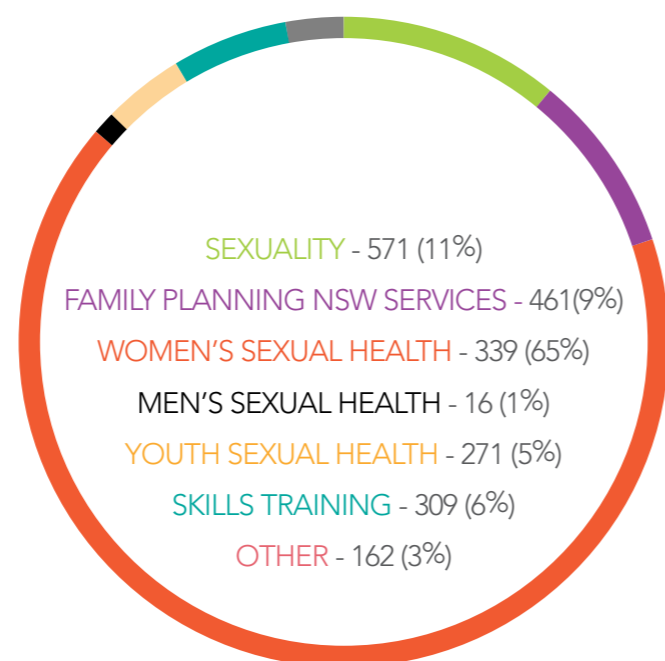
Our education and training activities meet industry standards, and are endorsed and accredited by a range of bodies as follows:

- Registration as a training organisation through the Australian Skills Quality Authority (ASQA) under the terms of the Australian Quality Training Framework (AQTF)
- Maintenance of Accredited Activity Provider (AAP) status under the Royal Australasian College of General Practitioners' (RACGP) Quality Improvement and Professional Development program
- Accreditation by the Australian College of Rural and Remote Medicine (ACRRM) of relevant medical education courses and workshops
- Family Planning NSW courses, including Beyond the Nuts and Bolts and Beyond the Birds and Bees, endorsed by the Board of Studies Teaching and Educational Standards NSW as Quality Teaching Council Registered Professional Development (BOSTES QTC)

COURSE PARTICIPANTS BY TYPE OF COURSE



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	138	2656.8
Nurses trained	191	3190.9
Other trainee	1	4
TOTAL	330	5851.7

FAMILY PLANNING NSW COURSE PARTICIPANTS

PROFESSION OF COURSE PARTICIPANTS	NO. OF PARTICIPANTS COMPLETING COURSES
Allied health workers	28
CALD workers	4
Disability workers	194
Indigenous workers	13
In-service teachers	101
Medical practitioners	489
Medical students	1
Nursing	380
Other Students	38
Pre-service teachers	1
Youth workers	9
Other	59
Not provided	5
TOTAL*	1322



"Every single clinic I attended was interesting and informative, and each supervising doctor extremely kind, knowledgeable and willing to teach. I feel like I gained a lot even in four short weeks and hope I have the opportunity to train with Family Planning NSW again in the future."

Disability training highlights

Family Planning NSW ran 29 disability training courses in 2014-2015, delivered to 368 participants. This included a range of courses for workers in the disability service sector, including managers, support workers, case managers and allied health professionals who are required to conduct information sessions on sexuality issues, as well as for parents, carers and people with disability.

As we move towards the National Disability Insurance Scheme (NDIS), it is important for workers to proactively apply a person centred approach in supporting people with intellectual disability with their sexuality.

Providing sexuality information and facilitating opportunities for new experiences in the area of sexuality and relationships can be daunting, particularly for workers who may have had little experience or training in the field.

Our courses are designed to promote the reproductive and sexual health and rights of people with intellectual disability. They provide participants with information and resources to build their confidence and gain essential skills in how to proactively support people with intellectual disability in the area of sexuality and relationships.

Training in cervical cancer screening

Family Planning NSW has been providing training and capacity building in high quality cervical cancer screening for doctors, nurses, midwives and enrolled nurses for over 15 years. This year, 87 nurses and 141 doctors attended courses delivered in Sydney, Newcastle, Dubbo, Tamworth and Walgett. We also developed an online theory module for both courses, allowing course participants extra time for practical aspects of the workshop on the day of attendance. Family Planning NSW acknowledges ongoing funding support from Cancer Institute NSW for these courses.

DISABILITY TRAINING COURSES

NAME OF COURSE	NO. OF SESSIONS	TOTAL PARTICIPANTS
Introduction to Sexuality and Disability	2	49
Issues in Sexuality and Disability	6	58
Sex Safe & Fun	4	43
Sexual Health Education for Life: PDHPE Curriculum for Students with a Disability	7	107
Sexuality & Disability: workplace policy made easy	1	3
Sexuality Matters! Part A	1	5
Provide Rights-based Sexuality Supports	3	55
Sexuality Matters! Part B	1	5
Supporting LGBTI People with Disability	2	27
Supporting People With Disability to Access the Sex Industry	3	21
TOTAL	29	368

Supporting decision making in reproductive and sexual health for people with disability



Moodle online training update

The Family Planning NSW learning management system, Moodle, was implemented in late 2013-2014. Over the past year Moodle has grown to now host 13 established courses with 463 students, representing a 300% increase in both courses and participants.

There are a further five courses currently in development, including a joint project with Family Planning Victoria and internal staff training. In accordance with effective adult learning principles, our online learning is interactive and involves personal supervision from a course facilitator. This has resulted in training that is flexible, personal and student centric.

Feedback is consistently positive and the completion rates for the Family Planning Alliance Australia Certificate in Reproductive and Sexual Health for Doctors course by distance education are substantially higher than previous years. The system has allowed us to provide

ongoing support to our students by giving them access to videos and documents used in journal clubs, and students have the opportunity to contribute to the growing body of knowledge through online forums.

Supporting decision making in reproductive and sexual health for people with disability

In early 2015, Family Planning NSW proudly launched the GPs' *Supporting decision making* publication, an innovative and informative practical tool specially designed for clinicians.

Supported decision making is the best practice approach to uphold the rights of people with disability to be in control of their own lives. It moves the clinician away from a model of assessing capacity to consent, to providing a structured approach for supporting individual decision making. This is a new way of working for many clinicians and it is hoped this resource will become an essential tool in everyday practice.

The tool assists the clinician to support a person with intellectual disability to make a decision about six commonly encountered issues:

- Whether to have sexual intercourse
- Whether to have STI testing
- What type of contraception to use
- Whether to have a Pap test
- Whether to become a mother
- What to do about an unintended pregnancy

A range of resources are also available to accompany the tool.

"The practical was awesome, exactly what I needed to build confidence and skills. The staff were awesome and I would recommend it to everyone."

"The trainer was terrific, I learnt what I set out to; trainer and organisation made each day very comfortable."

Sexual Safety project contract awarded to Family Planning NSW

In May 2015, Family Planning NSW was awarded a NSW Ministry of Health contract to design and deliver a comprehensive, evidence based training, education and promotion package for public mental health services based on the 2013 Sexual Safety Policy Directive and Supporting Guidelines.

The contract will see the delivery of a tailored online and face to face program of activities to mental health clinicians across all Local Health Districts from October 2015 through to May 2017.

Partnership with the University of Technology, Sydney

In February 2015, the Family Planning NSW Reproductive and Sexual Health Clinical Accreditation Program was launched with the University of Technology, Sydney (UTS), providing recognition of prior learning for the Specialty Clinical Practice subject of the Graduate Certificate in Advanced Nursing Practice for those completing the course.

The UTS has also accepted a new subject developed by Family Planning NSW, Reproductive and Sexual Health – A Population Health Approach, as an elective subject in the 2015 spring semester.

Sexual health in schools

The NSW Sexual Health in Schools Project is a partnership with the NSW Ministry of Health and the NSW Department of Education. This year, we completed

a comprehensive needs assessment with teachers, principals and deputy principals across NSW to gain a greater understanding of their experiences and needs in relation to the school based provision of sexual health education. Three hundred and thirty seven participants completed the online survey component and one on one in depth interviews were conducted with 32 of these participants. One hundred per cent of participants agreed that sexual health education should be provided in schools, and 98 per cent thought that the sexual health education provided in their school was 'relevant' or 'very relevant' to the needs of students. They viewed their role as important, but were concerned about where the 'boundaries' were:

"Where does our responsibility stop? Where do we stop in terms of what we think the kids need to know for their age and their potential experience in the world, which might be opposing to what the parents think they need to know at that age?" – Deputy Principal, interview participant #21

Participants saw a need for face to face or blended professional development, and more digital teaching and learning resources that focused on emerging topic areas of need such as pornography, sexting, and sexual and gender diversity.

Recommendations from the needs assessment and other elements will inform work to be undertaken in 2016, including the completion of a student focused needs assessment, and the development of new resources to further support schools in providing appropriate and accurate sexual health education which covers a wide range of important topics.



"The trainers kept everyone on track and upheld a good learning environment."

COMMUNICATIONS, ADVOCACY AND 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.

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

Over the 2014-2015 period, we have been actively involved in a broad range of submissions and advocacy activities, from advising on the National Disability Insurance Scheme (NDIS), to Australia's delivery of international aid and increasing the uptake of long acting reversible contraception (LARC).



