Sexual Wellbeing Aotearoa

Annual Report

Pūrongo ā Tau

1 July 2024 – 30 June 2025

Chief Executive and President's Report Te Pūrongo a te Mana Whakahaere rāua ko te Pou Wharae

Change to legal structure At a Special General Meeting held on 9 July 2025, our members voted to move the organisation to a new legal structure, a charitable trust. So, this Annual Report is the last you will receive from the New Zealand Family Planning Association Incorporated. From 1 November this year, our legal name will be Sexual Wellbeing Aotearoa Trust. We will continue to use Sexual Wellbeing Aotearoa for our public-facing work.

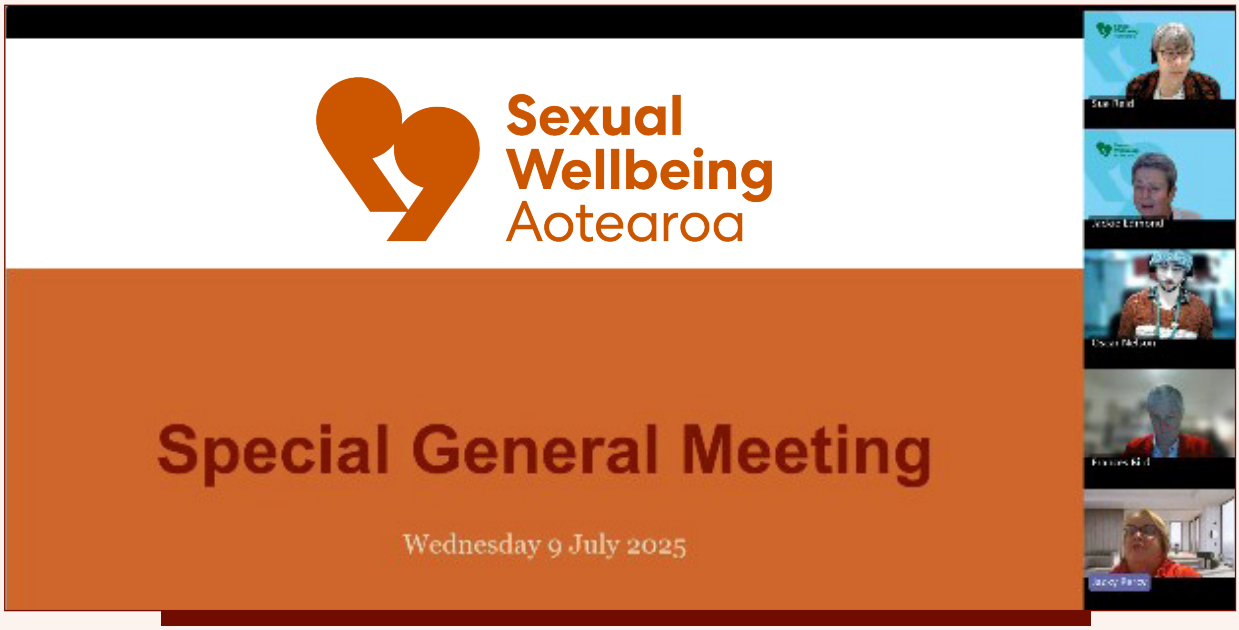
This change, whilst significant, is part of the ongoing evolution of an organisation that next year, will be 90 years old. Adaptation has been one of our great strengths and we are confident the new structure provides a firm foundation for the future.

Council led the review of rules and governance structures, assessing whether they were still fit for purpose, allowing us to achieve our charitable purpose and meet our obligations. Council did so being very aware of their role to direct and support Sexual Wellbeing Aotearoa to be well placed, ready for a successful future. A robust analysis of the structural options available, made clear that an Incorporated Society structure was no longer the most suitable fit for an organisation that had grown well beyond providing services to its members.

Council believes that a charitable trust is the most appropriate structure to secure Sexual Wellbeing Aotearoa's long-term future because it fits with our values and vision and enables us to retain what is important to us, acknowledging and honouring our history, retaining our principles, charitable values and status, and doing everything we can to maintain our membership of the International Planned Parenthood Federation.

Additionally, we will have the future flexibility to grow and diversify our services, apply for grants, and grow income streams that reduce some of our reliance on government contracts whilst still enabling all profits to be returned to the activities of Sexual Wellbeing Aotearoa.

Sexual Wellbeing Aotearoa Trust, will enable us to continue using our expertise and courageous voice, to advance equitable access to sexual and reproductive health services and information, and support people to enjoy the best possible sexual and reproductive health and rights.



Menopause Wellbeing launched

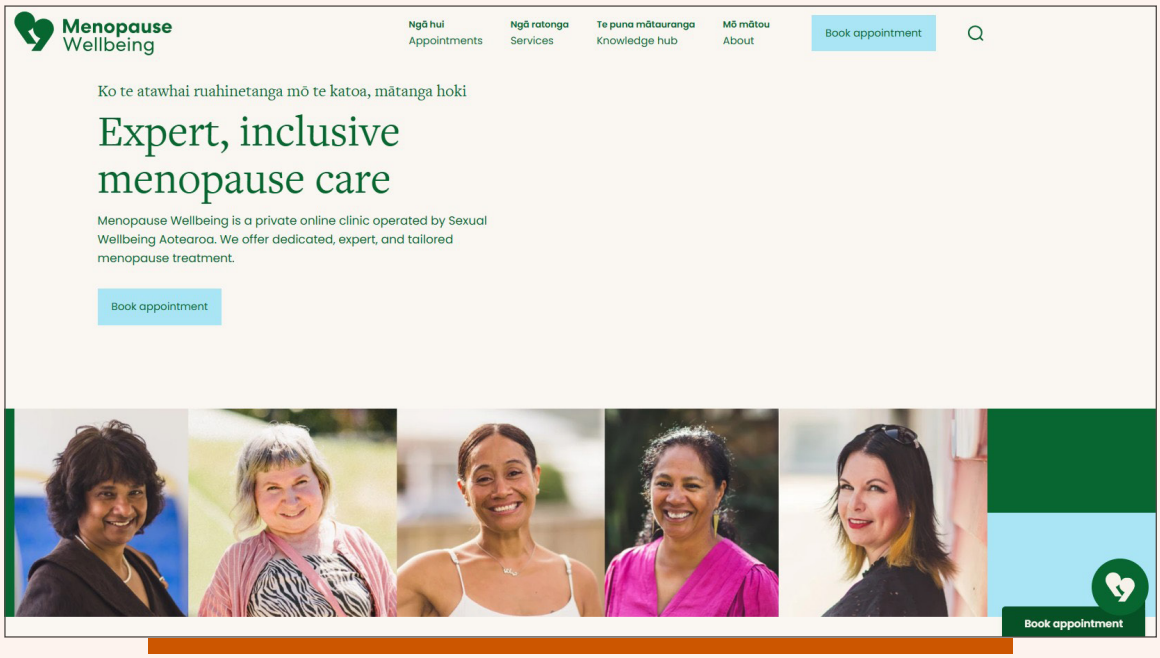
In May 2025, we launched Menopause Wellbeing, a private clinic providing another source of menopause care – whilst delivering a new income stream for Sexual Wellbeing Aotearoa.

Our vision for Menopause Wellbeing is twofold. First, we will provide dedicated, expert menopause care that supports a holistic, inclusive approach to treatment, including supporting a Te Ao Māori approach to healthcare. To be clear, it's not that Sexual Wellbeing doesn't provide a great service currently, but sadly our current contract does not fund us to offer this service. Our second purpose is philanthropic at its core, like so much of our mahi. All proceeds from the private menopause clinic will be re-invested in Sexual Wellbeing Aotearoa, enabling us to continue to promote health, advance education, and support our communities with their sexual and reproductive healthcare needs.

Offering a private service is a significant shift for us as an organisation. Scaffolded by our new structure, the reality is that we need to look at new ways to generate income. Increased costs and an income that is only holding steady isn't going to get us to where we need to be to deliver equity, access and choice across our services.

Funding increase from Health NZ | Te Whatu Ora

In August 2024, we were advised we would receive a 2.1 per cent funding increase from Health New Zealand | Te Whatu Ora. We are grateful for the increase but noted at the time that it is not enough to meet ongoing costs. As we have alluded to earlier in this Annual Report, initiatives such as the change in structure and the new menopause clinic have been introduced to support us to expand and increase our funding streams and afford us some level of flexibility to do our work in new and innovative ways.



Cervical screening – open letter

An open letter and meeting request were sent to the Minister of Health by a consortium of organisations lead by the Cancer Society, including Sexual Wellbeing Aotearoa. The open letter called on the Government to extend free cervical screening to all who are eligible, to fully fund an equitable cervical cancer elimination strategy, and to urgently increase access to HPV vaccination among school children to reach an uptake of 90%.

Remembering Cecile Richards

In early January 2025, we received the news that Cecile Richards, former CEO of Planned Parenthood had died aged just 67. Cecile was one of the biggest champions of abortion rights in the USA and a powerful political activist. She was instrumental in making support for abortion rights a key element of the Democratic Party platform. Her passion, spirit, and advocacy will be sorely missed.

Remembering Dr Malcolm Potts

Honorary vice president and global changemaker Dr Malcolm Potts passed away on 25 April this year at the age of 90.

A University of Cambridge–trained obstetrician and reproductive scientist, Potts emerged in the 1960s as a leader in what was then a revolutionary movement for access to reliable contraception and safe abortion.

Long before he joined the faculty of University of California Berkeley School of Public Health in 1992, he was widely recognized as a visionary, with a rare gift for using science to win opponents over to his mission to promote women's health—and the right to self-determination—around the world.

Cecile Richards visited New Zealand in 2013 and spoke at our conference – meeting and hearing from her was a career highlight for many of our staff.

Finally Globally, we are seeing an increasing and emboldened social conservatism with push back on human rights, reproductive rights and access to services and information. While there's debate around the origins of this movement, there's no doubting the overturning of Roe v Wade was a moment of global significance with impacts well beyond the United States. Domestically change is afoot too, with change to the relationships and sexuality education curriculum and guidelines following this global trend.

We will continue to look to and act on our vision of equity, access and choice which provides us with a clear direction as we work not just to maintain, but to expand the services and information we offer.

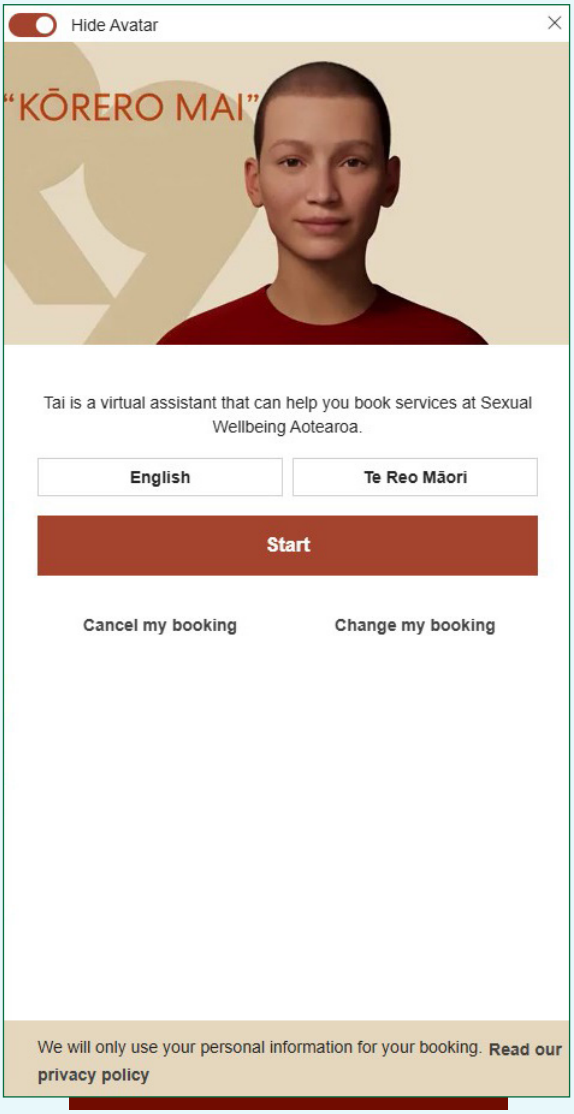
Dr Jacky Percy
President
Te Pou Whakarae

Jackie Edmond
Chief Executive
Mana Whakahaere

Clinics Ngā tari hauora

Reimagining the Client Journey Reimagining the Client Journey (RCJ) is the name given to a multi-strand project to make fundamental change in the way we offer our clinic services. RCJ is a transformational project which during the year under review has seen us introduce everything from a new online booking platform with a bilingual avatar, to trialling video consultations and significant changes to the system we use to organise our clinicians time. RCJ has become our lingua franca, the way we talk about and introduce innovations that are focussed on our clients and making their experience better.

Online booking, the ability for clients to make a booking through a widget on our website, went live in March 2025 and is the most visible, public facing aspect of the RCJ project. Clients using online booking are guided by Tai, a bilingual AI avatar, to book their appointments at a time and clinic that suits them. Clients who've booked using online booking, can also use the tool to reschedule or cancel their appointments.



For a long time, clients have told us they want more flexible booking and cancellation options, so by introducing online booking, we're taking steps toward our vision of increased equity, access, and choice for our clients. We also hope this will also reduce appointments where clients don't arrive, increase efficiency, and improve workflow in our clinics.

We believe Tai is Aotearoa New Zealand's first, fully bilingual online booking avatar. Tai's vocabulary was developed by our translator Wareko Te Angina and Tai is voiced by Community Health Promoter Rose Haskell.

