

2021

ANNUAL REPORT AND FINANCIAL STATEMENTS





WHO DID WE REACH?

WHAT WAS OUR IMPACT?

Through partnerships across 37 country programmes, our team supported:

**19.4 MILLION
CLIENTS¹**

**1.7 MILLION
ADOLESCENTS**

5 MILLION CLIENTS through public sector partnerships

OVER 70% of contraceptive services delivered in underserved communities

IN 2021, we estimate that these services resulted in²:

34.3 million people using contraception provided by MSI

14.1 million unintended pregnancies prevented

6.6 million unsafe abortions averted

39,500 maternal deaths prevented

£670 million saved in direct healthcare costs

30.8 million contraceptive couple years of protection²

1 IN 5 Across the countries where we work, MSI provides contraception to one in five of the women who want it.

10% Without MSI supported services in these countries, it's estimated that maternal deaths would have been 10% higher over the last five years.

Since 2016, the advocacy efforts of MSI country programmes contributed to

66 POLICY CHANGES or restrictions removed, leading to increased access and choice for millions of women around the world.

¹This includes 13.42 million client visits to MSI service delivery sites and 5.98 million users of contraception, safe abortion or post abortion care products, supported through social marketing, 5.9 million is calculated through applying annualised client factors to sales in social marketing.

²Our impact figures: The impact figures shown in this document have been calculated using Impact 2, our innovative sociodemographic mathematical model that allows us to estimate the impact of our work, and the wider social and economic benefits of offering access to contraception and safe abortion. You can find out more about Impact 2 on our website: <https://www.msichoice.org/what-we-do/our-approach/our-technical-expertise/impact-2>

CHARITY DETAILS

Registered name and charity number
MSI Reproductive Choices⁴
265543 (registered in England and Wales)

Company number
1102208 (registered in England and Wales)

Registered office
1 Conway Street
Fitzroy Square
London W1T 6LP

Board of Trustees
The Trustees of MSI Reproductive Choices are the charity's Trustees under charity law, and the Directors of the charitable company.

Trustees
Glenda Burkhart, Chair
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MESSAGE FROM THE CHAIR OF THE BOARD

In the United States, where I am from, we are seeing an all-out attack on abortion rights. In 2021, well before the leaked report revealing that the Supreme Court was prepared to end the country's constitutional right to abortion, it allowed a near-total abortion ban to stand in Texas, criminalising abortion as early as six weeks into pregnancy, before most women even realise they are pregnant. In fact, in 2021, state governments introduced more abortion restrictions than ever before.

WE ARE ALWAYS THINKING ABOUT THE FUTURE. THE BEATING HEART OF OUR WORK IS SUPPORTING GIRLS AND WOMEN TO DETERMINE THEIR OWN FUTURES AND CHOOSE THE PATHS THEIR LIVES TAKE

Attacks like these remind me of the fragility of hard-won reproductive rights around the world and the scale of the challenge we are facing. Attacks that are particularly devastating in the context of significant funding cuts and the Covid-19 pandemic, which disproportionately affected women and girls and saw a marked increase in gender-based violence.

Against this backdrop, I have been more inspired than ever by the determination and resilience of MSI's healthcare providers, who stand shoulder to shoulder to defend their communities' right to choose and determine their own futures. Extraordinary individuals like Emmanuel from MSI Zambia, who refused to abandon his mission delivering contraception to a remote rural community when lions began circling his car. Our teams know how important these services are for women. For them, it's so much more than just a job, it's saving lives.

As a lifelong advocate for women's health and reproductive rights, their courage and dedication give me hope for the future. Working in what is often still a taboo area, their deep understanding of their communities and contexts is at the heart of MSI Reproductive Choices' ability to reach the women who want our services. And that is why I am so delighted that our new Africa region is now headed up by Banchiamlack Dessalegn, in her home country of Ethiopia. This is one of the many steps we are taking in line with our 2030 strategy to further shift our centre of gravity towards the countries where we operate.

I also draw hope and inspiration from the coordinated efforts of Latin American activists, which have led to a 'green wave', with some of the largest countries in the region taking a more progressive stance on reproductive rights. Likewise, I am reassured by the strength of MSI's global network and optimistic about what more we can achieve together. The global anti-choice

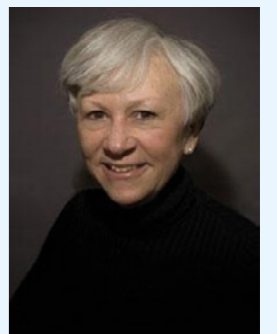
movement requires a united response and at MSI we see how our teams share ideas, inspiration and innovations across borders to bring about change.

We are always thinking about the future. The beating heart of our work is supporting girls and women to determine their own futures and choose the paths their lives take, but we are also determined to make sure that choice is available not just for them, but for their daughters and their daughters' daughters long into the future.

In these uncertain times, one of the ways we are trying to ensure services are available in the long term is by ensuring that our centres network is fully self-sustainable. I am happy to say that we have made significant strides towards achieving that. In 2021, for every £1 our centres spent on operating costs, 80% was self-generated by our own service income. However, to ensure we continue to reach the most marginalised communities, we must continue to work in partnership with donors and across health systems to find ways to protect and expand access.

Never has our work felt more urgent, but with incredible team members across our country programmes, I am confident that we are well placed to tackle the challenges ahead.

Glenda Burkhart
Chair of the Board





MESSAGE FROM OUR CEO

If 2020 was a year like no other, 2021 saw a remarkable recovery, allowing MSI Reproductive Choices' teams and partners to reach over 19.4 million clients, of whom 17.3 million received a method of contraception, a safe abortion, or a post-abortion care procedure. Though we kept our centres and sites open throughout the pandemic, many fewer clients were able to access these services due to mobility restrictions. It is therefore humbling that we were close to delivering a record number of services again in 2021. MSI teams around the world drew on their characteristic courage, resilience, and adaptability to deliver services, undeterred.

More than ever, these services are delivered in partnership with national governments via our public sector support approach. Here we support and complement existing but often very limited contraceptive access, by providing competency training, broadened contraceptive method mix, raised standards of infection prevention and client-centred care, and, crucially, positioning these services for full self-sustainability. 5 million clients were served in 2021 via these partnerships.

On page 23 you can read about the lessons we've learnt from our partnership with the Ugandan Government, by Carole Sekimpi, our Uganda Country Director.

Our centres continued to provide post-abortion care and safe abortion services where allowed, but also expanded services to cover a range of women's healthcare services, moving a step closer to full self-sustainability and reduced reliance on subsidies.

And our outreach channel led the way in delivering to the hardest to reach communities; those without access to public health contraceptive services; communities living in extreme poverty; internally displaced populations; adolescents; and first-time users of contraception. Innovative solutions like poverty-mapping software allows MSI teams to go where they are most likely to fill gaps in existing provision.

Overall, we estimate that in 2021 we prevented more than 14.1 million unintended pregnancies and 6.6 million unsafe abortions, saving the lives of 39,500 women. 1.7 million of our clients were under 20 years of age: contraceptive provision for adolescents can literally be lifesaving, with pregnancy a significant contributor to girls leaving secondary education, and maternal mortality the primary cause of death for a teenage girl.³

2021 also saw us expand our maternity and obstetric services, with over 16,000 deliveries across eight countries. At MSI, we believe that wherever you live in the world, you should have the same standard of client-centred care, and we are delighted that we can now bring our high clinical governance standards to full maternity provision. These services are intended to be fully self-sustaining from the outset and to achieve the highest quality outcomes.

As part of our 2030 strategy, we are fully committed to ensuring that quality medical abortion care is as broadly available as

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“ Among all the positive progress, there are significant challenges ahead. The pandemic continues to weigh heavily on health budgets, and sexual and reproductive health services are often the first to suffer.

possible. Medical abortion pills have dramatically increased access to safe abortion, and MSI supports the distribution of high-quality pills through our social marketing teams, supported by state-of-the-art contact centres and after-care via our centres. We continue to develop 'telehealth' options which enable a woman to safely end a pregnancy at home with comprehensive counselling and aftercare.

Among all the positive progress, there are significant challenges ahead. The pandemic continues to weigh heavily on health budgets, and sexual and reproductive health services are often the first to suffer. Donor budgets have been curtailed, and some projects have faced dramatic and abrupt cuts, meaning that millions can no longer access services they have come to expect.

Increasingly, programme budgets receive one year of donor funding at a time, making forward planning a virtual impossibility. Despite this, I am most proud that MSI teams everywhere have worked heroically to increase their efficiency and lower their operating costs without any sacrifice to clinical quality. I believe that no other organisation serves as many clients at such high quality: we can help a woman or girl to protect herself from an unintended pregnancy for as little as two pence per day.

Not only is MSI facing these challenges with great ingenuity, but we are also leading the way in shifting resources and decision-making to our local markets. We know that programmes are best designed by those closest to the client, so by 2023 we have committed that all our country teams will be locally or regionally led. And we want to level the playing field for women working in our organisation so that senior leadership everywhere is properly representative of the clients we serve, with policies that help and support female career development.

At MSI we are passionate about creating a world where everyone who wants it has access to their preferred method of contraception, and where no abortion is unsafe. It's not too much to ask, is it?

A 15-year-old girl in 2021 will be a 24-year-old woman in 2030. Help us to give her the best possible chance to fulfil her potential. There is no time to waste.

Simon Cooke
CEO

³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC411126/>

TRUSTEES' REPORT



“WHAT GIVES ME THE STRENGTH TO MOVE ON EVERY DAY IS THE JOY I SEE AT THE END OF THE DAY, WHEN THESE WOMEN GO HOME HAPPIER THAN THEY CAME.”

Helen Murphy, Outreach Provider, MSI Nigeria

The Board of Trustees presents its report and the audited consolidated financial statements for the year ended 31 December 2021 under the Charities Act 2011 and the Companies Act 2006, incorporating the Directors' Report. Pages 11 to 71 incorporate the requirements of the Strategic Report.

ABOUT US

WE ARE MSI REPRODUCTIVE CHOICES

As our name suggests, we are unapologetically pro-choice. We believe that everyone should have the power to determine the path their life takes. From contraception to safe abortion, and life-saving post-abortion care, we are committed to delivering compassionate, high-quality services for all, when and where they are needed.

Today, our organisation has nearly 9,000 team members working in 37 countries across the world. Our teams are rooted in the communities they serve – from major cities to rural, hard-to-reach villages – reaching over 75,000 women every day. Through partnerships and direct service delivery, we take services into the hardest to reach communities, offering women and girls access to the reproductive choices that can improve their lives and those of their families and communities.

We know that access to sexual and reproductive healthcare is life-changing. For some, it can mean the ability to complete their education and start a career. For others, it means being able to look after the family they already have. For everyone, it means a fairer, more equal world.



OUR VALUES

MSI's culture and the way we work is driven by our values. In 2021, we introduced two new organisational values: resilient and inclusive, in addition to our four existing values

MISSION DRIVEN

With unwavering commitment, we exist to empower people to have children by choice not chance.

CLIENT CENTRED

We are dedicated to our clients and work tirelessly to deliver high-quality, high impact services that meet their individual needs.

ACCOUNTABLE

We are accountable for our actions and focus on results, ensuring long-term sustainability

COURAGEOUS

We recruit and nurture talented, passionate and brave people who have the courage to push boundaries, make tough decisions and challenge others in line with our mission

RESILIENT

In challenging situations, we work together and support each other, adapting and learning to find solutions, whatever we're up against.

INCLUSIVE

We believe that diversity is a strength. We can all play our part in creating a culture where every team member can thrive, feel valued and contribute meaningfully to our mission, and where all our clients feel welcome and supported.



WHY CHOICE MATTERS

Right now, there are 218 million women and girls around the world who want, but cannot access, contraception.⁴ Many will face an unintended pregnancy, and some will resort to unsafe abortion, risking their lives, because of a lack of access to safe care. This year, 35 million women will have an unsafe abortion; an estimated 7 million will be injured and 22,000 will die. These devastating outcomes are entirely preventable. We say enough is enough.

MAKING CHOICE A REALITY FOR EVERYONE

Our vision for the future is bold: by 2030 no abortion will be unsafe and everyone who wants access to contraception will have it.

To make this a reality, we are focused on sustainable delivery and funding models that are built to last, so that the women and girls we serve today will have choice in the future too. We partner with the public and private sectors, at a national and community level, to improve women's access across the health system. We also work with governments and policy makers to remove barriers and challenge inequalities. And we share our insights and frontline experience across the sector, so that we can raise standards together.

By supporting women and girls to make the choices that are right for them, we can have a huge impact at scale within a generation, increasing gender equality, breaking cycles of poverty and contributing to several key sustainable development goals.

OUR COMMITMENT TO DATA AND EVIDENCE

Evidence is an integral part of our programmes. Our expert research and impact teams work with country programmes, governments and other organisations to gather quantitative and qualitative data. We use this data to:

- evaluate and improve how we deliver our services
- understand who our clients are and what they need
- assess how we can reach the most marginalised and underserved communities
- support advocacy for increasing access to contraception and safe abortion
- identify and understand the factors influencing client choices around contraception and safe abortion
- demonstrate our impact and ensure accountability and transparency for our donors and partners.

We are committed to sharing our evidence and learnings to reduce stigma, remove barriers and drive equitable access at scale.

350 MILLION FUTURES

Between now and the end of this decade, we estimate that there will be 350 million adolescent girls across the countries in which MSI works, who will be making critical life choices. Their ability to determine their futures will be impacted by their access to sexual and reproductive healthcare. That access will be dependent on the actions taken by national governments, donors and organisations operating in our field.

Our collective challenge between now and the end of the decade is to ensure that these women and girls are able to make the reproductive choices that support their dreams and ambitions. 350 million futures depend on it.

“ MY MOTHER DROPPED OUT OF SCHOOL AT AGE 19 AND MY TWO AUNTIES DID THE SAME. THE ONE THING THAT WAS COMMON BETWEEN THEM WAS UNPLANNED PREGNANCY. MY AMBITION IS TO FINISH SECONDARY SCHOOL, GO TO UNIVERSITY AND ACHIEVE MY DREAM OF BECOMING A LAWYER. BUT I HAVE TO PROTECT MYSELF TO SEE MY DREAM COME TRUE.”

Blessing, an adolescent contraceptive client with MSI Nigeria



⁴Adding It Up: Investing in Sexual and Reproductive Health 2019 | Guttmacher Institute

2021 IN REVIEW

OUR IMPACT: MAKING REPRODUCTIVE CHOICE POSSIBLE

In 2021, despite ongoing disruption from the global pandemic, uncertain donor funding and a growing anti-choice opposition, MSI's teams supported more people than ever before.

Working across six continents, our teams face a host of different challenges. But wherever they are in the world, our courageous providers are united by their desire to make choice a reality in their own communities.

This spirit is apparent in the impact MSI achieved in 2021. In partnership with governments, civil society organisations and implementing partners, MSI supported 19.4 million people to access healthcare across 37 countries. This included 17.3 million clients who were supported with contraception, abortion or post-abortion care services or products. We estimate that these prevented more than 14.1 million unintended pregnancies and 6.6 million unsafe abortions, saving the lives of 39,500 women.

We reached millions often left behind by healthcare systems. Over 70% of our contraceptive services were delivered to underserved communities and 1.7 million of our clients were adolescents – a group often excluded from sexual and reproductive healthcare, but for whom we have tailored programmes, ensuring young people can determine their own futures. Our teams also worked to protect access to women's healthcare in humanitarian settings, including Afghanistan and Myanmar.

This impact goes beyond service delivery. For every student that we reached, we are proud to have supported a young person to avoid an unintended pregnancy and continue their education. For every woman we have assisted with reproductive healthcare, we are proud to have supported them to make the choices that are right for them, their careers, and their futures. By reducing the number of pregnancy-related deaths and supporting girls' education and women's economic empowerment, this impact is contributing towards the sustainable development goals, and progress towards achieving a fairer, more gender-equal world for all.

IN 2021, 4 MILLION CLIENTS ACCESSED AN ABORTION OR POST-ABORTION CARE SERVICE WITH MSI.

In 2021, 4 million clients accessed an abortion or post-abortion care service with MSI. We improved access to early medical abortion outside of facility settings, supporting clients with a continuum of care provided by our global contact centre network.

This impact would not have been possible were it not for our partners and donors, with whom we have advocated for change and delivered quality care. Using our voice as a healthcare provider, our national teams have partnered with civil society organisations to achieve 10 changes in policy, law, regulation, and financing, expanding access to sexual and reproductive health and rights. These changes included expanding access to abortion for unmarried women and survivors of rape in India and advocating for the inclusion of contraception in Ghana's National Health Insurance Scheme.

Through our health system strengthening work, we have partnered with national governments to put these changes into action. In 2021, we supported Ministries of Health to train providers in reproductive healthcare and establish quality assurance mechanisms across more than 5,200 public sector delivery sites, reaching 5 million clients. Through our public sector partnerships, we have expanded access in underserved communities and made inroads towards national ownership of contraception and comprehensive abortion care.

2021 was a year of monumental events, from extreme weather to the ongoing effects of Covid-19. But whether through war or a global pandemic, our teams continued innovating, collaborating, and working fearlessly to improve the lives of their communities and make our world a better and fairer place. While many of 2022's challenges remain unknown, without doubt, the funding pressures facing sexual and reproductive healthcare will continue to threaten access. We cannot achieve the sustainable development goals and increase gender equality without reproductive choice and we call on national and donor governments to continue to commit to ensure we can keep delivering for the 70% with least resources and protect years of progress.



OUR APPROACHES

PUBLIC SECTOR SUPPORT

By working closely with Ministries of Health and district health authorities across 19 of MSI's country programmes, we have delivered training to public sector providers, established quality assurance mechanisms, and advocated for a supportive environment for reproductive healthcare, with the aim of supporting the health system, sustaining access and ultimately achieving national ownership of the delivery of reproductive healthcare.

MOBILE OUTREACH

MSI's mobile outreach teams travel long distances to deliver services to people in rural and remote communities, who often have no other means of accessing reproductive health services. In 2021, we reached over 3.8 million clients via our outreach providers.

MSI LADIES

Across the partnership we have a network of over 1,000 MSI Ladies delivering services in their own communities. MSI Ladies are nurses and midwives trained and supported by MSI to provide contraceptive services and advice to women in their own homes. In 2021, almost 600,000 clients were seen by MSI Ladies across our programmes.

MSI CENTRES

Our centres have served as the backbone of our operations since we opened our first clinic in London in 1976. They continue to provide safe and welcoming spaces where our clients can access high-quality, contraception and safe abortion care and we are expanding to offer a broader range of well-woman services, as well as maternity care in some locations. In 2021, we supported over 1.6 million clients with high quality care via our centres network.

SOCIAL MARKETING

We use our social marketing channel to ensure that people can access high-quality, sexual and reproductive healthcare products in a convenient location. We distribute our own brands of high-quality reproductive healthcare products through pharmacies, community-based distributors and other private providers. In 2021, we supported 6,000,000 clients via this channel.

CONTACT CENTRES

MSI's global network of contact centres provides free information, advice and referrals over the phone, social media and WhatsApp, supporting clients to make the reproductive choices that are right for them. Contact centres are ideally placed to provide a continuum of care, for telemedicine and self-care clients, with advice on how to administer self-care products, expected side effects, and when and where to seek facility-based care. Our contact centres supported nearly 2.7 million client interactions in 2021.

OUR 2021 IMPACT

- 19.4 million clients
- 1.7 million adolescent clients
- 2.7 million interactions across our 31 contact centres
- 5 million clients supported via public sector partnerships, across 19 programmes
- Across the countries where we work, MSI provides contraception to **one in five** of the women who want it
- Over **70%** of our contraceptive services were delivered to underserved communities
- Without MSI supported services in these countries where we work, it's estimated that maternal deaths would have been **10%** higher over the last five years
- **In 2021, we estimate that our services resulted in:**⁵
 - **34.3** million people using contraception provided by MSI
 - **14.1** million unintended pregnancies prevented
 - **6.6** million unsafe abortions averted
 - **39,500** maternal deaths prevented
 - **£670 million** saved in direct healthcare costs

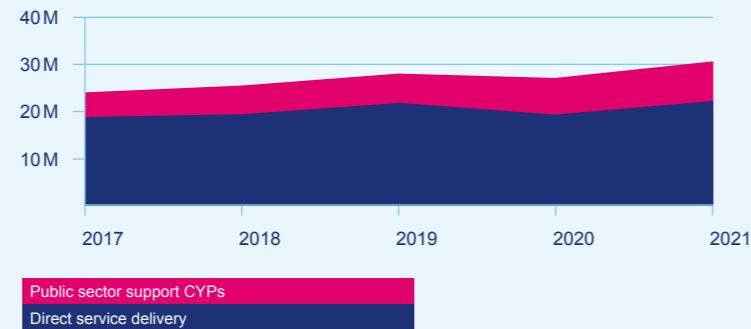
⁵ Our impact figures: The impact figures shown in this document have been calculated using Impact 2, our innovative sociodemographic mathematical model that allows us to estimate the impact of our work, and the wider social and economic benefits of offering access to contraception and safe abortion. You can find out more about Impact 2 on our website: <https://www.msichoices.org/what-we-do/our-approach/our-technical-expertise/impact-2>

THE DATA

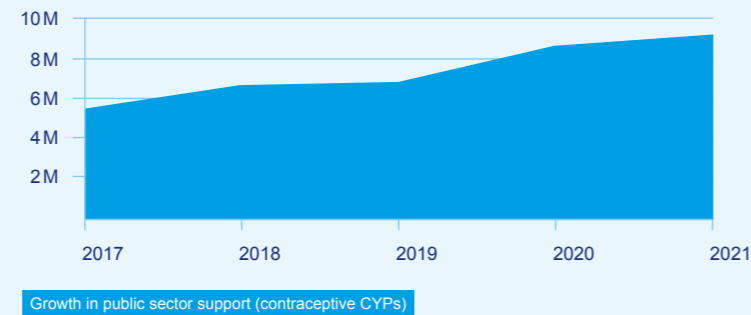
CYP GROWTH

Like many in our sector, one of the measures we use to track the impact of our services and our partnerships is 'couple years of protection' (CYPs). This measure allows us to compare progress over time. In 2020, COVID-19 had a significant impact on the number of clients able to access services and our CYPs reduced as a result. However, in 2021, our teams were able to scale back up, delivering 30,823,000 contraceptive CYPs in partnership with providers across health systems. The number of CYPs delivered via our public sector partnerships have continued to increase: from 5.2 million in 2017 to 8.6 million in 2021.