FAMILY PLANNING NSW MADE SUBMISSIONS TO THE FOLLOWING:

- Australian Law Reform Commission – Equality, Capacity and Disability in Commonwealth laws discussion paper
- National Disability Services (NDS), Speaking Up About Safety submission
- Developing a new disability strategy for Australia's Aid Program
- Finance and Public Administration Reference Committee inquiry into violence against women and their children
- National Child and Youth Strategic Framework for Health
- KPMG report on the NDIS implementation
- Consumer and Community Engagement Framework
- National Health and Medical Research Council Revised Statement on Consumer and Community Involvement in Health and Medical Research
- Senate Select Committee on Health (two submissions)
- National Disability Services (NDS) business confidence survey
- Community Services and health Industry Skills Council (CS&HISC) survey
- NDS People, Culture and Communication Project
- NCOSS – Public Participation in NSW – Discussion paper
- Health Consumers NSW survey
- Department of Community & Family Services – NSW Disability Inclusion Plan
- South Western Sydney Local Health District (SWSLHD) – Implementation of the NSW HIV Strategy 2012-2015 (CEO)
- Senate Select Committee on Health (CEO)
- Draft National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families (CEO)
- National Health and Medical Research Council amended guidelines on Polycystic Ovary Syndrome (CEO)
- Inquiry into the delivery and effectiveness of Australia's bilateral aid program in Papua New Guinea
- Access to Jaydess through the Pharmaceutical Benefits Scheme
- Senate Inquiry on International Aid (Promoting Gender Equality) Bill 2015



Communications

Over the past year, we have distributed 30 newsletters to our various target audiences, helping to promote our clinical services, health promotion activities and resources, education offerings and international work.

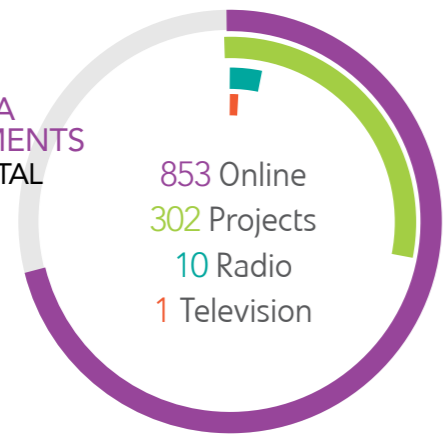
NEWSLETTER



Family Planning NSW was actively engaged in a range of media activities throughout 2014-2015, related to our projects and advocacy work. Our Clinical Services and Communications teams are frequently called

MEDIA ENGAGEMENTS

1166 TOTAL



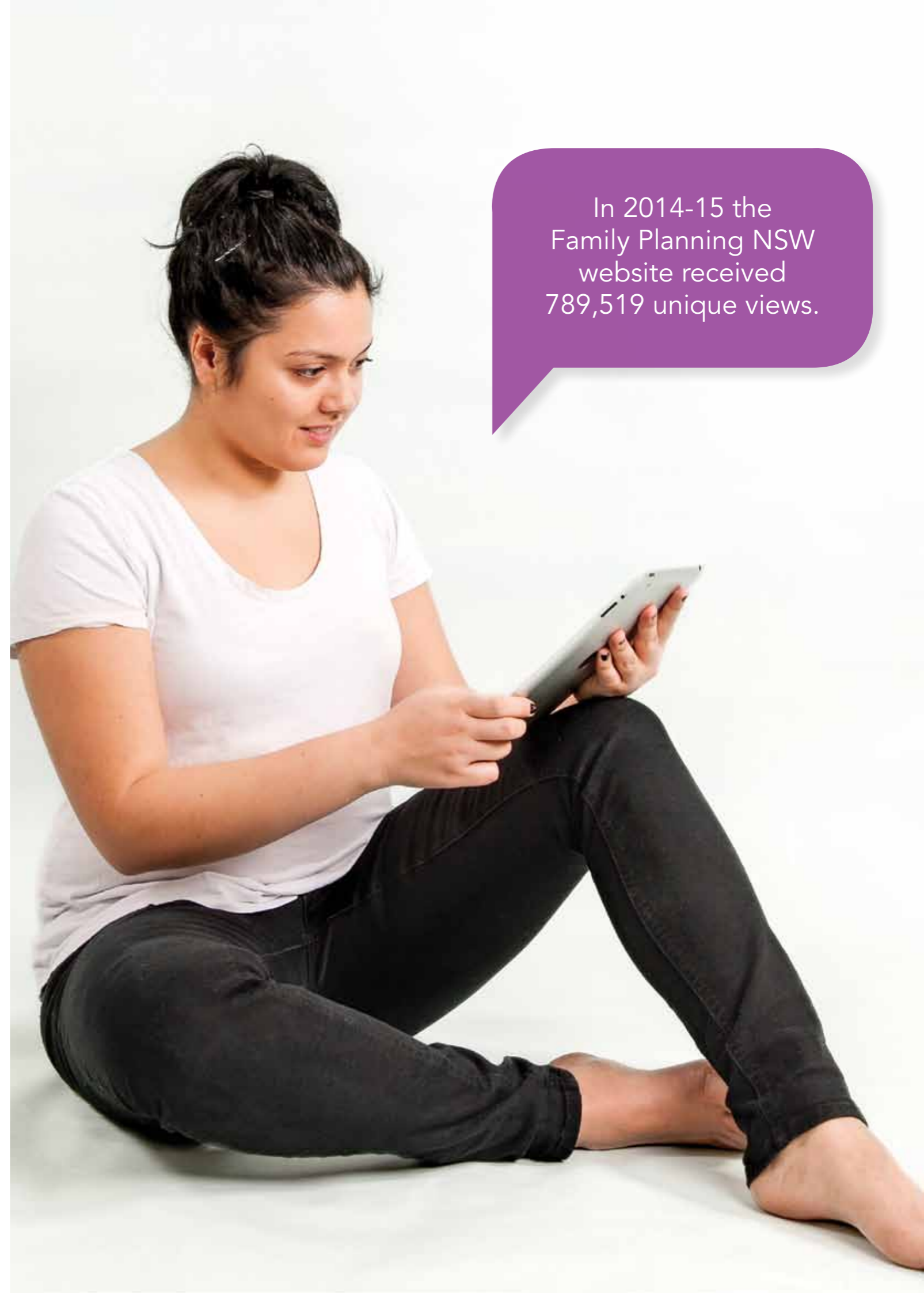
upon for comment on a variety of reproductive and sexual health issues, reflecting our status as a leading authority on the subject.

Website

A new Family Planning NSW website is currently under development with plans to launch in the 2015-2016 financial year. We have thus far developed a new information architecture for the website that will reflect our diverse audience and better meet their online needs. A number of consumer groups have been consulted in the process of developing the new website in order to ensure that we understand and deliver a final product that will improve the accessibility of our services and information for both public and professional audiences. Our marketing is targeted to the people we serve ensuring we reach as many people as possible to promote the resources we develop and distribute.



In 2014-15 the Family Planning NSW website received 789,519 unique views.



RESEARCH AND EVALUATION

Seven new research studies were approved by the Family Planning NSW Ethics Committee in 2014-15.

Family Planning NSW strives for excellence in research and in the evaluation of our reproductive and sexual health services. Our work continues to be grounded in strategic collaborations and formal project management, and our evidence based approach is applied to all stages of our work, from assessment of need to project evaluation.

We continue to maintain our focus on translating research findings into clinical practice and guiding medical professionals, government and other decision making bodies on best practice reproductive and sexual health service delivery; and we continue to uphold a standard of excellence in the evaluation of our services.

Our work is informed and shaped through the Family Planning NSW Sydney Centre for Reproductive Health Research, our publications and our nationally recognised data and evaluation unit.

PROFILE OF RESEARCH AND EVALUATION PROJECTS BY FUNDING SOURCE IN 2014-2015

Research funded by Family Planning NSW	8
Research partially funded by Family Planning NSW	2
Research funded by research grants and/or other funding body	4
Partnership with universities and/or other organisations	5
Funded by pharmaceutical companies	4
TOTAL RESEARCH REPORTS	23



Projects funded by the Australian Government Department of Health under the Family Planning Grants Program

National Reproductive and Sexual Health Research Forum

Family Planning NSW managed the preparation and activities of the first National Reproductive and Sexual Health Forum in November 2014.

Four research priorities were identified during the forum, including:

1. Health economics of reproductive health
2. Unintended pregnancy
3. Reproductive health needs of specific populations
4. National reproductive and sexual health workforce

These priorities have been incorporated into family planning organisations' current and future health promotion, education, research and advocacy activities. Family planning organisations are also building partnerships with researchers from universities and relevant organisations to develop proposals and seek funding for research designed to identify gaps in knowledge and service provision, and to develop strategies to address these gaps.



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.

Development of a national family planning organisation data collection in Australia

The Australian Department of Health, under the Family Planning Grants Program, commissioned Family Planning NSW to provide national leadership and coordination in the development of a nationally consistent data collection and reporting framework for family planning activities and services.

The objectives of the Family Planning (Reproductive and Sexual Health) National Data Dictionary review are to:

- Establish a set of uniform definitions for core data items relating to reproductive and sexual health services provided by family planning organisations
- Promote consistency, validity and reliability in reproductive and sexual health information
- Align family planning data with agreed national standards and protocols

Consultations with family planning organisations have been ongoing and the project is due to be completed in August 2015.

Research projects

Randomised comparison of bleeding patterns in women using a combined contraceptive vaginal ring or a low dose combined oral contraceptive on a menstrually signalled regimen.

A study was conducted to compare the bleeding patterns for 12 months continuous use of a contraceptive vaginal ring (CVR) and combined oral contraceptive (COC) on a menstrually signalled regimen, and the effectiveness of four days "treatment withdrawal" to stop bleeding.