Clinics Ngā tari hauora

Supporting clients to attend appointments

Reimagining the Client Journey also includes a project to better manage clients not attending their appointment. We know there are many reasons why clients don't attend – our client survey in progress as this report was being written suggests that getting time away from work is a significant issue for as many as 60 per cent of clients. In clinics which have historically had high rates of clients not attending, our project to support clients to attend is starting to see some great results. This project has been implemented largely by our Medical Receptionists who are a critical part of our clinic operations.

Nurse prescribing

As this Annual Report was being written, long standing nurse and former National Nurse Advisor Rose Stewart was preparing to retire after working for us since 1988. As National Nurse Advisor, Rose was instrumental in the introduction of nurse prescribing within the organisation. The ability for suitably qualified nurses to prescribe in their own names is one of the most fundamental shifts in clinical practice in the history of this organisation. Some 50% of our nurses are now nurse prescribers, with another 10 nurses about to start the course to qualify them to become nurse prescribers. These nurses have the skills to practice with more autonomy – their skill also reduces the time required for countersigning where a doctor would check the client files to "sign off" the work of the nurse.

Former National Nurse Advisor Rose Stewart (far left) was the architect of nurse prescribing within our organisation and a passionate advocate for the nursing profession. Rose is pictured at the launch of Community Nurse Prescribing with from left Sexual Wellbeing nurse Jan Gilby, Associate Health Minister Hon Jenny Salesa, and Director Clinic Services Kirsty Walsh.

Clinics Ngā tari hauora

Annual Client Survey More than 1,000 clients responded to our 2024 Client Survey, helping us better understand the relationship between Sexual Wellbeing Aotearoa and the people and communities we're here to support. The purpose of this annual survey is to see how we're meeting client needs, to understand why they chose us to provide their health care, and to examine areas where there is still room for improvement. The results overwhelmingly showed that people come to us because they feel comfortable and welcome, and because our staff are experts at what they do.

For the first time in our 2024 survey, Māori clients had the chance to include their iwi affiliation alongside other ethnicity data, and 74 per cent of Māori clients took the chance to provide their affiliation. The survey was sent prior to the introduction of our new online booking tool and showed that some 60 per cent of clients called us to make their appointment. Early data from the 2025 Client Survey, available as this Annual Report was written, show that some 60 per cent of clients responding to the survey have used the online booking tool.

> The nurse was incredibly supportive and nonjudgmental about an issue that has been troubling me for years. She was very knowledgeable and helped me feel good about a plan moving forward. She was also efficient with the IUD removal.
>
> Client comment

Our overall client satisfaction rating was 8.1/10 – a remarkable result and a testament to the staff working within our clinics. We also asked a question about our new brand with 7.7/10 reporting that they liked the new brand and thought it did a good job of reflecting the work we do.

Just under 30 per cent of client respondents had come to see us for an IUD or implant, giving credence to our claim of being New Zealand's biggest provider of sexual and reproductive health services.

Courses on offer During the year under review, our Professional Training and Development team had a suite of 11 courses on offer for doctors, nurses, midwives and other health professionals. These courses include the NZQA-accredited course for Cervical Screening (US29556 Conduct Cervical Screening).

Health Promotion Te Whakatairanga hauora

Relationships and Sexuality Education

In March 2025, the Ministry of Education removed the Relationships and Sexuality Education (RSE) Guidelines from its website. The guidelines were introduced in 2020 to support primary and secondary schools to implement the 2007 curriculum and included updated advice about how to talk about issues that have emerged since – such as social media.

The removal of the guidelines was not unexpected as it was an explicit action in the government's coalition agreement. But we believe it was wrong to remove the guidelines without putting anything in their place, leaving schools in limbo. A December 2024 Education Review Office (ERO) report was clear that schools and communities want schools to have more, not less, guidance on how to implement the relationships and sexuality education component of the curriculum.
In April the Ministry released their new draft framework of relationships and sexuality education looking for feedback. The timeframe is for the updated RSE content to be included in the refreshed health and physical education learning area which is due to be released in Term 4, 2025. The final HPE learning area is planned to be gazetted and available for use in 2026 and require for use from 2027.

The draft framework is less comprehensive than the previous Relationships and Sexuality Education Guidelines and offers a lot of room for interpretation. We do not believe this will give schools the certainty the Ministry had indicated would be provided in the new framework.

There are however a number of positive elements to the draft framework.

The inclusion of learning areas for Years 12-13 is positive, even though this isn't included in the curriculum. This is the first time, that we are aware that the Ministry of Education has issued guidance for these year levels. The guidance for these year levels is brief, but its inclusion shows a step in the right direction and reflects what young people have been asking for from their RSE.

Health Promotion Te Whakatairanga hauora

It is also positive to see teaching consent and online safety from years zero to one (five to six years old).

It is disappointing to see that references to gender diversity and the difference between biological sex and gender, which were embedded throughout the Ministry of Education's 2020 Relationships and Sexuality Education Guidelines have been removed. In this new framework, all references to gender refer only to "man" and "woman" and do not recognise identities that fall outside of these, such as transgender and non-binary identities. Similarly, while some diversity of sexuality identities is acknowledged, they are defined in relation to there being only two genders. Understanding gender diversity is an essential part of relationships and sexuality education, which is supported by international best practice guides.

Until the new framework is confirmed, the Ministry of Education has recommended that schools plan their programmes to align with the 2007 curriculum. We believe the world is a very different place than it was then with the dominance of social media, pornography, bullying and cyberbullying, compounded by a spread of misinformation and disinformation. In our view, this is not the time to take away the guidelines and to leave schools on their own to manage the implementation of the curriculum.

Health Promotion Vision Work within the Health Promotion team is directed by the Health Promotion Vision which has four key areas:

- Equity-focussed
- High quality sexual and reproductive health, and relationships and sexuality education content
- Collective impact and courageous advocacy
- Supported, skilled and enabled workforce

Health Promotion Te Whakatairanga hauora

Being online and being digital are an integral part of this vision. Six new videos were produced during the year under review for use in education and training programmes and online. The videos are:

1. What to Expect: visiting a clinic
2. What to Expect: phone consultation
3. No Silly Questions: a question and answer with Sexual Wellbeing Aotearoa Staff
4. How to use a condom
5. How to use an internal condom
6. How to use an oral dam

We partnered with video production company, Goldfish Creative and staff from across the organisation collaborated on scripting, reviewing content, coordinating, and on screen. In the videos, the clients and the voiceovers are actors, and our own staff play themselves

Five new courses on offer Health Promotion has 15 courses available online now – five of them newly released in the year under review. Four of the new courses offer professional learning and development for teachers and others using the Navigating the Journey teaching resource. The fifth new course is Empowering Educators: Supporting Young People's Sexual Wellbeing.

Health Promotion Te Whakatairanga hauora

Events across the motu Our Community Health Promoters are active in communities across the motu, regularly attending a range of community events. The two biggest events for the year under review were Te Matatini and Big Gay Out.

Te Matatini was held in New Plymouth between 25 February and 1 March and was a collaboration between our health promotion, clinical and communication teams. Our offering included providing resources (information) and products (condoms, pregnancy tests), offering STI self-test kits, clinicians on site to offer medical advice, health promotion games and opportunities to talk, conducting fun interviews and photo opportunities as a keepsake for people.

Social Media Content Specialist Olivia Seymour (left) and Community Health Promoter Rose Haskell (right) on the ground at Te Matatini.

Our team was also at the Big Gay out on 16 February, in Coyle Park, Auckland. This was another collaboration between our clinical and health promotion teams, working together to showcase our services, break down stigma around sexual health and connect with the communities we serve.

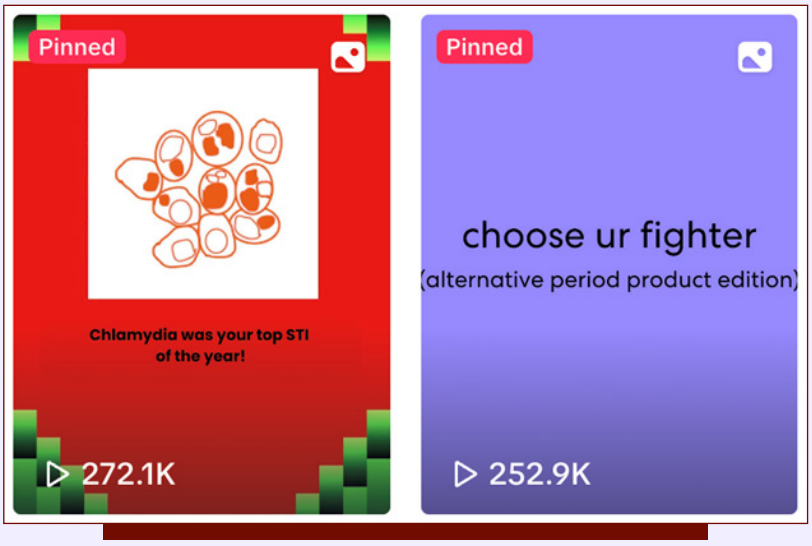
Community Health Promoter Ake Felix, Nurse Nicola Warmington and Health Promotion Team Leader Nicole Ruakere celebrating LGBTQ+ Pride at Big Gay Out.

Health Promotion Te Whakatairanga hauora

Social media This past year has marked an exciting shift for our social media presence. In line with our Health Promotion Vision, we hired our first dedicated Social Media Content Specialist, allowing us to focus on effectively communicating with young people about sexual and reproductive health and rights (SHRH) information and education. This has also ensured our clinic services are visible on the platforms where our target audience is most active, Instagram and TikTok.

Instagram and TikTok remain the primary channels for reaching young people. Our strategy has centred on leveraging cultural moments and social media trends to create short-form, engaging, and educational video content. Recognising that a younger audience responds best to content that feels authentic, humorous, and relatable, we intentionally took a more edgy, bold approach that aligns with our refreshed brand positioning.

This includes incorporating memes, pop culture references, and office humour alongside our core educational messages. While not every video is expected to go viral, the strategy has been to build momentum through consistent, diverse content so that when one post gains traction, it drives new audiences to follow and engage with our page. Once there, they can access our broader library of SHRH content.



Importantly, we have acknowledged that traditional engagement metrics (likes, comments, shares) may not fully capture success for this audience. Young people often feel whakamaa (embarrassed) engaging publicly with SHRH content. For this reason, we prioritised views as the primary success metric. Encouragingly, we have seen significant growth across both views and engagement over the past year.

Health Promotion Te Whakatairanga hauora

Instagram Performance

- **Reach:** 1.2M (substantial increase from the previous year)
- **Engagement:** 42.8K interactions
- **Followers:** increased by 1,619 (from 1,881 in 2023/24 to 3,500 in 2024/25)

TikTok Performance

- **Reach:** 1.6M (compared with 106K in 2023/24)
- **Engagement:** 85K (up from 2K in 2023/24)
- **Followers:** increased from 206 in 2023/24 to 1,500 in 2024/25

We also achieved multiple viral videos this financial year, including:

- Sexual health "green flags" – 1.8M views
- STI statistics in New Zealand – 270K views
- Alternative contraception options – 250K views
- Cervical screening prompts – 160K views
- Soft tampon education – 67K views
- Family Planning's rebrand – 52K views
- Bacterial vaginosis education – 19K views
- Student STI testing during O-Week – 17K views

While Instagram and TikTok have been our primary focus, we have also maintained strong activity on Facebook and LinkedIn to reach stakeholders, parents, and professionals with more corporate content such as news, research, and sector updates. Both platforms continue to show steady growth, even if they are less suited to viral reach. In addition, our YouTube channel has been refreshed with new Health Promotion videos and reorganised into curated playlists for key audiences, including educators, whānau, people with intellectual disabilities, and speakers of te reo Māori, Samoan, and Gilbertese, making our content more accessible and user-friendly for diverse communities.

International Programmes
Ngā hōtaka ā-ao

Vanuatu programme Our International

Programmes Team has been supporting the Planem Gud Famili Blong Yumi programme in Vanuatu since 2017. The programme, which aims to reduce unplanned pregnancies and STIs in Ni-Vanuatu, is delivered in partnership with the Vanuatu Family Health Association and funded by the New Zealand Ministry of Foreign Affairs and Trade. In early July 2024, Jackie Edmond visited the programme during a review of the projects monitoring framework and plan.

At the start of June 2025, Amrita and Madeleine from the International Programmes team visited Vanuatu for the Mid Phase Review and to launch the Research Report, "It's easy for them to access, but they're frightened" – Exploring knowledge, access, and barriers to sexual and reproductive health for young people in Pentecost, Vanuatu.

Mid Phase Review attendees, including staff from the Vanuatu Family Health Association, Sexual Wellbeing Aotearoa, Vanuatu Provincial Health, and Youth Challenge Vanuatu.

The visit was an opportunity to discuss the successes and challenges of the project halfway through its implementation. Individual stakeholder meetings were held with the Ministry of Health, NZ High Commission, Youth Challenge Vanuatu, and other local organisations. The Mid Phase Review was held with VFHA staff and key stakeholders involved in the outreach clinics, as well as potential partners for future project activities. This opportunity for everyone to meet in person allowed us to gain a better understanding of barriers on the ground and enabled effective strategic planning for meeting the key targets set for Phase 3.

In addition to this Mid-Phase Review, we were able to celebrate the launch of the Research Report completed as part of the project activities. We shared the results and recommendations with key stakeholders both in Port Vila, Efate and Luganville, Santo. Stakeholders were very grateful for the stories shared within the report, as the topic is often difficult to discuss within communities. This brought about renewed commitment to the work being conducted through the PGFBY project.

International Programmes
Ngā hōtaka ā-ao

Kiribati symposium In early August, our International Programmes Manager, Dr Amrita Namasivayam, went to a symposium on the Kiribati island of Butaritari as part of a celebration of a partnership and development targets established between our in-country partner Kiribati Family Health Association (KFHA), the island development council, traditional leaders, and a taskforce of representatives from the Government of Kiribati. This symposium was followed by a week of health promotion training, delivered by two of our health promoters, for youth and community leaders involved with the product.