FAMILY PLANNING CYPs OVER THE LAST 5 YEARS (PUBLIC SECTOR SUPPORT AND DIRECT SERVICE DELIVERY)

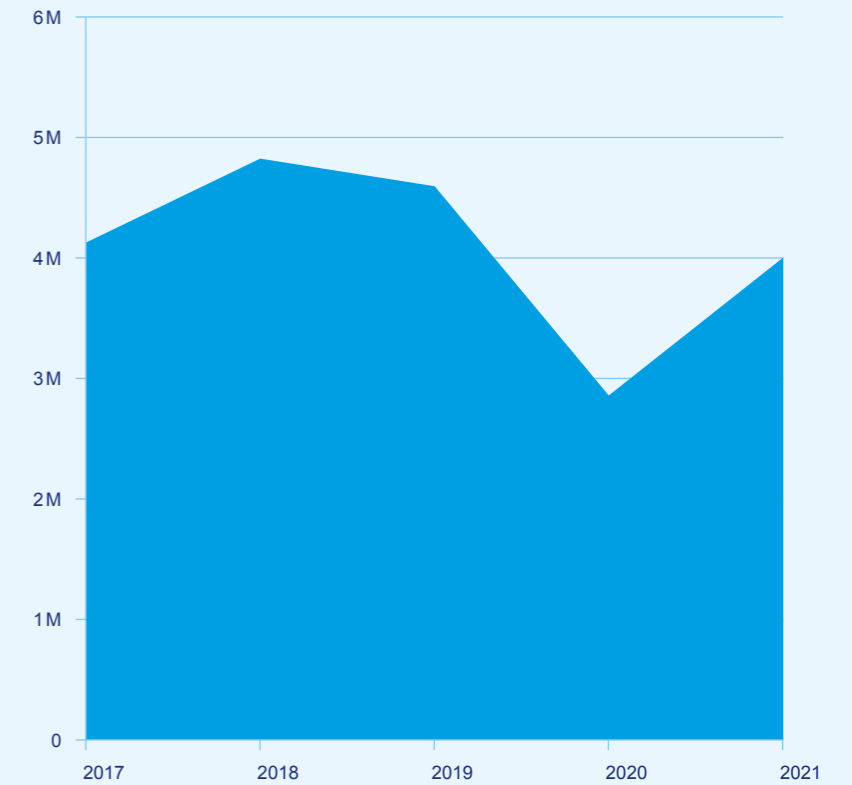


GROWTH IN PUBLIC SECTOR SUPPORT (CONTRACEPTIVE CYPs)



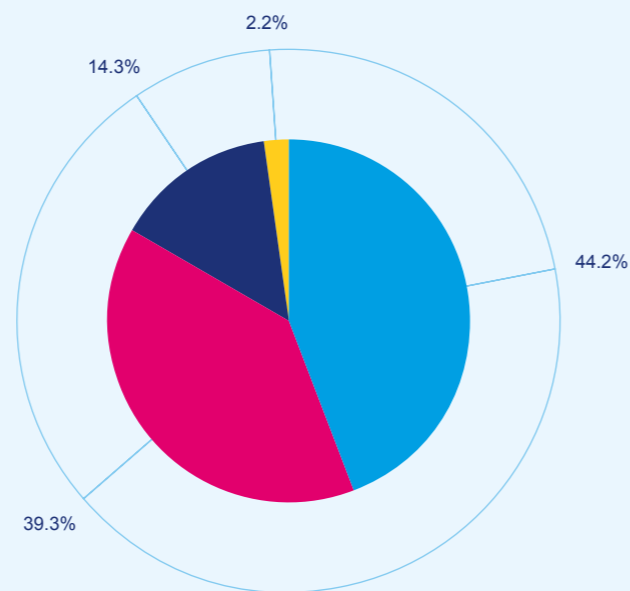
ABORTION AND POST-ABORTION CARE SERVICES ACROSS THE MSI GLOBAL PARTNERSHIP

Providing access to safe abortion and post-abortion care is at the core of our mission. Worldwide, one in four pregnancies will end in abortion. In the countries where we are legally permitted to do so, we help women to safely end their pregnancies. By providing services to women when and where they need them, we can support clients to make the reproductive choices that are right for them, while reducing the number of women that are forced to resort to unsafe abortion. In 2020, our social marketing channel was affected by the Covid-19 pandemic and in 2021, we saw levels increase because of pro-active supply chain management in India and our teams making products more widely available in Africa. Globally, 17% of abortions were through direct service delivery, while 83% were delivered via our social marketing operations. Through our direct service delivery channels, 58% of women chose a medical abortion, while 42% chose a surgical abortion.

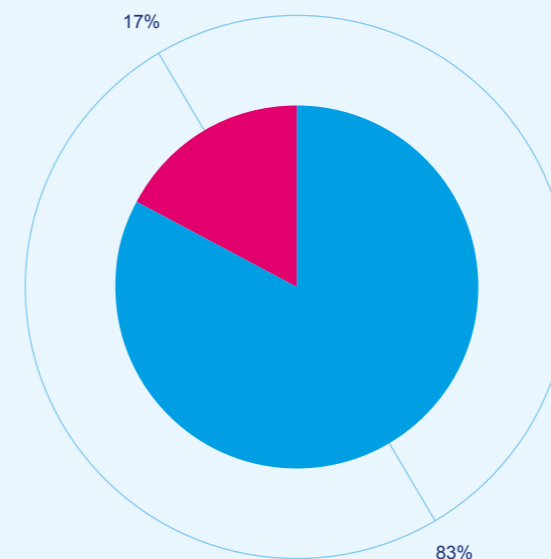


CONTRACEPTIVE CHOICE

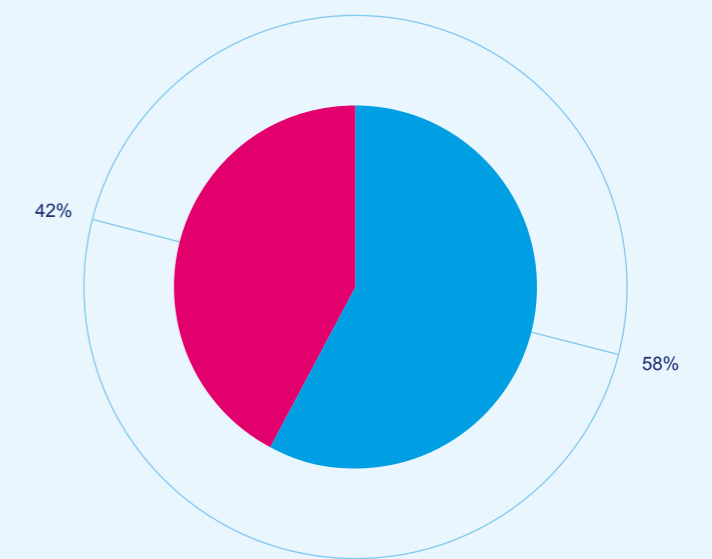
Choice is at the heart of everything we do, and we provide counselling and a full range of contraceptive methods across our services. By offering the widest range, including short-term, long-acting, and permanent methods, we can ensure that every woman can choose the type of contraception that is right for her. The majority of our clients choose long-acting or permanent methods of contraception that will protect them from unintended pregnancy for longer periods of time as in many of the countries where we work, we are the only provider of these methods. In 2021, 60% of those who chose a contraceptive method with us were using a long-acting or permanent method.



ABORTION AND POST-ABORTION CARE BY SERVICE OR PRODUCT



ABORTION AND POST-ABORTION CARE SERVICE MIX THROUGH DIRECT SERVICE DELIVERY



HOW WE PERFORMED AGAINST OUR 2021 OBJECTIVES

PRESERVE, SECURE, PROTECT

At the beginning of 2021, as the global pandemic continued to present challenges, and as we worked to mitigate the impact of cuts to the UK aid budget which affected not only our frontline delivery teams but also our commodity supplies, the priority for MSI's leadership remained our 'preserve, secure and protect' strategy.

PRESERVE

Preserve our financial resources and cash in order to have the flexibility to respond to organisational risks as they arise

SECURE

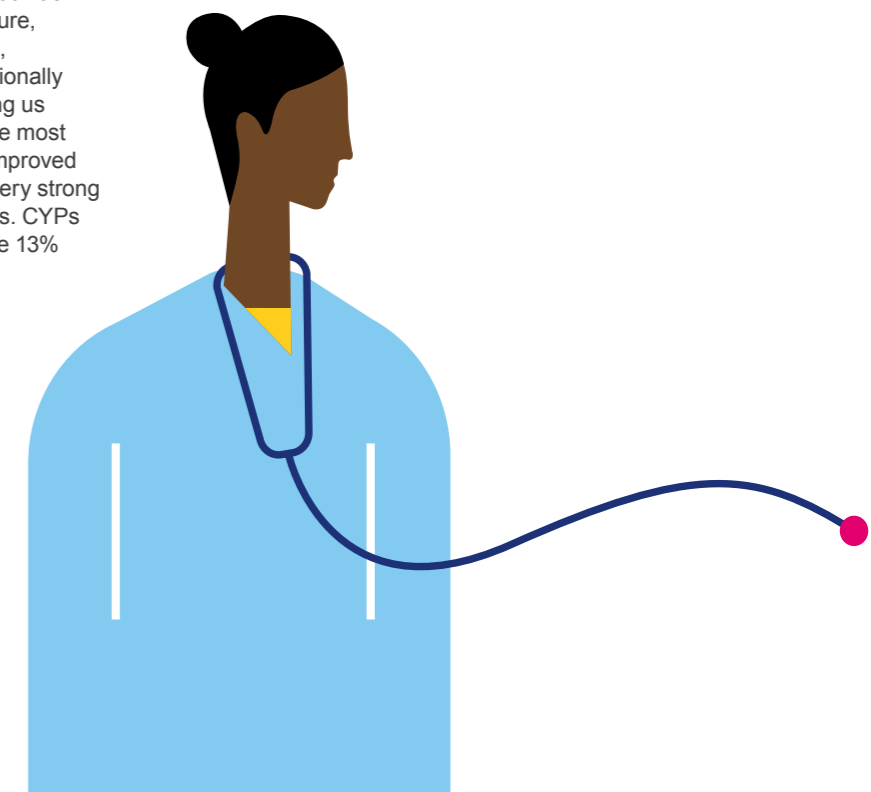
Secure current donor grants and future financial commitments in order to maintain our mission objectives

PROTECT

Protect our organisational capacity so that we can go back to scale once the crisis subsides



2021 saw MSI recover very strongly following a year that was heavily impacted by the pandemic. The 'Preserve, Secure, Protect' strategy from the early stages of the pandemic, enabled us to protect MSI capacity – financially, operationally and clinically – to scale up, while at the same time giving us the opportunity to fine-tune approaches for reaching the most marginalised communities, and re-work our plans for improved sustainability in our centres channels. This enabled a very strong rebound which saw us exceed almost all our 2021 goals. CYPs delivered through partnerships and direct services were 13% ahead of expectations for 2021.



MSI 2030: YOUR BODY, YOUR FUTURE, YOUR CHOICE

Our vision for the next decade is bold but simple: By 2030, no abortion will be unsafe and everyone who wants contraception will have it. We are committed to ensuring everyone is supported to make decisions about their bodies and their futures: from a choice of contraceptive or safe abortion method, to a choice over where and how to access care.

The strategy is designed around three 'Access' pillars (the 'what') for sustainable service provision, and three 'Enabling' pillars (the 'how') that ensure we have the funding, partnerships and organisational transformation necessary to deliver not only *our* goals, but to eliminate systemic gaps.



LEAVE NO ONE BEHIND

We will reach further than ever before, delivering services to communities with no other access via our outreach teams, while tailoring services to ensure high quality care is accessible to all. We will build a pathway to sustainability, by partnering with the public sector to increase their sexual and reproductive healthcare provision and support a shift to national ownership of reproductive healthcare and rights.

STRENGTHEN PRIVATE SECTOR PROVISION

We will connect private sector providers through sustainable, collaborative and integrated women's referral networks, ensuring every client is only one contact away from a safe service. To ensure long-term provision, we will achieve financial sustainability in our centres, diversifying the services we provide and setting the bar for what quality, client-centred care looks like.

CLIENT-POWERED SEXUAL AND REPRODUCTIVE HEALTHCARE AND RIGHTS

For over 40 years, MSI has been a pioneer in de-medicalising reproductive healthcare – trusting women to make the choices that are right for them. The technology exists to eliminate unsafe abortion, including outside of facilities, via telemedicine or pharmacy provision, and we will ensure these routes are safe at scale.

FUNDING THE MISSION

We will diversify our funding base to amplify our impact, making the case to new partners for why reproductive choice is key to building a better, more equal world for all. We will also focus on increasing our programme service income and stewarding our finances to provide value for money.

PARTNERSHIPS AND ADVOCACY

We will work across community-based, governmental and global partnerships to be an influential advocate for change, collaborating to remove the unnecessary legal, medical and regulatory restrictions that prevent access to timely reproductive healthcare, and cost lives.

TRANSFORMATIONAL ORGANISATION

We will listen to, design with, and be fully responsive to our clients and providers, transforming our use of digital technologies to deliver world-class, client-centred care. We will invest in our people and put diversity and gender equality at the forefront. And we will shift decision making away from our London support office, harnessing local and national connections to guide our organisation and create transformational change both for the clients we serve, the team members who power us and the broader environment in which we work.

You can read our MSI 2030: Your body, your future, your choice strategy in full at msichoices.org

DELIVERING ON OUR 2030 STRATEGY

2021 was the first year of our new 10-year strategy, MSI 2030 – Your Body, Your Choice, Your Future.

Alongside our 'preserve, secure and protect' strategy, we committed to concentrating on a successful first year of MSI 2030, with a focus on:

- **Technology investments to get us fit for the future.** (Read more in our 'Client-powered sexual and reproductive health and rights' and 'Transformational organisation' updates.)
- **Diversification of funding sources, and increased investment in generating a future pipeline.** (Read more in our 'Funding the Mission' update.)

- **Continue our strong focus on the sustainability of our centres.** (Read more in our 'Strengthening Private Sector Provision' update.)
- **The recovery of product sales via our social marketing work, including via PHSI India, following the impact of Covid-19 in 2021.** (Read more in our 'Client-powered sexual and reproductive health and rights' update.)

Over the following pages you can read about how we delivered against these and our wider MSI 2030 objectives.

MSI 2030 PROGRESS REPORT

ACCESS PILLAR ONE – LEAVING NO ONE BEHIND

By 2030, we will have supported a game-changing shift in national ownership of SRHR while filling gaps in provision, to reach those who have no alternative access to care. We will continue to place a strong focus on reaching adolescents, those living in extreme poverty and marginalised communities who have no effective access to public SRH services. These activities will be primarily donor-funded and will deliver excellent value for money, serving clients who would otherwise be left behind.



Access to reproductive choice can be life-changing, but for many, choice, and the opportunities that it brings, remain out of reach. In the sub-Saharan Africa region, data suggests that the poorest fifth of women are twice as likely to have an unmet need for contraception as the wealthiest fifth of women. This inequality is increasing, driven by power relations that exist within families, communities and wider society, and by a lack of political will to increase access in the poorest communities. That's why, at the heart of our MSI 2030 strategy, is our commitment to ensuring that no one, whoever they are or wherever they live, is left behind. By 2030, we have committed to providing at least 120 million women and girls with high-quality sexual and reproductive healthcare and via our Pillar One strategy, 80% of those clients will be from underserved and marginalised communities.

Our data shows that we can plug the gap for underserved communities affordably, at scale. In 2021, we delivered high quality sexual and reproductive healthcare to over 9 million clients often left behind by healthcare systems, 8.8 million of whom accessed a contraception, abortion or post-abortion care service with us. Over 70% of our contraceptive services were delivered to people from underserved communities and 1.7 million of our clients were adolescents – a group often excluded from sexual and reproductive healthcare, but for whom we have tailored programmes. In countries like Sierra Leone, we reached over 100,000 adolescents in partnership with government and local schools, while in Nigeria we reached 430,000 adolescents, ensuring young people have access to the information and services they need to avoid unintended pregnancy. Meanwhile, in countries including Afghanistan and Myanmar, our teams delivered comprehensive women's healthcare to ensure vital services were protected in humanitarian settings.

We have delivered much of our Pillar One impact in partnership. In 2021, across 19 of our programmes, we reached 5 million clients in partnership with the public sector, delivering training to providers, establishing quality assurance mechanisms, and advocating for a supportive environment for reproductive healthcare. Across seven country programmes, we have adopted a 'split team model', where our teams work in partnership with public sector providers to extend our geographical coverage, more than doubling our reach in underserved communities via mobile outreach and public sector services. This innovation delivers excellent value for money, enabling our teams to deliver impact, despite facing external funding cuts.

Our teams also faced challenges in delivering choice in underserved communities and regions. Drastic changes in global funding for sexual and reproductive healthcare led to short-term contracts and programme closures, including those with a focus on reaching the underserved. Security issues in the Sahel, northern Nigeria and DRC also disrupted service delivery in hard-to-reach regions, as our teams were forced to delay services until it was safe to deliver them, while in Malawi, Madagascar and Ethiopia, natural hazards caused by the climate crisis made it difficult for our teams to travel to affected remote areas. In some countries, this impacted our ability to deliver to those most in need, but wherever possible, our teams found a way to protect services and persevere.

PARTNERING WITH GOVERNMENT TO EXPAND CONTRACEPTIVE CHOICE IN UGANDA

Dr Carole Sekimpi,
MSI Reproductive Choices'
Country Director for Uganda



For many people, their closest affordable provider of sexual and reproductive healthcare will be a public sector facility, but services offered in these facilities can be limited. In Uganda, 59% of women access their contraception from a public sector facility, but due to training and commodity supply issues, often only short-term methods of contraception are offered, limiting choice.

Our Uganda programme partnered with the government to change this. Working with the Ministry of Health, district offices, public sector facilities and providers to cascade training on the delivery of long-acting forms of contraception and in supply chain management, we ensured a range of methods were available. In 2021, our teams worked across 95 Ugandan districts to train providers in 515 facilities, delivering contraceptive choice to over 400,000 clients. The impact on choice has been clear: in 2021, more clients than ever before (9 in 10) reported that they received counselling on a full range of methods and 85% of clients opted for a long-acting form of contraception from the expanded choice available.

As one government provider in Bunyangabo shared: "these trainings have helped us improve our services and the quality we offer our clients. We can now counsel on and provide any method confidently and clients are able to select any family planning method they want."



REACHING THE MOST MARGINALISED AND UNDERSERVED CLIENTS

One of the ways we ensure our services are reaching those in greatest need is by measuring the proportion of clients we have reached from underserved groups. In 2021:

42% of clients were living in poverty

49% were adopters of contraception (using for the first time or after a lapse in use)

55% of contraceptive clients knew of no alternative option

29% were first time users of contraception

53% live in a rural setting

4% of clients were living with a disability

15% of clients were adolescents

“THESE TRAININGS HAVE HELPED US IMPROVE OUR SERVICES AND THE QUALITY WE OFFER OUR CLIENTS. WE CAN NOW COUNSEL ON AND PROVIDE ANY METHOD CONFIDENTLY AND CLIENTS ARE ABLE TO SELECT ANY FAMILY PLANNING METHOD THEY WANT.”

MSI 2030 PROGRESS REPORT

ACCESS PILLAR TWO – STRENGTHENING PRIVATE SECTOR PROVISION

By 2030, we will have significantly contributed to strengthening the private sector, ensuring choice of medical and surgical abortion is widely available. Our fee-paying centre and maternity network will be fully sustainable, operating as the quality “backbone” for diversified SRHR service delivery. Private sector providers will be connected through sustainable, collaborative and integrated women’s referral networks, ensuring that every woman and girl is only “one contact away” from quality, safe providers who can meet her needs across her lifetime.



By 2030, we are committed to a world where no abortion will be unsafe. To get there, we will partner across the health system to develop a sustainable referral network of quality-assured, reproductive healthcare providers, so that every woman and girl is only one contact away from a safe service.

Our MSI 2030 vision is a private sector network that puts women first. Our MSI centres will form the backbone of this network, harnessing our 40 years’ experience. In 2021, we focused on driving sustainability, so that these facilities continue to be available for women, for the long-term. We also focused on diversifying the services we provide in our centres, to support women through their entire reproductive life and all their reproductive choices, whether that is to prevent a pregnancy with access to contraception or to deliver safely at one of the 20 new maternity centres that MSI launched last year specialising in obstetric care.

To build awareness of the breadth of services that our centres in Ghana offer, we developed the “Every Stage of Woman” campaign, raising awareness of MSI as a provider of high-quality advice and services throughout every part of a woman’s reproductive life. We used social media and mass media to normalise and destigmatise women’s health with accessible information, supporting women to understand when they should seek the advice of a health provider and answering the most common questions. This award-winning campaign played a significant role in driving awareness in Ghana, as the number of clients we reached per month almost doubled in 2021 vs 2020 (7,756 vs 3,932). We are now adapting the campaign and rolling it out across several MSI country programmes.

Across our centres, we delivered high-quality care to over 1.6 million clients in 2021, seeing over 600,000 clients at our maternity centres alone. Vivaly, we made significant strides towards achieving financial sustainability across our global centre network: for every £1 our centres spent on operating costs in 2021, 77% was self-generated by service income.

Sustainable services protect access for women today and for the long term. We know that many women will either need to or prefer to access a service in person, for example, those requiring a surgical abortion or support following a previous unsafe abortion attempt, and we are committed to doing all we can to keep surgical abortion options available through our centres.