It found that bleeding patterns with continuous use of the CVR and COC are similar and improve over one year of use. The unpredictability, but short duration, of bleeding episodes should be stressed during counselling.

This information for clinicians and women about breakthrough bleeding patterns with use of a CVR or combined pill over 12 months using a menstrually signalled regimen will give women an indication of what to expect with continuous use.

Feasibility of female genital mutilation/cutting data collection in Australia

It is feasible to develop a nationally consistent data collection for female genital mutilation/ cutting (FGM/C) in Australia. Survey and interview respondents attested that FGM/C data is currently collected by a number of health professionals in a variety of locations, but that collection is ad hoc, and often up to an individual health professional.

The survey showed that there is a critical need for health professionals to attend continuing professional development training on FGM/C, to be more effective in consulting women affected by it, be able to communicate around its health consequences and management and to accurately collect information. Appropriate skills and confidence in this topic would contribute highly to robust and reliable data collection.

Insertion of intrauterine contraceptive devices by registered nurses in Australia

Intrauterine contraception (IUC) is highly effective and cost effective in preventing unintended pregnancies. The levonorgestrel intrauterine system is effective in treating heavy menstrual bleeding, dysmenorrhea, and endometriosis, and the copper intrauterine device provides an effective method of emergency contraception which can then be continued long term. Despite these benefits, their uptake is very low in Australia.

This study showed that registered nurses who undertook competency based intrauterine device insertion training had a high rate of successful insertions when practicing within a supportive multi disciplinary environment. These findings can be used as a basis for developing training pathways for practice nurses, nurse practitioners and midwives, who are well placed to insert IUC post partum and post abortion and to support the extended scope of practice thereby facilitating increased utilisation of IUC in Australia.

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

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). Five new members were appointed in 2014-2015, and Dr Betty Chaar replaced Dr Wal Stern as the Chair of the Committee.

Dr Stern joined the Family Planning NSW Human Research Ethics Committee in 2002 and we would like to thank him sincerely for his significant contribution to Family Planning NSW research and evaluation activities.

In 2014-2015, the committee convened four times and approved seven research and evaluation ethics applications. Of these new studies, four were collaborative research and three studies were 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. Since being awarded accreditation against the National Safety and Quality Health Service (NSQHS) Standards in 2014, Family Planning NSW has continued to work to maintain the high standards of care witnessed by the surveyors from the Australian Council on Healthcare Standards. Through our Clinical Services team, auditing and reporting processes have been standardised across all centres improving communication pathways and providing opportunities for the constructive engagement of all staff. The Family Planning NSW Project Management Guidelines, developed to support the work of health promotion activities, are regularly reviewed to reflect best practice.

In delivering high quality education services, Family Planning NSW maintains registration and accreditation with a range of authorities including Australian Skills Quality Authority (ASQA), 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.

The Family Planning NSW International Program undertakes accreditation through the Department of Foreign Affairs and Trade. 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 its partnership with Health Direct, 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.

Project collaborations

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

- Improving access to abortion in New South Wales: Health providers and women's perspectives (University of Technology 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)

- Socially networked fertility control and early parenthood services (University of Sydney)
- Survey of men's knowledge and attitudes towards sexually transmitted infections and contraception (Sydney Men's Health, RSVP – Fairfax Digital Australia and New Zealand Pty Ltd)
- 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)
- 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)
- 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)
- Sexual health of migrant women from CALD groups: an international comparison study (Western Sydney University)

Publications

Ritter T, Dore A, McGeechan K. Contraceptive knowledge and attitudes among 14-24-year-olds in New South Wales, Australia. *Aust NZJ Public Health* 2015; Apr 22. doi: 10.1111/1753-6405.12367

de Silva Joyce H, Slade D, Bateson D, Scheeres H, McGregor J, Weisberg E. Patient-centred discourse in sexual and reproductive health consultations. *Discourse & Communication* 2015; first published on March 9, 2015 as doi:10.1177/1750481315571162

Weisberg E, Merki-Feld GS, McGeechan K, Fraser IS. Randomized comparison of bleeding patterns in women using a combined contraceptive vaginal ring or a low-dose combined oral contraceptive on a menstrually signalled regimen. *Contraception* 2015; 91(2): 121-6.

Fong J, Gyaneshwar R, Lin S, Morrell S, Taylor R, Brassil A, Stuart A, McGowan C. Cervical screening using visual inspection with acetic acid (VIA) and treatment with cryotherapy in Fiji. *Asian Pac J Cancer Prev* 2014; 15(24):10757-62.

Weisberg E. Promoting the use of long-acting reversible contraceptives. *Austin Journal of Obstetrics and Gynecology* 2014; 1(6):1-6

Tabrizi SN, Brotherton JML, Kaldor JM, Skinner SR, DPhil BL, Bateson D, et al. Assessment of herd immunity and cross protection after a human papillomavirus vaccination programme in Australia: a repeat cross-sectional study. *The Lancet Infectious Diseases* 2014; 14(10):958-66.

INTERNATIONAL DEVELOPMENT

Our work promotes the rights of all people to achieve reproductive and sexual health and wellbeing in the context of a sustainable environment.

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 statistics 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 NSW 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 and private donors.

All of our international projects have been closely aligned to the achievement of the United Nations' Millennium Development Goals and seek, through universal access to reproductive health, to reduce maternal mortality, prevent unintended pregnancies, curb the spread of STIs, and empower women and girls to exercise their reproductive and sexual health rights.

Our work in the Pacific includes long term capacity building of NGOs and local health systems to address areas of reproductive and sexual health need including: training programs for clinicians; men and boys' behaviour change programs to improve health outcomes and relationships by addressing cultural barriers to gender equality; implementing cervical cancer screening and treatment programs; and improving access to contraceptive supplies.

Family Planning NSW is a signatory to the ACFID Code

of Conduct, which is a voluntary, self-regulatory sector code of good practice. As a signatory we are committed and fully adhere to the ACFID Code of Conduct, conducting our work with transparency, accountability and integrity.

To lodge a complaint against our organisation, please email feedback@fpnsw.org.au. Our complaints handling policy can be found on our website. If you are not satisfied with the response 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 make a complaint can be found at www.acfid.asn.au.

We are fully accredited with the Australian Department of Foreign Affairs and Trade in relation to the management of international projects. This includes all components of the compliance requirements for service integrity, development effectiveness and financial management.

During 2014-15 our work reached 23,230 direct beneficiaries in Fiji, Papua New Guinea, the Philippines, Timor Leste, Vanuatu, the Cook Islands and Solomon Islands, an increase of 485% over the previous year.



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 2014-2015 we provided 544 'couple years of protection' in Vanuatu and the Philippines.

FAMILY PLANNING

Increasing access to contraception in Vanuatu

Project funded by Australian NGO Cooperation Program (ANCP) and private donor

Vanuatu has a population of 257,000 spread over 82 islands, and almost 58 per cent of the population is below 25 years of age.

Our work with the Vanuatu Family Health Association (VFHA) to increase access to contraception for young people has been very successful. We have provided 1,575 young people with information and 1,515 with access to contraception.

In our first year of a two year project to increase access to contraceptives to young people in Vanuatu, the project has enabled VFHA to have a reliable supply of contraceptives by controlling the cost and timing of procurement. When contraceptive stock ran out at the Santo clinic in December, VFHA responded immediately so there was no interruption of supply to clients. This is a significant result for our work and a highlight for VFHA, which had become used to being without supplies for periods of time.

During 2015 two VFHA nurses were trained to insert the contraceptive implant; education about family planning was delivered to high schools in Port Vila with 108 students being reached; and VFHA have been raising awareness of the need for family planning through community awareness sessions reaching 1,467 young people and regular radio sessions.

Increasing access to contraception in the Philippines

Project funded by private donor

In the Philippines we have been working with Family Planning Organisation of the Philippines Inc. (FPOP) to increase access to family planning services for women by targeting poor and marginalised communities, who have limited access to reproductive and sexual health care.

The project aims to increase family planning knowledge within the community, address misconceptions surrounding contraception use, and increase access to family planning through the provision of contraceptives in underserved areas.

The project has targeted young people in the Samar Province, an area with high unmet contraceptive need and high and increasing teenage pregnancy, providing family planning services to 1,290 people in the area.

Six hundred and forty nine people attended our community information sessions after which 432 people were provided with individual clinical counselling on family planning methods including 83 people with a disability. Contraception was supplied to 424 people, including 96 young people, under 24 years of age.

CASE STUDY

Sexual and reproductive health services on Tanna Island after Cyclone Pam

In March 2015 Vanuatu was devastated by Cyclone Pam. Tanna Island was one of the most badly hit areas. The chiefs from Tanna met with the Executive Director of Vanuatu Family Health Association (VFHA) and requested medical care for their people. This was the first time that the chiefs had ever asked VFHA for help and VFHA assisted by providing general clinical care including reproductive and sexual health education and clinical services. This was an extremely difficult outreach service and our team walked many hours in muddy slippery conditions to get to the people who live around Tanna island. There was limited power, shelter and fresh water. According to one of Tanna's chiefs, this was the first time ever doctors and medical teams carry their medicine on their back ...in the bush to treat them...[we] never see this since independence".



In the Pacific the incidence of cervical cancer is up to six times higher than Australia; and 12 times as many women die of cervical cancer.

