

Family Planning Annual Report

1 July 2019 to 30 June 2020

Chief Executive and President's Report

It's difficult to believe that in a year when we achieved both the funding of the Mirena Intra Uterine Device and abortion law reform, neither was the issue that would come to both define and dominate the year. Of course, as we all now know, in a Covid-19 world, the rules are very different.

Like everyone, we had to learn about working in a Covid-19 environment as we went.

As you'll read in this report, we've developed faster and smarter ways of working – and we've come out of lockdown with a commitment to build back better. Not only does this apply to the operation of our clinic services, but also to our Health Promotion and Professional Training and Development units. There's literally no corner of the organisation untouched by the new and smarter ways of working we developed during lockdown and across Levels 3, 2 and 1.

Covid-19 did highlight, once again, how important it is for us to receive an increase to our funding. In late May, we wrote to the Prime Minister, the Ministers of Finance, Health and Women to remind them of the failure of successive governments to fund us adequately for the work we do. While we offered clinical services throughout the pandemic, we did create our own curve of client demand which we have struggled to flatten. It is more than 12 years since we have had a substantive increase in our funding – without a sustained and sustainable increase our service is in peril.

While outside the time frame for this report, we should note a one-off payment of \$427,000 we received from the Government in late July. While neither sustained nor sustainable, this money will allow us to employ additional nursing and contact centre staff to address some of the delays our clients are encountering getting an appointment with us.

Health and disability system review

After years in the making, the Health and Disability System Review (aka the Simpson Report) was released in late June this year. We all know that health systems, structures and processes are notoriously complex. However, we believe that putting primary health care and equity at the centre of the Health and Disability System Review is a positive move and we hope to see these changes implemented.

Family Planning was a contributor to the consultation process that underpinned the report. Our advocacy was for primary care provision of services, fully and sustainably funded. We cannot continue to only see a health system where services are provided by secondary services, and funding and decision making sit with DHBs. It is not our place to speak for other sectors, but in sexual and reproductive health, it makes sense at every level for highly efficient, effective specialist services to receive the funding they need to deliver for the communities they serve.

For many years, our advocacy has focussed on fundamental shifts in public policy (abortion law reform) and expanded access to services (funding for a broader range of contraceptive options). Our advocacy has until now been outward looking and altruistic – focussed on other people. While our focus on equity, access and choice remains unchanged, our funding plight means that from now you will be hearing more from us about our own issues, as we make the case for a service whose value is fully fiscally realised.



Jackie Edmond
Chief Executive



Andreas Prager
President



**Providing
contraceptive
care during
Covid-19**

Covid-19

Covid-19 and lockdown did nothing to dampen client demand for our clinical services. We responded in creative ways – offering expanded services over the phone, utilising a doctor advice service, updating our web offerings and so much more – all with the intent of meeting demand as best we could. In addition, during Level 4, we removed the co-payment charge for New Zealand Residents over 22 to make our services as accessible as possible.

Some of the ideas we had been scoping as part of our broader co-design project became reality within days and are now embedded organisational practice. Critical to the success of these initiatives were regular meetings of clinic management and senior clinicians to consider and advise how we could safely provide services in different ways.

Electronic or e-prescribing allows prescriptions to be sent directly to a pharmacy for collection by a client. Our clinicians embraced e-prescribing during lockdown – although it required additional steps during a phone consultation, it allowed clients to access contraceptive pill repeats, emergency contraception and general contraception without needing to visit a clinic first.

In the first three weeks of lockdown we “saw” 3268 clients. In April we completed 41 per cent of our usual clinical workload and by May this figure had rebounded to 71 per cent.

Our team of health promoters ran three Open and Honest programmes during lockdown – like many of you we became proficient “zoomers”. Professional development for teachers continued too, with the delivery of five Navigating the Journey sessions during lockdown. Additionally, our health promoters ran 22 virtual sessions for a range of audiences on topics across the sexual and reproductive health spectrum. It’s a way of working that continues with a number of courses – including those for parents – being offered online.