This goal has not been without challenges. As we continue to work towards achieving sustainability across our centre network, we will rely on donor funding in the interim, particularly to support clients who cannot afford to pay. At MSI, we believe economic circumstances should never prevent a client from accessing quality care and reproductive choice, so we will continue to advocate for health financing options that support women to access services free of charge at the point of access, via private insurance and national schemes. In 2021, we achieved this in Ghana, transforming access to long-acting forms of contraception, and we are now advocating for similar schemes in Zambia and Uganda too.

DURING THE CAMPAIGN, THE NUMBER OF CLIENTS WE REACHED PER MONTH ALMOST DOUBLED IN 2021 VS 2020



LEADING THE WAY IN ABORTION CARE

In 2021, 4 million clients accessed an abortion or post-abortion care service with MSI. We reached these clients by ensuring access to quality care and expanding the options available, giving them the ability to choose the service that best suits their needs.

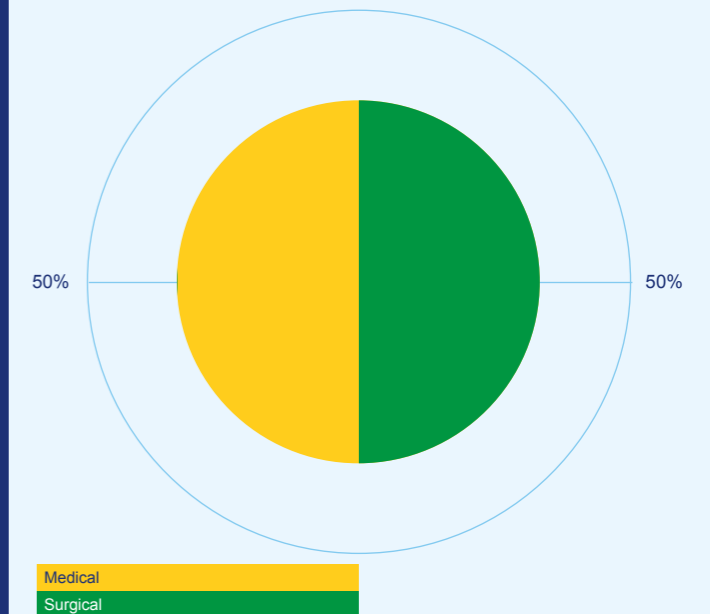
We improved access to early medical abortion outside of facility settings, supporting clients with a continuum of care provided by our global contact centre network. In the UK, through our telemedicine programme, we offered eligible clients the choice to take both abortion pills at home. Eight out of 10 clients reported that the route was preferable, while a study of over 50,000 UK clients found that at-home abortion care was just as safe and effective as in-facility care – evidence which allowed us to successfully advocate for telemedical abortion care to be made a permanent option in the UK.

In Nepal, we successfully advocated for new abortion guidelines that would allow us to deliver medical abortion in the comfort of a woman’s own home. With these new guidelines, our MSI Ladies were able to expand access to safe abortion and choice, trekking through the Nepali mountains every day to reach communities with no other access. As one MSI Lady, Pragati Khanal, shared, “women should have the right to do what they want with their own body. Those who have used my services come to me and say I’ve saved their lives.”

In tandem, last year, half of abortion clients in our centres opted for a surgical abortion. To ensure we can offer this choice long-term, we made significant strides towards achieving financial sustainability in our global centre network. In countries such as Ethiopia, centre income is now covering 90% of their centre operating costs. By making inroads towards centre sustainability, we can protect access to surgical procedures, when preferred or needed by a client, such as for those in their second trimester of pregnancy or those facing complications from a previous unsafe abortion.

ABORTION SERVICES IN OUR CENTRES

We are committed to building a sustainable network of centres across the countries where we work to ensure that those who want or need access to surgical abortion are able to access it. In 2021, half of our abortion and post-abortion care clients in our centres opted for a surgical abortion.



Expanding our service mix means we also supported 2 million clients with a wider range of services including:

264,000

Antenatal and postnatal care

82,000

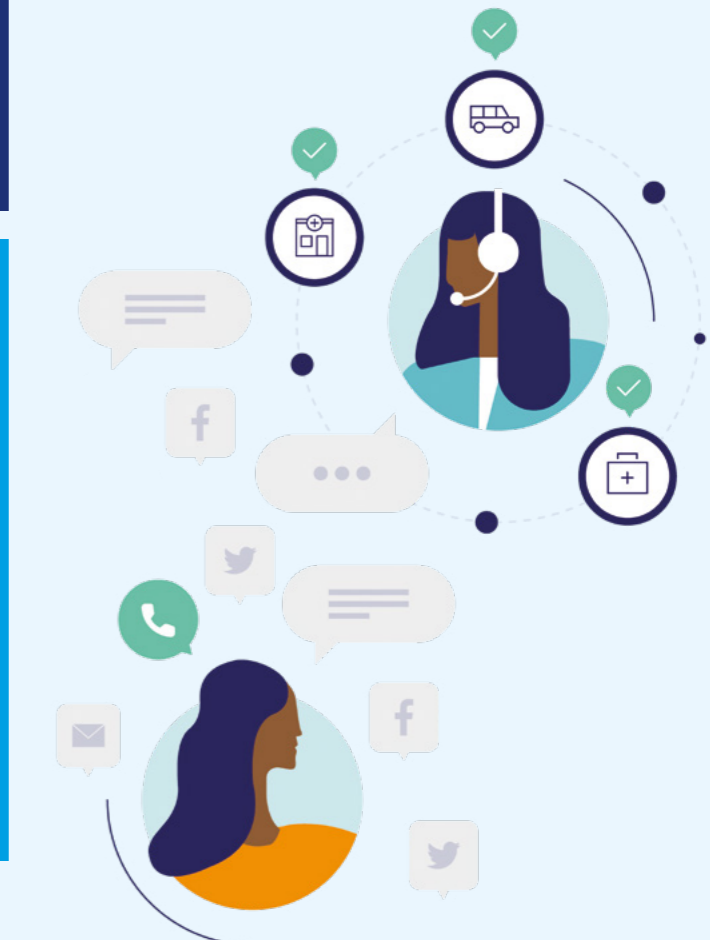
Vaccinations

500,000

STI Management and HIV Counselling and Treatment

175,000

Cervical Cancer Screening and Preventive Treatment



MSI 2030 PROGRESS REPORT

ACCESS PILLAR THREE – CLIENT POWERED SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

By 2030, women and girls will never feel alone in making their reproductive choices. We will provide contraceptives and medical abortion/post-abortion care products via social marketing, making essential products available where women need them. This expansion in sustainable safe access will be accompanied by MSI follow-up/referral support through our contact centre and other digital technologies ensuring all social marketing provision is “gold-standard” for quality.



For over 40 years, MSI had led with the principle that the person best placed to make decisions about their body and their future is the client. That's why our third MSI 2030 pillar is focused on client powered sexual and reproductive health and rights, delivering access to the quality products clients need to manage their healthcare on their terms, while harnessing digital technology to drive awareness and deliver a continuum of care.

In 2021, we expanded access to high quality and affordable medical abortion, post-abortion care and contraceptive products through our social marketing operations. This was achieved by increasing the number of outlets where clients could buy our sexual and reproductive healthcare products, combined with upskilling pharmacists and retailers on product quality and how to effectively advise clients. As a result, in 2021, we were able to support over 1.2 million women with a medical abortion or post-abortion care service via our social marketing channel – a 164% increase vs 2020.

In 2021, we launched 20 new products, including our medical abortion product Miprist, which was the first combi-pack to be launched in Zimbabwe, and several new contraceptive products, such as Avibela, a new hormonal IUD, in partnership with Medicines 360 in Kenya. By expanding our product offering, we have increased access to and choice of self-care products, delivering a 49% increase in sales vs 2020, and contributing to MSI's sustainable business model to deliver access to those who need it most. This has involved extensive work to register new products. In 2021, MSI submitted 35 dossiers for product registrations across medical abortion, emergency contraception, condoms, and oral contraceptive pills, achieving 15 product registrations last year.

In 2021, we harnessed digital technology to expand choice and improve our client journey, launching MSI's first digital and technology strategy, *Choice in a Digital Age*. Last year, we reached more people than ever before via digital communications channels, with information that empowers

clients to make the reproductive choices that are right for them. We reached over 1.4 million followers across our country programme social media accounts and over 675,000 users accessed information via our websites – a 40% rise from 2020. Our online contraceptive counsellor, Choice, was used over 45,000 times, with FHI360 recommending the app as a leading digital health tool for family planning.

In tandem, our global network of 31 contact centres has provided free information, advice and referrals over the phone, social media and WhatsApp, empowering nearly 7,000 clients every day to make the reproductive choices that are right for them. To support this, by the end of 2021, 10 of our country programmes were set up with a Customer Relationship Management (CRM) platform, with 18 countries using a chat platform to provide streamlined support over the phone, WhatsApp and Facebook messenger, enabling clients to choose their preferred communication channel.

Finally, our UK telemedicine programme proved that at-home early medical abortion care is just as safe and effective as in-facility care, while our South Africa telemedicine programme showed that with telemedical abortion care, we can reach those with no alternative access. Our teams in Ghana and Cambodia are now drawing on learnings from the UK, Australia, and South Africa to implement pilots for remote service delivery of early medical abortion and contraception, ensuring access is protected despite COVID-19 restrictions, and clients are supported to access healthcare, on their terms. While we have faced challenges, particularly around policy restrictions on telemedical abortion care, we will continue to advocate for at-home abortion care to be delivered wherever possible, in line with local regulations and clinical best practice.

IN 2021, WE WERE ABLE TO SUPPORT
OVER 1.2 MILLION
WOMEN WITH A MEDICAL ABORTION OR
POST-ABORTION CARE SERVICE VIA OUR
SOCIAL MARKETING CHANNEL –
A 164% INCREASE VS 2020.



“ FROM START TO FINISH EVERYONE WAS GREAT. I AM A NATURAL WORRIER AND WHEN I CALLED WITH QUESTIONS I WAS REASSURED. THE FACT IT WAS ALL DONE OVER THE PHONE, AND I COULD HAVE THE ABORTION AT HOME WAS AMAZING. EFFICIENT, CARING, UNDERSTANDING, NON-JUDGMENTAL, AND ABOVE ALL ELSE CONFIDENTIAL.”

Louise, UK telemedicine client

SOCIAL MARKETING

Our social marketing channel supports people to access high-quality and affordable sexual and reproductive healthcare products from a broad range of health outlets, including pharmacies, which can be the only source of healthcare in some communities. In 2021, MSI faced significant external challenges, with many salespeople and distributors restricted by lockdowns, either due to COVID-19 or political instability. However, despite the barriers, our teams showed resilience and ingenuity to increase social marketing sales by £5.7m – 49% growth over 2020.

This growth was achieved with commercial best practice approaches and a focus on building the distribution, sales, and detailing skills of our social marketing teams. For example, by developing an online training programme for distributing misoprostol, mifepristone, and combination medical abortion products, we have successfully onboarded additional pharmacists, widening the availability of affordable, high quality medical abortion and post-abortion care products. By introducing new products to our social marketing offering, including condoms, oral contraceptives and emergency contraceptives, we have generated new income streams, contributing towards MSI's sustainable business model and ensuring we can provide affordable medical abortion and post-abortion care where it is needed most, in line with local laws and regulations.



MSI 2030 PROGRESS REPORT

ENABLING PILLAR ONE – FUNDING THE MISSION

By 2030, sexual and reproductive health and rights services will be funded, sustainable and available for the long term so that no woman who has accessed contraception, safe abortion, or post-abortion care is ever denied it again.



In support of this MSI 2030 goal, we are working to diversify our funding base and increase our future funding pipeline to amplify and sustain our impact. We are making the case to new partners about why reproductive choice is key to building a better, more equal world for all, supporting the expansion of domestic financing for sexual and reproductive healthcare, increasing our social business income and ensuring strong financial stewardship to provide value for money.

In 2021, the pressures of the pandemic continued to squeeze donor government budgets, with sexual and reproductive health funding de-prioritised amidst competing crises. Faced with unprecedented funding uncertainty from the UK's Foreign, Commonwealth and Development Office (FCDO), MSI mobilised a diverse group of foundations and individual donors who stepped in to ensure that access was maintained. However, the sexual and reproductive health sector continues to face a funding crisis, exacerbated by economic uncertainty and an over-reliance on a small number of funders: continuing to diversify our funding base and expanding domestic financing will be crucial to realising our MSI 2030 goals and sustaining access in the long term.

To reduce out of pocket payments for women, which can be a barrier to access, MSI has worked closely with country teams to advocate for coverage of sexual and reproductive health (SRH) services (including a broad range of family planning methods) in government and private insurance schemes. An increasing proportion of the income funding MSI's centre networks (58% in Tanzania and 45% in Uganda and Malawi) comes from private insurance contracts and local corporate partnerships. Together with service diversification initiatives, this is accelerating MSI's centre networks' progress towards commercial viability, with several networks now breaking even and many others close behind, ensuring sustained access to SRH services whatever the donor climate.

You can read more about our financial performance from page 64.

UNDER MSI 2030, OUR GOAL IS THAT BY THE END OF THE DECADE, SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS SERVICES WILL BE FUNDED, SUSTAINABLE AND AVAILABLE IN THE LONG TERM



CASE STUDY: ADVOCATING FOR THE INCLUSION OF CONTRACEPTION IN GHANA'S NATIONAL HEALTH PACKAGE

Studies have proven time and time again that investing in contraception is a development 'best buy', by supporting women's health, autonomy and involvement in society. This was underlined by a two-year pilot coordinated by MSI Ghana, with support from the UK's Foreign, Commonwealth & Development Office, proving that every \$1 invested in women's access to contraception in Ghana results in \$4 in direct healthcare savings down the road.

In 2021, with these findings, MSI Ghana partnered with PAI and others to advocate for the inclusion of contraception in Ghana's expanded National Health Insurance Scheme and as a result, from 1st January 2022, insured women have been able to access long-term contraceptive methods, including the injection, implant and IUD, for free at the point of use. This will eradicate out of pocket costs for an estimated 4 million insured women of reproductive age in Ghana, supporting their health, lives and futures.

MSI 2030 PROGRESS REPORT

ENABLING PILLAR TWO – PARTNERSHIPS AND ADVOCACY

By 2030, MSI will have an outstanding reputation for being an influential and trusted partner to any individual, business, government or organisation that shares our vision and complements our mission. We will share our quality measures, insights, models and learnings openly, working with and learning from grassroots, local, national and global partners to shape sexual and reproductive health and rights policy and remove barriers to access.



We ended 2021 with firm foundations in place to fulfil our MSI 2030 goals around removing legal, policy and financing barriers to increase access, sharing our insights, building new partnerships to deliver services, and developing proactive plans to mitigate the impact of the anti-choice opposition that threatens our mission. We continued to foster grassroots, national and global partnerships, develop communications and media strategies to highlight the importance of reproductive choice within broader global conversations, and strengthen our advocacy capacity to remove policy restrictions that affect access.

Our national advocacy teams, along with our partners, contributed to an impressive 10 changes in policy, law, regulation or financing, which will directly increase access to services and information, supporting sexual and reproductive healthcare and rights. In addition, many significant milestones were achieved, laying the foundations for significant future policy changes. Of particular note were the inclusion of family planning within National Health Insurance Schemes in Uganda and Ghana, revisions to the Medical Termination of Pregnancy Act in India which mean unmarried women now have access, and advocating for telemedicine as a permanent option in the UK.

The UK's Presidency of the G7, which included the Global Education Summit and hosting of the UN Climate Change Conference brought opportunities for us to illustrate that sexual and reproductive health and rights are foundational to girls' education, gender equality and climate adaptation. Towards the end of 2021 we collaborated with UNFPA and the Margaret Pyke Trust to advocate for the integration of sexual and reproductive health and rights in funding and programmatic responses to climate change adaptation. This resulted in a campaign supported by 66 environmental and sexual and reproductive health and rights organisations (SRHR) organisations calling for climate mechanisms to focus on removing barriers to family planning, culminating in a high-profile side event at COP26.

OUR NATIONAL ADVOCACY TEAMS, ALONG WITH OUR PARTNERS, CONTRIBUTED TO AN IMPRESSIVE 10 CHANGES IN POLICY, LAW, REGULATION OR FINANCING

We were also proud to co-host the third global safe abortion dialogue and participate at the Generation Equality Forum.

Through our own communications channels we regularly shared MSI's insights to drive improvements across the sector, including lessons on reaching adolescents and those in the most marginalised communities, data on what clients want and value in reproductive healthcare, and lessons from our UK and South Africa telemedicine programmes, generating 45,000 views of thought leadership content across our global website and our collaborative abortion and post-abortion care knowledge platform, *SafeAccess*.



CASE STUDY: PROVIDING CHOICE ON THE FRONTLINE OF THE CLIMATE CRISIS

For many women accessing healthcare with MSI, the climate crisis is a daily reality. When drought hits, they need to walk further to find water and when harvests fail, they can struggle to feed their families. To support them to adapt to these challenging circumstances, whether that's re-locating or re-entering the workforce, women and girls have made clear that they want reproductive choice.

This is true for women in coastal communities in Senegal, who are feeling the impacts of climate change. Rising sea levels have led to coastal erosion, threatening the mangroves that families depend on for their livelihoods and damaging homes. Fatou, an MSI client, faced homelessness when flooding destroyed her home. She accessed

contraception with MSI to avoid an unintended pregnancy while finding a new home.

MSI has partnered with Greenpeace to provide women and girls in this community with reproductive choice. Binetou Sonko, a community leader in the coastal town of Joal, explained why access to choice is essential for women on the frontlines of the climate crisis: *"Resources are scarce now because of climate change. If women can't choose if or when to become pregnant, their lives and those of their children become difficult. Thanks to family planning, we can support ourselves, look after our children and get on with everyday activities. This is why we use contraception, to reclaim our lives."*



MSI 2030 PROGRESS REPORT

ENABLING PILLAR THREE – TRANSFORMATIONAL ORGANISATION

By 2030, MSI will have shifted its centre of gravity towards the countries where we operate, thereby creating transformational change for both the clients we serve and the team members who power us. Taking advantage of digital technologies, we will become a more agile, empowered organisation, with an emphasis on people skill development, ensuring everyone has an equal opportunity to thrive.



INVESTING IN OUR PEOPLE

At the heart of our 'transformational organisation pillar', is a commitment to our people: to attracting, retaining and growing talent across our organisation. Through our global learning and development programme, we have offered a range of training and development opportunities for team members, including our Women in Leadership programme, designed to support our strategic goal of at least 50% female representation at the senior management level in all programmes by 2025. In 2021, this was held in Ethiopia, Ghana, Tanzania, Mexico, Kenya, Senegal, Burkina Faso, Mali and Niger. We also launched our Global Learning Management System, Kaya, which to date has been used by seven thousand team members across thirty-four countries.

At the end of 2021, we conducted our first global engagement survey, the results of which we'll use as a benchmark to track our progress against our people goals. We were delighted that in this first global survey, nine out of ten team members would recommend MSI as a place to work.

You can read more about our people initiatives in 2021 in our People section on page 60.

“ IT WAS AN EXPERIENCE THAT GAVE ME CLARITY TO WALK MY PURPOSE. EQUIPPED WITH THE LEARNINGS FROM THIS TRAINING, I AM EXCITED FOR THE NEXT PHASE OF MY CAREER, AS I FEEL THIS WAS THE CATALYST I NEEDED TO ADVANCE.”

Dr Tsuli Eyesan, MSI Nigeria, speaking on her experience of MSI's Women in Leadership programme

SHIFTING OUR CENTRE OF GRAVITY

We know that programmes are best designed closest to the client, and in recognition of this, we are committed to shifting resources and decision making to local markets. By 2023, we have committed to all our programmes being led by nationals or people from the region they are working in. In 2021, 84% of our programmes were under national or regional leadership, an increase from 63% in 2020. For our global support office workforce, 70% are currently based out of our London office, while 30% are now based overseas, compared to 83% and 17% the previous year.

At the beginning of 2022, we announced that we were establishing two MSI regions – MSI Africa and MSI Asia, to ensure our management structures are effective and support regional and national leadership. This structure recognises the different operating environments across the two continents and will better support the needs of our country programmes, while fostering greater learning and collaboration within the regions.

PUTTING OUR CLIENTS FIRST

At MSI, putting our clients at the centre of what we do means holding ourselves to account not just for what we deliver, but how we deliver it. This year in support of commitments made in our 2030 strategy, we launched a new client-centred care framework. The framework is designed to help our teams provide care that puts the clients' interests first, and ensures we are listening to and are responsive to their needs. It recognises the critical influence of organisational culture and protocols as well as staff well-being and competency, to deliver positive client experiences. Sitting alongside this framework is an extensive set of MSI tools and resources to support our teams to deliver on the commitments made in our 2030 strategy to achieve gold standard client-centred care in all of our programmes.

MAKING DIVERSITY AND GENDER EQUALITY KEY TO ONE MSI

In 2021, we built on our commitment to Diversity, Equality and Inclusion at MSI, working with a specialist consultancy to develop our DEI vision, objectives and global metrics, provide bespoke training workshops, facilitate global roundtable discussions and equip the organisation to establish clear, contextualised action plans at country level, aligned with global goals and MSI's 2030 strategy. We have also prioritised building capacity in MSI's SRHR programmes to become gender transformative by 2030 and you can read more about this on page 60.

“ THE PROGRAMME INSPIRED DEEP REFLECTION AND HELPED CARVE A CLEAR DIRECTION IN MY SHORT AND LONG-TERM CAREER AND PERSONAL DEVELOPMENT PATH. LONG-HELD BELIEFS THAT SHAPED MY INTERACTIONS WITH COLLEAGUES WERE CHALLENGED AND WITH NEW KNOWLEDGE, I AM MORE CONFIDENT IN MY ABILITY TO INFLUENCE OTHERS. MOST IMPORTANTLY, I WILL HOLD ON TO MY RIGHT TO MAKE MY OWN CHOICES AND HELP OTHER WOMEN DO THIS TOO.”