CERVICAL CANCER PREVENTION AND TREATMENT

Increasing cervical cancer screening in the Cook Islands, Solomon Islands and Vanuatu

Funded by ANCP and private donations

Cervical cancer is one of the most preventable forms of cancer for women, yet is responsible for more than 270,000 deaths annually with nearly 90 per cent of deaths occurring in low and middle income countries (WHO). In Australia the rates of cervical cancer incidence and deaths have halved since the introduction of a national cervical screening program in 1991. Despite the evidence that regular cervical cancer screening saves women's lives, screening is not routinely available in Pacific nations and women are dying up to twelve times the rate of women in Australia (Australia 1.8; Papua New Guinea 23.3; Solomon Islands 10.9 and Vanuatu 9.7 per 100,000 women).

We are committed to addressing cervical cancer prevention in the Pacific. In 2014-2015, we worked in the Cook Islands to address low community awareness of the myths and fears about screening. We worked with partners to develop pamphlets and posters depicting three female Cook Island Government parliamentarians promoting Pap tests, delivering community education to 19 women and training 29 clinicians to deliver quality Pap tests.

In Vanuatu, we engaged with stakeholders, establishing an in-country partnership with Vanuatu Family Health Association, purchasing clinical equipment for Port Vila and Santo and planning the implementation of the cervical cancer screening program for Vanuatu including a workforce development strategy. Implementation in Vanuatu was delayed due to the devastation of Cyclone Pam.

Family Planning NSW was invited by the Solomon

Islands Permanent Secretary for Health to assist in the implementation of a cervical cancer screening program in the Solomon Islands. Utilising 2013-2014 rollover funding, we consulted with key stakeholders regarding the acceptability of piloting visual inspection with acetic acid (VIA) screening and cryotherapy treatment model recommended for low resource settings. All stakeholders supported the proposed program and this project will be implemented in 2015-2016.

Cervical cancer screening policy in Fiji

Funded by Fiji Health Sector Support

Over the past year we have worked with the Fiji Ministry of Health and Medical Services to support the development of the Ministry's Cervical Cancer Screening Policy 2015, a first ever comprehensive cervical cancer screening and treatment policy for Fiji or for any Pacific island.

The policy builds on highly successful work undertaken by Family Planning NSW from 2010 to 2014 to pilot visual inspection with acetic acid followed by cryotherapy, a World Health Organisation endorsed low resource method of cervical cancer screening. The pilot, funded by Australian Aid, involved providing customised training to clinicians, developing information and education to the community, implementing quality assurance processes, defining referral pathways and implementing data collection systems.

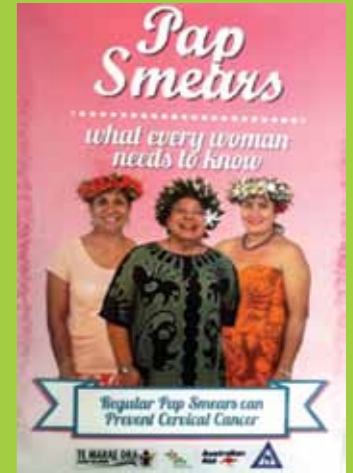
The new Cervical Cancer Screening Policy will enable the Fijian Ministry of Health and Medical Services to continue to screen more women at risk of cervical cancer using affordable screening methods. Family Planning NSW will work to extend this life saving cervical cancer screening approach throughout the Pacific.

CASE STUDY

Cook Islands Parliamentarians support cervical cancer prevention

The small nation state of Cook Islands is fortunate to have three dynamic women parliamentarians, the Honourable Vainetutai Rose Toki Brown, the Honourable Selena Napa and the Speaker of the House Niki Rattle. All three women are passionate advocates for women's health and the advancement of Cook Islands women generally. They all enthusiastically agreed to pose for a poster promoting screening against cervical cancer.

PHOTO: Parliamentarians, the Honourable Selena Napa, the Speaker of the House Niki Rattle and the Honourable Vainetutai Rose Toki Brown promoting cervical cancer screening in Cook Islands



EMPOWERING WOMEN AND REDUCING GENDER BASED VIOLENCE

Working with men to improve sexual and reproductive health and reduce gender violence in Timor Leste

Project funded by ANCP

We continue to address gender inequality and high rates of violence against women through our innovative men's and boy's programs, where we seek men to become agents for improving sexual and reproductive health in their communities. In its fifth year, our work in Timor Leste continues to gain momentum with a further 20 men trained as peer educators supporting 960 individual men's health groups. This year the program was delivered in 112 aldeias (villages), covering a population of almost 30,000, attended by 10,833 participants.

In addition to the current program, our Men's Health manual has been selected as the prime service delivery structure for Seeds of Life Project to implement the required gender and social inclusion component to train members of seed production groups in Ermera and different sites of the Raumuco/Lospalos.

CASE STUDY
Men now sharing the household chores in Timor Leste

In Timor Leste housework and caring for children is primarily done by women. The only time men will look after the children is when the mother is very sick, in childbirth or travelling for a long time. After two years, the Men's Health program has been instrumental in promoting change with men taking more responsibility for the children and supporting their partners in division of household tasks program in sucus (parishes) of Atsabe and Letefoho.

CASE STUDY
Kamap Man Tru: A Men's Health and Gender Awareness Program in the Morobe province, Papua New Guinea

Our work with the Kamap Man Tru: Men's Health and Gender Awareness Program continues to expand with 25 peer educators trained, and 970 men participating in men's health groups established in 17 villages over six wards.

Over the last year we have also expanded into the Wain Erap Local Level Government (LLG), Nawaeb District. The success of the program lies in our effective community and stakeholder consultation which has always been at the core of the project shown in the ongoing support of local ward Councillors.

An important part of the project this year has been the development of the Kamap Man Tru: Men's Health and Gender Awareness Training Manual, designed to deliver information directly at community level. The manual has a strong focus on gender equity and utilises directed behaviour change strategies to be used to support training trainers, and includes facilitators' and peer educators' guides.

We also worked with local groups to conduct a baseline survey of 106 men and boys over the age of 16 years, within the Wain Erap Region. This resulted in the first baseline data on the attitudes and behaviours of men and boys to issues relating to gender, family planning, safe sex, violence and parenting.



In Tok Pisin, 'Kamap Man Tru' means 'Becoming a real man'

CASE STUDY
A story from a peer educator's wife in Lae, Morobe Province

As told to a Program Coordinator, the wife of the peer educator said he was 'a drunkard' and violent man before the program. After the training the man changed enormously. He reduced alcohol consumption and socialising with his friends and remained at home most evenings and weekends to help his wife out with housework such as cooking, doing dishes, washing children and washing clothes.

The peer educator also built a new kitchen (haus kuk) for himself and his family, which meant they no longer had to share a kitchen with the extended family, not eat from one pot. His wife and children no longer went hungry.

PHOTO Man helping with pounding wheat into flour in preparation for baking, this is normally a woman's task. Pictures taken by the Kamap Man Tru Project Team.

PHOTO: Post Basic Certificate in Sexual and Reproductive Health for Nurses and HEOs in Papua New Guinea course participants



“Before doing this course on sexual and reproductive health I was a very naïve registered nurse who delivered health care according to the old books. My advice then was more on abstinence than prevention.”

BUILDING CAPACITY PROJECTS

Sexual and reproductive health and rights education program in Fiji

Project funded by the Australian NGO Cooperation Program (ANCP)

We have worked with the Reproductive and Family Health Association of Fiji (RFHAF) over the last three years to build their capacity to be a leading provider of sexual and reproductive health and rights education in Fiji. Through our support RFHAF has continued to build the educational skills of their staff, document and deliver planned sessions for young people and adults, build skills in conducting evaluations, develop health education resources, and engage with stakeholders including government.

Since the project was launched, RFHAF has reached 6,355 people, (2,884 under the age of 18 years), and is now able to mobilise six teams at any given time to respond to requests for education from schools, communities and organisations in Central, Eastern, Northern and Western Divisions. They will continue to provide education in primary and high schools in all Divisions. RFHAF, now recognised as a competent educator, has also delivered professional development programs to 20 teachers and 20 nurses on sexual and reproductive health and rights education to increase young people's access to education and information. RFHAF will expand this in 2015-2016.

Family Planning NSW's Post Basic Certificate Course in Sexual and Reproductive Health Course in Papua New Guinea

Project funded by ANCP and the FP Archer Charitable Trust managed by Perpetual

During 2014/15, the Post Basic Certificate Course in Sexual and Reproductive Health for Nurses and HEOs was implemented in Morobe Province, with 12 Nurses and one Health Extension Officer completing the course.

This course aims to increase local health workers knowledge of sexual and reproductive health care – recent data shows maternal and infant mortality rates worsening in PNG so the need for the course is great.

Graduating students will be able to treat and assist patients with a wide variety of reproductive and sexual health concerns, including sexually transmissible infections (STIs) and contraception, students will also be equipped to take medical histories and communicate with patients with confidentiality and privacy, and pass on their training to other health professionals.

We received funding to run the course from the FP Archer Charitable Trust, managed by Perpetual, and the Australian Government. Unfortunately, despite the importance of this course, it will not run in 2016 due to lack of funds.