Our Issues

Abortion law reform

After 40 years, the New Zealand Parliament voted in March to update our abortion legislation, treating it in law as a health issue. The Abortion Legislation Bill passed its third reading on Wednesday 18 March 2020 by a margin of 68 votes to 51. The Bill received Royal Assent on 23 March.

The new law means:

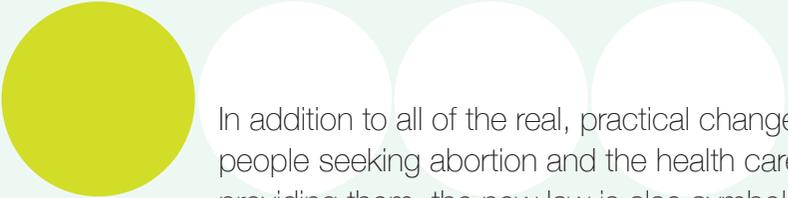
- Women and pregnant people can self-refer to an abortion provider. A referral is no longer needed.
- Fewer appointments will be needed, so abortions will happen earlier. This will better align New Zealand with other similar countries where the vast majority of abortions happen before the 10th week of a pregnancy.
- Nurses will be able to provide abortions which will also help improve access. Nurses, who are well-trained and highly skilled providing sexual and reproductive health services such as IUD insertions and prescriptions for oral contraceptive pills, should also be able to become trained so abortion services are within their scope of practice.

Some of the changes that the law enables will only be possible if the Ministry of Health ensures funding to integrate abortion into other primary care, specifically sexual and reproductive health care. For

example, under the new law, a range of providers, like GPs, can be trained to provide abortions, particularly early medication abortion (EMA) but they need to be funded to provide this service. Other providers, like Family Planning, could expand where we provide abortions. Right now, we only provide them in our Tauranga clinic because that is the only place where a DHB would contract us so we could obtain a license. While there is no longer a requirement to have a specific license for abortion care, we will only be able to expand abortion services to other clinics if we are supported by the Ministry of Health to do so. If abortion funding simply remains with current providers, then access will not expand.



Jackie Edmond (left) with Dame Margaret Sparrow at a law reform event.



In addition to all of the real, practical changes for people seeking abortion and the health care workers providing them, the new law is also symbolic. Women did access abortions under the old legal framework and health care workers provided them. But removing abortion from the Crimes Act and treating it as a health issue acknowledges the right of women and pregnant people to make decisions about a pregnancy, and consequently, about their lives and future. It also acknowledges the right of health practitioners to offer this essential care. Reproductive decisions are human rights and fundamental to good health and wellbeing – not acts that should be considered criminal.

We, along with 34 other organisations, signed an Open Letter to Parliamentarians expressing our strong support for the Bill which, at its core, is about supporting women and pregnant people's autonomy, dignity and wellbeing.

“ Our current abortion laws – unchanged since 1977 – are out of date and not fit for purpose. They create unacceptable barriers to healthcare access; and in doing so increase the distress, delay and financial burden faced by someone who seeks to end a pregnancy. They also result in inequitable access to timely abortion services, particularly for women living in rural areas, people who already have limited access to healthcare, and people who are affected by physical and sexual violence. We write to record our strong and united support for the Abortion Legislation Bill as a sensible framework for safe, legal and compassionate access to abortion care. As the Members of Parliament who will determine whether or not this Bill becomes law, we urge you to vote yes for a more compassionate healthcare system in New Zealand. ”