Folaka Ayodele, MSI Nigeria, speaking on her experience of MSI's Women in Leadership programme

BEING DIGITALLY EQUIPPED AND ENABLED

In recognition of the transformational role that we believe digital technology can play in supporting our goal of making reproductive choice a reality for all, in 2021, we launched MSI's first Digital and Technology Strategy: Choice in a Digital Age. The strategy outlines how we'll use digital tools and technology to deliver our 2030 vision, supporting clients, MSI teams and the wider health systems that we operate within. You can read more about how we've advanced our use of digital technologies to educate and support our clients on page 26, but we're also working to ensure our clinical and support teams are equipped with the digital technology they need to support operational efficiency and world-class clinical safety. This means ensuring our staff can more easily capture, share and store information, and access the insights and analytics needed to make timely evidence-based decisions. In 2021, we made significant progress in this area, for example, despite the challenges of the pandemic, our Global Information Services team based in Africa was able to roll out our Electronic Health Records (EHR) system to eight countries.

DEVELOPING OUR ELECTRONIC HEALTH RECORDS SYSTEM

EHR, designed by our Ethiopia team, is fully paperless and gives providers easy access to a client's medical history, which reduces wait times and improves the delivery of client-centred care. By integrating with major health insurance systems, EHR delivers a significantly streamlined process for health insurance clients. Increasing visibility of performance metrics also enables MSI teams to improve their management of our centres and maternities, to continually drive improvements to the client experience.



OUR REGIONAL PERFORMANCE

While our work in all our programmes is guided by our global strategy, we know that the way we work in each country is most effective if it's context specific. In this section our regional leaders share updates on the progress our teams made in 2021.

You can find information on the performance of all our regions on page 45.

AFRICA

EAST AND SOUTHERN AFRICA

BANCHI DESSALEGN,
DIRECTOR OF AFRICA



MSI's East and Southern Africa (ESA) region started 2021 operating under the restrictions of Covid-19, although countries were increasingly able to reach clients as lockdowns eased and service delivery teams continued to adapt. Through partnerships and direct service delivery, the ESA region supported the delivery of 12.6 million contraceptive CYPs and 809,000 women with abortion and post-abortion care services.

In the ESA region, we increased our support for adolescents and young people, with nearly half (48%) of all clients served in 2021 being under the age of 25. We continued to work closely with the public sector across our country programmes, supporting the delivery of services through public sites, improving quality of care, and transferring control of high-performing public sector sites to governments.

MSI Uganda provided an example of best practice in the region, working with the Ministry of Health to reach 400,000 clients (20% of whom live in severe multidimensional poverty) through 660 public sites.

The region made contributions to the private sector too, ensuring sustainability of services and availability of medical and surgical abortion. In 2021, the region continued to build a strong commercial base to support the sustainability of services in the region; streamlining our centres, expanding our maternity facilities, and improving social marketing performance were key to this.

As part of our maternity services expansion, the region transitioned 16 centres to either a Basic Emergency Obstetric and Newborn Care (BEmONC) or Comprehensive Emergency Obstetric and Newborn Care level facility (CEmONC). By the end of 2021, the region had a total of 27 BEmONC and CEmONC facilities in the region. These support women to access high quality maternity care and other women's health services as well as increasing the sustainability of our centres network.

We also saw strong growth in our social marketing operations. In 2021, CYPs, safe abortion and post-abortion care, and service income from the sales of products grew by 50%, 67% and 83% respectively compared with 2020. Several new sexual and reproductive health products, for example MSI condom and emergency contraception brands, were launched across the region. Underpinning this growth was a renewed focus on the 'building blocks' of successful social marketing programmes.

CASE STUDY: SUPPORTING ADOLESCENTS WITH REPRODUCTIVE CHOICE

For a more equal world, girls and young women need sexual and reproductive healthcare. The ability to make safe and informed reproductive choices could help millions more girls to stay in school every year and determine the path their lives take.

Despite the benefits of reproductive choice, young people are often excluded from accessing the information and services they need. Social norms, a lack of access to accurate information, and long journeys to healthcare centres can make accessing reproductive choice more difficult for young people, with girls aged 15–19 twice as likely to lack contraception compared to all women of reproductive age.

At MSI, we are committed to dismantling the unique barriers that young people face when seeking reproductive healthcare. In 2021, our tailored programmes provided 1.7 million adolescents with contraceptive choice, enabling girls like Aisha*, a student in Senegal, to pursue their own future. Aisha first encountered MSI when our teams visited her school. "I am now in my final class," Aisha told us. "It's thanks to MSI that I've been able to finish my studies."

Our teams in Zambia, too, take reproductive healthcare services directly to young people. MSI Zambia's mobile clinic caravans travel directly into communities to provide adolescent-friendly services. In 2021, Maureen, an 18-year-old student in Zambia, was fitted with an Intra-Uterine Device (IUD) following a consultation with one of MSI's providers. She told us that accessing information and services in the caravan "was much easier, as there were other young people there that were a similar age, and the staff were welcoming and friendly."

There is a long way to go until all young people can access the reproductive healthcare services they need, but at the centre of MSI's mission is a commitment to expanding access, because we know how transformational the benefits can be. In Maureen's own words: "Young people have big dreams. With the help of contraception, they can achieve their goals."



Maureen, an 18-year-old student in Zambia.

*a pseudonym

WEST AND CENTRAL AFRICA

SANOUGNING,
REGIONAL DIRECTOR
SAHEL AND SUE HOLLAND,
REGIONAL DIRECTOR
OF WEST AND CENTRAL
AFRICA (UNTIL MARCH 2022)



In 2021, our West and Central Africa region served over 4.8 million women with family planning services which translated into just under 10 million contraceptive CYPs. This was 11% ahead of what we had hoped to deliver this year. All of our programmes in the region had a strong year, including our DRC programme, which almost doubled its reach, our Niger programme, which grew by a fifth and our programme in Sierra Leone, which delivered over half a million CYPs. Across the region, one in four of our clients were under the age of 20.

The majority of services were provided under our 'Leave No One Behind' strategy, designed to reach the most marginalised communities and supported by donor funding. Grant income to the region was £47.1 million (5% more than the previous year), much of which supported these activities. 62% of our results were delivered in partnership with governments, through our public sector support programmes: in Nigeria, we supported the delivery of 2.6 million public sector services and across the region we saw partnerships deepening and strengthening with the public sector, including in our new public sector support channel in DRC. 25% of our results came through our mobile outreach teams working in remote areas, often based at public health sites. And 5% came from our MSI Ladies – midwives, nurses and community health workers (some employed by MSI and some working as self-employed entrepreneurs) working in the community.

Our MSI Ladies are becoming an increasingly significant part of our private sector provision, as funding for our social franchising work has declined. Only Nigeria and Ghana continue to support private sector partners via social franchising. Within our own private sector centres network, we have been working hard to increase sustainability, with less donor support in 2021. Our centres revenue grew 62% this year, generating £2.6 million in service revenue.

This increased our service income to cost ratio from 49% to 72% and enabled us to keep most of our centre doors open to clients. We worked particularly hard to improve centre results in the Sahel, with Burkina Faso and Senegal achieving an almost sustainable position by the end of 2021, while Ghana operated their centre network of nine sites entirely without donor funding for the first time, with some of the more successful sites in Accra supporting those in smaller urban areas.

Through our social marketing networks, we managed to increase the number of women accessing safe products for abortion, post-abortion care and postpartum haemorrhage by 18% and we increased the coverage of costs from 49% in 2020 to 56% in 2021. To support the sustainability of this approach, we are focusing on expanding our product range and in 2022, we will launch new contraceptive products in Ghana, Sierra Leone, Senegal and Nigeria.

Other exciting developments in the region include the launch of telemedicine in Accra and Kumasi, with support from the Ghana Health Service. The early signs have been promising, particularly in Accra. We are also proud to have supported the inclusion of family planning services in the benefit package under the National Health Insurance Scheme. In Nigeria, we are piloting a combined pharmacy/centre model, with four sites operational by the end of the year – we are trialling this because many women choose to obtain their sexual and reproductive health products through pharmacies and local providers, and we hope that this may be a model which we can operate sustainably at scale.

We are particularly proud of our results in 2021, given the challenges the year presented, particularly the decision by FCDO to hibernate the flagship WISH project in June 2021, with only a few teams continuing in three countries under a no cost extension. We were extremely grateful to other donors who came in to fill the gap – this rapid response and generosity, from foundations in particular, enabled our teams to continue to deliver services for our clients.

STANDING UP FOR CHOICE IN THE FACE OF AN EMBOLDENED OPPOSITION

Today, the anti-choice movement is better organised, better funded and more pernicious than at any point in history. MSI providers face harassment and intimidation just for providing essential healthcare services, while misinformation about reproductive health and rights spreads easily online.

The global anti-choice movement, influenced by anti-choice activism in the United States, is powerful in Nigeria and goes to dramatic lengths to prevent women from accessing reproductive healthcare. To combat the drumbeat of opposition, MSI builds bridges with community leaders, explaining the benefits of contraception and other reproductive healthcare services. These workshops – known as values clarification workshops – help participants set aside misconceptions and stereotypes and take a new perspective on reproductive health.

These conversations can have a profound impact. A media editor who had published negative stories about MSI Nigeria was invited to take part in a values clarification workshop. During the session, he saw the misconceptions that had influenced his views – and that by promoting an anti-choice perspective, he was harming women's wellbeing. At the end of the workshop, the editor returned to his company and published a piece promoting MSI Nigeria's work.

Despite the efforts of anti-choice activists, we see strong support for our services from women and girls, who want and need the ability to control their own bodies and futures. While the fight for reproductive rights continues, we are unwavering in our commitment to reproductive choice for women around the world.



ASIA

ASIA

NICOLE RAATGEEVER,
DIRECTOR OF ASIA



2021 proved to be another challenging year for the Asia region, due to the ongoing impact of the COVID-19 pandemic with severe outbreaks and corresponding lockdowns, material cuts in donor funding affecting the funding landscape in Bangladesh and Pakistan, and political and security instability in Myanmar and Afghanistan. Thanks to the tremendous courage and resilience of our teams in these countries, we were able to continue providing life-saving services and despite repeated lockdowns across the Asia region, income from services grew by £0.6 million.

Even with these external challenges, or maybe because of them, 2021 was a year of innovation for our programmes in the Asia region. In Bangladesh we piloted the provision of menstrual regulation and post-abortion care services through our outreach teams, pushing the boundaries of what is possible in hard-to-reach, underserved areas of Bangladesh. In China, we continued to deliver comprehensive sexuality education (CSE) through our You&Me platform, launching new tools to ensure inclusivity of hearing-impaired adolescents. In Nepal, we embedded three MSI Ladies into a partnership with local municipalities, building a pathway to a self-sustaining programme that does not need donor support.



All Asia country programmes moved the needle on sustainability, with an increase in service income to cost in the centres, up from 58% in 2020 to 73% in 2021 (these numbers exclude our Afghanistan programme which continues to operate with heavy reliance on donor funding). In maternities, service income to cost increased from 83% in 2020 to 96% in 2021.

We made strides in improving the quality and safety of our programmes too. Mongolia attained the maximum score available on the Abortion Quality Index (AQI), a fantastic achievement recognised with the Award of the Polar Order by the Mongolian Government for service to the public. Our team in Myanmar filled a gap in the public sector, providing family planning and post-abortion care services to women otherwise unable to access services and they grew their social marketing channel service income by 18% compared to 2020.

MSI advocacy efforts saw great successes in the region as well. Foundation for Reproductive Health Services (FRHS) India has led the Pratigya Campaign for Gender Equality and Safe Abortion since 2015, a high-profile campaign advocating for changes to the Medical Termination of Pregnancy Act. The Amendment bill passed in March 2021 by the Upper House of the Indian Parliament, demonstrating the courage and thought leadership our team has shown in advocating for political change.

HUMANITARIAN: DELIVERING FOR WOMEN IN CHALLENGING ENVIRONMENTS

In times of crisis, the need for sexual and reproductive healthcare is often heightened. Threats of sexual violence can rise and women who face uncertainty over their location or livelihood, often wish to prevent unintended pregnancy. Yet, despite a continued and intensified need, in humanitarian settings, women's healthcare is often de-prioritised, leaving women without the ability to control their own bodies or futures when they need it most. In 2021, in countries such as Afghanistan and Myanmar, our teams delivered women's healthcare, ensuring vital services were protected.

In Afghanistan, women can face challenges in accessing healthcare. Women are required to have a male chaperone to leave their homes and can be unable to access services delivered by male providers. That's why MSI Afghanistan has built a team of MSI Ladies – female providers who deliver services to women in the comfort of their own homes.

One of these female providers is Haya. A trained midwife, Haya walks from door to door in her community in northern Afghanistan delivering services and building awareness about women's healthcare options.

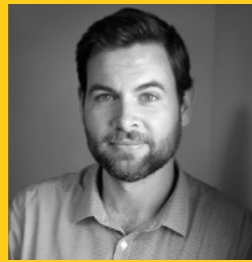
"In Afghanistan, women can feel restricted in what they can share on their health and relationships with male doctors, so as a woman, I wanted to help these women, particularly vulnerable women, with no other access," Haya shared. "As a community member, I'm in a good position to talk with husbands and leaders about the services available, addressing any concerns and sharing the benefits for families and communities."

Access to women's healthcare is empowering, cost-effective and can be life-saving. Bold providers like Haya are ensuring that women can access choice, even in challenging contexts.



PACIFIC ASIA

**CHRIS TURNER,
REGIONAL DIRECTOR
ASIA PACIFIC**



The Asia Pacific Region is supported by MSI Asia Pacific and includes MSI's country programmes in Cambodia, Papua New Guinea, and Timor-Leste, as well as discrete projects in Nepal, Myanmar, and Vietnam.

These countries were hit by second and third waves of COVID-19 during 2021 and continue to experience the ongoing social and economic effects of the pandemic into 2022. Vaccine provision has been extremely challenging in Papua New Guinea, with fewer than 3% of the population having received two doses of a Covid-19 vaccine.

Despite the challenges, our programmes in Timor Leste and Papua New Guinea delivered over 237,000 CYPs across the year. In 2021, we opened a brand-new centre in Phnom Penh in Cambodia and undertook extensive renovations of our Port Moresby centre in Papua New Guinea, allowing us to provide more clients with safe, effective services.

Working in partnership with IPPF, we received funding from the Australian government to implement RESPOND, a two-year programme across 22 countries in the Asia Pacific region, allowing us to address the urgent unmet need for life-

changing sexual and reproductive healthcare, while strengthening, scaling up, and sustaining innovative approaches.

During lockdowns in Timor Leste, our programme mobilised four outreach teams – vehicles and staff – to provide mobile services via community health centres near where their clients lived. Almost 12,000 people were able to access services via these mobile teams in just six months.

Mária, an MSI midwife who would normally provide services from a government-run clinic, spoke of the challenges of suddenly going mobile.

“ WE WERE NOT USED TO MOVING FROM PLACE TO PLACE SO RAPIDLY; PACKING, TRAVELLING AND UNPACKING ALONE POSED CHALLENGES, ESPECIALLY WHILE MAINTAINING THE HIGHEST INFECTION PREVENTION STANDARDS. BUT WE KNEW THIS WAS ALL FOR OUR CLIENTS, AND WE HAD TO DO WHATEVER IT TOOK.”

Maria, MSI midwife

MSI Asia Pacific has been working with the Ministry of Health in Timor-Leste to launch its public sector strengthening approach. MSI co-designed the Timorese national health system strengthening plan with the health department and have conducted extensive assessments to understand the level of family planning provision and how they can help improve access and expand the range of services on offer through the public system.

In Cambodia, MSI introduced telemedicine abortion services to ensure women can still access essential healthcare. Even during lockdowns and travel restrictions, women can speak to a telemedicine provider online and receive medical abortion medication via a courier. They can also discuss contraception options and receive follow up care and counselling.



SELF-SUSTAINING SOCIAL ENTERPRISES

Within MSI, we have a network of self-sustaining social enterprises, all of which are independently run. They provide contracted and fee-paying abortion and contraceptive services in the private or independent sector. Often in highly regulated settings, MSI sets the gold-standard in clinical governance and client-centred care. By operating as social enterprises, they must aim to generate both surplus and positive cash-flow to eliminate reliance on MSI or donor funds.

LATIN AMERICA

**ARACELI LOPEZ NAVA,
MANAGING DIRECTOR
LATIN AMERICA**



In 2021, our operations in Mexico and Bolivia continued to face challenges presented by continuing waves of the Covid-19 pandemic. But despite these, both countries remained committed to finding ways to reach women with essential health services.

In Mexico, we provided care to over 72,000 women, preventing 19,500 unintended pregnancies as a result of the contraceptive services we provided. We were able to expand our support network and open new centres in two states that recently decriminalised abortion: Oaxaca and Veracruz. Our mobile services, designed to reach the most under-served communities in Mexico, were affected by communities restricting visitors, and our community educators had to innovate to find digital ways of sharing information, when face to face activities weren't possible. Our network of midwives in south-east Mexico were able to deliver 10,500 sexual and reproductive healthcare supplies, while in Mexico City, Oaxaca and Chiapas, we managed to reach 172,000 young people with information.

In Bolivia, enhancements to our client booking system gave us a much better understanding of our centre network capacity, allowing us to make strategic decisions about personnel and infrastructure. As a result, we have added capacity to our clinic in La Paz and moved our Santa Cruz clinic to a larger and improved location. A partnership with 'World Vasectomy Day' trained four of our service providers in the no-scalpel technique, which will allow us to provide the service independently, without having to contract external urologists. In total, our reach in Bolivia was 42% ahead of what we had hoped to achieve in 2021, with digital technologies playing a key role in raising awareness of our services. We have also had success in diversifying and increasing our funding through local and international partnerships, as well as delivering a surplus of £33,000 through our income generating services.



In September 2021, the Mexican Supreme Court of Justice removed sanctions for abortion from the Mexican criminal code, clearing a path to decriminalising abortion across Mexico.

“ AT MSI MEXICO, WE HAVE SEEN FIRST-HAND THE DAMAGING IMPACTS THAT LEGAL RESTRICTIONS ON ABORTION HAVE HAD ON WOMEN'S HEALTH, LIVES AND FUTURES, SO WE CELEBRATE THE SUPREME COURT DECISION TO DECRIMINALISE ABORTION IN MEXICO.”

“NOW, THE REAL WORK STARTS, TO MAKE SURE THAT ALL WOMEN AND GIRLS CAN ACCESS SERVICES THAT ARE SAFE AND LEGAL, PROVIDING THEM WITH THE REPRODUCTIVE CHOICES THAT ENABLE THEM TO DETERMINE THEIR OWN FUTURES.”

AUSTRALIA

**JAMAL HAKIM,
MANAGING DIRECTOR
MSI AUSTRALIA**



The second year of the Covid-19 pandemic in Australia saw barriers to sexual and reproductive health further entrenched. This had a significant impact on Australian reserves and capacity. Localised movement restrictions fluctuated, with some of the strictest measures in the world. Our clinics faced supply chain issues, delayed presentations, reduced list capacity, service disruptions and fluctuating costs of PPE. Temporary viability measures, including temporary Medicare item numbers that had been introduced in 2020 by Federal, State and Territory Governments shifted and reduced. In clinic we continued to support clients with complex situations of sexual and reproductive coercion, compounded by long term lockdowns and intimate partner violence.

Throughout the year we reviewed and restructured accordingly. Models of care evolved constantly in response to new and emerging evidence. We stopped flying medical teams in and out of regional centres on light planes. We closed a series of regional day procedure clinics and shifted to a centralised model of abortion care. We boosted virtual care as teleabortion became an increasingly preferred model in comparison to face to face abortion care. With less philanthropic donations to the Choice Fund, we developed a model where other non-government organisations and community services could donate funds to support the cost of services for clients experiencing financial hardship.

In moving through these challenges, we maintained provision of quality, safe abortion and contraceptive care across Australia. We published our first ever public strategic plan which established a new direction and purpose for the Australian organisation: your choice, made easier. We invested in vasectomy service expansion, opening six new vasectomy clinics and two general practice models. We hosted a national webinar on reshaping abortion care, published academic evidence on the benefits of teleabortion, and had a vasectomy feature in the Australian Weekend Magazine. Our services in Australia continue to provide a valuable service that complements and advances the wider health system towards universal access. Through all this, we delivered over 35,000 services to people living in Australia, safely and to the highest level of care possible.



SOUTH AFRICA

**BLUM KHAN,
COUNTRY DIRECTOR
SOUTH AFRICA**



Despite the country having one of the most liberal abortion laws in the world, many women in South Africa struggle to access safe, high quality abortion care, especially those in rural and marginalised communities. It's estimated that 52–57% of abortions in South Africa are unsafe, with anecdotal reports pointing to a sharp increase during the pandemic. As the largest private abortion provider in the country, our programme in South Africa plays an essential role in ensuring access to quality services. We run the only dedicated client contact centre, providing a continuum of care for clients throughout their abortion, and in 2021, we provided 21,000 abortion services, an estimated 17% of all safe abortions in the country.

We have continued to expand our telemedicine service, supporting clients to quickly access medical abortion through delivery or collection from a service point, with support via our contact centre. This has helped to expand access across all provinces, with 58% of telemedicine clients coming from provinces that do not have MSI clinics. However, despite the expanded geographical footprint, clients have been predominantly urban, and we are now tailoring an approach that reaches rural women, in the hardest to reach communities.

Other achievements in 2021 include an agreement with a large pharmaceutical company for our own mifepristone product which we hope will offer women a more affordable product. We have also established a referral partnership with Western Cape Department of Health to deliver abortion services on their behalf. The lack of enforcement of clinical governance in the country leads to a large number of abortion by illegal, unsafe providers and this continues to present a real sustainability challenge for our programme which aims to set and maintain the highest standards of clinical quality and client care. However, we believe partnerships like this can be the working model for other provinces in South Africa, helping to fill public sector gaps and presenting an opportunity for a sustainable, domestically-financed safe abortion market.

UK

RICHARD BENTLEY,
MANAGING DIRECTOR
MSI UK



Covid-19 has continued to impact sexual and reproductive health services across the United Kingdom, but thanks to our hard-working teams MSI Reproductive Choices UK has maintained access to high-quality, client-centred care, through both face-to-face appointments and telemedicine via our contact centre One Call. In addition, the UK team has also won new NHS-funded contracts for abortion, vasectomy and contraception services, opening new centres in several locations across the country, and creating a new service division focused on delivering vasectomy and contraception services.