FAMILY PLANNING FIJI, VANUATU, THE PHILIPPINES

Partners: Fiji Ministry of Health and Medical Services, Vanuatu Family Health Association, Family Planning Organisation of the Philippines

Direct beneficiaries: 4,867

Indirect beneficiaries: 54,870

Funding: \$105,523 – ANCP, private donor, Fiji Ministry of Health and Medical Services, UNFPA

CAPACITY BUILDING PROJECTS

PAPUA NEW GUINEA, FIJI

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

Direct beneficiaries: 6,368

Indirect beneficiaries: 34,665

Funding: \$197,700 - ANCP, Perpetual Trust

CERVICAL CANCER PREVENTION AND TREATMENT FIJI, COOK ISLANDS, SOLOMON ISLANDS, VANUATU

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

Direct beneficiaries: 118

Indirect beneficiaries: 15,761

Funding: \$101,169 – ANCP, Fiji Health Sector Support Program, private donations

WOMEN'S EMPOWERMENT AND GENDER EQUALITY TIMOR LESTE, PAPUA NEW GUINEA

Partners: Cooperativa Café Timor, Population Services International

Direct beneficiaries: 11,877

Indirect beneficiaries: 35,631

Funding: \$167,659- ANCP, private donations

FINANCIAL REPORT

FOR THE YEAR ENDED 30 JUNE 2015

DIRECTORS' REPORT

The directors present their report, together with the financial statements on the company for the year ended 30 June 2015.

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	Sue Shilbury	(appointed on 25 November 2014)
Rosalind Winfield	Neil Steggall	(appointed on 25 November 2014)
Kim Johnstone	Melissa Williams	(appointed on 25 November 2014)
Kathryn Kerr	Fiona Larnach	(resigned on 25 November 2014)
Kerrie Chambers	Devora Lieberman	(resigned on 25 November 2014)
Rae Cooper	Amanda McBride	(resigned on 25 November 2014)
Carolyn Miller	Mike Peterson	(resigned on 25 November 2014)
Christine Franks	(appointed on 25 November 2014)	
Ellie Freedman	(appointed on 25 November 2014)	

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 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
- To 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 Pacific region

To achieve these objectives the entity has adopted the following strategies:

- 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 activity of the company was 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	2015 ACTUAL	2015 BENCHMARK	2014 ACTUAL	2014 BENCHMARK
Clients	27,455	24,728	27,715	28,080
Operational & Financial				
Proportion of funding from:				
Grants:				
Government grants	76%	80%	75%	77%
Other grants	5%	1%	5%	3%
Self-generated income:				
Donations	1%	1%	1%	2%
Investments	3%	3%	3%	3%
Other	15%	15%	16%	15%

PROFILE OF DIRECTORS



SUE CARRICK
MHS_c, MAICD

NON-EXECUTIVE DIRECTOR - 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, 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
- Former Board representative of the Ethics Committee
- Chair of the Research Advisory Committee



ROSALIND WINFIELD
BA LLBD

NON-EXECUTIVE DIRECTOR - VICE PRESIDENT & LEGAL ADVISER

Rosalind has been 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 Finance & Audit Committee
- Former Board representative of the Ethics Committee



DR KIM JOHNSTONE
M.S.SC (HONS), PH

NON-EXECUTIVE DIRECTOR - VICE PRESIDENT

Kim is a demographer with almost 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 Program Advisory Committee



KATHRYN KERR
B.Comm, MBA, ACA

NON-EXECUTIVE DIRECTOR - TREASURER

Kathryn is a chartered accountant with over 20 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 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 a 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:

- Member of the Executive of the Board of Directors
- Chair of the Finance and 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 17 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 & Remuneration Committee
Former Board representative of the Ethics Committee



**ASSOCIATE PROFESSOR
RAE COOPER**
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:

Member of the Performance & Remuneration Committee



CAROLYN MILLER
BA (Comm), MBA (Exec)

NON-EXECUTIVE DIRECTOR

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, Advocacy and Marketing Committee.



CHRISTINE FRANKS
M.Mgt, B.A (Statistics), FAICD

NON-EXECUTIVE DIRECTOR

Chris is a company director with over 15 years' experience. She is currently Chair of Habitat for Humanity Australia, Chair of RESULTS Australia, Director of NSW Kids & Families, member of Kids & Families Audit & Risk Committee, a member of CUFA International Program Committee and the Clinical Excellence Commission, Medications Safety Advisory Committee. 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.

Chris' keen interest in international aid and development has resulted in thirty-five years of volunteering, including committee and board positions. Chris 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.

Chris 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 November 2014.

Special Responsibilities:

Member of the International Program Advisory Committee, Member of the Fundraising, Advocacy and Marketing Committee.



DR ELLIE FREEDMAN
MBBS, B'Sc, MRCP, DFFP, FACHSHM

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:

- Board representative of the Ethics Committee
- Member of the Peak Consumer Participation Committee



SUE SHILBURY
MBA, BAppSc (phys), GAICD

NON-EXECUTIVE DIRECTOR

Sue is a health care consultant with over 23 years experience in public health sector management, 10 of which have been in senior leadership positions.

As a clinician, Sue worked extensively in children's health services and then at an 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 in excess of \$1 billion.

During 2006-2008, Sue was the General Manager of the Central Hospitals, South East Health, 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 November 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 & 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 November 2014.



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.



FIONA LARNACH
BSc Dip Ed, Masters (Bbus Finance), CPA, Grad Dip Acctg

FORMER NON-EXECUTIVE DIRECTOR

Fiona is the Chief Risk Officer, Retail Banking Services of the Commonwealth Bank. Prior to this role, Fiona was a Partner with Ernst & Young in the Financial Risk Advisory Services area and before that, Chief Risk Officer at Westpac, responsible for the Retail Bank Credit and Operational Risk.

After graduating from University with a BSc DipEd, Fiona worked at IBM within Treasury. Fiona then joined Citibank with roles in Risk Management and IT. Following Citibank, Fiona moved to GE Capital and during this period, she gained her Masters in Banking and Finance and qualified as a CPA. Following GE Capital, Fiona was employed at AMP heading up the Risk function for AMP Bank. Her last role at AMP was Head of Group Capital and Deputy Group Treasurer covering the Australian and European markets. She resigned from the Board in November 2014.

Special Responsibilities:

Former Chair of the Finance & Audit Committee



DR DEVORA LIEBERMAN
Director; MD MPH FRANZCOG

FORMER NON-EXECUTIVE DIRECTOR

Devora is one of the principal doctors in Genea's Miscarriage Management Program and has an active infertility practice. She joined Genea in 2003 after several years working as Associate Medical Director at Women's Health at Organon Australia, where she was responsible for contraception, HRT and profertility products, and the Australian introduction of a contraceptive implant.

Devora has been a Visiting Medical Officer at Royal North Shore Hospital's Menopause Clinic since 1998. She was a Director of the Fertility Society of Australia from 2005-2013, and a past President of Sexual Health and Family Planning Australia.

Devora was a lecturer in obstetrics and gynaecology at Harvard Medical School before moving to Australia from Boston in 1998. Devora studied medicine at the State University of New York and received her Masters Degree in Public Health from Harvard. She resigned from the Board in November 2014.

Special Responsibilities:

Former member of the Fundraising, Advocacy & Marketing Committee



ASSOCIATE PROFESSOR AMANDA MCBRIDE
MBBS, GCUT

FORMER NON-EXECUTIVE DIRECTOR

Amanda has been a general practitioner in clinical practice for more than 20 years. She is Associate Professor in General Practice at the School of Medicine, Sydney, at the University of Notre Dame Australia (conjoint head).

Her interest in women's health was fostered after obtaining the Family Planning Certificate in the 1980s. As a Federal AMA councillor, she was representative on the embryonic Breastscreen committee in Canberra, and is on the NSW Breastscreen Accreditation Committee. She is a past recipient of the NSW AMA President's Award for work in women's health.

She has served on the Cancer Institute of NSW gynaecological and breast cancer committees, and also on committees with the National Breast and Ovarian Cancer Centre (now Cancer Australia). She completed a two year contract as Senior Clinical Advisor with Cancer Australia in 2013.

She represents the RACGP on the cervical cancer screening review. She is in part time clinical practice in the eastern suburbs. Amanda is currently undertaking a Masters in Health Policy at the University of Sydney. She resigned from the Board in November 2014.



MIKE PETERSON

FORMER NON-EXECUTIVE DIRECTOR

Mike is a communications consultant. His career has encompassed national political journalism and news and current affairs presentation (Seven Network - Sydney and Canberra), management of radio stations 2CA Canberra and 3AW Melbourne and extensive experience as a communications director in the NSW health system. His skills were recognised with Australia's top journalism honour - a Walkley Award.

His pro bono contributions include 10 years as a board member of Radio 2RPH - a volunteer service which reads the day's newspapers and magazines for people who are print-handicapped, and he served on the board of Twilight House - four Sydney suburban aged-care facilities.

Other roles include board member for the National Press Club, Canberra; chair of Federation of Australian Radio Broadcasters (FARB), Victoria, member of the Federation of Australian Commercial Television Stations (FACTS) legal issues committee; and member of the Melbourne Royal Women's Hospital Clinical Research Foundation. He resigned from the Board in November 2014.

Special Responsibilities:

Former Chair of the Fundraising, Advocacy and Marketing Committee.

KAREN GANNON MCOM, GRAD DIP APPLIED CORPORATE GOVERNANCE, CPA
COMPANY SECRETARY Karen Gannon has held the role of Company Secretary since 1995.