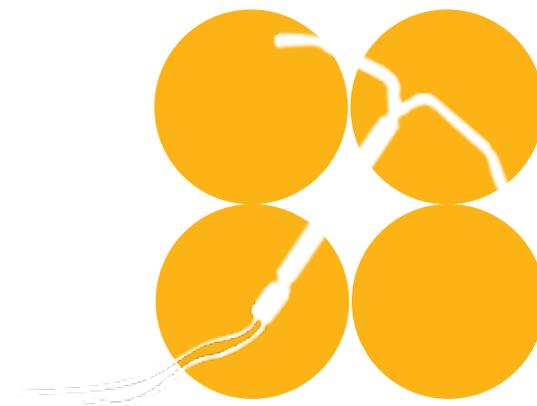
Open Letter to Parliamentarians



Funded Intra Uterine Devices

Contraceptive access – where people are able to choose the contraceptive that suits them best, regardless of cost – is a fundamental principle of our work. We have for many years been advocating for the Mirena Intra Uterine Device to be added to the schedule of subsidised contraception. In September 2019, PHARMAC issued a consultation document on the issue and from 1 November 2019 they became available at no cost.

The client response was immediate and overwhelming. Within the first month more than 800 Mirena (and its smaller sister Jaydess) devices had been inserted across our clinics – an average of 40 each day. For contrast, that is the number of these devices we would previously have inserted each month! Client use and take up of these devices, post subsidy, confirm what we have always known – that cost is a barrier and prevents people choosing the contraception that is best for them.



Virtual services

Face-to-face clinical services resumed on 14 April with depo provera clinics opening first in our Christchurch and Dunedin Clinics and then in clinics across the country.

Phone services or phone consultations have expanded in scope over the year and clients can now access a range of services:

- Getting the emergency contraception pill (ECP)
- Getting a prescription for boxes of condoms
- Getting a repeat pill prescription or making a start on the progestogen-only pill (mini pill)
- Pre-appointments for the IUD and implant
- Talking about contraception options – perhaps for clients who are new to using contraception or those who are having issues with their current contraception.

We are continuously looking for opportunities to expand our phone consultations and the services we're able to offer in this way. In late 2020, we expect our new patient management system to be deployed within the organisation and are confident that this new platform will allow us to offer more services in a virtual way.

Our Clinics

Our clinics are where our clients come to us. Increasingly we have a presence in places that are most accessible to clients. During the year under review we have established **four new outreach clinics** – in **Dargaville, Kaikohe, Huntly** and **Katikati**. For us, an outreach is a clinic that is open just one day each week or each fortnight – so something other than a permanent clinic. Each outreach is in an area of identified high need and in partnership with a local entity, such as Te Hau Ora O Ngāpuhi in Kaikohe, Plunket in Dargaville and Katikati, and Birthright Midwives in Huntly. Planning is in the early stage for another outreach clinic on the **East Coast** – we expect to be able to report on more outreach development in next year's report.



International Year of the Nurse and Midwife 2020

It is the global nursing workforce who have been at the forefront and on the frontlines of the response to Covid-19. That there should be such a compelling illustration of the work done by nurses, becomes even more appropriate in this, the International Year of the Nurse and Midwife.

We held a minutes silence at midday on Tuesday 12 May which is the International Day of the Nurse to acknowledge those nurses who lost their lives in the fight against Covid-19. Our staff also raised money to send to our colleagues at the International Planned Parenthood Federation to support the families of clinical staff who died treating people with Covid-19.

Nurse prescribing launch

Our nursing workforce were front and centre again this year. In July 2019, Associate Health Minister Jenny Salesa announced a “managed rollout” of nurse prescribing for contraceptives and short-term antibiotics for common conditions. The nurse prescribing changes apply to all Family Planning nurses – previously prescribing had been limited to nurse practitioners and nurses with a postgraduate diploma in registered nurse prescribing.

The development of our nursing workforce continues with Whanganui nurse Thea Wilson achieving Registered Nurse prescribing status during lockdown.



Left to right: Rose Stewart, Jan Gilby, Associate Health Minister Jenny Salesa, and Kirsty Walsh at the announcement of the managed rollout of Nurse prescribing.

National Contraception Training Service project

NCTS CONTRACEPTIVE COUNSELLING COURSE



OVERVIEW

The following National Contraception Training Service (NCTS) Contraceptive Counselling course is the first of a series of three contraception-training courses, but can also be undertaken as stand-alone training.