2021 also saw the organisation's digital strategy take a significant step forward with the introduction of a new electronic client record system. The new system is already improving access to information and services, by making it easier and quicker to book appointments and providing more timely information for clients direct to their mobile device. By capturing data and insights, it will enable MSI UK to continue innovating to meet its clients' needs.

Alongside a continued focus on the quality of our own services, MSI UK is also advocating for better commissioning of abortion services nationally, to protect access to surgical abortion and ensure that anyone in need of abortion, no matter where they live in the country, can access high quality, timely care in the way that best suits their needs.

“ALLOWING PEOPLE TO OPT FOR EARLY MEDICAL ABORTION FROM THE PRIVACY AND SAFETY OF THEIR OWN HOMES HAS QUITE SIMPLY REVOLUTIONISED ABORTION CARE. AT A TIME WHEN MOST NHS SERVICES WERE SEVERELY IMPACTED BY THE PANDEMIC, WAITING TIMES REDUCED AND PEOPLE WERE ABLE TO ACCESS ABORTION CARE EARLIER IN THEIR PREGNANCY.”

Jonathan Lord, MSI UK Medical Director

“I WOULDN'T BE WHERE I AM TODAY IF IT WASN'T FOR THE EASE OF ACCESS TO THIS SERVICE, I WOULDN'T BE RENTING THE FLAT I RENT, I WOULDN'T HAVE FINISHED MY MEDICAL DEGREE, I WOULDN'T BE LIVING THE LIFE I LIVE IF I HADN'T HAD MY ABORTION.”

MSI UK abortion client

OPTIONS

JAMES HARCOURT,
MANAGING DIRECTOR
OPTIONS



Options Consultancy Services Ltd (“Options”) is a private limited company, wholly owned by MSI Reproductive Choices. All profits generated go back into supporting MSI's goal of expanding access to reproductive choice. In 2021 Options' income grew 14% to £22.4 million, driven by three large projects reaching peak implementation periods.

Options is a global team of experts and innovators, partnering with government and other sub-national, national and global actors to drive improved health outcomes through systems development, with a primary focus on health financing.

In 2021 – against the backdrop of the pandemic – significant successes were achieved. In Lagos, Options worked with local partners to strengthen systems for evidence-informed decision making. This resulted in the Lagos Ministry of Health increasing its family planning budget release from 7.8% to 28.9% (2020 – 2021), and the Lagos State Primary Health Care Board to increase this release from 0% to 60% (2020 – 2021). Options' tools and partnership also led to a reduction in stock outs of essential lifesaving commodities from 65% in 2016 to 0% in Lagos state.

Options partnered with health system actors in similar locally driven networks in Kenya. In Bungoma county for example, this resulted in increased budget allocation for health activity. Budget releases for maternal health services were executed as planned, while being deprioritised in other Kenyan counties due to the pandemic. In addition, the County increased the budget allocated to health from 25% to 30%, and committed to doubling the Reproductive, Maternal, Neonatal, Child and Adolescent Health budget allocation to at least 1% of the health budget.

Over the past three years, Options activity has created an increased annual budget allocation of US\$131 million for health and US\$15 million for family planning in seven countries.

REGIONAL PERFORMANCE⁶

	Income 2021 £'000	Income 2020 £'000	CYPs 2021 (000s)	Restated CYPs 2020 (000s)
East and Southern Africa	76,465	77,656	12,616	10,880
West and Central Africa	47,834	48,980	9,909	9,780
Asia	31,859	35,912	5,440	6,837
Pacific Asia	7,658	7,751	263	178
India Social Marketing	8,223	5,186	2,285	1,340
Total country programmes	172,039	175,485	30,513	29,015
Self-sustaining				
UK & Europe	31,597	30,186	83	66
Options	22,382	19,662	–	–
Australia	22,569	23,750	47	46
Other self-sustaining	11,363	9,723	180	148
	87,911	83,321	310	260
Global Support Office	22,136	20,969	–	–
Sub-grants to partners	8,710	15,347	–	–
Other global income under GAAP	(167)	(682)	–	–
Total	290,629	294,440	30,823	29,275

The income numbers are presented by programmatic unit, not under GAAP.



⁶ Following the launch of our 2030 strategy, we have adjusted the way we calculate and report our CYPs to only reflect contraception services, in line with the wider sector. We will no longer include CYPs from safe abortion and post abortion care services and we have removed our significant involvement policy. The 2020 numbers have been restated to reflect this change.



OUR COMMITMENTS FOR 2022

MSI 2030

In 2022, we will continue laying a path to achieving our 2030 vision of a world where no abortion is unsafe and everyone can access contraception. In line with our strategic commitments, we will concentrate on developing sustainable approaches and building strong partnerships across health systems, with a focus on the following goals:

- Deliver a minimum of 28.3 million contraceptive CYPs. Targets for 2022 are reflective of reduced grant income in our business plan
- Programme service income to exceed £9 million of growth vs 2021
- Fill the grant income pipeline for 2023 and beyond
- Further develop our growth plans for social marketing (in line with access pillar 3 of our 2030 strategy) and maternity centre expansion and move our core centres closer to 100%+ service income to cost via service diversification and stronger commercial management (in line with access pillar 2 of our 2030 strategy)
- Continue to embed our transformational organisation strategy laid out in enabling pillar 3 of our MSI 2030 strategy, with a focus on increasing overseas representation in the Global Support Office and ensuring our Diversity, Equality and Inclusion and organisational 2030 goals remain on track

We're proud of the progress we made in 2021 in working towards a world where reproductive choice is a reality for all. However, as shown throughout this report, none of this would have been possible without partnership.

There are critical conversations ahead for global health: what are the roles of global and local partners; how can we guarantee that vital, life-changing services are available for the long-term and are not reliant only on donor funding; and how can we ensure all actors are working collaboratively, sharing expertise and complementing each other's efforts? At MSI, we are fully committed to playing our part in redefining the global health landscape. But while we focus on the changes that need to come, we also need to take action now to ensure that no one is left behind.

We call on partners to work with us to ensure that the women and girls who need access today, get it without delay, wherever they are, and to ensure that a generation of young women are able to take control of their bodies and their lives. 350 million futures depend on it.



“IT'S THANKS TO MSI THAT I WAS ABLE TO FINISH MY STUDIES. AT SCHOOL WE OFTEN SEE GIRLS WHO FALL PREGNANT AND USUALLY THEY DON'T COME BACK. THE EXPERIENCE I HAD WITH MSI REALLY HELPED ME, BECAUSE I COULD HAVE STOPPED MY STUDIES, BUT NOW I'M IN MY FINAL YEAR. IF MSI WASN'T HERE I DON'T KNOW WHAT MY LIFE WOULD BE LIKE TODAY.”

STRUCTURE, GOVERNANCE AND MANAGEMENT

MSI REPRODUCTIVE CHOICES' POLICY STATEMENT OF THE BOARD OF TRUSTEES AND MEMBERS

The organisation (formerly known as Marie Stopes International) was incorporated by Dr Tim Black and Mr Phil Harvey for the purpose of providing contraception and access to safe abortion services, primarily for the benefit of women and girls in low- and-middle income countries worldwide. This was done on the premise that these services contribute positively to:

- the health of women and children
- women's equality, education, and empowerment
- social wellbeing
- family prosperity
- national development
- climate resilience and sustainability

We believe that access to contraception is a fundamental human right and that every woman should have that right, and the means to choose the number and spacing of her children.

The Members and Trustees endeavour to ensure at all times that the organisation's objectives, goals, strategies, and measures, align to the following principles:

1. MSI's mission shall remain, in perpetuity, the prevention of unwanted pregnancies and births, and our purpose is to ensure the individual's fundamental right to have children by choice and not by chance.
2. We put our clients and their family planning needs at the centre of our organisational activity, with the focus of the organisation's services designed to maximise choice and quality of care.
3. We stress the necessity of informed choice of clients in provision of contraception and safe abortion services. In pursuit of this, MSI's programming will aim to serve unmet demand by:
 - a. filling gaps in service provision and maximising how we use our available resources.
 - b. service innovation and the de-medicalisation of services.
 - c. introducing the full range of voluntary family planning services and safe abortion provision wherever possible.
 - d. being a catalyst for the provision of more efficient, effective, and better-quality client-oriented, and sustainable services.
4. Our goals are best achieved by programming as a social business: namely a non-commercial organisation capitalised primarily with retained earnings and donated funds to deliver essential goods and services including safe abortion at affordable prices, whilst generating sufficient surpluses to maintain and sustain its capital base at a level that will enable it to further its goal. As a social business we will seek to maximise:
 - a. programme investment opportunities
 - b. return on investment
 - c. social dividends
 - d. the sustainability of our programmes
 - e. our quality of care

5. We will always aim to be a catalyst for more effective contraception services generally, and greater private sector involvement in countries where governments and local organisations are unable, unprepared, or slow to meet demand for contraception.
6. That despite some donor, government, and political sensitivities about the provision of safe abortion, we will ensure that our programmes remain committed to offering these services, as a public health responsibility, as a means of empowerment and as a primary means of saving and improving women's lives.
7. We remain committed to ensuring that the MSI Partnership maintains its standards, its commitment to strengthening country and national programmes, and to empowering Country Directors to pursue strategies that respond to local conditions, working with local partners where possible to ensure maximum impact.
8. We will always evaluate the impact of our services with evidence-based statistical measures. A core measure of the organisation's success will be couple years of protection (CYPs) whilst we will also use other quantitative and qualitative indicators to measure our contribution to national efforts that increase contraceptive uptake and reduce maternal and newborn death and morbidity.
9. Every part of the organisation will seek to lower the cost burden of delivering contraception. We will emphasise programme efficiency with measures including CYPs per FTE, cost per CYP, and programme income/cost.
10. We will continue to advance our mission in a pioneering fashion, assuming balanced risk. We will guard against the tendency of all social service organisations to become more cautious with the passage of time, by staying true to our unique social business model. We will maintain policies and pursue strategies that encourage measured risk-taking in the delivery of high-quality family planning, safe abortion, and maternal health services where these are provided.
11. MSI will always emphasise the provision of evidence-based high-quality services which set a standard for others to follow, and will use global standards of care which put our clients' needs first. We shall seek and maintain relationships with donors who are aligned to our mission, our high standards, our focus on 'advocacy by doing', and the use of data to measure success.
12. In everything that we do, we will emphasise respect for human rights, for gender equality, for the environment and for transparency.

At MSI Reproductive Choices, success will always be measured in results achieved, not in effort expended.

**The Board and Members of MSI Reproductive Choices
May 2022**

CONSTITUTION OF THE CHARITY

MSI Reproductive Choices is a charity registered in England and Wales, constituted as a company and limited by guarantee. The charity is governed in accordance with its Articles of Association.

CHARITABLE OBJECTIVES

The objects of MSI Reproductive Choices are:

- To provide sexual, reproductive, maternal and general health services, including advice, information, education, training, counselling, advocacy, screening, clinical and medical services and treatment;
- To reduce maternal mortality, relieve sickness and preserve physical, mental and sexual health and prevent poverty and distress resulting from unplanned conception; and
- To carry out and/or promote the carrying out of research relating to sexual and reproductive health, maternal and general health.

PUBLIC BENEFIT

MSI Reproductive Choices enables women to have children by choice, not chance. The organisation's charitable objectives, aims and strategy provide public benefit through:

- Advancing health and saving lives
- Advancing human rights
- The prevention or relief of poverty

The Trustees confirm they have given due consideration to the Charity Commission's published guidance on public benefit and have taken it into account in reviewing the organisation's future plans and strategy. The Board is satisfied MSI's activities are carried out wholly in pursuit of its charitable objectives.



ORGANISATIONAL STRUCTURE

MSI Reproductive Choices is a global organisation providing high quality, affordable contraception and safe abortion services across 37 countries. It is constituted as a charitable company limited by guarantee.

MSI Reproductive Choices (the Charity) – or the Company for the purposes of company law – refers to:

MSI Reproductive Choices' UK operations (its abortion and family planning clinics and the Global Support Office) and MSI's 20 international branch offices. The Global Support Office provides support and technical assistance to programme operations in 37 countries worldwide.

MSI Reproductive Choices (the Group) refers to the Charity and subsidiary entities. The Group is also referred to as the MSI Partnership or the Partnership. Unless otherwise stated all references to MSI refer to MSI Reproductive Choices (the Group).

The Charity's subsidiaries are listed in note 20 (a full list is also available at our registered office) and MSI Reproductive Choices' investment in subsidiaries is contained in note 10b.

During 2020, the group changed its name from Marie Stopes International to MSI Reproductive Choices. This took immediate effect for the MSI parent Charity and branch offices. The names of subsidiary entities will be updated when appropriate.

OUR BOARD AND GOVERNANCE

The Board of Trustees provides MSI Reproductive Choices with governance and strategic oversight. The Board meets three times a year as a minimum for a full day meeting, and more often where required.

MSI's Board of Trustees is made up of individuals who are leaders in their field and committed to the organisation's mission. Their backgrounds include senior level experience, both within the UK and abroad, in the commercial health sector; clinical and teaching experience in women's reproductive health; leadership in the non-profit sector; business; finance; government and advocacy.

In December 2021, Phil Harvey, founder and Trustee of MSI Reproductive Choices from 1976 to 2021, sadly died. You can read more about Phil's immeasurable contributions to MSI and the huge legacy he leaves below. In January 2022, we were delighted to welcome Professor Myriam Sidibe to our Board of Trustees. Myriam brings a wealth of experience in social impact and behaviour change and a passion for reproductive rights. You can read more about her in our profile on page 51.

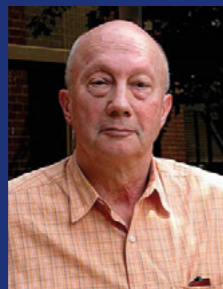
The Trustees periodically review the skills and experience necessary for the Board to be effective. When the Trustees identify the need for a new Trustee, the Trustees identify potential candidates; interview the potential Trustee(s) to establish their suitability and commitment; and undertake vetting. The potential Trustee is then invited to be an observer at the next Board meeting, after which the Trustees may formally invite the selected candidate to become a Trustee.

MSI provides an induction programme for new trustees. In addition to introducing MSI's mission, goal, finances, strategy and health service portfolio, legal responsibilities are also covered, including the relevant Charity Commission guidance. All Trustees participate in anti-fraud and bribery training and safeguarding training, and where possible visit one of our programmes in operation.

MSI'S BOARD OF TRUSTEES IS MADE UP OF INDIVIDUALS WHO ARE LEADERS IN THEIR FIELD AND COMMITTED TO THE ORGANISATION'S MISSION.

IN MEMORY OF OUR CO-FOUNDER, PHIL HARVEY

Phil Harvey, free speech and civil liberties advocate and co-founder of MSI Reproductive Choices and Population Services International and founder of DKT International sadly passed away, aged 83, on December 2nd, 2021.



Never afraid to push boundaries, Phil took the fight for sexual and reproductive healthcare and rights to the U.S. Courts in numerous legal challenges, including in the Supreme Court. As a serial entrepreneur, author and life-long advocate for reproductive health and rights, the legacy he leaves is enormous.

In 1976, the Marie Stopes Memorial Foundation went into liquidation and Phil, Tim and his wife Jean Black put up the money to buy the lease of the famous clinic at 108 Whitfield Street, London W1, where Marie Stopes had opened her Mothers Clinic in 1925. And so, Marie Stopes International, now MSI Reproductive Choices (MSI), came into being.

Phil served as a board member and trustee of MSI from 1976 to 2021, and during his time helped turn an organisation reaching 150,000 women annually in the 1970s into one serving more than 19.4 million people a year.

Simon Cooke, CEO of MSI Reproductive Choices, said:

Phil Harvey was a serial entrepreneur, thinker and author who dedicated his life and career to defending liberty, freedom of speech, and sexual and reproductive health and rights around the world. As a co-founder of MSI and PSI, and founder of DKT, the legacy he leaves is enormous."



MSI WELCOMES PROFESSOR MYRIAM SIDIBE TO OUR BOARD OF TRUSTEES

In January 2022, MSI was delighted to officially welcome Professor Myriam Sidibe to our Board of Trustees.

Myriam is currently Chief Mission Officer and Founder of Brands on a Mission, a B-corp aiming to get brands and companies to drive impact in health and wellbeing through their business models. She is also co-founder and Chair of the Kenya National Business Compact on Coronavirus and the woman behind the multi-award winning and UN recognised Global Handwashing Day, now celebrated in over 100 countries. From within Unilever, she created a movement to change the handwashing behaviour of one billion people, the single biggest hygiene behaviour change programme in the world.

Myriam is a Research Fellow at the Mossavar-Rahmani Center for Business and Government at Harvard Kennedy School and honorary Professor of the Practice at the London School of Hygiene and Tropical Medicine. She is the author of the best-selling book Brands on a Mission: How to Achieve Social Impact and Business Growth through Purpose and her TED talk, The Simple Power of Handwashing, has been viewed over 1 million times. She has just been selected as one of the 100 most influential Africans in the world for her work on changing global corporate behaviour.

Commenting on her appointment, Professor Myriam Sidibe said:

"I am delighted to bring my voice to the sexual and reproductive health mandate of MSI as I believe that when a woman or girl is in control of her reproductive rights, she is empowered to be anything that she wants. To allow a woman to choose if and when she wants to be a mother is truly the single most powerful thing you can do for a woman's health. As an African woman who considers herself progressive, and a mother of two girls and two boys, working towards a world in which these rights are respected by all is absolutely critical. I fell in love with this mandate long before my appointment to the MSI board and so I am hugely excited to now have the chance to bring my expertise to it!"



SECTION 172 STATEMENT

The Trustees have considered, both individually and collectively, their duty to promote the success of MSI in pursuit of its charitable objectives, as detailed in section 172 of the UK Companies Act 2006. Specifically, the Trustees have discharged their duties through consideration of the matters below.

- The Trustees were closely involved with the strategic planning process that culminated in our ten-year strategy: *MSI 2030: Your Body, Your Choice, Your Future*, and the subsequent review and update to the organisation's Strategic Risk Register. The Trustees consider the long-term consequences of decisions through MSI's risk management process as described on page 58. In addition, operational decisions that have a potential long-term impact are escalated by the CEO to the Board, such as new funding above an agreed threshold, buying or selling of property and the discontinuation of programme activity.
- Trustees had oversight of the strategic planning process, during which team members from across the organisation participated formally through several working streams, and informally via a partnership-wide open consultation. The Trustees also review employee engagement scores at Board Meetings, receive regular updates from the senior leadership through the Board sub-committees, and the Chair reviews succession planning with the CEO. These activities all ensure the Trustees take employee interests into account in their decision-making. Further information on our staff engagement strategies are described in the People section on page 60.

- MSI's relationships with our stakeholders, whether our clients, donors, implementing partners or suppliers are crucial to the delivery of our mission. The Trustees consider relationships with stakeholders through the annual cycle of information provided by management, and also by direct engagement with stakeholders within their area of expertise. Our clients are our central stakeholder, and the MSI Client Exit Interviews capture information on their needs and their feedback on the services we provide. This can be used to inform our future programme and service design. Stakeholder interviews were undertaken as part of our strategic planning, and annually MSI holds a 'Donor Day', which allows both formal and informal discussion and feedback. In line with our values, all our partners and suppliers must comply with our Business Partners Code of Conduct.
- The Trustees carefully consider the impact of MSI on our communities and the environment. Our 'Being Accountable' section on page 54 describes MSI's ethical and accountability initiatives, including joining the UN Global Compact, our commitment to Safeguarding, our Anti-Fraud and Bribery programme, and our anti-modern slavery programme. In addition, MSI's new strategy commits us to 'leave no footprint', and in 2020 new environment and sustainability principles were adopted.

The Board has delegated specific responsibilities and activities to five sub-committees. These are the International Clinical Governance Committee, the Finance Committee, the Audit Committee, and the Remuneration and Nominations Committee. Membership of these Committees is appointed by the Board, and the chair of each committee reports back to the Board at each Trustee meeting. The committee structure is as follows:

Members	Required attendees	Purpose
The International Clinical Governance Committee		
Claire Morris (Chair)	CEO	To oversee client safety
Glenda Burkhart	COO	To review the clinical performance of international programmes
Fiona Duby	Global Medical Director	To review the results of clinical quality audits
Myriam Sidibe		To ensure MSI responds to clinical issues raised in client surveys, serious untoward incidents and clinical incident reports
Finance Committee		
Frank Braeken (Chair)	CEO	To provide oversight of the financial performance and position of the group including annual business plan, results, global supply chain, global information services, major business cases and investment decisions
Glenda Burkhart	CFO	
	COO	
	Group Financial Controller	
	Director of Informatics	
Audit Committee		
Kristin-Anne Rutter (Chair)	CEO	To oversee the group's Strategic Risk Register and sources of assurance
Mohsina Bilgrami	CFO	
Glenda Burkhart	COO	To ensure an effective group audit function is in place
Fiona Duby	Global Financial Controller	To assist in formulating the assurance needs of the Board
	Director of Internal Audit	
	Director of Legal and Donor Compliance	
	External auditor	
Remuneration Committee		
Glenda Burkhart (Chair)		To approve remuneration arrangements for the CEO
Mohsina Bilgrami		To oversee succession planning and development for the CEO and senior management
Frank Braeken		
Tim Rutter (Advisor)		To oversee and review group HR policies and practices
Nominations Committee		
Kristin-Anne Rutter (Chair)		To identify and make recommendations to the Board on candidates for appointment as Trustees
Glenda Burkhart		
Frank Braeken		To oversee succession planning for Trustees

The Trustees serving in the year ended 31 December 2021 and up to the date of signing this report are noted on page 4.

The Executive Team, based mainly in London and led by the Chief Executive Officer, is responsible for the implementation of the strategic direction and for the group's operational management. The Executive Team reports via the CEO to the Board of Trustees as required.