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 2015 and the number of meetings attended by each director were:

DIRECTOR	FULL BOARD		FINANCE & AUDIT COMMITTEE		PERFORMANCE & REMUNERATION COMMITTEE		FUNDRAISING, MARKETING & ADVOCACY COMMITTEE		PEAK CONSUMER PARTICIPATION COMMITTEE*	
	ATTENDED	HELD	ATTENDED	HELD	ATTENDED	HELD	ATTENDED	HELD	ATTENDED	HELD
Sue Carrick	9	9	-	-	3	3	-	-	-	-
Rosalind Winfield	9	9	2	2	-	-	-	-	-	-
Kim Johnstone	8	9	-	-	-	-	-	-	-	-
Kathryn Kerr	8	9	2	2	-	-	-	-	-	-
Kerrie Chambers	8	9	-	-	3	3	-	-	-	-
Rae Cooper	5	9	-	-	3	3	-	-	-	-
Carolyn Miller	5	9	-	-	-	-	-	-	-	-
Christine Franks	6	6	-	-	-	-	-	-	-	-
Ellie Freedman	5	6	-	-	-	-	-	-	-	-
Sue Shilbury	5	6	-	-	-	-	-	-	-	-
Neil Steggall	3	6	-	-	-	-	-	-	-	-
Melissa Williams	4	6	-	-	-	-	-	-	-	-
Fiona Larnach	0	3	-	-	-	-	-	-	-	-
Devora Lieberman	2	3	-	-	-	-	-	-	-	-
Amanda McBride	1	3	-	-	-	-	-	-	-	-
Mike Peterson	3	3	-	-	-	-	-	-	-	-

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

*The Peak Consumer Participation Committee was established in May 2015.

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 \$500, based on 50 current ordinary members.

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

On behalf of the directors



Sue Carrick – President



Kathryn Kerr – Treasurer

Date this 29th day of September 2015

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2015

	NOTE	2015 \$	2014 \$
REVENUE			
Domestic revenue			
Grants			
Government grants		9,494,560	9,200,790
Other grants		516,926	236,890
		10,011,486	9,437,680
Sales revenue			
Contraceptive income		123,322	125,226
Course fees		429,648	596,560
Bookshop sales		146,839	164,002
		699,809	885,788
Other revenue			
Medicare revenue		804,806	728,010
Investment revenue		418,679	413,649
Other revenue		184,528	194,717
		1,408,013	1,336,376
TOTAL DOMESTIC REVENUE		12,119,308	11,659,844

	NOTE	2015 \$	2014 \$
International revenue			
Grants			
Department of Foreign Affairs and Trade		341,275	262,657
Other Australian		143,324	-
Other overseas		31,022	429,911
Donations and gifts			
Monetary		148,930	114,761
Non-monetary		2,102	-
Bequests and legacies		-	-
Investment income		2,321	3,549
Fundraising		1,351	1,182
Other revenue		235,240	114,883
Revenue for international political or religious adherence promotion program		-	-
TOTAL INTERNATIONAL REVENUE		905,565	926,943
TOTAL REVENUE		13,024,873	12,586,787

	NOTE	2015 \$	2014 \$
EXPENSES			
Domestic program expenses			
Cost of goods sold		(103,100)	(118,696)
Employee benefit expenses		(8,776,957)	(8,226,257)
Depreciation and amortisation expenses		(178,774)	(158,824)
Lease/rent		(91,050)	(98,542)
Insurance		(116,663)	(119,380)
Relocation of business operations		-	(74,804)
Computer services and software		(201,367)	(173,444)
Printing/ postage/ stationery/ advertising/ photocopying		(175,076)	(219,493)
Repairs and maintenance / cleaning		(256,217)	(192,866)
Teaching resources		(136,844)	(199,558)
Travel		(186,989)	(176,344)
Materials and equipment		(27,443)	(56,803)
Branding & marketing		(250,000)	-
Labour hire – external		(81,146)	(3,939)
Medical consumables		(59,654)	(45,098)
Consultancy		(454,944)	(201,890)
Telephone / internet		(119,887)	(113,120)
Staff recruitment		(19,882)	(11,050)
Conferences & seminars		(61,491)	(30,600)
Website development		(93,877)	(24,541)
File scanning		(83,058)	(4,937)
Utilities		(78,162)	(88,847)
Audit / professional services		(37,052)	(36,504)
Consumables / client expenses		(92,657)	(121,459)
Strata levies		(35,119)	(39,123)
Bad debts		(483)	(2,945)
Stock write-off		(18,043)	(5,969)
Other expenses		(250,362)	(332,593)
TOTAL DOMESTIC PROGRAM EXPENSES		(11,986,297)	(10,877,626)

	NOTE	2015 \$	2014 \$
International aid and development programs expenses			
International programs			
Funds to international programs		(356,553)	(514,293)
Program support costs		(310,116)	(309,158)
Community education		-	-
Fundraising costs			
Public		(887)	(927)
Government, multilateral and private		-	-
Accountability and administration		(235,907)	(102,565)
Non-monetary expenditure		(2,102)	-
Total international aid and development programs expenses		(905,565)	(926,943)
International political or religious adherence promotion programs expenditure		-	-
TOTAL INTERNATIONAL PROGRAM EXPENSES		(905,565)	(926,943)
TOTAL EXPENSES		(12,891,862)	(11,804,569)
SURPLUS FOR THE YEAR ATTRIBUTABLE TO THE MEMBERS OF FAMILY PLANNING NSW		133,011	782,218
OTHER COMPREHENSIVE INCOME FOR THE YEAR			
Net (loss) / gain on revaluation of non-current assets		(245,700)	49,475
TOTAL COMPREHENSIVE (LOSS)/INCOME ATTRIBUTABLE TO THE MEMBERS OF FAMILY PLANNING NSW		(112,689)	831,693

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 2015

	NOTE	2015 \$	2014 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	2,650,268	2,641,238
Trade and other receivables	5	372,615	589,481
Inventories on hand	6	66,130	83,302
Assets held for sale		-	-
Other financial assets		-	-
Other	7	459,702	152,906
TOTAL CURRENT ASSETS		3,548,715	3,466,927
NON-CURRENT ASSETS			
Trade and other receivables		-	-
Financial assets	8	4,071,000	3,852,100
Property, plant and equipment	9	8,277,669	8,338,022
Intangibles		-	-
Other non-current assets		-	-
TOTAL NON -CURRENT ASSETS		12,348,669	12,190,122
TOTAL ASSETS		15,897,384	15,657,049

	NOTE	2015 \$	2014 \$
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	10	1,928,750	1,261,566
Employee benefits	11	1,367,891	1,397,028
Grants received in advance	12	830,052	1,090,278
Borrowings		-	-
Other financial liabilities		-	-
Provisions		-	-
Other		-	-
TOTAL CURRENT LIABILITIES		4,126,693	3,748,872
NON-CURRENT LIABILITIES			
Employee benefits	13	190,654	215,451
Borrowings		-	-
Other financial liabilities		-	-
Provisions		-	-
Other		-	-
TOTAL NON-CURRENT LIABILITIES		190,654	215,451
TOTAL LIABILITIES		4,317,347	3,964,323
NET ASSETS		11,580,037	11,692,726
EQUITY			
Reserves	14	3,930,822	4,184,886
Retained surpluses	15	7,649,215	7,507,840
TOTAL EQUITY		11,580,037	11,692,726
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 THE YEAR ENDED 30 JUNE 2015

	RETAINED SURPLUS	ASSET REVALUATION RESERVE	GENERAL RESERVES	OVERSEAS AID RESERVE	TOTAL EQUITY
Balance at 30 June 2013	6,725,622	4,060,411	75,000	-	10,861,033
Surplus for the year	782,218	-	-	-	782,218
Other comprehensive income for the year	-	49,475	-	-	49,475
Total comprehensive income for the year	782,218	49,475	-	-	831,693
Other transfers from reserves:					
Revaluation increment	-	-	-	-	-
Balance at 30 June 2014	7,507,840	4,109,886	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)	-	-
Revaluation decrement	-	-	-	-	-
Balance at 30 June 2015	7,649,216	3,864,186	50,000	16,635	11,580,037

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 2015

	NOTE	2015 \$	2014 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from customers		2,139,834	1,710,672
Payments to suppliers and employees		(12,311,156)	(11,182,639)
Grants received		10,259,181	9,979,715
Donations received		148,930	114,761
Interest and dividends received		341,236	337,127
Net cash generated from operating activities		578,025	959,636
CASH FLOWS FROM INVESTING ACTIVITIES			
Payment for property, plant & equipment		(124,831)	(130,411)
Proceeds from sale of property, plant & equipment		20,436	-
Payment for investments		(1,714,600)	-
Proceeds from sale of investments		1,250,000	-
Net cash used in investing activities		(568,995)	(130,411)
CASH FLOWS FROM FINANCING ACTIVITIES			
Net cash from financing activities		-	-
Net increase in cash and cash equivalents		9,030	829,225
Cash and cash equivalents at the beginning of the financial year		2,641,238	1,812,013
Cash and cash equivalents at the end of the financial year	4	2,650,268	2,641,238

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 2015

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.

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 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.

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.

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.