Call to increase foreign aid budget Sexual Wellbeing Aotearoa is a The Council for International Development (CID) is also calling on the New Zealand Government to increase climate finance and foreign aid in the upcoming budget. Sexual Wellbeing Aotearoa was one of several NGOs from the international development sector who signed an open letter urging Ministers to scale up funding next year so Pacific nations can adapt and prepare for climate impacts without falling into climate debt. The letter also calls for a general increase in the foreign aid budget to address the escalating challenges facing the Pacific.

Commission on Population and Development Jackie Edmond attended the Commission on Population and Development at the United Nations as part of the official New Zealand Delegation. CPD is an annual meeting that reviews the progress of the International Conference on Population and Development. This 1994 conference was a landmark event in sexual and reproductive health and rights, making commitments on language, access to safe legal abortion and age-appropriate sexuality education.

Since the 1994 conference, the area has become more contested and CPD has increasingly failed to retain language around sexual and reproductive health and rights. This year, dominated by global geopolitical issues and policy changes in countries like the United States, the meeting did not issue an outcome statement.

International Programmes
Ngā hōtaka ā-ao

Abortion advocacy workshop in Fiji In early April 2025, our International Programmes Manager Dr Amrita Namasivayam hosted a 3-day Values Clarification for Action and Transformation (VCAT) workshop in Nadi, Fiji, along with organisations from 4 different Pacific islands. This was an activity under our Niu Vaka II SRHR advocacy work, which focuses on Pacific organisations that have indicated interest in progressing abortion advocacy.

Participants and trainers for the VCAT workshop.

Kiribati research report In May 2025, we launched a research report we completed last year in collaboration with Kiribati Family Health Association (KFHA) and Future Partners – 'Identifying Future Priorities to Improve Sexual and Reproductive Health in Kiribati.' Jackie Edmond returned to Kiribati for the first time in 5 years for the release of the report.

Hauora Māori and Equity Hauora Māori, Mana Taurite

Wāhine Maori and contraception

Sexual Wellbeing Aotearoa launched an important research report during the year, focusing on Wāhine Māori and Contraception. This report, which we commissioned, fills a vital gap in existing research and highlights systemic and structural barriers which prevent wāhine from accessing their preferred contraception options. These barriers include limited accessibility to information and services, challenges with affordability, availability of services, stigma, and experiences of culturally unsafe care.

The report includes the voices of women aged 17 to 70 and research lead Dr Fiona Cram says their accounts and perspective provide important information to consider how to best deliver services.

Some 30 people attended the event, which featured research lead Dr. Fiona Cram, and researcher Anna Adcock. Research kuia Dame Areta Koopu also spoke to the meeting.

Hauora Māori and Equity Hauora Māori, Mana Taurite

Whiria te Muka Sexual Wellbeing Aotearoa was excited to be one of just three agencies invited to take part in the Whiria te Muka (anti racism) Project lead by Tokona Ltd. As a part of this, a team of dedicated kaimahi have been working through anti-racism themes and initiatives that have been identified through interviews, focus groups, and surveys.

Left to right: Kaimahi working on the Whiria te Muka Project: Alicia Sudden, Rochelle Keane, Erin Pickard, Michelle Walker (Tokona Te Raki), Marie Jupp, Jo Batcup, Caitlin Snowden (Tokona Te Raki), Rose Haskell, Ragnar Andersen, Nicole Ruakere, Tania Huria, Roni Kumeroa (Tokona Te Raki).

Reproductive Justice Our article on Reproductive Justice in Aotearoa New Zealand, first published in the Aotearoa New Zealand Social Work Journal, was reviewed by the Māori Health Review as "an excellent and comprehensive review of key issues…presented through a justice lens, highlighting the intersection of oppression and disadvantage in this space but also opportunities for transformation led by Māori in partnership with Sexual Wellbeing Aotearoa."

Hauora Māori and Equity Hauora Māori, Mana Taurite

Te Wiki o te reo Māori Te Wiki o Te Reo Māori 2024 was the first time we had turned our social media over to te reo as a celebration and acknowledgement. Every post on our Instagram, TikTok, Facebook, and LinkedIn was either written fully in Te Reo Māori or accompanied by a Te Reo Pākehā translation.

With the help of our translator Wareko te Angina, four Sexual Wellbeing Aotearoa website pages were translated into Te Reo Māori and fully incorporated into the architecture of the website. These pages are: Te kōwhiri i tō momo ārai hapū (Choosing Your Contraception), Ngā mate ikura (Period Problems), Te whakamātau STI me ngā maimoatanga (STI Testing and Treatments), and Te whakamātautau waha kōpū me te whakamātautau HPV (Cervical Screening).

Translator Wareko Te Angina and Social Media Content Specialist Olivia Seymour developing social media content for Te Wiki o Te Reo Māori 2024.

A staff working group was set up to support Te Wiki o Te Reo Māori and the group has continued this mahi subsequently using the name Te Tauihu o ngā Kaupapa.

Other News Ngā karere

Brand identity acknowledged Our new Sexual Wellbeing Aotearoa brand identity was shortlisted for two categories in the 2024 BEST design awards (Social Good and Large Brand Identity), and the website has been shortlisted in the best large scale website design category. From a pool of more than 700 entries, the brand won a bronze award in the category for Large Brand Identity.

Social media activation – Emotional Support Bits. This was the last piece of work we undertook to implement the new brand. New research from Sexual Wellbeing Aotearoa (commissioned from TRA as part of the social media activation) found that 62% of kiwis keep sexual health concerns to themselves for reasons such as struggling to open up about sexual health, feeling concerned about their privacy, feeling embarrassed, and fearing judgment.

To tackle this issue, we've launched Emotional Support Bits—quirky, custom plush companions shaped like intimate parts, designed to make the uncomfortable comfortable, by sparking conversations and dismantling taboos around sexual wellbeing. To help us get the word out, we're partnering with 11 well-known Kiwi influencers, including Jeremy Wells, G.Lane, Morgan Penn, and more!

The BEST awards are an annual awards show curated by the Design Institute of New Zealand which showcase excellence in graphic, spatial, product, digital, and motion design, with special award categories for value of design, public good, and toitanga.

Webinar series launched A webinar series on sexual and reproductive health and rights across the life-course was launched during the year. The webinars are an opportunity to engage with practitioners, academics and others working in sexual and reproductive health and rights. Topics covered have included endometriosis, wāhine Māori and their experiences of contraception.

New Zealand Family Planning Association Incorporated trading as Sexual Wellbeing Aotearoa

Financial Reporting Contents

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Independent Auditor's Report

To the Council of Sexual Wellbeing Aotearoa (Registered as New Zealand Family Planning Association Incorporated)

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of New Zealand Family Planning Association Incorporated (the "Association") which comprise:

- the financial statements on pages 41 to 60 which comprise the statement of financial position as at 30 June 2025, and the statement of comprehensive revenue and expense, statement of changes in net assets/equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies; and
- the statement of service performance on pages 26 to 40.

In our opinion, the accompanying financial report presents fairly, in all material respects:

- the financial position of the Association as at 30 June 2025 and its financial performance and its cash flows for the year then ended; and
- the service performance for the year ended 30 June 2025 in that the service performance information is appropriate and meaningful and prepared in accordance with the Association's service performance criteria.

in accordance with the Public Benefit Entity Standards issued by the New Zealand Accounting Standards Board ("applicable financial reporting framework").

Basis for Opinion

We conducted our audit of the financial statements in accordance with International Standards on Auditing (New Zealand) (ISAs (NZ)) and the audit of the service performance information in accordance the ISAs (NZ) and New Zealand Auditing Standard (NZ AS) 1 (Revised) *The Audit of Service Performance Information*. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Association in accordance with Professional and Ethical Standard 1 *International Code of Ethics for Assurance Practitioners (including International Independence Standards) (New Zealand)* issued by the New Zealand Auditing and Assurance Standards Board, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

The firm has no other relationship with, or interests in, the Association.

Emphasis of Matter

Without modifying our opinion, we draw your attention to Note 2 Basis of Preparation, and Note 26 Wind up of the Association which reports that the Association is to be wound up on 31 October 2025 and that accordingly the financial statements have been prepared on a realisation basis.

Our audit opinion is not modified in respect of this matter.

Other information Other than the Financial Report and Auditor's Report thereon

The Council is responsible for the other information. The other information comprises the information included in the annual report but does not include the financial report and our auditor's report thereon.

Our opinion on the financial report does not cover the other information and we will not express any form of audit opinion or assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report, or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of Those Charged with Governance for the Financial Report

Those charged with governance are responsible on behalf of the Association for:

- the preparation, and fair presentation of the financial report in accordance with applicable financial reporting framework;
- the selection elements/aspects of service performance, performance measures and/or descriptions and measurement bases or evaluation methods that present service performance information that is appropriate and meaningful in accordance with the applicable financial reporting framework;
- the preparation and fair presentation of service performance information in accordance with the Association's measurement bases or evaluation methods, in accordance with the applicable financial reporting framework;
- the overall presentation, structure and content of the service performance information in accordance with the applicable financial reporting framework; and
- such internal control as those charged with governance determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Council on behalf of the Association is responsible for assessing the Association's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless those charged with governance either intend to liquidate the Association or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (NZ) and NZ AS 1 (Revised) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of the auditor's responsibilities for the audit of the financial report is located at the External Reporting Board's website at: https://www.xrb.govt.nz/standards/assurance-standards/auditors-responsibilities/audit-report-18-1/.

Restriction on use of our report

This report is made solely to the Association's Council, as a body. Our audit work has been undertaken so that we might state to them those matters which we are required to state in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Association and its Council, as a body, for our audit work, this report or for the opinion we have formed.

Grant Thornton

Grant Thornton New Zealand Audit Limited

Wellington

23 October 2025

Statement of Service Performance

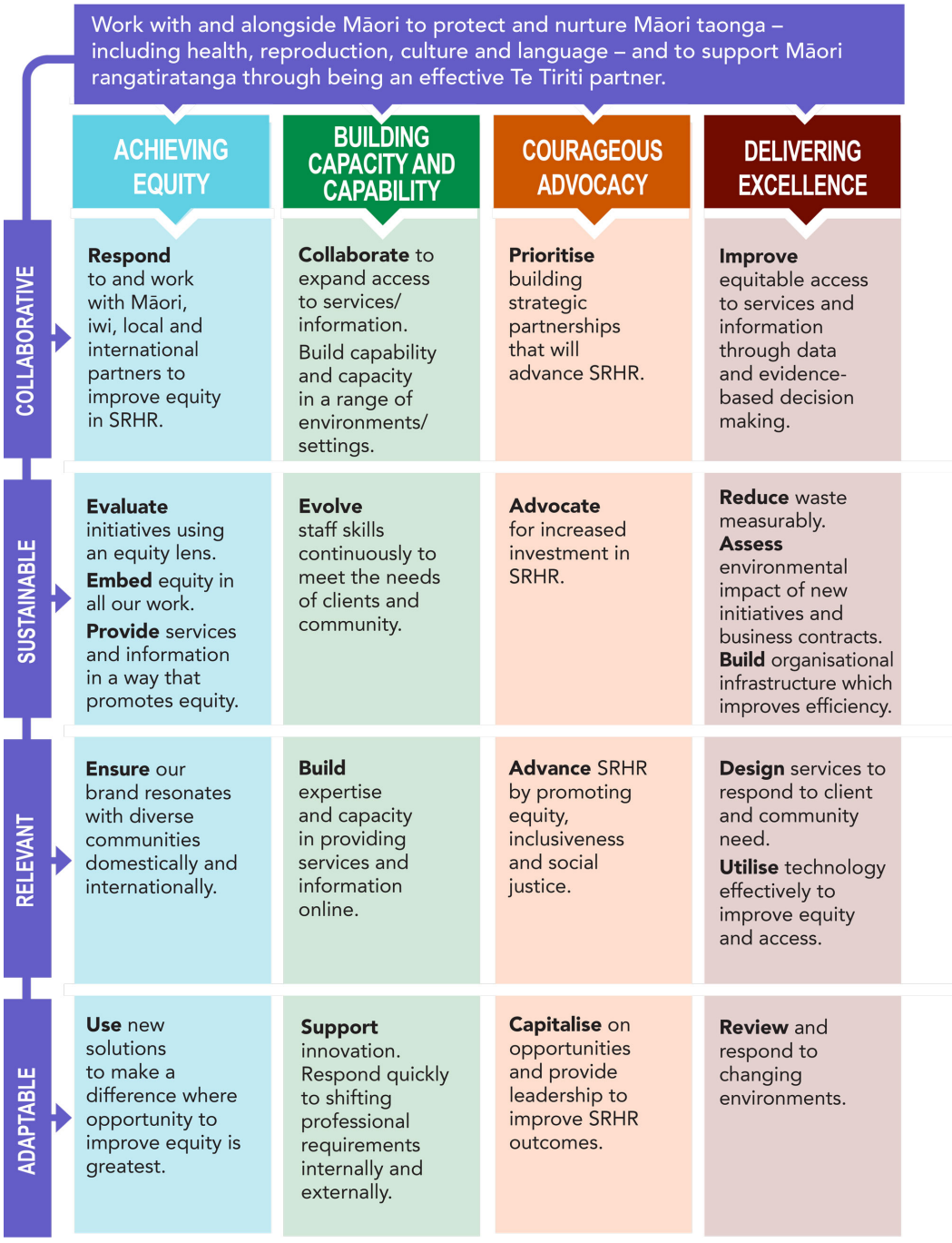
Our purpose

People enjoy the best sexual and reproductive health and rights.

Our role

To use our expertise and courageous voice to advance equitable access to sexual and reproductive health services and information.