MSI Reproductive Choices' subsidiaries have their own Boards of Trustees (or Directors), which fulfil local statutory and regulatory requirements, and provide a further layer of robust governance. Operationally each branch and subsidiary has a senior management team headed by a Country Director who reports into the Global Support Office. MSI Reproductive Choices UK, which is a division of the parent charity, reports to the MSI Board of Trustees through the group CEO who chairs the UK Divisional Board.

BEING ACCOUNTABLE

'SPEAKING UP'

'Accountable' is one of our values, and 'speaking up' is part of our culture. Ensuring our staff, clients and partners have an appropriate channel to voice concerns is key to maintaining a safe and ethical workplace. In all our operations globally, any concerns regarding safeguarding, or fraud, bribery or corruption, breaches of the law or other incidents that make our clients or team members feel uncomfortable can be confidentially reported in person, via telephone or online. We use an independent whistleblowing hotline, Safecall, to provide an all-hours service, toll-free wherever possible. All staff are trained in 'speaking up' and the communication channels are promoted in all MSI sites. All reported incidents are documented and managed by the appropriate MSI lead, depending on the nature of the report. Reporting is reviewed by the Audit Committee of the Board.

UN GLOBAL COMPACT

In 2019, MSI joined the UN Global Compact, confirming our support for the Compact's 10 principles. We pledged to participate in and engage with the Compact, to continue strengthening our worldwide global policies relating to human rights, labour, anti-fraud, corruption and bribery, and to maintain appropriate systems to minimise environmental damage. In March 2021, we published our first Communication on Engagement setting out how we engaged with the principles. This can be found on the website of the UN Global Compact.

MODERN SLAVERY

As an organisation that promotes the rights of women and girls, we are absolutely opposed to modern slavery and human trafficking in all its forms. In addition to our modern slavery policy, accompanying training and global due diligence programme, we are committed to reviewing approaches to managing modern slavery risk throughout procurement and supply chains. For further information, MSI's Modern Slavery Statement can be viewed on our website.

THIS WORK IS COMPLEMENTED BY AND WILL INCLUDE MORE SPECIFIC DIVERSITY, EQUITY AND INCLUSION WORK FOCUSED ON STAFF AND WORKPLACE CULTURE AND POLICIES.

DATA PROTECTION

MSI has an appointed Data Protection Officer who is responsible for both our MSI UK division and Global Support Office compliance with UK data protection law. For our international operations, MSI has a global Data Privacy Programme, managed from its Global Support Office, comprising policies, tools and standards as well as training, support and monitoring for its country programmes. As part of the Data Privacy Programme each country programme has a local data privacy champion, known as an information lead, who is trained and supported to recognise data privacy issues when they arise, train others in frontline roles, and reduce risks to data privacy wherever possible. Privacy impact assessments are carried out on new significant uses of data such as new IT systems or major projects, or where new channels for service delivery are opened in Country Programmes. The Data Privacy Programme sets the MSI standards of data privacy and puts in place organisational measures and safeguards to ensure that privacy is incorporated by design. Through this, the Charity is accountable, transparent, and fair in the way that it processes and protects personal data.

OUR COMMITMENT TO GENDER EQUALITY

MSI's commitment to advancing equality for women and girls while recognising and strengthening intersectional gender equality and prioritising diversity, equity and inclusion initiatives is supported by MSI's Talent and Transformation Team, a global diversity, equity and inclusion panel, and staff networks focusing on women's equality, ethnic diversity, and gender and sexual diversity. MSI's commitment to advancing gender equality includes engagement of men as partners, as agents of social norms change and as clients; and is also part of a broader approach to diversity and inclusion. Intersectionality is based on the understanding that gender inequality intersects with other forms of discrimination that can act as barriers to sexual and reproductive healthcare, such as race, ethnicity, religion, age, marital status, disability, socio-economic status, sexual orientation, gender identity, caste and social class.

MSI continued to build staff capacity in order to roll out its basic care approach to supporting survivors of sexual and gender-based violence (SGBV) as part of an integrated service with SRH. MSI's approach includes provision of basic emotional support, SRH services, prophylaxis and referral to specialist and comprehensive services. In 2021, MSI developed an SGBV curriculum based on MSI's basic care approach and completed the first virtual regional training for SRH providers. Further training to providers, programme staff and MSI's contact centre agents will be conducted in 2022.

Lastly, in line with our 2030 strategy we prioritised building capacity in our programmes to become gender transformative – by which we mean approaches that tackle the root causes of gender inequality, transforming gender norms and power imbalances – by 2030. To do this, MSI engaged a consultancy to conduct a scoping of MSI's work, resulting in a report with recommendations focused on strengthening gender equality and social inclusion (GESI) in MSI's programming and as an organisation. In 2022, the second phase of the consultancy will support MSI to develop a global GESI strategy and roadmap. This work is complemented by and will include more specific diversity, equity and inclusion work focused on staff and workplace culture and policies (see people section).

MEMBERSHIP OF THE FUNDRAISING REGULATOR

Although MSI Reproductive Choices undertakes limited activities designed to fundraise from individuals in the UK, MSI is a member of the Fundraising Regulator, and complies with the requirements of the Code of Fundraising Practice for the UK. No third-party fundraisers were engaged in 2021, nor did MSI engage in any door-to-door or street fundraising. No complaints were received.

OUR COMMITMENT TO SAFEGUARDING

MSI is committed to safeguarding clients and staff across the global partnership and has a framework in place to prevent and manage incidents of sexual exploitation, abuse, and harassment within MSI's operations. Where incidents do happen, these are quickly identified and responded to in a way which maintains survivor and/or whistle-blower safety and welfare. MSI continuously seeks to learn lessons from reviews of past incidents, developments within the wider safeguarding sector, and from our team members' experiences to improve our organisational approach to safeguarding and prevent future incidents occurring.

MSI implements safe recruitment practices and promotes a values-based approach to recruitment supported by background checking procedures to ensure we employ people who treat others with care and respect. Country Safeguarding Leads work alongside senior management teams to identify and mitigate a range of safeguarding risks which have the potential to occur across our operating channels. Within the public sector, MSI seeks to complement established safeguarding frameworks, and where necessary advocate for increased safeguarding approaches. All MSI team members and third-party providers receive training at least every two years on safeguarding outlining the ethical conduct expected of representatives of MSI, and how to speak up about and respond to safeguarding concerns. Team members' duty of care and safeguarding responsibilities are regularly reinforced through a range of additional behaviour change initiatives such as case study discussions designed to equip our staff with the skills and understanding to identify and sensitively respond to a range of nuanced safeguarding issues.

Since the onset of the programme in 2018, team members and clients have become increasingly familiar with and comfortable using MSI's Speak Up Channels. All reports are reviewed by a Global Safeguarding Decision Committee made up of senior management who ensure incidents are managed consistently in line with global policy. Within the period 1 January to 31 December 2021, 28 allegations were reported to MSI's Global Safeguarding team to review and investigate. Of these investigations 43% of cases were unsubstantiated, 39% were substantiated, and 18% were considered by the Decision Committee as not relating to safeguarding, and therefore managed outside of the safeguarding system. Where required, disciplinary action was taken based on the jurisdiction where the events took place and reports made to authorities as appropriate.

With the onset of COVID-19, research indicated heightened risks of abuse, harassment, and gender-based violence (GBV). Safeguarding Leads have reinforced messages on the importance of safeguarding throughout the pandemic. Programmes are prepared to sensitively respond to and support clients or staff who disclose experiences of GBV. Where possible MSI will provide basic care and connect survivors with organisations which can provide specialist support including through the use of contact centre agents to support and refer clients disclosing experiences of GBV.

ALL MSI TEAM MEMBERS AND THIRD-PARTY PROVIDERS RECEIVE TRAINING AT LEAST EVERY TWO YEARS ON SAFEGUARDING OUTLINING THE ETHICAL CONDUCT EXPECTED OF REPRESENTATIVES OF MSI, AND HOW TO SPEAK UP ABOUT AND RESPOND TO SAFEGUARDING CONCERNS.

THE CLIMATE CRISIS

The interlinked climate, environmental and biodiversity crises are real. MSI, alongside the global community, recognises the need to mitigate further changes to the climate, to adapt and build resilience to change, and to protect natural resources and biodiversity. Climate change exacerbates inequality and poverty, and is disproportionately impacting women and girls, and vulnerable communities where we work. MSI's contribution to the fight against the climate crisis is done through:

- The implementation of programmes to support climate adaptation. During 2020, internal guidance on programming for conservation, climate change and reproductive choice was developed and shared. In Niger and Madagascar in consortium with partners, teams have explored the intersectionality between SRHR and climate resilience. In 2021, MSI worked with partners to illustrate the relevance of girls' education and family planning to climate change adaptation and resilience, and to advocate for the integration of these issues in funding and programmatic responses.
- Ensuring that we mitigate the impact of our operations on the environment – the commitment to 'leave no footprint' has been made under our strategy MSI 2030. The COVID-19 pandemic has been an opportunity to embrace new ways of working, in particular the integration of remote working tools to reduce unnecessary travel. Other initiatives are under way to reduce MSI's footprint, and include environmental standards for MSI's global fleet, and solar panel installation on clinics and support offices to increase use of renewable energy.

MSI reports UK energy and carbon use in line with the Streamlined Energy and Carbon Reporting (SECR) guidelines. In total, relevant emissions in the 2021 financial year are 505 tonnes of CO₂.

Actual electricity and gas usage was collected from billing information, and land transport from mileage reports in our expenses system. UK Government GHG Conversion Factors have been used to derive carbon emissions.

CLIMATE CHANGE EXACERBATES INEQUALITY AND POVERTY, AND IS DISPROPORTIONATELY IMPACTING WOMEN AND GIRLS, AND VULNERABLE COMMUNITIES WHERE WE WORK.

Energy and Carbon Report (SECR)	2021	2020
Scope 2 – Emission from purchased electricity and gas		
Total UK energy use	2,270,256 kWh	2,531,366 kWh
Total CO ₂ emissions	444 tCO ₂	516 tCO ₂
Scope 3 – Indirect emission from business travel		
Total UK energy use	262,824 kWh	282,720 kWh
Total CO ₂ emissions	61 tCO ₂	65 tCO ₂
Total UK energy use	2,533,080 kWh	2,814,086 kWh
Total CO ₂ emissions	505 tCO ₂	581 tCO ₂
CO ₂ emissions per m ² floor space	63 kg	72 kg



RISK MANAGEMENT

The Trustees are responsible for the management of risk. Risk management ensures strategic risks are identified and monitored, allowing informed decision making and timely action. MSI seeks to reduce risks that are a threat to the delivery of objectives and put in place actions that address the likelihood and impact of each risk to an acceptable level. MSI is committed to establishing an organisational culture where risk management is an integral part of every activity and all staff understand they have an important role to play in escalating risk, and in ensuring risks are managed effectively.

Throughout 2021, the Executive Team reviewed the Strategic Risk Register at a dedicated meeting once every quarter. In 2021 the risk register was updated with a new risk – “Risk that the localisation agenda across INGOs limits MSI’s funding opportunities” was added to the risk register to reflect the emerging threat to the organisation.

Risk management performance is monitored by the Audit Committee, reviewing the management process once per year and the Strategic Risk Register at least three times per year. The Audit Committee Chair reports on risk at each MSI Board meeting. Key Risk Indicators are reported quarterly for each of the risks described in the Strategic Risk Register, and these, together with any trends in the movements and assessments of each risk are used to inform risk management performance. Group Internal Audit provides independent, objective assurance on the effectiveness of MSI’s risk management, internal controls and risk governance processes.

QUALITY

At MSI, quality is inherent to all that we do: whether a client is receiving an MSI service in Zimbabwe, Mexico or Afghanistan, their experience will be quality assured by our global teams to the same global standards.

Our Medical Development Team (MDT) sets and monitors the clinical standards for all MSI’s core services as well as the quality of medical products and pharmaceuticals. MDT’s oversight covers all MSI’s international and commercial programmes, excluding the UK and Australia which have their own separate clinical governance structures reporting via their country leadership into the CEO and to the Board of Trustees. Four regional medical advisors, each a senior clinician with international experience, support our programmes to maintain clinical quality across services under the management of the Head of Clinical Support, alongside two specialised public sector strengthening quality advisors. The quality assurance system is based on key clinical policies and guidelines. MSI programmes’ adherence to these policies and guidelines is monitored through a number of mechanisms that include a clinical competency management system with a competency-based training approach, clinical audits, an incident management system, mandatory self-reporting systems and a quality-enforcement notice system. There are separate systems to oversee the quality of medical products and pharmaceuticals.

In 2020, we introduced virtual assessments as an alternative to in-person audits while the COVID-19 pandemic restricted movement. Since then, remote approaches to clinical quality assurance have gathered momentum. Our rollout of clinical audio-visual assessments (CAVA) was a success that exceeded expectations, with 86 remote audits carried out in 2021, making audits nimbler and more efficient, while vastly reducing our carbon footprint. 110 clinical quality assessments were carried out in total, covering 534 sites and teams. Performance in quality assessments hit an all-time high, with 169 of these 534 sites (32%) assessed as ‘model sites’, a term we use to describe a site achieving benchmark scores across all assessed areas.

2021 also ended up with a number of “firsts” relating to competency assessments and clinical training. Over 90% of clinical providers both across MSI and in each service delivery channel were assessed for every service they provide, and more than 25 programmes assessed over 90% of their providers in every service they provide. This includes key services (manual vacuum aspiration, tubal ligation and IUD insertion), as well as medical emergency preparedness. These initiatives have improved clinical risk mitigation across the global partnership.

Looking forward to the next year, we will continue to leverage technology to improve clinical quality across the partnership. Of the 145 quality assessments planned for the year, 120 will be remote CAVAs, and country programmes have been encouraged to trial remote approaches for internal quality assessments, allowing them to reach geographically or politically unstable areas. This will be backed up by the rollout of live databases. Finally, a Clinical Decision Support (CDS) software system is under development, with the objective of “guiding” providers through higher-risk services in a step-by-step manner, ensuring that steps critical for client safety are not missed while capturing clinical data automatically. Over time, CDS use will familiarise providers with the MSI standard for providing each service.

Clinical quality remains an integral part of MSI’s operations, and our MSI 2030 strategy. Alongside our Abortion Quality Index and Client-Centred Care metric, this year will see the rollout of the Clinical Quality Metric as one of the partnership’s three key performance indicators. The Clinical Quality Metric takes into account country programme and channel performance in QTAs and CAVAs (with a particular focus on governance at the support office level) as well as competency assessment coverage. The metric purposefully focuses on the “building blocks” of clinical quality and will provide another tool to support our ongoing commitment to quality across MSI.

Principal risks and uncertainties

Risk	Controls and mitigations
Portfolio risk: large programme failure impedes scale	<ul style="list-style-type: none"> » Identification of critical programmes » Additional review and oversight by the Audit Committee » Annual mandatory internal audit
Adverse clinical outcomes, including client death	<ul style="list-style-type: none"> » Global clinical quality assurance programme » Global clinical incident reporting framework » MSI product quality standards and field testing » Global tracking of provider competency and assessments » Additional obstetrics guidelines and targeted support » Governance structure with clear lines from “ward to Board”; the Global Medical Director reporting on clinical quality at each Board meeting
Lack of sustainable access to donated commodities	<ul style="list-style-type: none"> » Global Supply Chain Strategy and Dashboard » Quarterly commodity security review, supply gap analysis and demand forecasting » Pro-active engagement for granted commodities in developing countries and advocates for government allocations » Register core MSI-branded products in key country markets
Non-viable commercial channels lead to closures or working capital consumption	<ul style="list-style-type: none"> » Country Compliance Dashboard » Centres sustainability strategy including launch of diversified services » Increased oversight at Executive level and CFO approval for working capital investment
Insufficient donor funding to fulfil strategic objectives	<ul style="list-style-type: none"> » Proactively review and manage the donor funding pipeline » Invest to diversify income via new relationships and domestic financing » Quantify the financial and service delivery impact of losing key donors and develop mitigating strategies » Donor CRM system
Risk that the localisation agenda across INGOs limits MSI’s funding opportunities	<ul style="list-style-type: none"> » Board make-up in country » % of local country directors » % of gross funding from bilateral funding arrangements
Inability to recruit or retain talent for critical roles	<ul style="list-style-type: none"> » Global Recruitment strategy » Succession planning for critical roles » Regular compensation review to position MSI competitively
Major cyber-attack or information systems failure	<ul style="list-style-type: none"> » Infrastructure roadmap for MSI 2030 including ‘Modern Workplace’ and ‘Connectivity’ initiatives » Global cyber-security policy, software, monitoring, penetration testing and team member training
Fraud, corruption, theft, risk of overstating results and unethical practices	<ul style="list-style-type: none"> » ‘Speaking Up’ culture and use of independent reporting channels » Dedicated Safeguarding Team » Comprehensive global Anti-Fraud and Bribery programme » Data Governance review and launch of updated validation standards
Non-compliance with statutory, regulatory or data protection requirements	<ul style="list-style-type: none"> » Independent reviews of UK and global corporate governance » Country programme governance review and compliance dashboard » Global Data Privacy Programme with trained Information Leads

OUR PEOPLE

ADAPTING TO NEW WAYS OF WORKING

Through 2021, our team members continued to adapt to new ways of working, resulting from the shifts initiated by the pandemic. Whilst some of the immediate challenges of 2020 were overcome, there was a need to recognise and address the longer-term impacts of the pandemic, as well as the residual challenges which come with recovering from such a difficult year and responding to changes in the way we work.

Despite these, in 2021 our team members continued to demonstrate the resilience and determination which is characteristic of our global workforce. We've seen improvements in collaboration and inclusive decision-making, and our teams have taken advantage of opportunities to protect access to services, for those who need them the most. Our teams were also able to take many of the lessons learnt through crisis management in 2020 through to 2021 and apply their learnings to improve operational approaches to client care, as well as the internal policies and processes which shape our approach and core services.

We're now working together, making the most of global perspectives and experiences of being an MSI team member through the pandemic, to look to the future. In particular, we're considering how MSI can become a more agile organisation, with a focus on sustainability, decentralised decision-making and ensuring that our team members are empowered and equipped to contribute effectively to our strategic goals. To achieve this, we're prioritising the evolution of digital technology within MSI, to support efficiency, clear communication, innovation and collaboration on a global scale.

In 2021, our office-based team members moved from home or remote working to a hybrid approach, grounded in the principles of agile working. We continue to develop our thinking in terms of adjusting to the post-pandemic world of work, both in relation to the wider context of the sector and what works best for MSI, our teams and the clients we serve. Ensuring that we can provide a high-quality service through the use of future-proofed approaches remains our priority, and we're working closely with our teams across the world to understand how this is best achieved.

We acknowledge that the effects of the pandemic, whether that's personal loss, anxiety about the future, or concerns about adapting to the new world of work may still be having a significant impact on the mental health and wellbeing of our global workforce. We're committed to protecting our team members in this regard and have accelerated our wellbeing programme to better support colleagues and build team member resilience. We have internally trained over fifty Global Mental Health First Aiders over the year and have provided access to free internal counselling and Cognitive Behavioural Therapy. Our managers are encouraged to make wellbeing part of the regular conversations with their teams and Mental Health Awareness for Managers training has been rolled out globally (along with a range of other wellbeing training and activities). In 2021 we also introduced MSI's first Menopause Policy.

We continue to utilise Microsoft Office 365 tools to keep team members connected across the global partnership, hosting virtual meetings via MSI teams and utilising internal communications channels including MSI's global intranet and newsletters to keep team members informed. In tandem, our Senior Leadership Team (SLT) were kept updated via our regular meetings, enabling key information to be disseminated vertically. Regular updates on MSI's financial position were shared through town hall meetings, ensuring all team members are updated on issues that may potentially impact company performance or funding.

LISTENING TO OUR TEAM MEMBERS

The Team Member Council (TMC), which was introduced in late 2020 as a consolidated mechanism for team members within the Global Support Office to provide feedback and insights to senior leadership, went from strength to strength in 2021, demonstrating the power of employee voice for better collaboration and informed decision making. The TMC undertook a comprehensive exercise which involved the facilitation of several focus group discussions to identify key challenges and opportunities at the Global Support Office, which were presented to Senior Leadership in late 2021. We continue to work with the TMC to identify actions based on some of the themes discussed and worked closely with the group throughout the year to consult on proposed changes and key projects. We're looking forward to collaborating with the TMC regularly in the future.

To further understand the perspectives and experiences of our global workforce and obtain feedback which can be used to drive our people strategy for 2022 and beyond, we also undertook a global engagement survey across all MSI countries in 2021. We worked with a specialist supplier to design a survey including questions on topics such as diversity, equality and inclusion, client-centred care, reward, communications, safeguarding, values and culture. Over 4,600 team members took part, and we're incredibly proud to say that we achieved an overall global engagement score of 87%, with nine out of 10 team members recommending MSI as a great place to work. Whilst the results were incredible, we were also able to identify some potential areas for development and will continue to work with MSI leadership to take carefully considered action, where needed.



DIVERSITY, EQUALITY AND INCLUSION

We built on our commitment to Diversity, Equality and Inclusion at MSI in 2021, working with a specialist consultancy to design a four-phase project during 2022, designed to develop our DEI vision, objectives and global metrics, provide bespoke training workshops for senior leaders and our internal Global Diversity, Equality and Inclusion Panel, facilitate global roundtable discussions and equip the organisation to establish clear, contextualised action plans at country level, aligned with global goals and MSI's 2030 strategy.

We're also delighted to confirm that, for our Global Support Office based in London, the median Gender Pay Gap has been reduced from 12.2% in the first year of reporting (2017) to -0.6% in 2021, reflecting our commitment to pay equity and gender equality. We believe this is due, in part, to the various activities undertaken in 2021, designed to support improvements to gender equity and inclusion both on a global scale and in relation to our UK-based workforce. This included the launch of two new sets of guiding principles relating to pay equity and internal promotion, a review of the GSO family friendly policy provisions, the continued implementation of our Women in Leadership programme and external mentoring opportunities, and the ongoing work of our existing Women's Equality Network. To further improve pay transparency and equity in the GSO, we also embarked on the design of an 18-month project which will involve working with a specialist consultancy to review and re-design the GSO salary structure, job evaluation methodology and pay progression approach.