2. CRITICAL ACCOUNTING JUDGEMENTS, ESTIMATES & 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.

	2015 \$	2014 \$
3. GRANTS RECEIVED DURING THE YEAR		
NSW Ministry of Health: NGO Funding		
Women's Health	7,291,500	7,084,800
Fairfield – National Women's Health	540,600	394,150
HIV/AIDS	267,900	259,100
The Warehouse -Community Education, Women's Health & Health Transport	472,000	462,200
The Warehouse – AIDS	137,000	128,000
	8,709,000	8,328,250
NSW Ministry of Health: AIDS/Infectious Diseases Branch		
NSW Aboriginal Sexual & Reproductive Health Pilot	250,000	339,500
NSW Government		
Office of Communities-Community Building Partnership	-	30,606
Sexual Safety training	115,550	-
Hunter New England LHD		
Hunter Health Promotion	50,400	48,600
Cancer Institute NSW		
Well Women's Screening Training for Practice Nurses	105,287	186,408
GP's Up-Skilling	44,503	79,904
Australian Government		
Department of Health & Ageing: Gender & Reproductive Health Population	57,000	57,000
Department of Foreign Affairs & Trade		
ANCP	300,000	300,000

	2015 \$	2014 \$
Other Grants		
Foundation of Young Australians	472,216	-
Research Grants	61,987	81,185
Abt JTA	31,324	-
UNFPA	31,022	-
IPPF	-	326,196
Family Planning Alliance Australia	21,092	20,594
City Council of Sydney	5,000	11,300
Aurora Group	4,800	-
Perpetual Trustees	-	123,000
Health Education & Training Institute	-	20,000
NSW Refugee HS	-	2,727
SLHD	-	9,150
Fairfield Club Grant	-	14,200
Penrith City Council	-	1,095
TOTAL GRANTS RECEIVED	10,259,181	9,979,715

4. CURRENT ASSETS - CASH AND CASH EQUIVALENTS

Cash on hand	5,660	6,019
Cash at bank		
- Domestic programs	86,782	523,757
- International programs	105,411	153,282
Cash on deposit		
- Domestic programs	2,452,415	1,958,180
- International programs	-	-
	2,650,268	2,641,238

5. CURRENT ASSETS - TRADE AND OTHER RECEIVABLES

Other receivables	340,452	528,930
BAS receivable	32,163	60,551
	372,615	589,481

6. CURRENT ASSETS - INVENTORIES ON HAND

Stock at cost	66,130	83,302
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	2015 \$	2014 \$
7. CURRENT ASSETS - OTHER		
Accrued revenue	9,556	16,030
Prepayments	450,146	136,876
	459,702	152,906

8. NON-CURRENT ASSETS - FINANCIAL ASSETS

Available-for-sale financial assets	4,071,000	3,852,100
Available-for-sale financial assets comprise:		
Listed investments at fair value	4,071,000	3,852,100

9. NON-CURRENT ASSETS - PROPERTY, PLANT & EQUIPMENT

Land and buildings: at independent valuation 2013	7,540,000	7,540,000
Less: Accumulated depreciation	(164,590)	(85,587)
	7,375,410	7,454,413
Leasehold improvements - at independent valuation 2013	640,000	640,000
Less: Accumulated amortisation	(26,667)	(13,867)
	613,333	626,133
Plant & equipment - at cost	432,884	408,805
Less: Accumulated depreciation	(297,074)	(233,957)
	135,810	174,848
Motor vehicles - at cost	79,501	88,757
Less: Accumulated depreciation	(4,969)	(87,032)
	74,532	1,725
Office equipment - at cost	169,206	152,525
Less: Accumulated depreciation	(90,622)	(71,622)
	78,584	80,903
TOTAL PROPERTY, PLANT & EQUIPMENT	8,277,669	8,338,022

The entity's land and buildings were re-valued at 1 June 2013 by independent valuers. Valuations were made on the basis of open market value. The revaluation increase was credited to the asset revaluation reserve in equity.

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 2014	7,454,413	626,133	174,878	1,725	\$80,903	8,338,022
Additions	-	-	28,106	79,500	17,225	124,831
Disposals	-	-	(2,289)	(1,725)	(329)	(4,343)
Depreciation	(79,003)	(12,800)	(64,854)	(4,968)	(19,216)	(180,841)
Balance at 30 June 2015	7,375,410	613,333	135,841	74,532	78,583	8,277,699

2015 \$ 2014 \$

10. CURRENT LIABILITIES - TRADE & OTHER PAYABLES

Trade payables	11,800	6,563
Other payables	1,916,950	1,255,003
	1,928,750	1,261,566

11. CURRENT LIABILITIES - EMPLOYEE BENEFITS

Employee benefits	1,367,891	1,397,028
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12. CURRENT LIABILITIES - GRANTS RECEIVED IN ADVANCE

Government Grants	250,292	449,387
Other Grants	579,760	640,891
	830,052	1,090,278

13. NON-CURRENT LIABILITIES - EMPLOYEE BENEFITS

Employee benefits	190,654	215,450
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2015 \$ 2014 \$

14. EQUITY RESERVES

Asset revaluation reserve	3,864,187	4,109,886
General reserve	50,000	75,000
Overseas aid reserve	16,635	-
	3,930,822	4,184,886

15. EQUITY -RETAINED SURPLUSES

Retained surplus at the beginning of the financial year	7,507,840	6,725,622
Surplus for the year	133,011	782,218
Movement from general reserve	25,000	-
Movement to overseas aid reserve	(16,635)	-
	7,649,216	7,507,840

16. CONTINGENT LIABILITIES

The company had no contingent liabilities as at 30 June 2015 and 30 June 2014

17. COMMITMENTS

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

Payable: minimum lease payments		
- not later than twelve months	75,466	65,395
- between twelve months and five years	86,315	23,761
- greater than five years	26	27
	161,807	89,183

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	1,261,176	1,170,387
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2015 2014
\$ \$

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.

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20. EVENTS AFTER THE REPORTING PERIOD

No matter or circumstance has arisen since 30 June 2015 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.

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.

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 2015 the number of members is 50 (2014: 47).

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	150,536	386,430	(496,398)	40,568
Abt JTA	-	31,324	(31,324)	-
UNFPA	-	31,022	(31,022)	-
Total for other non-designated purposes	2,746	62,984	(887)	64,843
TOTAL	153,282	511,760	(559,631)	105,411

24. FINANCIAL SUMMARY

The surplus for the year is \$133,011. The company's income and expenditure for the year ended 30 June 2015 are summarised below:

INCOME (\$)		EXPENDITURE (\$)	
Government grant	9,835,835	Staffing	9,126,648
Research grant	228,785	Projects	3,149,610
Other grant	462,487	Site	615,604
Self-generated income	2,497,766		
TOTAL INCOME	13,024,873	TOTAL EXPENDITURE	12,891,862
		SURPLUS	133,011

DIRECTORS' DECLARATION

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

- a) 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
- b) 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



Kathryn Kerr – Treasurer

Date this 29th day of September, 2015



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

Report on the Financial Report

We have audited the accompanying financial report of Family Planning NSW (the Company) on pages 16 to 36, which comprises the statement of financial position as at 30 June 2015, 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 MEMBERS OF FAMILY PLANNING NSW (CONT)

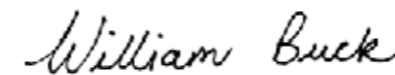
Auditor's Opinion

In our opinion the accompanying financial report of Family Planning NSW on pages 16 to 36 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 2015 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.

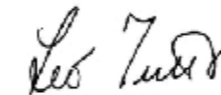
Matters Relating to the Electronic Presentation of the Audited Financial Report

This auditor's report relates to the financial report of Planning NSW for the year ended 30 June 2015 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 29th day of September, 2015

CHARTERED ACCOUNTANTS & ADVISORS

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Parramatta NSW 2124
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williambuck.com

WHO WE WORK WITH

Aboriginal Medical Service
Western Sydney

ACON

Ageing, Disability and Home Care –
Fairfield Family and Community
Service

Allambi Youth Service

Australasian Society for HIV
Medicine (ASHM)

Barnardos

Bayer Schering Pharma

Belinda Mason Photography

Beresfield Surgery

Birralli

Blacktown Women & Girls Health
Centre

Blacktown Youth Services Association

Bligh Park Community Services Inc.

Break Thru People Solutions

BreastScreen NSW

BUPA

Burnett Institute Melbourne

Cancer Council NSW

Cancer Institute NSW

CAMHS PEIRS - Parramatta

Central Coast Local Health District

Central Coast Youth Health Service,
CCLHD

Cessnock High

Cessnock Community and Youth
Development Project

Coast City Country Training

Coast Community Connect Evolution
Youth Service

Dareton Primary Health Centre

Diethylstilbestrol (DES) Action NSW

DrugArm Fairfield

Eastlake Youth Service -
Windale and Swansea sites

Education Centre Against Violence

Far West Child and Family
Health Centre

Fairfield Liverpool Youth Health Team -
Carramar and the Corner - Bankstown

Fairfield Liverpool Youth Health Team

Fairfield Library

Family Action Centre Newcastle
University

Family Planning Alliance Australia

Family Planning Queensland

Family Planning Victoria

Family Practice – Nulkaba

Family Referral Services

Gloucester Youth Service

GP Maroubra

Hawkesbury City Council

Hawkesbury Community
Outreach Services

headspace

- Ashfield

- Bankstown

- Hunter New England

- Mount Druitt

- Parramatta

- Liverpool

- Penrith (Uniting Care Mental Health)

- Western NSW

Hunter Medicare Local

Hunter New England ICTN

Hunter New England Local Health
District NGO unit

IDEAS Inc.