Strategic Framework

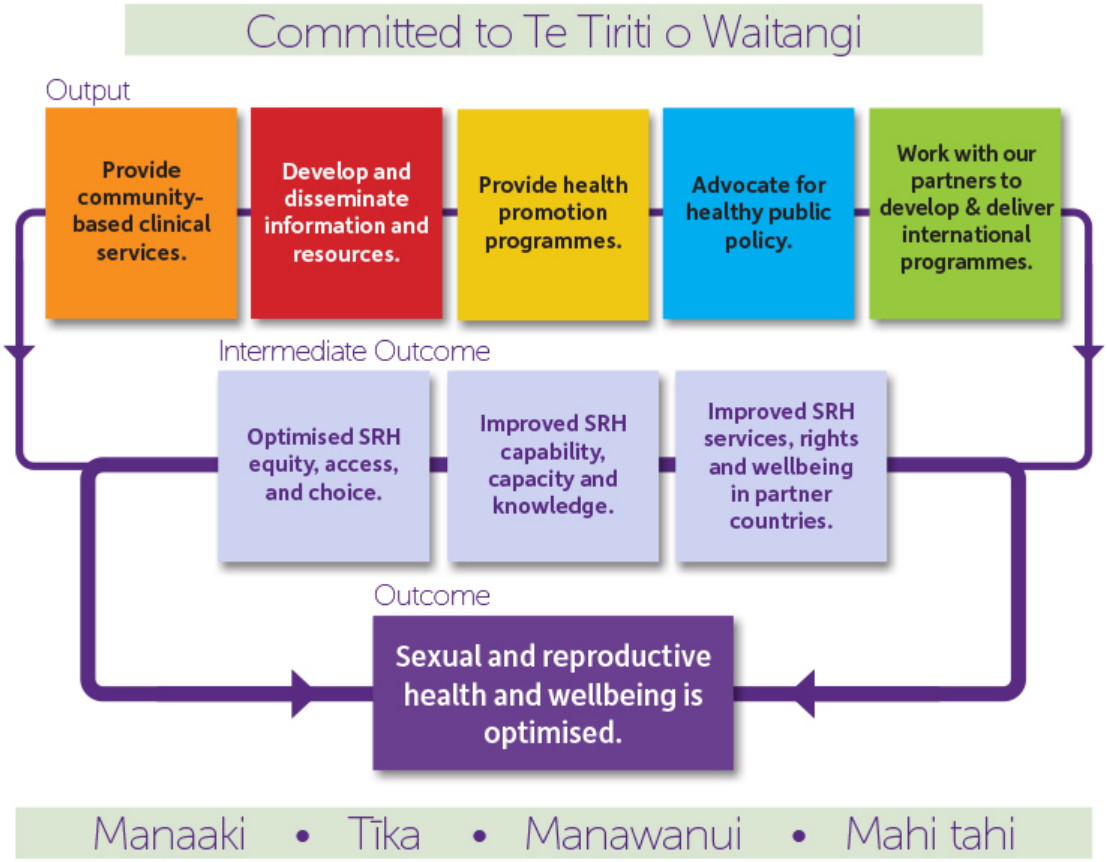


Non-financial results framework

Sexual Wellbeing Aotearoa delivers services to achieve intermediate and long-term outcomes which contribute to optimised sexual and reproductive health and wellbeing in Aotearoa New Zealand and in partner countries. The outcomes are set out in the following framework together with our outputs. The outputs are the things we do to achieve our intermediate outcomes, and ultimately contribute to the overarching outcome.

The tables following the framework, provide measures of our success during the year.

Our values are key in describing the behaviours that drive our culture and the way we provide services to our clients. We are committed to the principles of Te Tiriti o Waitangi to achieve equitable outcomes.



Intermediate outcome:
Optimised sexual and reproductive health equity, access, and choice

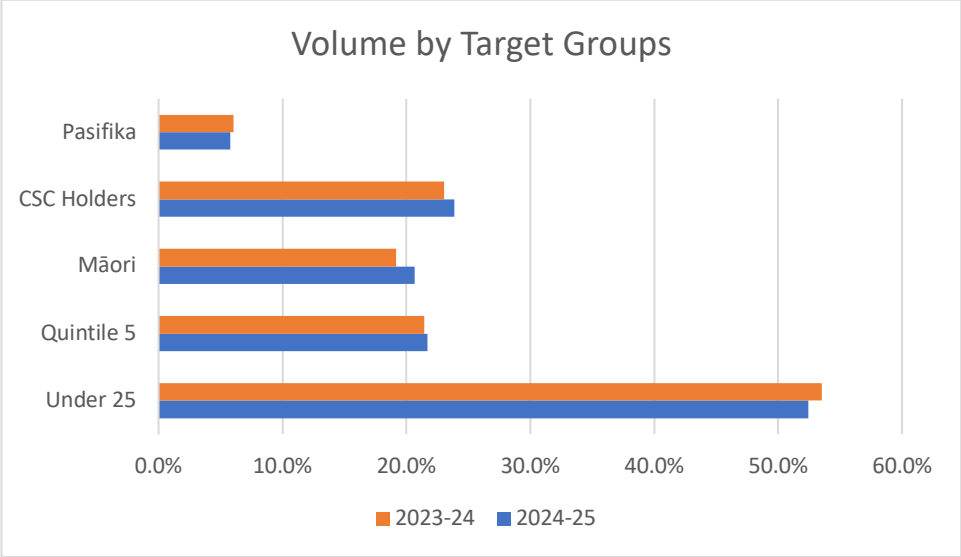
Sexual Wellbeing Aotearoa is New Zealand's only national provider specialising in sexual and reproductive health services in primary care and health promotion. Our clinical staff are trained specialists and provide comprehensive sexual and reproductive health care with services provided virtually and in person across Aotearoa New Zealand. Our objectives are to provide access to sexual and reproductive health information and services in ways that improve equity outcomes, particularly for Māori and Pacific peoples and those with disabilities. Additionally, we aim to improve accessibility to our services for clients who hold a Community Services Card and those who fall into Quintile 5[1].

Provide Community-based clinical services

Measures	Actual 2025	Actual 2024
Percentage of clients by:		
Quintile 5	21.7%	21.4%
Those with a Community Services Card	23.8%	23.0%
Percentage of total clients by the following demographics:		
Māori	20.6%	19.2%
Pasifika	5.8%	6.0%
Under 25 years	52.4%	53.5%
Number of:		
Locations	20	23
Outreaches	7	9
Schools	0	1
Virtual consultations	14,718	14,416
Service volumes in key groupings:		
Long-acting Contraception	20,321	19,236
Oral Contraception	16,588	16,498
Depo Provera	11,144	11,366
Cervical Screening	11,296	11,515
Client satisfaction by age and ethnicity percentage satisfied or very satisfied with service		
Māori	82.9%	87.5%
Pasifika	78.0%	78.9%
Under 25 years	83.1%	81.6%

[1] New Zealand uses an IMD (Index of Multiple Deprivation) tool to identify geographical concentrations of deprivation in New Zealand. The concentrations are divided into quintiles. Quintile 5 represents geographical areas where there is a high concentration of deprivation.

There was a 4% increase in the volume of clients seen this year. There were increases in the percentage of clients who were Community Service cardholders, Quintile 5 residents and clients identifying as Māori. Our percentage of Pasifika clients dropped slightly as did the percentage of under 25 clients.



The number of Sexual Wellbeing Aotearoa clinic locations reduced through the year. New Lynn was a temporary clinic established to provide service continuity in West Auckland while the new Henderson facility was fitted out. Once the Henderson clinic was up and running the New Lynn clinic was closed in July 2024. Unfortunately, Hawera Hospital did not renew our lease of clinic space and so we closed the outreach clinic in Hawera in May 2025. We are working to explore alternative outreach opportunities in Hawera. Panmure clinic was deemed not fit for purpose in our DAA Accreditation survey and after review, it was decided it was not financially viable to upgrade the current premises, and the clinic was closed at the end of our lease in June 2025. We are exploring outreach opportunities in the Tamaki region.

At year-end there were 20 full and part-time clinics in addition to 7 outreach clinics run in small community locations for a day or two each week. Outreaches are demand driven and frequently reviewed to ensure they are viable and meet the needs of the community.

Clinics by Region	# Base clinics	# Outreaches/Schools
Northland - Whangarei	1	Kaikohe, Regent Training
Waitemata – Takapuna, Henderson	2	
Auckland – Newmarket	1	
Counties Manukau – Manukau, Papakura	2	
Waikato - Hamilton	1	Huntly
Bay of Plenty – Tauranga	1	Katikati
Tairawhiti – Gisborne	1	
Taranaki – New Plymouth	1	

Clinics by Region	# Base clinics	# Outreaches/Schools
Whanganui	1	
Lower North – Lower Hutt, Wellington , Porirua	3	
Nelson / Marlborough – Blenheim	1	
Canterbury – Christchurch, Rangiora	2	Hornby, Aranui, Ashburton
South Canterbury – Timaru	1	
Southern – Dunedin, Invercargill	2	
Totals	**20**	**7**

Virtual consultations were on par with 2023/24 year. While virtual consultations make our services more accessible, consultation types that can be offered virtually are limited. We are currently piloting video consultations as an addition to our phone consultations.

The service volumes in key groupings is not a comprehensive list of the services that we provide, but they represent our more common services.

A national client satisfaction survey ran from 15 July until 2 September 2024. The survey was completed by some 1,083 clinic clients. The survey was distributed to clients through an SMS message at the completion of their consultation. The survey was also sent to clients who had a phone consultation. Key findings this year are that:

- Respondents were asked to rate our service on a scale of 1 (very unsatisfied) to 10 (very satisfied). The weighted average across the responses was 8/10. Some 78.8% of responses rated us as a 6/10 or higher.
- 82.9% of Māori clients reported being satisfied with the service they received from us.
- 80% of survey respondents reported that they were 10/10 likely to recommend our service to family or friends.
- Almost 30% of survey respondents were visiting for an IUD/implant insertion or removal.

Quality and Compliance has been actively engaged in supporting the ongoing Reimagining the Client Journey (RCJ) initiative, particularly through the review and implementation of new booking templates. These efforts are aimed at enhancing our capacity to meet client expectations for online booking functionality.

The foundational work required to enable online booking has involved a comprehensive realignment of appointment scheduling. This process necessitated a full assessment of all appointments and services by both the Medical Director and the Director of Nursing to ensure services are client-focused, clinically appropriate and operationally feasible.

On 6 March, the online booking feature was officially launched via our website. This includes the integration of Tai, our digital avatar, who assists clients in navigating and booking the services they require. Notably, both the online booking system and Tai are

available in Te Reo Māori, which we believe represents a pioneering advancement within the healthcare sector.

By June, 30% of all client bookings were being made through the online platform, exceeding our initial expectations and indicating a strong uptake and client engagement.

Following the Nga Paerewa Health and Disability Services Standards audit conducted last year, we have been addressing an identified corrective action regarding our Clinical Governance structure. In response, we have established the Clinical Practice Team (CPT), which is tasked with managing organisational clinical issues and reporting to the Clinical Governance Group for approval and endorsement of proposed changes. The Clinical Governance Group continues to serve as the strategic clinical leadership body, now supported by CPT in the operationalisation of its decisions.

Staff hui were convened following CPT meetings to communicate decisions and implemented changes to all relevant personnel.

Looking ahead to the 2025/26 fiscal year, our focus remains on supporting the deliverables of the RCJ project and preparing for the upcoming Designated Auditing Authority (DAA) audit scheduled for November 2025.

Intermediate outcome:

Improved sexual and reproductive health and wellbeing capability, capacity, and knowledge.

Sexual Wellbeing Aotearoa provides training programmes, courses and teaching resources to health professionals, community groups and schools. These programmes and resources directly impact recipients' capability and knowledge and increase the capacity of health professionals to improve Aotearoa New Zealand's sexual and reproductive health and wellbeing.

Information on sexual and reproductive health and wellbeing is also available to the public from Sexual Wellbeing Aotearoa's website.

The content of the programmes and resources are developed and reviewed by specialist professionals to ensure they reflect best practice and any new health information.

Though a small part of our work, we also provide submissions on public health policy and advocate for policy that continually improves sexual and reproductive health outcomes for Aotearoa New Zealand and internationally.

Develop and disseminate information and resources

Measures	Actual 2025	Actual 2024
Number of new or updated training programmes and resources:		
Health Promotion Resources	43 developed 100% of resources internally reviewed. 51% externally reviewed	10 developed 100% teaching resources reviewed
Clinical Professional Training & Development programmes	3 developed 100% reviewed	Nil developed 100% reviewed
Number of people registered for online learning (HP & PTD)	2,324 enrolments 1,392 people	1,846 enrolments 983 people
Number registered for professional training	574 enrolments 542 people	884 enrolments 759 people
% Māori % Pasifika	15% 3%	13% 2%
Percentage of professional training clients who are at least satisfied with training resources and engagement	98%	99%

Measures	Actual 2025	Actual 2024
Percentage of health promotion settings that meet health equity criteria	69% Jul- Dec 2024 62% Jan- June 2025	42% Jul- Dec 2023 58% Jan- June 2024
Website:		
Number of page views	5,345,159	4,087,258
Users	715,207	774,486
Top 5 pages (by page views):		
Homepage	409,401	344,531
Appointments	346,748	204,828
Ask for an appointment	251,034	278,701
Find a clinic	230,037	180,197
Fees	190,076	136,994

This year we have focused on creating new quality resources and new training and education programmes. Particular highlights have included:

- An online interactive game called Wheel of Fertility that supports people to make decisions about their reproductive life plans. This will be live in the following financial year.
- Development and roll out of a full day training programme for community professionals to support them to talk to young people about sexual wellbeing. This is supported by a pre-requisite self-directed learning module, that can also be completed as a stand-alone module.
- Developing a new education programme for intellectually disabled youth and adults. This will be rolled out in the following financial year.
- New video resources for young people, intellectually disabled people, professionals, parents and whānau.