Clinicians undertaking this training will develop their knowledge of a range of contraceptive methods currently available in Aotearoa New Zealand.

Course content covers:

- informed choice and health literacy
- cultural considerations and equity
- assessment of young people
- clinical assessment and suitability
- counselling for contraceptive options, efficacy and choice.

We were awarded a contract by the Ministry of Health to deliver a nationwide training platform for contraception counselling and long acting reversible contraception. The training, due to begin delivery toward the end of 2020, will be aligned with the new National Contraception Guidelines that are being developed by a national group of sexual and reproductive health experts. The training reflects the increasing public interest in long acting reversible contraception now that each of the methods – IUD, IUS (Mirena and Jaydess) and the implant – are available at no or very low cost. A team from across the organisation has been working to deliver this significant project.

Client survey

An astonishing 99.7 per cent of the 1007 respondents to our 2019 client survey told us they were happy with the services they received from us. Some 99.6 per cent said our clinicians were good at answering their questions, 99.8 per cent felt listened to and the same proportion would recommend us to a friend.

The pinch point in the survey came when we asked about appointment-making with only 91 per cent telling us that they could get an appointment when they wanted one. We know that appointment making is difficult – both the process of making an appointment and the process of getting one at a date and time that is appropriate.

Clients told us there were a number of things we could do to improve our services:

- More later clinics
- More drop in clinics
- More options to talk with a nurse on the phone
- More outreach or pop-up clinics.



Our Education Work

Our suite of curriculum aligned resources was complete in late August 2019 with the publication of the Year 10 resource – Navigating the Journey: Te takahi i te ara Whakaakoranga hōkakatanga. The resources, from Year 1 to Year 10, are each available as an active PDF with live links to additional resources and teacher support.

In June 2020, in pursuit of our commitment to equity and access, we further reduced the price of the Navigating the Journey resources to just \$5 each. Early sales data indicates that more schools are able to purchase these resources at the new lower price.

In addition, professional development for teachers, both in the use of these resources and more broadly across relationship and sexuality education, has been expanded during the year. The Covid-19 lockdown provided additional opportunity for online workshops for teachers and others working with young people.

Professional Training and Development

Shifting delivery of our clinical training courses from face to face to a mix of in person and online was well underway prior to Covid-19. Three courses – An introduction to Sexually Transmissible Infections, Emergency Contraception and Cervical Screening Update – are online and our new Introduction to Contraception Course was completed during lockdown. Our Professional Training and Development Team also supported Fifth Year Medical Students in both Auckland and Wellington with Zoom sessions when it was no longer possible for them to complete their placements in our clinics.

Our fee paying courses generated nearly \$300,000 of revenue this year – an increase of close to 40 per cent over the same period last year. The revenue would have been even greater if we had not had eight weeks where we were unable to deliver.

Our International Projects

We continued to work closely with partners in the Pacific to increase access to sexual and reproductive health information and services through research, projects and advocacy. We also began to identify new, creative ways we can support our international projects during Covid-19.

Kiribati

The Kiribati Healthy Families Project concluded its second phase and was successful in securing funding for a further five years through the Ministry of Foreign Affairs and Trade. In November 2019, Family Planning clinicians supported the training of 40 Kiribati clinicians from both our partner organisation, Kiribati Family Health Association and the Ministry of Health and Medical Services. Our clinicians also provided further mentoring to the two Kiribati nurses who were previously trained in IUD insertion under the project.



Maneaba (meeting place) in Abaiang Island, Kiribati



Maneaba and dining room in Abaiang Island, Kiribati, where focus groups took place

Vanuatu

During the Planem Gud Famili Blong Yumi project's second year, our staff facilitated both clinical and health promotion training in Vanuatu with 13 community leaders attending a Sexual and Reproductive Health and Rights workshop in July 2019 and seven clinicians attending clinical training in October 2019. While the project concluded its second year, a further three years of funding was approved under the Ministry of Foreign Affairs and Trade's Manaaki Fund.