Illawarra/Shoalhaven Medicare Local

Interrelate

Jamison High School

Kingswood High School

Kurri Youth Centre

La Trobe University

Life Links

LikeMind

Lunette

Maari Ma Health Aboriginal
Corporation Broken Hill

Macquarie University

Marist Youth Care

Merana Aboriginal Service

Merck Sharpe and Dohme

Mid Mountains Youth Centre

Mid North Coast Local Health District

Mission Australia

- Bourke

- Claymore

- Dubbo

Monash University

Mt View High

Mountains Youth Services Team

Multicultural Health Unit

Murrumbidgee Local Health District

MYST Upper Mountains

Nepean Community Neighbourhood
Service

- Glenmore Park

- South Penrith

- Koolyangara Aboriginal Child and
Family Centre

Nepean Blue Mountains Local Health
District

Nepean Interyouth Services
Newcastle Headspace

New England Medicare Local

NSW Kids and Families

NSW Gay and Lesbian Rights Lobby

NSW Ministry of Health

NSW Multicultural Health
Communication Service

NSW Refugee Health Service

North Coast Medicare Local

Northern NSW Local Health District

Northern Sydney Local Health District

North Richmond Youth Project

Penrith City Council

People with Disability Australia (PWDA)

Peppercorn Youth Services

Platform Youth Services

Poche Centre for Indigenous Health,
University of Sydney

Putland High School - Cobham

Queensland University of Technology

Richmond High School

Red Cross - Blacktown

Regional Youth Support Services (RYSS)

Rosemount Good Shepherd

Royal Flying Doctors Service

Royal Women's Hospital, Melbourne

RSVP

Rural Doctors Network

Safe Schools Coalition Australia

St Clair High School

St Clair Youth Service

St Leonards Medical Centre

Sexual Health Far West

Singleton Youth Venue

South Eastern Sydney Local Health
District

Southern NSW Local Health District

Southlake Youth Service

South Western Sydney Local
Health District

SSA Wickham (Samaritans)

Substance.org

Sydney Local Health District

Sydney Local Health District
Women's Health

Sydney Men's Health

Ted Noffs Mount Druitt

The Glue Factory

The Hills Youth Centre, Kariong

The Kirby Institute

Think GP

Touching Base Inc

Transition to School - Woodville
Community Centre

Upper Hunter Youth Services

University of Newcastle

- Medical Faculty

- Nursing Faculty

University of New South Wales

University of Sydney

University of Technology, Sydney

University of Western Sydney

Victorian Assisted Reproductive

Treatment Authority

Walgett Aboriginal Medical Service

Waverley Community Living Program

Werrington Youth Centre

Western NSW Local Health District

Western NSW Medicare Local

Western Sydney Sexual Health
Centre, University of Sydney

Western Sydney Local Health District

Women's Health Service South
Western Sydney Local Health

WLHD Women's Health Services

WLHD Sexual Health Services

Young Peoples Refuge Leichardt

International Partnerships

Australian Council for International
Development

Australian Disability and Development
Consortium

Australian Cervical Council Foundation

Cook Islands Family Welfare
Association

Cooperativa Café Timor

Department of Foreign Affairs
and Trade

Family Planning Organisations of
the Philippines

Fiji Ministry of Health and Medical
Services

Population Services International

Reproductive and Family Health
Association of Fiji

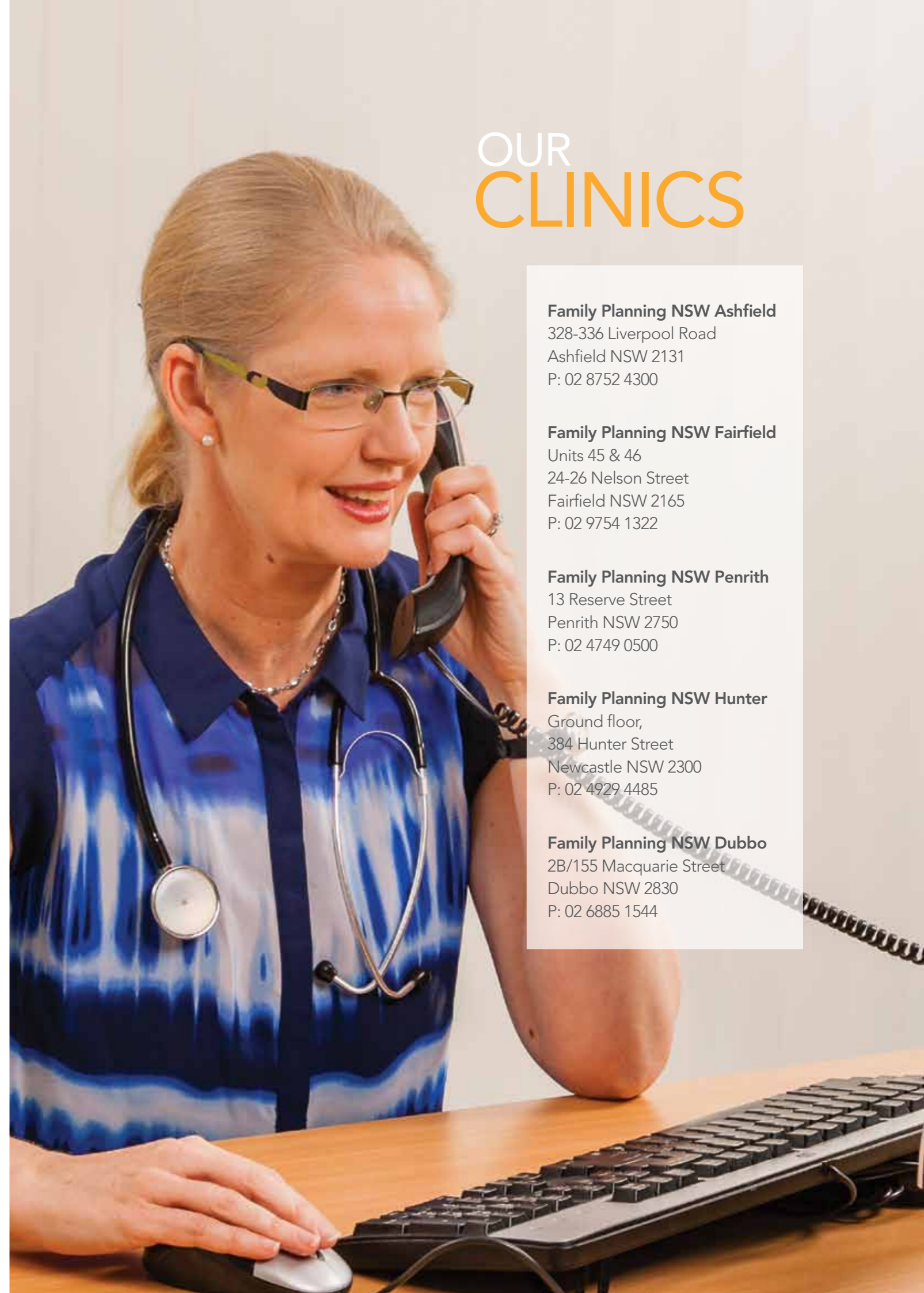
United Nations Population Fund

Vanuatu Family Health Association

Family Planning NSW engages with key stakeholders at a local, state, national and international level and is a member of a range of committees and working groups including the following:

- ACFID Pacific Working Group
- Australian Council Healthcare Services State Advisory Committee
- ASHHNA Australasian Sexual Health & HIV Nurses Association Inc
- Australasian Menopause Society
- Australasian Sexual Health Alliance
- Bankstown Workers With Youth Network
- Breast Cancer Foundation - Community Reference Group (CRG)
- Cancer Institute Screening Indigenous Advisory Group
- Cervical Screening Program/Pap Test Register Advisory committee
- Cessnock Youth Interagency
- Combined Youth Interagency
- Disability Interagency - Newcastle
- Dubbo Koori Interagency Network
- Dubbo Violence Preventative Committee
- Dubbo Western Interagency
- Dubbo Youth Interagency
- Fairfield Youth Workers Network
- Family Planning Australia Alliance (FPAA) Council
- Forum of Non Government Agencies (FONGA)
- Hawkesbury Youth Interagency
- Health Policy Advisory Group (NCOSS)
- Hunter New England Aboriginal Sexual & Reproductive Health Advisory Group
- Hunter Refugee Network
- Hunter Youth Sexual Health Workers Network
- Immigrant and Refugee Women's Network
- IPPF Executive Directors Meeting

- Lake Macquarie Youth Interagency
- Liverpool Youth Workers Network
- National Cervical Screening Program Quality and Safety Monitoring Committee; Department of Health and Ageing
- NSW Anti-Homophobia Interagency
- New South Wales Association for Youth Health (NAYH)
- Newcastle Multicultural Health Interagency
- Newcastle Youth Interagency
- NGOAC Advisory Committee
- NGO Review Reference Committee
- NSW Sexual Health in Schools Committee
- NSW STIPU Pelvic Inflammatory Disease (PID) Working party
- Penrith Youth Interagency
- PozHet Advisory Group
- RANZCOG Special Interest Group on Sexual and Reproductive Health
- Refugee Health Information Network
- Refugee Women's Health Working Group
- Risky Business
 - Penrith Youth Interagency Sub Committee
 - Hawkesbury Youth Interagency Sub Committee
- Safe Schools Coalition Steering Committee
- Statewide & NGO Women's Health Network Meeting
- STIPU General Practice Working Party (NSW STI Programs Unit)
- Sydney Local Health District Domestic Violence Committee
- Touching Base Inc
- UTS Health Dean's Industry Advisory Board
- Walgett AMS
- Youth Health Council
- Youth Health Educator's Network
- Youth Research Interest Group



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

"The trainer was terrific, I learnt what I set out to; trainer and organisation made each day very comfortable."

"The practical was awesome, exactly what I needed to build confidence and skills. The staff were awesome and I would recommend it to everyone."

"The new resources provide excellent information for women and the service providers who work with them to help improve reproductive and sexual health communication."

"I left my appointment today feeling so much more relaxed, with more knowledge and feeling much more comfortable about my procedure for an IUD..."

"I will be more confident when talking about sexual health."

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