Sexual Wellbeing Aotearoa's online learning for health practitioners is still attracting good numbers of enrolments. In 2025, the number of people registered for online learning increased by 409 people, a third more registrations than the previous year. We allocated a record number of funded places for our online courses – an increase of 85 places compared to the previous financial year. This shows the growing demand for online self-directed courses, and the efficiency of our implementing a new funding tracker and placement system that allows for more precise tracking.

The number of people registered to attend our professional training workshops decreased by 310 registrations. This was most notable in registrations for our Conduct Cervical Screening course. The reasons for this multi-faceted and include new training providers and the introduction of HPV self-testing, which appears to have disincentivised clinicians from undertaking cervical screening training.

The percentage of Māori and Pasifika engaged in professional training did show a slight increase in the past year.

The percentage of professional training clients who are at least satisfied with training resources and engagement remains at 98%, no change from the previous year which indicates that our customer satisfaction with delivery of our training remains very high.

The current Sexual Wellbeing Aotearoa website was launched in February 2024 and continues to perform extremely well. In March 2025, a new online booking tool was launched on the website and the Ask for an Appointment form was removed. This explains the drop in Ask for an Appointment page views as detailed above.

The website sees the most visitors on Mondays and Tuesdays – this has been a consistent, and unique, feature of every website we have managed for the last 20 years.

Provide health promotion programmes

Measures	Actual 2025	Actual 2024
Number of schools and agencies supported to deliver Relationships and Sexuality Education	133	105
Number of community engagements	615	586
Number of teaching resources provided to schools by equity index		
Navigating the Journey		
Equity Index 530-569	10	15
Equity Index 510-529	13	11
National total	**148**	**191**
Colours of Sexuality		
Equity Index 530-569	-	-
Equity Index 510-529	-	-
National total	**28**	**21**
Number of education sessions delivered to high priority community groups		
Alternative Education	116	29
Justice settings	6	7
Mental Health facilities	3	13
Disability groups	40	15
Wananga and Kura	14	2
Care & Protection residences	11	-
Youth Guarantee Progs	7	9
National total	**261**	**220**

Now that our Health Promotion team, who were new last financial year, has settled in their roles, delivery numbers and the number of community engagements have increased. There have been some challenges with schools choosing not to deliver relationships and sexuality education this year because of upcoming changes to the curriculum. This has resulted in slightly lower numbers of schools purchasing our curriculum aligned resource Navigating the Journey.

By contrast, Colours of Sexuality, a programme that is delivered outside of the school curriculum has had an increased number of orders. Likewise, there has been a significant increase in the number of alternative education settings to which we have delivered education as these groups do not have the same concerns about changes to the curriculum.

We stopped delivering education to intellectually disabled groups this year, due to stopping our own team's delivery of the Colours of Sexuality education programme. This programme will be replaced in the next financial year by our newly developed education programme for this community.

Advocate for healthy public policy

Measures	Actual 2025	Actual 2024
Number of submissions on public policy:	17	8
Number with equity focus	14	8
Number where there has been change that aligns with Sexual Wellbeing Aotearoa's positions	6	4
Social media:		
Number of followers	21,874	24,441
Reach (unique individuals/audience)	1,650,755	189,429
Impressions (total number times people viewed our content)	2,503,304	Impressions not measured in 2024
Number of collaborations for improving public policy that impacts SRHR	84	27

All the submissions we have composed advocate for improvement to sexual and reproductive health outcomes in Aotearoa New Zealand and in the Pacific region more broadly. We are also keen to highlight potential unconsidered consequences proposed legislation or policies may have on sexual and reproductive health and rights. We sent in a total of 17 submissions to a variety of groups including various government Ministries, Pharmac, the Law Commission.

Many of the consultations for which we provided a submission, have yet to make the decision or publicly release that information.

Since deactivating our X (formerly known as Twitter) account, those followers are no longer included in our total follower count, which has contributed to an overall decline. However, while overall followers are down, the platforms we actively use to engage rangatahi (namely Instagram and TikTok) have seen a welcome increase in followers. Importantly, our account closure has not negatively impacted our impressions or reach.

In fact, our overall reach has increased significantly by 771.6%, with approximately 87% of that reach coming from TikTok and Instagram.

Since the beginning of 2025, we have experienced increasing censorship and shadow-banning, as TikTok's content moderation rules have tightened, meaning our sexual health language is being flagged in almost every video. This has made it harder to maintain the momentum we saw toward the end of 2024. Despite this, our numbers remain well above where they were at the start of 2024. We continue to actively explore ways to navigate this censorship and continue delivering engaging, accessible sexual and reproductive health content to rangatahi.

A collaboration is described as an exchange of information, partnership or other initiative with another like-minded organisation or government body to advance sexual and reproductive health and rights. In 2025, we hosted a total of 5 Health Practitioner's Policy Forums, each of which had an average of 10 attendees from various health organisations. We also launched a new webinar series, "Sexual and Reproductive Health Over the Life-Course," and have hosted three webinars to date, each with an average of 25 attendees. We also organised an open letter to respond to the proposed changes to Relationship and Sexual Education which had a total of 24 signatories.

Intermediate outcome:

Improved sexual and reproductive health services, rights, and wellbeing in partner countries.

As an organisation we are committed to championing sexual and reproductive health and rights domestically, as well as regionally and on the global stage. Our international work increases local sexual and reproductive health services in partner countries, helps to build local capacity, raise awareness and advocate for sexual and reproductive rights. This work is funded by New Zealand's Ministry of Foreign Affairs and Trade (MFAT), International Planned Parenthood Federation (IPPF), and UNFPA.

Work with our partners to develop and deliver international programmes

Measures	Actual 2025	Actual 2024
Number of engagements[2] with stakeholders to promote awareness and funding for international SRHR	34	31
Number of SRH services provided in international projects	7,783	3,451
Number of people trained	740	561

During the year, there were four international programmes run by Sexual Wellbeing Aotearoa. The two biggest projects are based in Kiribati and Vanuatu, working in partnership with local organisations on the islands. These programmes help to improve sexual and reproductive health services by training and supporting local health providers in country. We also continue to work with IPPF to implement their regional strategy Niu Vaka II, with a focus on SRHR advocacy, and to provide secretariat support to the New Zealand Parliamentarians' Group on Population and Development (NZPPD) - a cross-party parliamentary group that champions sexual and reproductive rights in the Pacific.

This year, we were successful in obtaining a new 3-year grant to implement an Sexual and Reproductive Health and Rights (SRHR) project in Tonga, beginning June 2025, in partnership with the Tonga Family Health Association. The project aims to improve SRHR among key sub populations in Tonga through targeted outreach clinics, clinical training and health promotion capacity building among staff, and advocacy among key stakeholders, with the goal that vulnerable, underserved communities in Tonga have their SRHR needs met and can access sexual and reproductive health information and services for their overall wellbeing.

[2] Engagements are defined as forums or events attended by Sexual Wellbeing Aotearoa staff or partners under our projects, such as NZPPD members. Both domestic (same location as attendee) and international engagements are displayed in the combined figure.

Notable engagements this year include participating in the United Nations International Conference on Population and Development, and UNFPA Asia Pacific Regional Director, Pio Smith, and his delegation visiting and meeting with staff at Sexual Wellbeing Aotearoa in Wellington. These engagements continue to solidify Sexual Wellbeing Aotearoa's role as a champion for progressive sexual and reproductive health and rights regionally and globally.

There has also been a number of notable engagements for NZPPD. UNFPA Asia Pacific Regional Director Pio Smith, and his delegation met with the NZPPD Chair and Co-Chair, and launched the State of the World Population report at a panel event hosted at New Zealand Parliament. The Chair of NZPPD attended and presented at the 15th General Assembly of the Asian Forum of Parliamentarians on Population and Development in Malaysia, and one of the NZPPD members represented New Zealand at a study visit to the Philippines organised by the European Parliamentary Forum for Sexual and Reproductive Rights.

During the year, Phase Three of Planem Gud Famili Blong Yumi, our Vanuatu based project with the Vanuatu Family Health Association (VFHA) commenced. This saw a range of achievements including successes with outreach clinic attendance, Village Health Worker training delivery, advocacy meetings, and the completion and launch of a research report titled "*It's easy for them to access, but they're frightened - exploring knowledge, access, and barriers to sexual and reproductive health for young people in Pentecost, Vanuatu*". Project teams from both Sexual Wellbeing Aotearoa and VFHA also held a mid-term review in Vanuatu in June to discuss the project's progress, future plans, and collaboration opportunities with external stakeholders.

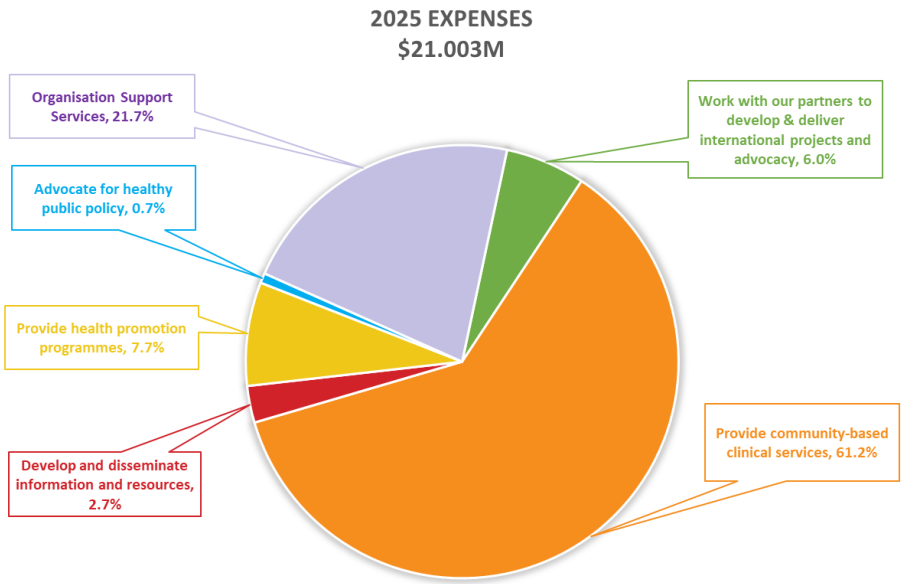
Phase three of the Kiribati Healthy Families Project has been running since 2020 with the Kiribati Family Health Association (KFHA). Clinical appointments for contraception and sexual and reproductive health services have gone up in the most recent year, indicating a positive upward trend in line with the objectives of the project to reduce unplanned pregnancies and STI transmission. There was a continued dedication to delivering training under this project over the last year. KFHA delivered workshops for Ministry of Education teachers, church youth, and schools across South Tarawa and outer islands. On top of that, for the first time in this phase, Health Promotion teams from Sexual Wellbeing Aotearoa travelled in country on two occasions to deliver SRH training to community health promoters from the different project sites, as well as parents and teachers in South Tarawa. This was well received by all who attended.

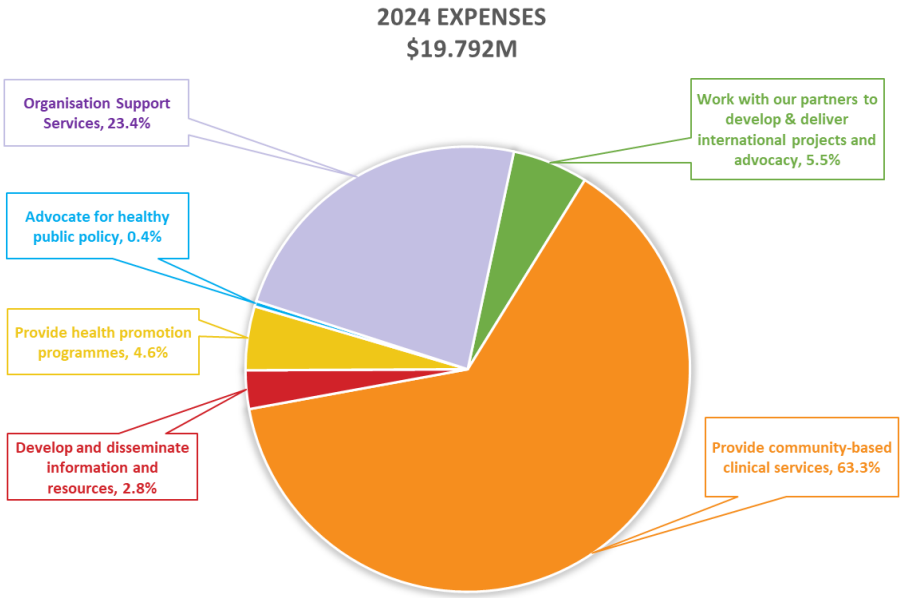
As part of our support of the work programme for the Niu Vaka II Strategy across the Pacific, established in 2024 with the IPPF Sub-Regional Office for the Pacific, this year, Sexual Wellbeing Aotearoa hosted a three-day *Values Clarification and Attitude Transformation* workshop with trainers from IPAS and IPPF, around abortion advocacy with four organisations from different Pacific countries. Attendees shared experiences, participated in skills building sessions, and developed action plans to further these conversations in their own communities. A grant funding mechanism to support organisation advocacy plans has also been set up for 2025 and will tie in with a regional advocacy workshop later in the year.

Statement of Compliance

This Statement of Service Performance has been prepared in compliance with Financial Reporting Standards 48 (FRS 48).