Family Planning Health promoters, Holly Coulter and Julia Drury in Vanuatu July 2019

Sexual and Reproductive Health in Emergencies Programme

We supported the second year of the International Planned Parenthood Federation led programme supporting sexual and reproductive health and services in emergencies in Kiribati, the Cook Islands and Tuvalu. The programme is funded by the Ministry and Foreign Affairs and Trade.

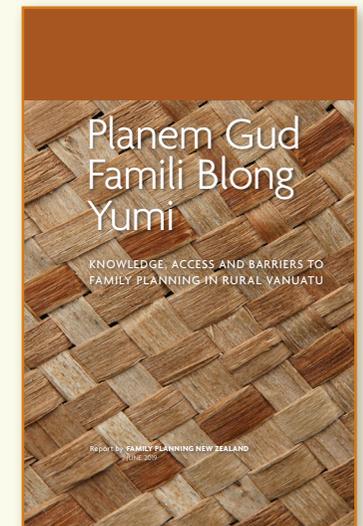
Published research

We published and launched our latest international research, exploring knowledge, access and barriers to sexual and reproductive health and rights in Vanuatu. This was completed under the Planem Gud Famili Blong Yumi project and focussed on the rural area of Big Bay Bush in Espiritu Santo. Our researcher worked with the Vanuatu Family Health Association and peer educators to conduct in-depth interviews and focus groups. Following its launch, we were accepted to present the research at the 10th Asia Pacific Conference on Reproductive and Sexual Health and Rights.

[The research report is available online on Family Planning's website.](#)



Peer educators collecting research data in Vanuatu



Family Planning's Vanuatu research report.



Our Culture and Organisation

We have been awarded DAA Accreditation following an audit in August 2019. The auditors commended us for our approach to our first EQuIP survey, the manner in which the process was conducted with an openness and willingness to learn and improve and the result we achieved.

We received lots of positive feedback about our staff and our organisation, for example:

- Dedicated, experienced, passionate workforce
- Committed to reducing inequities and increasing services for Māori
- Good teamwork supporting client centred care evident
- Clients expressed a high level of satisfaction.

Of course, one of the main objectives of undertaking an external accreditation programme is to identify areas for improvement. Action plans have been developed based on the DAA Accreditation to work on the recommendations in the report and continue on our quality improvement pathway in readiness for our next survey.

Parental Leave – policy enhanced

Making it easier for parents to come back to work after parental leave was the rationale for our new Parental Leave Policy introduced this year. When employees return to work from parental leave they will, for a period of time, have the opportunity to work reduced hours (80 percent of contracted hours) and continue to receive their full salary.

Our World



Andreas Prager



Waimarama Matena

Our president Andreas Prager was elected chair of the International Planned Parenthood Federation's East and South East Asia and Oceania Region (ESEAOR). Council member Waimarama Matena was elected as a youth representative at the same meeting. This also meant that both became members of the global IPPF Governing Council at a time when member associations were strongly calling for changes to the way IPPF was governed. Two independent commissions had been established to recommend changes to the governance structures and the resource allocation

model. In December at a General Assembly in Delhi over 120 member associations met to review the commissions recommendations and they were unanimously accepted. Subsequently Andreas was elected as chair of a Transition Committee to oversee the urgent implementation of the agreed reforms. Waimarama was also elected as a member of this committee. In May 2020 this work came to fruition with a new Board of Trustees being established and the abolition of the Governing Council and the regional governance structures. The new Board of Trustees is skills based and has both representation from member associations and independent trustees.

In November 2019, the Nairobi Summit on Population and Development was held – 25 years after the initial landmark Cairo Conference. It's worth reflecting that it was at this 1994 meeting that, for the first time, reproductive health, women's empowerment and gender equality, were declared as key to sustainable development. The late Honourable Katherine O'Regan, New Zealand's Health Minister at the time was at the original Cairo Conference and came back to New Zealand to establish our Parliamentarians Group on Population and Development.