There are however structural issues within the UK clinic operations which have resulted in slower progress towards the elimination of the median gender pay gap overall, dropping from 32.5% in the first year of reporting to 26% in 2021. While more than half (54%) of our employees in higher paid medical roles were women, there was a significantly greater proportion of women in lower paid clinical and non-clinical client-facing roles, including nurses, healthcare assistants and call centre operatives (97%).

We are proud that the number of women in medical roles exceeds national trends, and we believe that this is in part due to our ability to offer flexible working, specifically within our early medical abortion team. However, we know that there is a structural underrepresentation of women in senior clinical roles throughout abortion care and we will continue to take steps to train and support women to work in senior roles in this specialism.

You can read our full gender pay gap report for 2021 on our website at msichoices.org

WE ARE PROUD THAT THE NUMBER OF WOMEN IN MEDICAL ROLES EXCEEDS NATIONAL TRENDS, AND WE BELIEVE THAT THIS IS IN PART DUE TO OUR ABILITY TO OFFER FLEXIBLE WORKING, SPECIFICALLY WITHIN OUR EARLY MEDICAL ABORTION TEAM

RECOGNITION

For Global Support Office team members, MSI's discretionary company bonus scheme is designed to provide eligible team members with a one-off lump sum payment if the organisation meets its business plan for the relevant year. We're pleased to confirm that, due to the hard work and commitment of our team members, MSI's 2021 business objectives were successfully met, and eligible team members received a bonus payment in March 2022.

LEARNING AND DEVELOPMENT

Our focus on management and leadership development has continued this year. Around 100 team members attended the iAspire Management Development Programme, which was run as a global virtual cohort, as a Training of Trainer Programme and facilitated locally in the Sahel, Ethiopia and Timor-Leste.

In 2021, the Women in Leadership programme was held in Ethiopia, Ghana, Tanzania, Mexico, Kenya, Senegal, Burkina Faso, Mali and Niger. The programme supports MSI's strategic goal of >50% female representation at the senior management level in all country programmes by 2025 by starting to explore and address the barriers faced by our female colleagues, and opportunities for creating meaningful change.

In addition to management and leadership, a portfolio of bespoke individual and team learning and development initiatives have been run across the year at all levels across the organisation. In 2021 our Global Learning Management System, Kaya, was also launched and to date has around seven thousand team members enrolled across thirty-four countries. The platform has allowed us to roll out tailored, internally authored, digital content across the organisation as well as ensuring mandatory training compliance.

We continue to promote a coaching culture and this year we introduced bespoke internal coaching programmes for team members as well as continued access to external coaches and coaching clinics. Mentoring also continues to be offered both internally and externally through the Mission INCLUDE cross-organisational mentoring programme.

OUR WOMEN IN LEADERSHIP PROGRAMME

Our women in leadership programme includes a three-day workshop that delves into gender-focused topics such as bias, self-awareness, confidence, assertiveness, allyship, storytelling and influencing, as well as more practical leadership skills through a gender lens. To embed learnings and make sure it transfers effectively into a real-life, workplace setting, participants take part in a comprehensive post-programme project, which gives them the opportunity to enquire further into the internal and external barriers to gender equality within their programme/community. Through the project, participants also identify bespoke solutions for contextualised issues surrounding gender equity and present these back to senior leadership.

EXECUTIVE REMUNERATION

As a social business, MSI attaches great importance to responsible governance. MSI generates a significant portion of its revenue from its own private sector operations, with the balance supporting high impact programmatic activity with funds coming from institutional donors, foundations, and private individuals.

Our focus on MSI as a social business operating in part in the private sector is reflected in the compensation of the CEO and Executive Team. MSI focuses on financial and operational KPIs that deliver better impact and value for money for donors and stakeholders. MSI's compensation is designed to attract and retain high calibre individuals with significant experience of handling large international operational organisations with revenue greater than £250 million. We look for individuals with a track record of delivery in an international, commercial context.

MSI's compensation for the most senior executives include a performance-related bonus component that reflects the deliverables expected of the organisation and the individual. Given that a significant piece of market pay is at risk, the executive can earn beyond market pay if stretch deliverables are met or over-achieved. KPIs are focused on growth and delivery of stringent financial and operational metrics and are difficult to achieve. Compensation is capped, there is no long-term incentive plan and no other non-cash benefits.

Executive compensation benchmarking is oriented to an external peer group of international NGOs with whom we compete for resources, as well as commercial businesses of similar scope and size. An assessment is done every three years. MSI's Remuneration Committee pays close attention to the external environment while seeking at all times to ensure a balance between fulfilling our mission, controlling overhead costs, and ensuring maximum returns for donor and taxpayer funds.



FINANCIAL PERFORMANCE

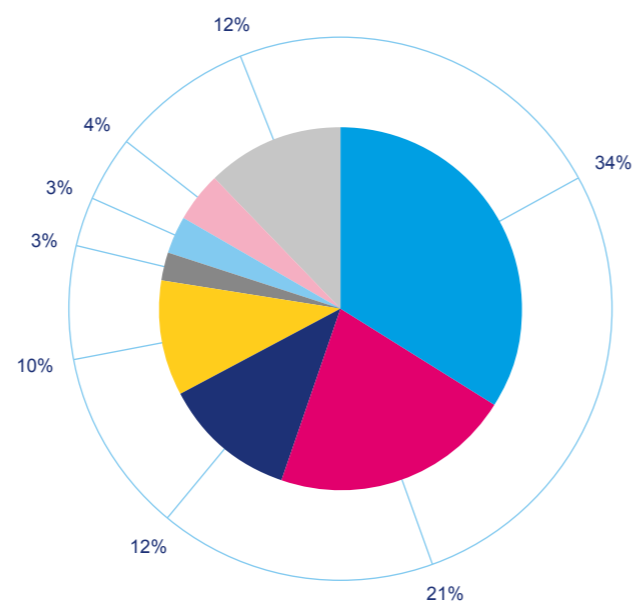
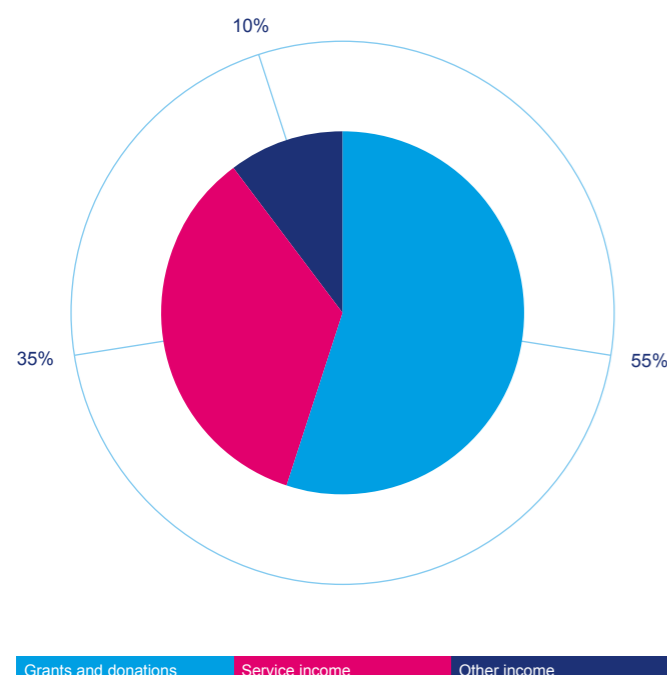
INCOME

In 2021, MSI secured total income of £290.6 million, a decrease of 1.3% from £294.4 million in 2020. Donations income increased to £10.8 million in 2021 from £10.0 million in 2020. Grant income decreased to £136.1 million from £152.3 million, in part due to average increased strength of the GBP throughout the year and in part due to reduced FCDO funding.

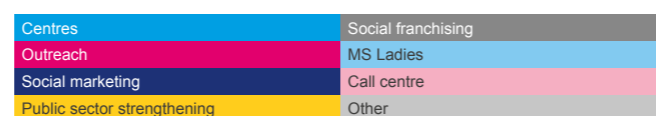
Contributions of donated supplies and equipment remained broadly flat with £13.1 million in 2021 from £13.6 million in 2020, indicating how essential the supply of granted family planning commodities (either directly from institutional donors such as UNFPA or through government allocations) are to MSI's service provision.

In 2021, the UK government announced substantial cuts to UNFPA's funding, and MSI anticipates the need to purchase more commodities directly in the future.

Earned service income increased by 9.7% in the year, from £111.3 million to £122.1 million. In 2020 with the threat of the pandemic and forced shutdowns, MSI worked to ensure services were designated as 'essential' and adapted new service delivery models. The growth of earned service income is a testament to MSI focus on growing earned income in relevant channels as donor funds reduce, so as to ensure the sustainability of our services. A regional split of income can be found on page 45.



Percentages do not total 100% due to rounding



EXPENDITURE AND SURPLUS

Expenditure decreased by 1.9% to £282.7 million from £288.1 million. Expenditure fell ahead of income due to strong cost control measures, our ongoing focus on financial sustainability and reduced travel due to the pandemic.

Overall investment gains of £1.8 million (2020 – gain of £1.4 million) for the year reflect a strong performance. Overall group operating surplus of £9.8 million compared with a prior year surplus of £7.7 million reflects our ongoing commitment to deliver services in the most cost efficient way.

Overall net movement in funds increased by £8.5 million compared with an increase of £2.9 million in the previous year. This growth takes the total balance sheet reserves to £130.1 million. This increase has directly flown through to our liquid reserves as a result of strong cash management.

CASH AND DEPOSITS

Cash and short-term deposits increased in 2021 by £23.7 million to £156.1 million. Most of these funds are cash received in advance for donor projects and obligated against specific activities. Of the total cash balance, £110.0 million is restricted, and the unrestricted cash held in the UK parent charity at the end of the year was £33.0 million.

An analysis of cash balances by region is shown in the table below:

Cash and Deposits by Region	2021 £m	2020 £m
East & Southern Africa	8.1	9.8
West & Central Africa	1.0	2.3
Asia	7.6	8.3
Pacific Asia including Australia	20.0	13.7
Rest of the world	4.8	3.8
UK, including restricted funds	114.6	94.5
	156.1	132.4

RESERVES

The term 'reserves' is used throughout the Group's annual report and accounts meaning the technical definition of restricted and unrestricted reserves, driven by charity accounting standards. However, in setting the group Reserves Policy, MSI places utmost importance on liquid reserves that are readily available.

We hold reserves to ensure the organisation can continue to deliver the mission in times of substantial income fluctuations and where expenditure on charitable activities cannot or should not be scaled back in the short to medium term. At the same time, the reserves policy is designed to ensure that income is not retained for longer than is required.

The Trustees review the reserves policy annually through the Finance Committee and consider the Group's reserves requirements from both a long- and short-term perspective. The 2030 strategy set the target general reserves level to £45 million with £20 million to be held in accessible assets in an investment fund by the end of 2030. The target was set taking account of the scale of the group's operations, the likely financial impact of the strategic risks facing the group, and monthly operating costs of approximately £25 million. Our closing general reserves was £46.0 million which is ahead of our target due to the strong surplus position during the year and continuing focus on sustainability of our social marketing and self-sustaining programmes.

In assessing the adequacy of the Group's reserves, Trustees take a prudent view, based on the likely timescale to realise assets, or secure borrowings against those assets, and thereby generate liquid funds. The Trustees also monitor other liquid assets and the potential to procure medium term secured financing against the group's tangible fixed assets. At 31 December 2021, MSI held liquid free reserves of £46.0 million (2020: £44.8 million), the increase is linked to the ongoing focus of sustainability of the operating model. This metric is carefully monitored and managed monthly, with £17.1 million of the balance held in the external investment fund at the end of the year. This represented another remarkable achievement: to have increased liquid reserves well above the target range despite the backdrop of the pandemic. With uncertain times ahead and institutional donors making tough decisions about their own funding priorities, a stronger reserves position is essential. Central cash reserves will continue to be carefully managed to ensure the sustainability of the group, whilst retaining as much operational capacity as is prudently possible.

At 31 December 2021, the Group accounts show the following unrestricted reserves:

- **Designated programme reserve of £23.0 million, which represents unrestricted funds which are not available for general use, such as unrestricted assets overseas and unrestricted funds which have been internally ring-fenced for programme investment.**
- **A designated tangible fixed assets reserve of £15.8 million (2020: £15.9 million) which represents the net book value of MSI's unrestricted tangible fixed assets – primarily clinic buildings. Of its nature, these assets are illiquid and are therefore excluded from the determination of our liquid reserves position.**
- **General unrestricted reserves of £46.0 million (2019: £44.8 million). This now represents MSI's liquid free reserves.**

This gives total unrestricted reserves of £84.6 million (2020: £76.6 million) in the financial statements. MSI's unrestricted funds represent the cumulative surpluses from the group's worldwide operations, particularly the commercial operations. The Trustees endorse the use of surpluses from these operations to support family planning and sexual and reproductive health services around the world. The reader of the accounts should note that the key metric is the free liquid reserves of £46.0 million described above, representing approximately nine weeks' expenditure.

MSI held restricted funds at 31 December 2021 of £45.4m (2020: £45.0m). These restricted funds are from two sources; income received from donors to directly support charitable activities, and net assets held in overseas programmes which are restricted for use within the country where the surplus accumulated.

GOING CONCERN

In order for the group's accounts to be prepared on the going concern basis, it is necessary to demonstrate that the group has cash reserves to meet its liabilities as they fall due in the foreseeable future. As noted above, MSI's management and Trustees recognise the crucial importance of liquidity and cash stewardship, especially in times of great uncertainty. The group maintains medium term cash flow forecasts, stretching out over 18 months from the balance sheet date. These forecasts are prepared under a range of scenarios, starting with the annual business plan and adjusting downwards for known factors and allowing for contingencies to cover additional unspecified risk. We then compare this forecast UK cash position (total cash and free cash) to available banking facilities. These forecasts have been reviewed by the group auditors as part of their annual audit.

2021 saw the continued impact of COVID-19 and MSI once again proved its ability to adapt and remain resilient. Our communication strategy with our donors ensured that they overwhelmingly remained supportive despite the impact of the pandemic on our operations. Throughout 2021, we worked to achieve designation for MSI's services as essential emergency services. Actions taken in 2020 such as cessation of all non-essential spend, cost reduction plans in all areas of the business and tightening of controls over working capital remained in place for 2021. The combined impact of this work is evident in both the strong operational performance, the high level of innovation, strong clinical standards and the strengthened financial position at the end of 2021.

As of May 2022, COVID-19 continues to affect countries worldwide, and the financial impact on the economies of our institutional donors has resulted in uncertainty in our forward funding pipeline. In particular the UK government's decision to reduce funding for official development assistance (ODA) has significantly impacted MSI, both directly and via the reduced funding for UNFPA, the major global donor of family planning commodities. Considering these changes, we have refreshed our forecasts in the light of the new information, using the methodology consistent with that used last year. Financial models have been developed to the end of 2023, considering different country level scenarios, confirmed sources of income, group level potential downside risks, and the impact of mitigating actions.

In our donor funded channels, our modelling recognises the level of risk of grant income being secured, and we have a range of new contracts and awards that we are seeking to mitigate the impact of reduced institutional support from the UK government. Note that in this channel, our operating models are skewed towards variable costs, with staff on time-bound contracts linked to the relevant grant. So the key challenge is to ensure that we are looking ahead and adapting our spend to the funds available, and in this we have a strong track record. In our base case scenario, we have assumed that grant income would be flat to our 2022 business plan whereas in the downside scenario, we have assumed a reduction of 25% on grant income, representing a decrease of approximately £34.1m in funding. We have ensured that potential liabilities associated with contracts that may be ending have been recognised and allocated to donors as appropriate. We will continue our robust performance and cash monitoring strategy whilst the present uncertainty over funding sources remains. We are grateful for the firm support that has already been committed from our donor community.

In our commercial channels we are accelerating new service delivery models but are critically challenging those service areas that have historically been dependent on donor support – which is coming to an end in various countries. Expansion of services that might otherwise absorb working capital is on hold and we will continue to manage discretionary spend carefully. There is also increased focus on service income to cost ratios, particularly in centres where we are pursuing service diversification and closing out lower performing centres. In our downside scenario, up to £23.0 million of our free reserves could be at risk, however we will remain cash positive throughout the 18-month modelling period. Additional working capital facilities of £10 million has not been included and provides additional headroom if necessary.

The Trustees have reviewed these scenarios, the working capital available to the group and the principal financial risks facing the organisation. After careful consideration, and discussion with the Executive Team, the Trustees consider there is reasonable certainty that both the Company and the Group have sufficient resources to continue operating for the foreseeable future and therefore the financial statements have been prepared on a going concern basis.

INVESTMENTS

MSI holds an independently managed investment fund, which is included within general reserves and forms part of the group's liquid reserve. Following a review by the MSI Board, a more prescriptive set of investment parameters were agreed – essentially that MSI's holdings should primarily comply with ESG (Environmental, Social, and Governance) principles. The switch from MSI's historical portfolio into ESG compliant assets has taken longer than expected, due entirely to the Covid-19 pandemic and the consequent massive disruption to global markets. The conversion process will continue into 2022 as suitable products become available.

The aim of the investment is to increase the value of the fund to £20.0 million held in accessible assets. Our investment policy is:

- **To maintain a liquid medium risk diversified portfolio which acts as the core reserve of the organisation**
- **To manage the fund at arm's length through half-yearly review meetings with the investment manager**
- **To invest in an ethical portfolio, particularly with respect to the environment.**

At the end of the financial year, the Charity held £17.1 million in the external investment fund. This was an increase of £2 million on the prior year, representing a return of 11.1% which is in line with the prior year. MSI's portfolio is benchmarked against two funds, and the 2021 performance was ahead of both the benchmarked funds.

MSI Reproductive Choices' external investment fund manager is GAM, and performance is reviewed half-yearly by the executive management, while the Finance Committee scrutinises the portfolio mix and performance at least annually.

STATEMENT OF TRUSTEES' RESPONSIBILITIES

The Trustees (who are also directors of MSI Reproductive Choices for the purposes of company law) are responsible for preparing the Trustees' Report (including the Strategic Report) and the financial statements in accordance with applicable law and regulation.

Company law requires the Trustees to prepare financial statements for each financial year. Under that law the Trustees have prepared the financial statements in accordance with United Kingdom Accounting Standards, comprising FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland", and applicable law (United Kingdom Generally Accepted Accounting Practice). Under company law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of the affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable group for that period. In preparing these financial statements, the Trustees are required to:

- **select suitable accounting policies and then apply them consistently;**
- **observe the methods and principles in the Statement of Recommended Practice: Accounting and Reporting by Charities (2019);**
- **make judgments and estimates that are reasonable and prudent;**
- **state whether applicable UK Accounting Standards, comprising FRS 102, have been followed, subject to any material departures disclosed and explained in the financial statements; and**
- **prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.**

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and the group and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Trustees are responsible for the maintenance and integrity of the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

In so far as the Trustees are aware, there is no relevant audit information of which the company's auditors are unaware; and they have taken all the steps that they ought to have taken as Trustees to make themselves aware of any relevant audit information and to establish that the company's auditors are aware of that information.

This report of the Trustees, under the Charities Act 2011 and the Companies Act 2006, was approved by the Board of Trustees on 30th May 2022, including approving in their capacity as company Directors the Strategic Report contained therein, and is signed as authorised on its behalf by:

Glenda Burkhardt
Chair
30 May 2022

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF MSI REPRODUCTIVE CHOICES

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

In our opinion, MSI Reproductive Choices' group financial statements and parent charitable company financial statements (the "financial statements"):

- » give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 December 2021 and of the group's incoming resources and application of resources, including its income and expenditure, and of the group's cash flows, for the year then ended;
- » have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards, comprising FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland", and applicable law; and
- » have been prepared in accordance with the requirements of the Companies Act 2006.

We have audited the financial statements, included within the Annual Report and financial statements (the "Annual Report"), which comprise: the group and company balance sheets as at 31 December 2021; the consolidated statement of financial activities (incorporating the income and expenditure statement), the consolidated cash flow statement for the year then ended; and the notes to the financial statements, which include a description of significant accounting policies.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities under ISAs (UK) are further described in the Auditors' responsibilities for the audit of the financial statements section of our report. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Independence

We remained independent of the group and parent charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, which includes the FRC's Ethical Standard and we have fulfilled our other ethical responsibilities in accordance with these requirements.

Conclusions relating to going concern

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group's and the parent charitable company's ability to continue as a going concern for a period of at least twelve months from the date on which the financial statements are authorised for issue.

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

However, because not all future events or conditions can be predicted, this conclusion is not a guarantee as to the group's and parent charitable company's ability to continue as a going concern.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Reporting on other information

The other information comprises all of the information in the Annual Report other than the financial statements and our auditors' report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except to the extent otherwise explicitly stated in this report, any form of assurance thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify an apparent material inconsistency or material misstatement, we are required to perform procedures to conclude whether there is a material misstatement of the financial statements or a material misstatement of the other information. 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 based on these responsibilities.

Based on our work undertaken in the course of the audit, the Companies Act 2006 requires us also to report certain opinions and matters as described below.

Strategic Report and Trustees' Report

In our opinion, based on the work undertaken in the course of the audit the information given in the Trustees' Report, including the Strategic Report, for the financial year for which the financial statements are prepared is consistent with the financial statements; and the Strategic Report and the Trustees' Report have been prepared in accordance with applicable legal requirements.

In addition, in light of the knowledge and understanding of the group and parent charitable company and their environment obtained in the course of the audit, we are required to report if we have identified any material misstatements in the Strategic Report and the Trustees' Report. We have nothing to report in this respect.

RESPONSIBILITIES FOR THE FINANCIAL STATEMENTS AND THE AUDIT

Responsibilities of the trustees for the financial statements

As explained more fully in the Statement of Trustees' responsibilities, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements in accordance with the applicable framework and for being satisfied that they give a true and fair view. The trustees are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the group's and parent charitable company'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 the trustees either intend to liquidate the group and parent charitable company or to cease operations, or have no realistic alternative but to do so.