Expenses





Statement of Comprehensive Revenue and Expenses

For the year ended 30 June 2025

	Note	2025	2024
Revenue from non-exchange transactions			
Government contracts	7	16,710,331	16,191,301
Clinical fees		1,634,428	1,521,287
Grants revenue	8	1,250,104	1,090,038
Donations		22,380	22,072
Other non-exchange revenue	9	262,553	275,845
Revenue from exchange transactions			
Training fees		202,793	290,367
Rental revenue		20,374	7,136
Finance revenue	10	437,293	473,446
Other exchange revenue	11	37,790	19,729
Total Revenue		**20,578,046**	**19,891,222**
Expenses			
Employee costs	12	14,117,651	13,328,665
Rent		1,334,635	1,315,722
IT and communications		1,473,417	1,506,327
Rates and utilities		741,414	689,381
Clinical supplies		385,424	411,839
Consultants & contractors		603,616	294,337
Grant disbursements		633,018	455,213
Office expenses		382,400	356,759
Travel expenses		458,343	537,166
Medical inventory		61,256	48,467
Insurance		85,521	76,188
Audit fees		51,225	46,500
Other operating expenses	13	278,259	294,138
Bad & doubtful debts		(15,651)	103,260
Depreciation	17	403,009	287,714
Amortisation	18	36,284	40,705
Total Expenses		**21,029,820**	**19,792,381**
Net Comprehensive Revenue and Expenses		**(451,774)**	**98,841**

The accompanying notes form part of, and should be read in conjunction with, these financial statements.

Statement of Financial Position

As at 30 June 2025

	Note	2025	2024
ASSETS			
Current assets			
Cash and cash equivalents	14	2,882,334	2,951,118
Term Investment	15	7,340,254	6,928,269
Accounts receivable	16	166,169	141,389
Accrued interest revenue		85,588	63,777
Prepayments		120,493	133,784
GST Receivable		25,371	109,826
Inventories		13,085	8,865
		10,633,294	**10,337,028**
Non-current assets			
Plant and equipment	17	1,100,628	1,086,072
Intangible assets	18	32,230	68,513
		1,132,858	**1,154,585**
TOTAL ASSETS		**11,766,152**	**11,491,613**
LIABILITIES			
Current liabilities			
Accounts payable	19	616,310	446,220
Income in advance	20	1,416,292	998,026
Employee entitlements	21	1,132,080	1,031,871
		3,164,682	**2,476,117**
Non-current liabilities			
Long service leave	21	64,625	26,877
		64,625	26,877
TOTAL LIABILITIES		**3,229,307**	**2,502,994**
NET ASSETS		**8,536,845**	**8,988,619**
EQUITY			
Accumulated comprehensive revenue and expense		8,536,845	8,988,619
TOTAL EQUITY		**8,536,845**	**8,988,619**

The accompanying notes form part of, and should be read in conjunction with, these financial statements.

Statement of Changes in Net Assets /Equity

For the year ended 30 June 2025

	Note	2025	2024
Opening balance as at 1 July		8,988,619	8,889,778
Net comprehensive revenue and expenses for the year		(451,774)	98,841
Total net assets as at 30 June		**8,536,845**	**8,988,619**

These Financial Statements were approved for issue by the New Zealand Family Planning Association Incorporated Council on 21 October 2025.

Dr Jacquelyn Percy

President

Ian Olan

Chair of Assurance & Risk Committee

Statement of Cash Flows

For the year ended 30 June 2025

	Note	2025	2024
Cash flows from operating activities			
Membership subscriptions		4,076	3,090
Fundraising, donations, and bequests		22,379	22,072
Government contracts		16,913,828	16,365,716
Receipts from grants and subsidies		1,465,561	1,090,038
Receipts from other goods and services provided to customers - non-exchange transactions		1,883,087	1,794,042
Receipts from other goods and services provided to customers - exchange transactions		260,957	317,234
Interest received		415,483	497,680
Payments to suppliers		(5,591,893)	(5,515,332)
Payments to employees		(13,979,695)	(13,346,663)
Grants, contributions, and sponsorships paid		(633,018)	(455,213)
Net cash flows from operating activities		**760,765**	**772,664**
Cash flows from investing activities			
Purchase of plant and equipment	17	(417,564)	(635,125)
Purchase of intangible assets	18	0	(44,800)
Receipts / (Deposits) of funds into term deposits		(411,985)	(259,592)
Net cash flows from investing activities		**(829,549)**	**(939,517)**
Net increase/(decrease) in cash and cash equivalents		**(68,784)**	**(166,853)**
Cash and cash equivalents at beginning of year		2,951,118	3,117,971
Cash and cash equivalents at end of year	14	**2,882,334**	**2,951,118**

The accompanying notes form part of, and should be read in conjunction with, these financial statements.

Notes to the Financial Statements

For the year ended 30 June 2025

1 Reporting Entity

The financial statements presented are those of NZ Family Planning Association (Inc.) trade as Sexual Wellbeing Aotearoa ("Family Planning") for the year ended 30 June 2025.

Family Planning is incorporated as a Registered Charity registered under the Charities Act 2005 with business income for services delivered outside of New Zealand operations, the income tax will be measured accordingly.

The overall goal of Family Planning is to provide a range of services including sexual and reproductive health information, clinical services, education and training, and research.

The financial statements were authorised for issue by the Council on 21 October 2025.

2 Basis of Preparation

The financial statements have been prepared in accordance with New Zealand Generally Accepted Accounting Practice (NZ GAAP). They comply with Public Benefit Entity International Public Sector Accounting Standards (PBE IPSAS), and other applicable Financial Reporting Standards, as appropriate for Tier 2 not-for-profit public benefit entities, for which all reduced disclosure regime exemptions have been adopted. Family Planning is deemed a public benefit entity for financial reporting purposes and has been established to achieve its overall goal rather than a financial return.

Family Planning qualifies as a Tier 2 reporting entity due to having between $5m and $33m operating expenditure in the two previous reporting periods.

These financial statements have been prepared on a realisation basis as a result of the Council of the Association electing to change the legal entity structure of the Association. Refer to Note 27 which describes the effects of the wind up of the Association and its impact on the 30 June 2025 financial statements. All dollar values are presented in New Zealand dollars and are rounded to the nearest dollar.

3 Significant accounting judgements, estimates and assumptions

The preparation of financial statements in accordance with NZ PBE IPSAS requires management to make judgements, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets, liabilities, income and expenses. Where material, information on significant judgements, estimates and assumptions is provided in the relevant accounting policy or note disclosure.

The estimates and underlying assumptions are based on historical experience and various other factors believed to be reasonable under the circumstances. Estimates are subject to ongoing review and actual results may differ from these estimates. Revisions to accounting estimates are recognised in the year in which the estimate is revised and in future years affected.

Significant judgements, estimates, and assumptions are disclosed within each applicable note and are depicted by a symbol as shown left.

4 Significant accounting policies

The accounting policies set out below have been applied consistently to all periods presented in these financial statements.

Significant accounting policies are disclosed within each of the applicable notes to the financial statements and are depicted by a symbol as shown left.

5 Income tax and other taxes

Income tax
As a registered Charity in New Zealand, all business income derived from services delivered in New Zealand are exempt from income tax. For income where the delivery of service has been completed outside of New Zealand, the income tax will be measured and recognised accordingly.

Goods and Services Tax (GST)
Revenues, expenses, and assets are recognised net of the amount of GST except:

- When the GST incurred on a purchase of assets or services is not recoverable from the taxation authority, in which case the GST is recognised as part of the cost of acquisition of the asset or as part of the expense item, as applicable; and
- In the case of receivables and payables, which are stated with the amount of GST included.

Cash flows are included in the statement of cash flows on a gross basis and the GST component of cash flows arising from investing and financing activities, which is recoverable from, or payable to, the taxation authority is classified as part of operating cash flows.

6 Revenue Recognition

Revenue is recognised to the extent that it is probable that the economic benefits or service potential will flow to Family Planning and the revenue can be reliably measured. Revenue is measured at the fair value of the consideration received or receivable, taking into account contractually defined terms of payment.

Rendering of services - subsidised
Rendering of services, Clinical fees, at a price that is not approximately equal to the value of the service provided by Family Planning is considered a non-exchange transaction. This includes rendering of services where the price does not allow the Family Planning to fully recover the cost of providing the service (such as client consultations), and where the shortfall is subsidised by income from other activities, such as government contracts. Generally, there are no conditions attached to such revenue.

Revenue from such subsidised services is recognised when Family Planning delivers the services. Revenue is recognised at the amount of the invoice or bill, which is the fair value of the cash received or receivable for the service.

Revenue is recognised by reference to the stage of completion of the service to the extent that Family Planning has an obligation to refund the cash received from the service (or to the extent that the customer has the right to withhold payment from Family Planning for the service) if the service is not completed satisfactorily.

7 Government contract revenue

Government grants and funding

Revenue from non-exchange transactions with the Government and government agencies is recognised when Family Planning obtains control of the transferred asset (cash, goods, services, or property), and:

- it is probable that the economic benefits or service potential related to the asset will flow to Family Planning and can be measured reliably; and

the transfer is free from conditions that require the asset to be refunded or returned to the Government if the conditions are not fulfilled.

- Revenue from government grants and funding is measured at the fair value of the assets (cash, goods, services, or property) transferred over to Family Planning at the time of transfer.

To the extent that there is a condition attached that would give rise to a liability to repay the grant amount or to return the granted asset, a deferred revenue liability is recognised instead of revenue. Revenue is then recognised only once Family Planning has satisfied these conditions.

	2025	2024
Health New Zealand – Personal Health	13,031,997	12,712,904
Health New Zealand – Public Health	2,903,548	2,832,454
Health New Zealand – National Contraception Training	49,866	33,202
Health New Zealand – National Abortion Telehealth Services	535,486	511,514
Health New Zealand – Zero Fees Screening	158,399	101,227
Health New Zealand – STI/HIV Online	31,035	0
Total Government contract revenue	**16,710,331**	**16,191,301**

In 2025, 77% (2024:78%) of total revenue was received from two contracts from the Ministry of Health. The Personal Health contract funds Family Planning to provide clinical sexual and reproductive services at our clinics and school-linked clinics and outreach centres throughout New Zealand. It also provides some funding towards clinical training and development.

The Public Health contract concentrates on health promotion work, which provides programmes and courses on all aspects of sexual health and relationships.

8 Grants revenue

Grants revenue

Grants revenue includes grants given by other organisations and businesses. Where there are unfulfilled conditions attached to the grant and only where there are used or return clauses, the amount relating to the unfulfilled condition is recognised as a liability and released to revenue as the conditions are fulfilled.

Trade creditors or debtors denominated in foreign currency are reported at the statement of financial position reporting date by applying the exchange rate on that date. Exchange differences arising from then settlement of creditors, or from the reporting of creditors at rates different from those at which they were initially recorded during the period, are recognised as income or expenses in the period in which they arise.

Non-monetary items that are measured in terms of historical cost in a foreign currency are translated using the exchange rate at the date of the initial transaction. Non-monetary items measured at fair value in a foreign currency are translated using the exchange rates at the date when the fair value was determined.

	2025	2024
Ministry of Foreign Affairs and Trade grant for Healthy Families projects in Kiribati	673,099	665,402
Ministry of Foreign Affairs and Trade grant for 'Planem gud family blong yumi' project in Vanuatu	405,227	199,538
Ministry of Foreign Affairs and Trade grant for 'Amanaki Lelei' project in Tonga	43,922	0
Supporting IPPF's Niu Vaka II strategy in the Pacific funded by the Ministry of Foreign Affairs and Trade	68,763	156,810
UNFPA New York 2021 grant for NZPPD Secretariat	0	35,727
UNFPA New York 2023 grant for NZPPD Secretariat	59,093	28,928
Wellington City Council	0	1,133
Lakes District Council	0	2,500
Total Grants revenue	**1,250,104**	**1,090,038**

Ministry of Foreign Affairs and Trade (MFAT) grants:

Sexual Wellbeing Aotearoa have three projects underway directly funded by MFAT this year. The first is for providing the Kiribati Healthy Families programme to reduce unplanned pregnancies and STIs in South Tarawa and six outer islands in Kiribati. Phase 3 of this project commenced from 1 July 2020, and is currently scheduled to continue till June 2026.

The second project is to reduce unplanned pregnancies and sexually transmissible infections (STIs) among underserved rural communities in Northern Vanuatu. During the last financial year, Phase 2 of the project finished and Phase 3 has now started which will run until 2027.

The third project is a new project in Tonga that started in June 2025, focusing on sexual and reproductive health (SRH) service delivery and education for vulnerable, marginalised

communities, including underserved outer island locations. The first phase of the project will run till May 2028.

Sexual Wellbeing Aotearoa is also funded by International Planned Parenthood Federation (IPPF), who receive funding from MFAT, to support implementation of the Pacific regional Niu Vaka II Strategy with a focus on advocacy. The current partnership agreement runs from 2024 to 2028, with grant funding agreements and workplans updated annually.

United Nations Population Fund (UNFPA) New York grants for New Zealand Parliamentarians' Group on Population and Development Secretariat:
This grant is used to fund Sexual Wellbeing Aotearoa's work as Secretariat for the New Zealand Parliamentarians' Group on Population and Development. USD $30,000 (NZD $50,074) was received in 2025 (2024: $48,848).

International Planned Parenthood Fund grant for Sexual and Reproductive Health Emergencies in the Pacific:
The programme aims to improve access to life-saving sexual and reproductive health services in emergencies in Kiribati, the Cook Islands and Tuvalu. Deferred Revenue at 30 June 2025 was $669 (2024: $669). This programme is currently on pause with IPPF, and no activities took place in this financial year.

Lakes District Council grant:
This grant provides rent relief for the Health Promotion office located in Rotorua.

9 Other non-exchange revenue

	2025	2024
Other contracts revenue	240,495	254,820
Contributions and bequests	11,060	9,643
Membership fees	4,078	3,090
Retail Sales	6,920	8,292
Total Other contracts revenue	**262,553**	**275,845**

10 Finance revenue

Finance income comprises interest income on financial assets. Interest income is recognised as it accrues in surplus or deficit, using the effective interest method.