Changes and Honours

There were a number of changes to the membership of our Senior Management Team during the year under review. A new Business Improvement Manager role was established to drive a number of key projects – including a new electronic patient management system. Chris Plummer started in the role on 12 September 2019. Financial Controller Trevor Thomas left to take up a new role on 18 September 2019. Covid-19 delayed the appointment of a new National Health Promotion Advisor with Dr David Evans starting with us on 5 June 2020.

Our chief executive was honoured in the Queen's Birthday Honours announced in early June. Jackie will become a Member of the New Zealand Order of Merit at a ceremony in Wellington in November 2020.

In early January 2020, **Dame Margaret Sparrow** was named as Senior New Zealander of the Year in the Kiwibank New Zealander of the Year Awards.

Dr Barbara Adkins retired after working as a Family Planning doctor for just over 35 years across our central Wellington Clinic and more recently in Takapuna. Meanwhile Wellington nurse Joy Brown Douglas also retired this year after 35 years work in our central Wellington and Cuba Street clinics.



Dr Barbara Adkins



Joy Brown Douglas



NZ Family Planning

Financial Summary for Annual Report

FY2020

Income

Government contracts	13,138,508
Grants revenue	612,528
Clinical fees	1,605,505
Other non-exchange income	229,444
Finance income	222,974
Revenue from exchange transactions	659,094

Expenses

Employee costs	11,733,188
Rent & property costs	1,677,171
Other expenses	2,779,896
Depreciation & Amortisation	331,493

Current assets

Cash and cash equivalents	1,940,704
Investments	8,000,000

Total Equity

2020	8,179,454
2019	8,233,147
2018	7,541,251
2017	7,284,390
2016	7,346,050

The full financial report has been audited by Ernst & Young who have given an unmodified opinion. A copy of the full financial report can be obtained from the publications section of the Family Planning website www.familyplanning.org.nz

Our People

Family Planning Council



President:
Andreas Prager



Deputy President:
Dr Pauline Horrill

Council:



Carol Bellette



Madeleine
Hawkesby



Dr Jacky Percy



Dr Lilian Fraser



Dr Maira
Haimona



Elizabeth (Lizzie)
McLean



Waimarama
Matena



Dr Tammy
Steeves

Senior Management Team



Chief Executive:
Jackie Edmond



**Deputy Chief Executive/
National Director
Operations:** Kirsty Walsh

National Medical Advisor:

Dr Beth Messenger

National Nurse Advisor: Rose Stewart

National Health Promotion Advisor:

Amanda Hargreaves (until 30 January 2020),
Dr David Evans (from 5 June 2020)

Financial Controller: Trevor Thomas

(until 18 September 2019)

Business Improvement Manager:

Chris Plummer (from 12 September 2019)

Communication Manager: Sue Reid.

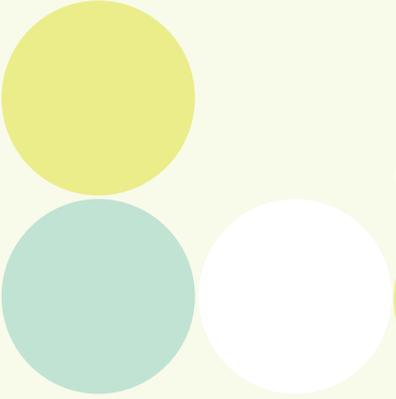


Honorary Vice Presidents

Dr Ruth Black, Dr Katherine Bowden MNZM, Dame Silvia Cartwright PCNZM, DBE, QSO, Dr Margaret Catley-Carlson, Rt Hon Helen Clark, Margaret Dagg, Hon Liane Dalziel, Hon Christine Fletcher QSO, Dame Jenny Gibbs DNZM, Professor John Hutton, Dame Areta Koopu DNZM, CBE, Halfdan Mahler, Professor Malcolm Potts, Dean Reynolds, Rt Hon Dame Jenny Shipley DNZM, Dame Margaret Sparrow DNZM, MBE, Hon Judith Tizard, Dame Catherine Tizard ONZ, GCMG, GCVO, DBE, QSO, Dame Marilyn Waring CNZM, Dame Fran Wilde DNZM, QSO

Honorary Life Members

Dame Sue Bagshaw DNZM, Daphne Bell MNZM, Dr Pat Boulton, Dr Katherine Bowden MNZM, Jan Brown, Gillian Burrell, Hon Steve Chadwick, Candis Craven ONZM, Margaret Dagg, Helen Eskett MNZM, Sue Farrant, Dame Jenny Gibbs DNZM, Dr Maxine Gray, Dr Gill Greer MNZM, Naomi Haynes, Dina Hutton (deceased 11 January 2020), Peggy Kelly, Dr Win Kennedy, Dr Elspeth Kjestrup QSO, Jean Lawrie, Gill Lough, Jan Lockyer, Linda Penno ONZM, Dean Reynolds, Dr Helen Roberts, Dame Margaret Sparrow DNZM, MBE, Sheila Stancombe, Dawn Wardle, Glenys Wood MNZM, Valda Wood, Simon Woolf.



2019

July

— Nurse prescribing programme launched by Associate Health Minister Hon Jenny Salesa.

August

— The Abortion Legislation Bill passes its first reading in Parliament by 94 votes to 23.

September

— Minister for Women and Associate Minister of Health Hon Julie Anne Genter visited our Lower Hutt Clinic on World Contraception Day (26 September) to talk about the importance of contraceptive access and choice.

October

— Our Chief Executive Jackie Edmond and our National Nurse Advisor Rose Stewart spoke to the Abortion Select Committee – a Parliamentary Committee established specifically to address the issue of abortion law reform.

November

— PHARMAC adds Mirena Intra Uterine Device to the subsidised schedule making it available at no/low cost. Client demand is immediate with 532 insertions in the first 15 days following the announcement.

December

— Audit of our new medication management and systems complete and DAA accreditation awarded.



2020

January

2020 is the International Year of the Nurse and the Midwife.

February

The Abortion Select Committee released its report on 14 February.

March

The Abortion Legislation Bill had its Second Reading on 3 March, its Third Reading on 18 March and was given Royal Assent on 23 March.

April

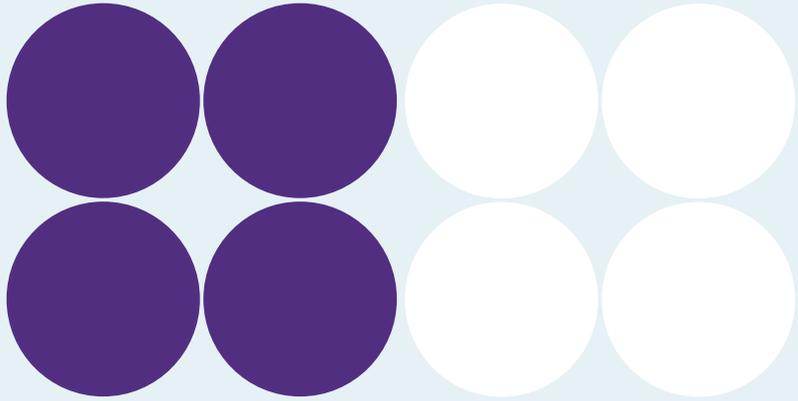
Service provision continued during lockdown with clinical services offered over the phone and education sessions offered online.

May

We launched our Contraceptive Use Survey on the International Day of Action for Women's Health. Survey results will be published on World Contraception Day 2020.

June

Chief Executive Jackie Edmond named as a Member of the New Zealand Order of Merit in the Queen's Birthday Honours.



Family Planning has a specific policy on the ethical use of photographs and all of the photographs in the Annual Report have been taken with this policy in mind.

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