	2025	2024
Interest income	437,293	473,446
Total Finance revenue	**437,293**	**473,446**

11 Other exchange revenue

Revenue from exchange transactions

Rendering of other services – full cost recovery

Revenue from the rendering of services (Professional Training & Development course fees) are recognised by reference to the stage of completion of the service. When the contract outcome cannot be measured reliably, revenue is recognised only to the extent that the expenses incurred are eligible to be recovered.

Sale of goods

Revenue from the sale of goods (such as educational resources and personal products) are recognised when the significant risks and rewards of ownership of the goods have passed to the buyer, usually on delivery of the goods, and when the amount of revenue can be measured reliably, and it is probable that the economic benefits or service potential associated with the transaction will flow to Family Planning.

Rental revenue

Rental revenue arising from operating leases is accounted for on a straight-line basis over the lease terms and is included in revenue in the statement of comprehensive revenue and expenses due to its operating nature.

Other gains and losses

Other gains and losses includes fair value gains and losses on financial instruments at fair value through surplus or deficit, unrealised fair value gains and losses on the revaluation of investment properties, share of surplus or deficit of associates and joint venture, and realised gains and losses on the sale of fixed assets held at cost.

	2025	2024
Resource sales	27,801	19,729
Other revenue	9,989	0
Total Other exchange revenue	**37,790**	**19,729**

12 Employee costs

Employee costs

Annual leave and long service leave expected to be settled within 12 months of reporting date, are classified as a current liability.

The accumulated long service leave expected to be settled longer than 12 months of reporting date, is classified as a non-current liability.

Salaries and annual leave

The employee costs are recognised when the services are rendered.

Long services leave

Employees of Family Planning become eligible for long service leave after a certain number of years of employment, depending on their contract and collective agreements. The liability for long service leave is recognised and measured as the

present value of expected future payments to be made in respect of services provided by employees up to the reporting date.

	2025	2024
Wages and salaries	13,498,056	12,939,227
KiwiSaver employer contributions	404,821	225,625
Other employee benefits	214,774	163,813
Total Employee costs	**14,117,651**	**13,328,665**

13 Other operating expenses

	2025	2024
Bank fees	18,500	19,016
Course expenses	30,705	39,769
Equipment leases	45,569	38,771
General expenses	(2,669)	19,147
Health & safety expenses	17,453	15,225
Legal fees	22,008	34,709
Minor asset purchases	18,694	32,582
Payroll expense	33,189	29,800
Promotion & marketing	25,772	18,117
Quality expenses	0	17,512
Recruitment costs	19,048	29,490
Repairs and maintenance	49,990	0
Total other operating expenses	**278,259**	**294,138**

14 Cash and cash equivalents

Cash and cash equivalents in the Statement of Financial Position comprise cash at bank and on hand with an original maturity of less than 90 days that are readily converted to known amounts of cash and which are subject to an insignificant risk of changes in value.

	2025	2024
Cash on hand	1,627	1,716
Cash at bank	2,880,707	2,949,402
Total cash and cash equivalents	**2,882,334**	**2,951,118**

The Statement of Cash Flows is prepared exclusive of GST, which is consistent with the method used in the Statement of Comprehensive Revenue & Expenses. The following are the definitions of the terms used in the cash flow statement:

i. Operating Activities

Operating activities include all transactions and other events that are not investing or financing activities.

ii. Investing Activities

Investing activities are those activities relating to the acquisition and disposal of current and non-current investments and any other non-current assets.

iii. Cash and Cash Equivalents

Cash includes coins and notes both local currency, demand deposits and other highly liquid investments readily convertible into cash and includes all call investments as used by Family Planning as part of their day-to-day cash management.

The carrying value of cash and cash equivalents approximate their fair value.

15 Investments

For the purposes of the Statement of Cash Flows, funds invested longer than 90 days are classed as term investments and are held at amortised cost.

	2025	2024
Term deposits	7,340,254	6,928,269
Total investments	**7,340,254**	**6,928,269**

16 Accounts receivable

	2025	2024
Receivables from non-exchange transactions		
Health New Zealand contracts	0	13,319
Receivables from exchange transactions		
Trade receivables	348,765	272,142
Other exchange receivables	0	54,175
Less Provision for impairment	(182,596)	(198,247)
Total Accounts receivable	**166,169**	**141,389**

Trade and other receivables are recorded at the amount due, less an allowance for credit losses. Family Planning applies the simplified expected credit loss model of recognising lifetime expected credit losses for receivables. In measuring expected credit losses, trade and other receivables that are individually significant have been reviewed on an individual basis, the rest are reviewed on a collective basis as they possess shared credit risk characteristics. Trade and other receivables are written off when there is no reasonable expectation of recovery.

17 Plant and equipment

Useful lives, residual values, and impairment

Useful lives, residual values and impairment of assets are assessed annually based on the following:

- The condition of the asset based on the assessment employees of Family Planning;
- The nature of the asset, its susceptibility and adaptability to changes in technology and processes;
- The nature of the processes in which the asset is deployed;
- Availability of funding to replace the asset; and
- Changes in the market in relation to the asset.

Adjustments to useful lives are made when considered necessary.

All items of plant and equipment are shown at cost less accumulated depreciation and any impairment losses to date. Cost includes the value of consideration exchanged, or fair value in the case of donated or subsidised assets, and the costs directly attributable to bringing the item to working condition for its intended use.

Subsequent expenditure relating to an item of plant and equipment is capitalised to the initial costs of the item when the expenditure increases the economic life of the item or where expenditure was necessarily incurred to enable future economic benefits to be obtained. All other subsequent expenditure is expensed in the period in which it is incurred.

Work in Progress is measured at its estimated stage of completion, and reliable measures of progress.

Depreciation

Depreciation is calculated using the straight-line method. The annual rates of depreciation applicable are based on the estimated useful lives as follows:

• Leasehold improvements	3 - 6 years
• Clinic & Office equipment	3 - 10 years
• Furniture & fittings	5 - 10 years
• Computer equipment	3 - 5 years

There are no restrictions on title of Plant and Equipment, nor are there any contractual commitments for the acquisition for such assets.

	Leasehold Improvements	Furniture & Fittings	Clinic & Office Equipment	Computer Equipment	Work in Progress	TOTAL
Cost or valuation						
As at 1 July 2024	**1,669,400**	**273,863**	**436,860**	**724,695**	**7,646**	**3,112,464**
Additions	170,036	1,566	23,086	228,066	(5,190)	**417,564**
Disposals	0	0	0	0	**0**	**0**
As at 30 June 2025	**1,839,436**	**275,429**	**459,946**	**952,761**	**2,456**	**3,530,028**
Accumulated depreciation						
As at 1 July 2024	**851,415**	**195,491**	**326,488**	**652,998**	**0**	**2,026,391**
Depreciation for year	270,915	41,154	41,538	49,402	**0**	**403,009**
Disposals	0	0	0	0	**0**	**0**
As at 30 June 2025	**1,122,330**	**38,785**	**368,026**	**702,400**	**0**	**2,429,400**
Net book value						
As at 1 July 2024	**817,985**	**78,372**	**110,372**	**71,697**	**7,646**	**1,086,073**
As at 30 June 2025	**717,106**	**38,784**	**91,920**	**250,362**	**2,456**	**1,100,628**

18 Intangible assets

Licenses and software are finite life intangibles and are recorded at cost less accumulated amortisation and impairment. The estimated useful lives are reviewed at the end of each reporting period.

Amortisation is calculated using the straight-line method. The annual rates of amortisation applicable are based on the estimated useful lives as follows:

- Website 3 - 5 years

There are no restrictions on title of Intangible Assets, nor are there any contractual commitments for the acquisition for such assets.

	Website	TOTAL
Cost or valuation		
As at 1 July 2024	**327,146**	**327,146**
Additions	0	**0**
Disposals	0	**0**
As at 30 June 2025	**327,146**	**327,146**
Accumulated amortisation		
As at 1 July 2024	**258,632**	**258,632**
Amortisation for year	36,284	**36,284**
Disposals	0	**0**
As at 30 June 2025	**294,916**	**294,916**
Net book value		
As at 1 July 2024	**68,514**	**68,514**
As at 30 June 2025	**32,230**	**32,230**

19 Accounts payable

Trade and other payables represent the liabilities for goods and services provided to Family Planning prior to the end of the financial year that are unpaid. These amounts are usually settled within 30 days, are non-interest bearing and are initially recognised at their fair value and subsequently at amortised cost.

	2025	2024
Trade payables	429,108	310,602
Other payables and accruals	187,202	135,618
Total Accounts payable	**616,310**	**446,220**

20 Income in advance

	2025	2024
Health New Zealand - Personal Health	135,931	135,931
Health New Zealand – STI/HIV Online	317,691	0
Health New Zealand – HPV zero fee Screening	0	88,973
Ministry of Foreign Affairs and Trade grant for Healthy Families projects in Kiribati	171,096	181,545
Ministry of Foreign Affairs and Trade grant for 'Planem gud family blong yumi' project in Vanuatu	250,882	310,402
Ministry of Foreign Affairs and Trade grant for 'Amanaki Lelei" project in Tonga	246,078	0
Ministry of Foreign Affairs and Trade grant for supporting IPPF's Niu Vaka strategy in the Pacific	44,755	8,973
UNFPA New York 2022 grant for NZPPD Secretariat	18	15,365
UNFPA New York 2023 grant for NZPPD Secretariat	16,526	49,315
UNFPA New York 2024 grant for NZPPD Secretariat	50,074	0
IPPF – SHRIE Pacific	669	669
IPPF – Manaaki	110,000	110,000
Professional Training Course Fees in advance	33,479	44,484
Bequests	23,094	22,154
Funds Alice Bush Scholarship	4,399	4,399
Kaupapa Māori Research	0	14,216
Estate of Jonathan Stanley Eugene Griffin	11,600	11,600
Total Income in Advance	**1,416,292**	**998,026**

21 Employee entitlements

All employee benefits of Family Planning that are expected to be settled within 12 months of reporting date, with the exception of Long Service Leave, and are measured at nominal values based on accrued entitlements at current rates of pay in accordance with Holidays Act 2003. These include salaries and wages accrued up to reporting date, plus annual leave earned and accrued to, but not taken at reporting date.

Wages, salaries, annual leave and sick leave

Liabilities for wages and salaries (including non-monetary benefits), annual leave and accumulating sick leave are recognised in surplus or deficit during the period in which the employee rendered the related services, and are generally expected to be settled within 12 months of the reporting date. The liabilities for these short-term benefits are measured at the amounts expected to be paid when the liabilities are settled. Expenses for non-accumulating sick leave are recognised when the leave is taken and are measured at the rates paid or payable.

Long Service Leave

Employees of Family Planning become eligible for long service leave after a certain number of years of employment, depending on their contract. The liability for long service leave is recognised and measured by:

- Adjusting current pay rates for inflation using NZ Government Treasury forecasts;
- Using discount factors to calculate the present value of future payments in respect of service provided by employees up to the reporting date using the projected unit credit method. NZ Government Treasury bond rates have been used for discount factors.
- Assessing the likelihood of the entitlement being consumed. Probability factors were calculated based on length of service data from Family Planning's payroll system.

	2025	2024
Current Liabilities		
Accrued salaries and wages	312,602	269,888
Annual leave	784,149	714,199
Long service leave	35,329	47,784
	1,132,080	**1,031,871**
Non-current Liability		
Long service leave	64,625	26,877
	64,625	**26,877**

Gains and losses on the long-term incentives are fully accounted for in the statement of comprehensive revenue and expenses.

22 Financial instruments

A financial instrument is any contract that gives rise to a financial asset of one entity and a financial liability or equity instrument in another entity. Financial instruments are comprised of trade debtors and other receivables, cash and cash equivalents, other financial assets, trade creditors and other payables, borrowings, and other financial liabilities.

Initial recognition and measurement

Financial assets and financial liabilities are recognised initially at fair value plus transaction costs attributable to the acquisition, except for those carried at fair value through surplus or deficit, which are measured at fair value and amortised cost.

Financial assets and financial liabilities are recognised when the reporting entity becomes a party to the contractual provisions of the financial instrument.

Derecognition of financial instruments
Financial assets are derecognised when the contractual rights to the cash flows from the financial asset expire, or if Family Planning transfers the financial asset to another party without retaining control or substantially all risks and rewards of the asset.

A financial liability is derecognised when it is extinguished, discharged, cancelled, or expires.

Subsequent measurement of financial assets
The subsequent measurement of financial assets depends on their classification, which is primarily determined by the purpose for which the financial assets were acquired. Management determines the classification of financial assets at initial recognition and re-evaluates this designation at each reporting date.

All financial assets held by Family Planning in the years reported have been designated into "amortised cost", being non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. After initial recognition these are measured at amortised cost using the effective interest method, less provision for impairment.

Subsequent measurement of financial liabilities
Financial liabilities are measured subsequently at amortised cost using the effective interest method, except for financial liabilities held for trading or designated at fair value through surplus or deficit, that are subsequently measured at fair value with gains or losses recognised in the surplus or deficit.

Family Planning holds a number of financial instruments in the course of its normal activities. Details of the significant accounting policies and methods adopted, including the criteria for recognition, the basis of measurement and the basis on which income and expenses are recognised, in respect of each class of financial asset and financial liability are disclosed in the accounting policies.

Fair Value
The carrying amount of financial assets and financial liabilities recorded in the financial statements represents their respective fair values, determined in accordance with Family Planning's accounting policies.

Liquidity Risk
Family Planning manages its liquidity risk by managing cash flows and ensuring that adequate liquid funds are available at all times.

Credit Risk
Financial instruments which potentially subject Family Planning to credit risk consist of bank balances, short term bank deposits and accounts receivable. Family Planning does not require collateral or security to support financial instruments. The organisation's bank and short-term deposit accounts are held with ANZ, BNZ and ASB. Accounts receivable predominately comprise invoiced fees for services provided to clients, and are considered fully recoverable.

Interest Rate Risk

Financial instruments which potentially subject Family Planning to interest rate risk consist of bank balances and short term bank deposits. Interest rate risk is limited by investing funds in term deposits for period where these funds are not required for liquidity purposes.

The table below shows the carrying amounts of Family Planning's financial assets and financial liabilities:

	Carrying Amount			
	Financial assets		Financial liabilities	
	Fair value	Amortised cost	Amortised cost	Total as at 30 June 2025
Cash and cash equivalents	0	2,882,334	0	2,882,334
Term deposits	0	7,340,254	0	7,340,254
Receivables	0	166,169	0	166,169
Payables	0	0	(589,600)	(589,600)
	0	**10,388,757**	**(589,600)**	**9,799,157**

	Carrying Amount			
	Financial assets		Financial liabilities	
	Fair value	Amortised cost	Amortised cost	Total as at 30 June 2024
Cash and cash equivalents	0	2,951,118	0	2,951,118
Term deposits	0	6,928,269	0	6,928,269
Receivables	0	141,389	0	141,389
Payables	0	0	(446,220)	(446,220)
	0	**10,020,776**	**(446,220)**	**9,574,556**

23 Operating lease commitments

Family Planning leases buildings across New Zealand for its clinics and National Office. Operating lease payments, where the lessors effectively retain all the risks and benefits of ownership of the leased items, are included in the Statement of Comprehensive Revenue & Expenses in equal instalments over the lease term. There are no assets acquired via finance leases.

Non-cancellable operating lease rentals are payable as follows:

	Premises 2025	Other 2025	Premises 2024	Other 2024
No later than one year	1,134,482	0	1,098,031	0
More than one year, but less than 5 years	1,722,291	0	772,065	0
More than 5 years	367,392	0	1,622,481	0
Total	**3,224,165**	**0**	**3,492,577**	**0**

Family Planning leases premises and equipment under operating leases. The premises leases are for up to 5 years. No leases contain contingent rental payments.

24 Related Party Transactions

Key Management Remuneration
Family Planning classifies its key management as the Senior Leadership Team, including the Chief Executive.

Council members receive no remuneration.

	Remuneration 2025	No. of individuals 2025	Remuneration 2024	No. of individuals 2024
Senior Leadership Team	1,773,827	9	1,691,543	9

As at 30 June 2025, $1,500 as fees was paid to Pegasus Health (Charitable) Ltd for using a conference room and reflects normal commercial rates: Pegasus Health (Charitable) Ltd is the employer of the President .

25 Contingencies

Family Planning has no contingent liabilities as at 30 June 2025 (2024: nil).

26 Subsequent events

Driven by changes to how incorporated societies are regulated (Incorporated Societies Act, 2022), and new governance requirements for charities (Charities Amendment Act, 2023), Council initiated a project to look at what type of legal entity fits best with the values, history, Kaupapa and vision of the organisation. Council is committed to retaining a not-for-profit, charitable legal structure, membership of International Planned Parenthood Federation (IPPF), and membership options.

In essence, the structural change reforms the delivery of healthcare by creating a new not-for-profit organisation, with the working title the Sexual Wellbeing Aotearoa Trust, and converting all existing functions into the new trust, which will take over the operational activities of the exiting incorporated society.

The decision will disestablish the New Zealand Family Planning Association Incorporated and transfers its assets and liabilities to a new not-for-profit organisation, Sexual Wellbeing Aotearoa Trust, including novation/assigning of funding contracts. As a result, the New Zealand Family Planning Association Incorporated has prepared its financial statements on a realisation basis.

However, because primary sexual and reproductive healthcare and sexual health promotion will continue to be provided through Sexual Wellbeing Aotearoa Trust, no change needs to be made to the measurement or classification of assets and liabilities.

Decisions about the future of these assets and liabilities will be the responsibility of the new trust.

On 9 July 2025, the Association resolved to wind up and transfer all assets and liabilities to a newly established Charitable Trust on 31 October 2025. The Association will cease to exist following this transfer.

Given the Association is preparing the financial statements on a realisation basis, its assets and liabilities are carried at their recoverable value. For assets and liabilities that form part of the working capital balance (i.e. current assets and current liabilities), this was assessed to be fair value. For non-current assets, given these will be transferred to the newly formed Charitable Trust for no consideration, the assets will be written down over the remaining useful life.

The funding contracts with Health New Zealand – Te Whatu Ora were renewed for 2 year period subsequent to 30 June 2025 ensuring continuity of funding for entity.

There are no other subsequent events.

Our people Ko mātou

Staff survey results Results from our annual staff satisfaction and engagement survey were an improvement across the board from the previous year's survey. Notable improvements in wellbeing, career development and communication were highlights for 2024. Organisational strengths were identified by staff as a "sense of belonging" and "diversity, equity and inclusion".

Pay equity claim Many of our clinical, reception and health promotion staff were included in a pay equity claim, one of 10 made by the New Zealand Nurses Organisation under the Equal Pay Act 1972. The claim for our nurses was one of those affected by the law change in May 2025 when new criteria for such claims was introduced.

New role for MCS Manager Clinic Services (MCS) for the Midland Region Rochelle Keane was appointed to the Regional Manager Northern/Midland role, succeeding Sarah Laing-Beale. Rochelle has worked for us for 20 years, starting first as a Medical Receptionist and then moving to the Manager Clinic Services role.

Rochelle Keane is the new Regional Manager for our Northern and Midland Regions. Rochelle is also managing DECIDE, the National Abortion Telehealth Service.

PHARMAC committee roles Medical Director Dr Beth Messenger and Director of Nursing Julie Avery have been appointed to PHARMAC's Reproductive and Sexual Health Advisory Committee. This is a specialist advisory committee which provides PHARMAC with objective specialist knowledge and expertise in sexual and reproductive health.

Our people Ko mātou

Tania Huria named in 100 Māori leaders

Our Director Hauora Māori and Equity, Dr Tania Huria, Ngāi Tahu, Ngāti Mutunga o Wharekauri, was named as one of 100 Māori Leaders.

Her citation reported that Dr Tania Huria exemplifies mana wahine through her relentless pursuit of equity and transformational change in Māori healthcare. "With a diverse academic background—including degrees in Nursing, Master of Public Health, and a PhD that critically examines inequities in chronic kidney disease—Tania actively shapes healthcare education and practice."

Dr Tania Huria

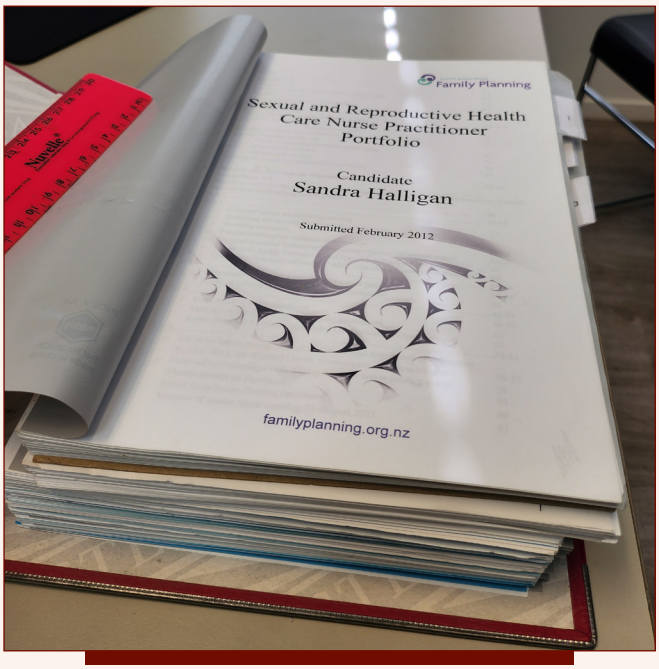
Staff changes

Several long serving staff, including our first ever Nurse Practitioner, retired during the year under review.

In May, Anne Moody and Kate Bridgman Smith retired from our Christchurch Clinic. Anne had worked as a Medical Receptionist for 39 years and Kate as a nurse for 31 years.

Our people Ko mātou

Christchurch nurse, Sandie Halligan retired just outside the review period for this report after a career which began in 1993 as a cervical screener. A motivation to be able to "do more" prompted her to become a nurse practitioner in 2012 – our first Nurse Practitioner.



Sandie's portfolio which she kept in her clinic room. The process is more streamlined now, but there was a lot less structure in 2012, when Sandie submitted this portfolio and achieve Nurse Practitioner status in sexual and reproductive health.

Current Director of Nursing and fellow Nurse Practitioner Julie Avery says having worked with Sandie over the years I can truly say that she has been a trailblazer in terms of nursing practice within the field of sexual and reproductive health.

She was the first Nurse Practitioners within the organisation, putting together a huge portfolio of her advanced nursing skills to present to Nursing Council. Seeing Sandie complete this and then work at the top of the nursing scope was inspirational to me and others in progressing our own careers on the nurse practitioner pathway.

Our People Ko mātou

Staff anniversaries for 2024/2025

35 years

Peg Pevats, Senior Medical Receptionist, Whangarei

25 years

Julie Webster, Medical Receptionist, Henderson

20 years

Evelyn Patterson, Medical Receptionist, New Plymouth

Jill Stewart, National Resource Development Specialist, National Office

Georgina Turner, Medical Receptionist, Papakura

Rochelle Keane. Regional Manager, Northern/Midland, Hamilton

15 years

Jenny Sanders, Nurse, Hamilton

Thea Wilson, Nurse, Whanganui

10 years

Bronwyn Olson, Nurse, Whangarei

Suzanne Hamilton, Medical Receptionist, Timaru

Lucy Miller, Nurse, New Plymouth

5 years

Nicola Warmington, Nurse Educator, Auckland

Lisa O'Leary, Manager Clinic Services Midland, Hamilton

Tess Cook, Medical Receptionist, Invercargill

Emma Davis, Medical Receptionist, Takapuna

Council Te Kaunihera

From left to right:

- **Dr Nina Bevin** (Waikato, Tainui)
- **Stephanie Townsend**
- **Dr Jacky Percy** President, Te Pou Whakarae
- **Dr Elizabeth McLean**
  (Waikato, Tainui, Ngāti Maniapoto, Ngāti Pukenga)
  Vice President, Te Pou Whakarae Tuarua
- **Ian Olan**
- **Manihera Te Hei**
  (Ngāti Raukawa, Ngāti Porou, Ngāpuhi, Tainui)
  Until AGM 2024
- **Andreas Prager** Immediate Past President, Te Pou Whakarae o MuaTonu Nei
- **Jackie Curtis**

Jack Ruddenklau

Geraldine Atchico

Missing: Dr Waimarama Matena (Ngāti Maniapoto, Ngāti Tuwharetoa, Te Atihaunaui-a-Paparangi) Until AGM 2024

New Council members New youth Council members Geraldine Atchico and Jack Ruddenklau were confirmed at the 2024 Annual General Meeting.

Senior Leadership Team Te Tira Whakahaere Matu

From left to right:

- **Elizabeth Lowndes**
  Director Corporate Services, Tumuaki, Ratonga Rangatōpū
- **Jackie Edmond**
  Chief Executive, Mana Whakahaere
- **Sue Reid**
  Communication Manager, Kaitohutohu Tauwhitiwhiti
- **Julie Avery**
  Director of Nursing, Hautū Tapuhi
- **Dr Tania Huria** (Ngāi Tahu, Ngāti Mutunga o Wharekauri)
  Director Hauora Māori and Equity, Tumuaki, Hauora Māori, Mana Turite
- **Hayley Hachey**
  Head of People and Capability, Pou Tangata, Āheitanga hoki
- **Fiona McNamara**
  Director Health Promotion, Tumuaki Whakatairanga Hauora
- **Kirsty Walsh**
  Director Clinical Services, Hautū Ratonga Haumanu
- **Dr Beth Messenger**
  Medical Director, Hautū Hauora

Members Kaitautoko

Honorary Vice Presidents

Dame Silvia Cartwright PCNZM, DBE, QSO, Dr Margaret Catley-Carlson, Rt Hon Helen Clark, Margaret Dagg, Hon Lianne Dalziel, Hon Ruth Dyson, Hon Christine Fletcher QSO, Dame Jenny Gibbs DNZM, Professor John Hutton, Dame Areta Koopu DNZM, CBE, Professor Malcolm Potts (deceased 25 April 2025), Dean Reynolds, Rt Hon Dame Jenny Shipley DNZM, Dame Margaret Sparrow DNZM, MBE, Hon Judith Tizard, Dame Marilyn Waring CNZM, Dame Fran Wilde DNZM, QSO.

Honorary Life Members

Dr Barbara Adkins, Dame Sue Bagshaw DNZM, Daphne Bell MNZM, Jan Brown, Joy Brown Douglas, Hon Steve Chadwick QSO, Candis Craven ONZM, Margaret Dagg, Helen Eskett MNZM, Sue Farrant, Dame Jenny Gibbs DNZM, Jan Gilby, Dr Maxine Gray, Dr Gill Greer MNZM, Naomi Haynes, Peggy Kelly, Dr Win Kennedy, Dr Gill Lough, Jan Lockyer, Mani Mitchell, Linda Penno ONZM, Dean Reynolds, Dr Helen Roberts, Dr Carol Shand. Dame Margaret Sparrow, DNZM, MBE, Sheila Stancombe, Dr Tammy Steeves, Dawn Wardle, Glenys Wood MNZM, Valda Woods, Simon Woolf.