Auditors' responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 (UK) 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 these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below.

Based on our understanding of the group, parent charitable company and industry, we identified that the principal risks of non-compliance with laws and regulations related to the Charities Act 2011, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the financial statements such as the Companies Act 2006. We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls), and determined that the principal risks were related to the posting of inappropriate journal entries and management bias in key accounting judgements and estimates. Audit procedures performed included:

- enquiry of management and the trustees with regard to actual and potential fraud and non-compliance with laws and regulations;
- reviewing minutes of the Board and Audit Committee meetings and significant contracts to identify significant or unusual transactions and known or suspected instances of fraud or non-compliance with laws and regulations;
- reviewing the legal reports presented at the Board and Audit Committee meetings, internal audit reports, and enquiry of the in-house legal team and our component auditor teams to identify material claims and litigation;
- reviewing correspondence with the Charity Commission;
- understanding and evaluating management's controls in place to prevent and detect irregularities;
- testing of journal entries where we identified particular risk criteria;
- obtaining independent confirmations of cash and investment balances at the year end and testing management's year end bank reconciliations;
- reviewing accounting estimates for bias and evaluating whether circumstances producing any bias, represent a risk of material misstatement due to fraud; and
- assessing financial statement disclosures, and testing to supporting documentation, for compliance with applicable laws and regulations.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations or through collusion.

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditors' report.

Use of this report

This report, including the opinions, has been prepared for and only for the charity's members as a body in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and for no other purpose. We do not, in giving these opinions, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

OTHER REQUIRED REPORTING

Companies Act 2006 exception reporting

Under the Companies Act 2006 we are required to report to you if, in our opinion:

- we have not obtained all the information and explanations we require for our audit; or
- adequate accounting records have not been kept by the parent charitable company or returns adequate for our audit have not been received from branches not visited by us; or
- certain disclosures of trustees' ecified by law are not made; or
- the parent charitable company financial statements are not in agreement with the accounting records and returns.

We have no exceptions to report arising from this responsibility.

**David Wildey (Senior Statutory Auditor)
for and on behalf of PricewaterhouseCoopers LLP
Chartered Accountants and Statutory Auditors
London**

FINANCIAL STATEMENTS



CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING THE INCOME AND EXPENDITURE ACCOUNT)

for the year ended 31 December 2021

	Note	Unrestricted funds	Restricted funds	Total 2021	Total 2020
		£'000	£'000	£'000	£'000
INCOME FROM					
Donations	3a	10,778	–	10,778	10,036
Charitable activities	3b	146,418	124,959	271,377	277,266
Investments	3c	596	137	733	861
Other income	3d	7,741	–	7,741	6,277
Total income		165,533	125,096	290,629	294,440
EXPENDITURE ON					
Raising funds	4	(1,020)	–	(1,020)	(1,271)
Charitable activities	4	(156,570)	(125,096)	(281,666)	(286,830)
Total expenditure		(157,590)	(125,096)	(282,686)	(288,101)
Net gains / (losses) on investments	10c	1,826	–	1,826	1,381
Net income		9,769	–	9,769	7,720
Transfers between funds	15/22	(441)	441	–	–
Other recognised gains / (losses)					
Unrealised exchange losses		(1,271)	–	(1,271)	(4,861)
Net movement in funds	7	8,057	441	8,498	2,859
Fund balances brought forward	15/16	76,599	44,990	121,589	118,730
Fund balances carried forward	15/16	84,656	45,431	130,087	121,589

All amounts relate to continuing activities. All gains and losses recognised in the year are included in the Statement of Financial Activities. There is no material difference between the net income for the year and net movement in funds stated above and their historical cost equivalents.

The notes on pages 77 to 95 form part of these financial statements.

GROUP AND COMPANY BALANCE SHEETS

as at 31 December 2021

	Note	Group Total 2021	Total 2020	Company Total 2021	Total 2020
		£'000	£'000	£'000	£'000
Fixed assets					
Intangible assets	8	437	538	437	538
Tangible assets	9	30,758	31,655	17,395	17,822
Investments	10	17,080	15,096	18,206	16,282
Total fixed assets		48,275	47,289	36,038	34,642
Current assets					
Stock		21,670	17,551	6,843	6,209
Receivables	11	39,078	38,724	26,806	26,459
Short-term deposits		15,278	8,590	621	500
Cash at bank and in hand		140,826	123,784	114,860	94,036
Total current assets		216,852	188,649	149,130	127,204
Payables: amounts falling due within one year	12a	(130,784)	(109,107)	(84,904)	(70,525)
Net current assets		86,068	79,542	64,226	56,679
Total assets less current liabilities		134,343	126,831	100,264	91,321
Provisions	12b	(3,839)	(3,001)	(2,794)	(2,086)
Loans: amounts falling due after more than one year	13	(417)	(2,241)	(379)	(2,042)
Net assets		130,087	121,589	97,091	87,193
The funds of the charity:					
Unrestricted income funds					
General funds	16	45,949	44,795	45,949	44,795
Designated funds – tangible fixed asset reserve	16	15,754	15,920	14,788	14,876
Designated funds – programme reserve	16	22,953	15,884	21,959	12,132
Total unrestricted income funds	16	84,656	76,599	82,696	71,803
Restricted income funds	15	45,431	44,990	14,395	15,390
Total charity funds		130,087	121,589	97,091	87,193

MSI uses the exemption conferred by section 408 of the Companies Act in not preparing a separate Income and Expenditure Account for the Company only. The net income for the Company for the year to 31 December 2021 was £9.9m (2020: net expenditure £0.3m).

The notes on pages 77 to 95 form part of these financial statements.

The financial statements on pages 74 to 95 were approved by the Board of Trustees on 30th May 2022 and signed on its behalf by

Glenda Burkhart
Chair
30th May 2022

CONSOLIDATED CASH FLOW STATEMENT

for the year ended 31 December 2021

	2021		2020	
	£'000	£'000	£'000	£'000
Net cash provided by operating activities		33,055		14,698
Cash flows from financing activities				
Dividends, interest and rents from investments	733		861	
Proceeds from sale of fixed assets	2,510		408	
Proceeds from sale of fixed asset investments	6,580		3,079	
Purchase of tangible fixed assets	(5,726)		(3,645)	
Purchase of fixed asset investments	(6,828)		(2,503)	
Net cash used in investing activities		(2,731)		(1,800)
Cash flows from financing activities				
Increase/(decrease) in bank and unsecured loans	(4,770)		5,843	
Increase/(decrease) in long-term loans	(1,824)		(79)	
Net cash generated from / (used in) financing activities		(6,594)		5,764
Net increase in cash and cash equivalents		23,730		18,662
Cash and cash equivalents at 1 January		132,374		113,712
Cash and cash equivalents at 31 December		156,104		132,374
Cash and cash equivalents consists of:				
Cash at bank and in hand		140,826		123,784
Short-term deposits		15,278		8,590
Total cash and cash equivalents		156,104		132,374

Notes	2021		2020	
	£'000	£'000	£'000	£'000
a) Reconciliation of net income to net cash inflow from operating activities				
Net income for the year	9,769		7,720	
Investment income	(733)		(861)	
(Gains) on investments	(1,826)		(1,381)	
Amortisation and impairment charge	72		71	
Depreciation charge	4,602		4,812	
(Gain)/loss on disposal of tangible fixed assets	(1,262)		(167)	
(Increase) in stocks	(4,119)		(2,540)	
(Increase)/decrease in receivables	(354)		(1,572)	
Increase/(decrease) in payables and provisions	27,285		12,356	
Exchange movements	(379)		(3,740)	
Net cash inflow from operating activities		33,055		14,698
b) Reconciliation of movement in net funds				
Total cash and cash equivalents		156,104		132,374
Bank loans falling due within one year		(1,604)		(6,374)
Other loans falling due after more than one year		(417)		(2,241)
Cash and cash equivalents less borrowings		154,083		123,759
Increase in cash		23,730		18,662
Cash (inflow)/outflow from financing		6,594		(5,764)
Net funds at 1 January		123,759		110,861
Net funds at 31 December		154,083		123,759

The notes on pages 77 to 95 form part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 December 2021

1. Accounting policies

The financial statements have been prepared in compliance with United Kingdom Accounting Standards, including Financial Reporting Standard 102, "The Financial Reporting Standard applicable in the United Kingdom and the Republic of Ireland" ("FRS 102") and the Companies Act 2006. MSI Reproductive Choices constitutes a public benefit entity as defined by FRS102. The principal accounting policies, which have been applied consistently in the year across the group, are set out below.

a) Basis of preparation and assessment of going concern

These financial statements are prepared on a going concern basis, under the historical cost convention, as modified by the revaluation of investments to market values. The financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their financial statements in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) issued October 2019 and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011. The preparation of financial statements in conformity with FRS 102 requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the charity's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements are discussed in note (o) to these policies.

As the outbreak of Covid-19 has continued beyond the end of the financial year, the positive financial performance in 2021 is a testament to MSI's strong financial stewardship and continued donor support. To assess the appropriateness of adopting the going concern basis, cashflow forecasts were prepared to the end of December 2023. Different downside scenarios of increasing severity were modelled, including risk on forward donor pipeline, increased cost of service delivery if commodities previously donated must now be purchased and the growing working capital need of the expanding commercial channels. This modelling demonstrated that the group has sufficient headroom within existing facilities to manage liquidity requirements against these scenarios. In addition, were the results in the coming year below expectations, additional mitigating actions are available to the trustees in order to preserve the organisation's position. The trustees therefore conclude that the financial statements should be prepared on a going concern basis.

No separate Statement of Financial Activities or income and expenditure account has been presented for the company alone as permitted by section 408 of the Companies Act 2006. The company had total income in the year of £136.8 million (2020: £139.9 million) and total expenditure of £128.7 million (2020: £136.4 million) giving a net gain for the year of £8.1 million (2020: net gain of £3.5 million). The net movement in funds, after investment gains/losses was a gain of £9.9million (2020: loss of £0.3 million).

b) Company status

MSI Reproductive Choices is registered as a company limited by guarantee and a charity. The Trustees are named on page 4.

In the event of the Company being wound up, the liability in respect of the guarantee is limited to £1 per Member.

c) Basis of consolidation

The Group financial statements combine the results of the parent undertaking, MSI Reproductive Choices, and its subsidiary undertakings after eliminating inter-group transactions. MSI Reproductive Choices refers to MSI Reproductive Choices's UK operations and international branch offices. The subsidiary undertakings are detailed in note 20.

A subsidiary is an entity controlled by the Group. Control is the power to govern the financial and operating policies of an entity so as to obtain benefits from its activities. Where the Group owns less than 50% of the voting powers of an entity but controls the financial and operating policies of the entity it accounts for that entity as a subsidiary.

Where a subsidiary has different accounting policies to the Group, adjustments are made on consolidation to apply the Group's accounting policies when preparing the consolidated financial statements. A few subsidiaries have a different financial year end, in Nepal, India and Pakistan. As all programmes report on a global finance system, following MSI's group accounting policies, these subsidiaries are consolidated in the same manner as those with co-terminous year ends.

Any subsidiary undertakings sold or acquired during the year are included up to, or from, the dates of change of control. Where control of a subsidiary ceases, the gain or loss is recognised in the consolidated Statement of Financial Activities. The cumulative amounts of any exchange differences on translation, recognised in equity, are not included in the gain or loss on disposal and are transferred to retained earnings.

All intra-Group transactions, balances, income and expenses are eliminated on consolidation. Adjustments are made to eliminate the profit or loss arising on transactions with associates to the extent of the Group's interest in the entity.

d) Foreign currency

i) Functional and presentation currency

The Group financial statements are presented in pound sterling and rounded to thousands. The Company's functional and presentation currency is the pound sterling.

ii) Transactions and balances

Foreign currency balances have been translated at the rate of exchange ruling at the balance sheet date. Income and expenditure transactions incurred in foreign currencies have been translated during the course of the year using the opening exchange rate for the month of the transaction.

Foreign exchange gains and losses resulting from the settlement of transactions and related to borrowings and cash and cash equivalents are included within total expenditure in the Statement of Financial Activities (SOFA).

iii) Translation

The assets and liabilities of overseas undertakings, including goodwill and fair value adjustments arising on acquisition, are translated at the exchange rates ruling at the year end.

Foreign exchange gains and losses resulting from the translation at period-end exchange rates of monetary assets and liabilities and all other foreign exchange gains and losses are presented in SOFA within unrealised exchange gains/(losses).

e) Income

Donations

Donations are included in the Statement of Financial Activities when there is entitlement to the income, receipt is probable and the amount can be measured reliably.

Charitable activities

Income from charitable activities comprises income from the provision of services to clients for sexual and reproductive healthcare, grants for the delivery of sexual & reproductive health services and consultancy services and is recognised as follows:

Grant income

Income from external grants is recognised in the Statement of Financial Activities as soon as it is receivable unless donor conditions related to performance and specific deliverables apply. These grants are accounted for as the charity earns the right to consideration through performance. Where income is received in advance it is classified as deferred and included in payables until conditions of entitlement are met, at which point it is released. Where entitlement occurs before the income is received the income is accrued and included in receivables.

Granted supplies and equipment

Grants of goods in kind are included at fair value and are recognised in deferred income and stock when they are received from donors and in income and expenditure when they have been used by the Charity. Granted goods include family planning commodities used in the provision of service. Grants of services in kind are included as both income and expenditure in the Statement of Financial Activities when received or performed.

Service income

Service income comprises income received and receivable from clients for sexual and reproductive health services and products provided during the period. Service income is recognised when the service is provided or the product is sold.

Investments

Investment income comprises interest, dividends, distributions and rents and is recognised in the period in which it becomes receivable.

Other income

All other items of income are recognised within the other income category. Income is recognised when there is entitlement to the income, receipt is probable and the amount can be measured reliably. During 2021, this includes funds received under government Covid-19 support schemes.

f) Expenditure

All expenditure is accounted for on an accruals basis. Direct costs incurred by the Group are allocated across the various types of expenditure as follows:

Raising funds comprises costs relating to the raising of grant income.

Charitable activities comprise costs relating directly to the delivery of family planning and other sexual and reproductive health services and related advocacy and awareness raising and capacity building. Costs include delivery of clinical and outreach services throughout the global partnership, such as service providers' salaries, costs of drugs and equipment, materials, premises, training and travel.

Governance costs represent the costs of compliance with statutory requirements and include the costs of audits and costs incurred on behalf of trustees relating to the governance of the organisations, such as travel and meeting attendance.

g) Employee benefits

The Group provides a range of benefits to employees, including annual bonus arrangements, paid holiday arrangements and defined contribution pension plans.

i) Short-term benefits

Short-term benefits, including holiday pay and other similar non-monetary benefits, are recognised as an expense in the period in which the service is received.

ii) Defined contribution pension plans

The Group operates a number of country-specific defined contribution plans for its employees. A defined contribution plan is a pension plan under which the Group pays fixed contributions into a separate entity. Once the contributions have been paid the Group has no further payment obligations. The contributions are recognised as an expense when they are due. Amounts not paid are shown in accruals in the balance sheet. The assets of the plan are held separately from the Group in independently administered funds.

iii) Annual bonus plan

The Group operates an annual bonus plan for employees. An expense is recognised in the SOFA account when the Group has a legal or constructive obligation to make payments under the plans as a result of past events and a reliable estimate of the obligation can be made.

h) Operating leases

Rentals applicable to operating leases where substantially all of the benefits and risks of ownership remain with the lessor are charged to the Statement of Financial Activities as incurred.

i) Grants paid

Grants payable to third parties to reimburse them for specific activities undertaken by them in support of MSI Reproductive Choices' charitable activities are charged to the Statement of Financial Activities when an obligation exists.

j) Intangible fixed assets

Registration and license fees are capitalised at cost and are amortised over the period to which the rights relate.

k) Tangible fixed assets and depreciation

Tangible fixed assets are stated at cost less accumulated depreciation. Depreciation has been provided on completed assets at rates calculated to write off the cost of fixed assets less their estimated residual value, on a straight line basis over their useful economic lives. Freehold land is not depreciated.

» Freehold properties	40 years
» Short leasehold properties	Over period of the lease
» Office equipment	20% to 50% per annum
» Medical equipment	20% to 50% per annum
» Computer equipment and software	25% to 50% per annum
» Motor vehicles	25% per annum

MSI Reproductive Choices capitalises fixed assets in the UK above a value of £5,000. For MSI Reproductive Choices' branches and subsidiaries overseas, the capitalisation level is lower and varies by entity.

Assets under development are not depreciated until they have been brought into use.

The carrying value of fixed assets is reviewed for impairment if events or changes in circumstances suggest that their carrying amount may not be recoverable.

l) Fixed asset investments

Listed investments and investment properties are stated at the market value at the balance sheet date.

Investments in subsidiaries are stated at cost less any provision to impairment.

Revaluation gains or losses arising during the year are included in the Statement of Financial Activities. Impairments are charged to resources expended on charitable activities. Investment income is the amount receivable by MSI Reproductive Choices in the year.

m) Stock

Stock represents medical equipment and supplies purchased or donated to fulfil MSI Reproductive Choices charitable objectives and is reported at the lower of cost and net realisable value, with damaged or obsolete stock written off. For stock that is provided as part of a charitable activity either free or at a subsidised cost, the net realisable value is based on the service potential provided by the items of stock.

n) Cash and Cash Equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities.

o) Provisions

Provisions for future liabilities are recognised when MSI has a legal or constructive financial obligation that can be reliably estimated and for which it is more probable than not that payment will be made.

p) Reserves and fund accounting

- » **General reserves** are unrestricted funds available to be used at the discretion of the Board of Trustees for the furtherance of the charitable objectives of the Group and which have not been designated for any other purpose.
- » **Designated funds** comprise unrestricted funds that have been set aside by the Board of Trustees for particular purposes. The aim of each designated fund is set out in note 16.
- » **Restricted funds** are funds which have to be used in accordance with specific restrictions imposed by a donor and funds restricted by constitution which represent the accumulated surpluses from those group entities where the funds have been generated locally and the future use is restricted to that location. Restricted funds are set out in note 15.
- » **Overhead costs** relating to restricted donor funds are classed as unrestricted expenditure and are not directly attributed to restricted funds at source. The fees earned on restricted donor funds in relation to these overhead/ support costs are directly attributed to restricted income and at the year end a reallocation is made between restricted and unrestricted funds in relation to these fees.

q) Key accounting estimates and assumptions

The charity makes estimates and assumptions concerning the future. Those judgements and estimates that could have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year include the following:

i) Areas of judgement

- » **Grant income recognition.** The majority of grant income is recognised in line with expenditure against the grant contract, as this is deemed the most accurate proxy for the performance conditions within the grant being met. Where such grants are received in advance of delivering the goods or services required, the income is not recognised. Instead it is recognised as a liability (deferred income) until performance can be measured (based on spend). Income from grants that contain conditions relating to performance or payments by results is recognised as performance occurs.
- » **Consolidation.** As described in accounting policy 1c, where the Group owns less than 50% of the voting powers of an entity but controls the financial and operating policies of the entity it accounts for that entity as a subsidiary.

ii) Areas of estimate

- » **Provisions** such as bad debts and terminal grants involve assumptions and estimation techniques. These are based on the experience and knowledge of management and evidence from past experience.

r) Financial instruments

The Group has chosen to adopt Sections 11 and 12 of FRS 102 in respect of financial instruments.

i) Financial assets

Basic financial assets, including trade and other receivables, cash and bank balances and investments in commercial paper, are initially recognised at transaction price.

Other financial assets, including investments in equity instruments which are not subsidiaries, associates or joint ventures, are initially measured at fair value, which is normally the transaction price. Such assets are subsequently carried at fair value and the changes in fair value are recognised in profit or loss, except that investments in equity instruments that are not publicly traded and whose fair values cannot be measured reliably are measured at cost less impairment.

Financial assets are derecognised when (a) the contractual rights to the cash flows from the asset expire or are settled, or (b) substantially all the risks and rewards of the ownership of the asset are transferred to another party or (c) despite having retained some significant risks and rewards of ownership, control of the asset has been transferred to another party who has the practical ability to unilaterally sell the asset to an unrelated third party without imposing additional restrictions.

ii) Financial liabilities

Basic financial liabilities, including trade and other payables, bank loans, loans from fellow Group companies and preference shares that are classified as debt, are initially recognised at transaction price, unless the arrangement constitutes a financing transaction, where the debt instrument is measured at the present value of the future receipts discounted at a market rate of interest. Debt instruments include loans from banks and other financial institutions. These are carried at amortised cost using the effective interest rate method.

Trade payables are obligations to pay for goods or services that have been acquired in the ordinary course of business from suppliers. Accounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Included as non-current liabilities is a provision for staff terminal benefits which are due to employees in country programmes in accordance with statutory obligation of the country programmes.

2. Comparative information for the consolidated statement of financial activities (incorporating the income and expenditure account) for the year ended 31 December 2021

	2021			2020		
	Unrestricted funds	Restricted funds	Total 2021	Unrestricted funds	Restricted funds	Total 2020
	£'000	£'000	£'000	£'000	£'000	£'000
INCOME FROM						
Donations	10,778	–	10,778	10,036	–	10,036
Charitable activities	146,418	124,959	271,377	141,344	135,922	277,266
Investments	596	137	733	861	–	861
Other income	7,741	–	7,741	6,277	–	6,277
Total income	165,533	125,096	290,629	158,518	135,922	294,440
EXPENDITURE ON						
Raising funds	(1,020)	–	(1,020)	(1,271)	–	(1,271)
Charitable activities	(156,570)	(125,096)	(281,666)	(150,908)	(135,922)	(286,830)
Total expenditure	(157,590)	(125,096)	(282,686)	(152,179)	(135,922)	(288,101)
Net gains on investments	1,826	–	1,826	1,381	–	1,381
Net income	9,770	–	9,769	7,720	–	7,720
Transfers between funds	(441)	441	–	1,079	(1,079)	–
Other recognised gains / (losses)						
Unrealised exchange gains / (losses)	(1,271)	–	(1,271)	(4,861)	–	(4,861)
Net movement in funds	8,058	441	8,498	3,938	(1,079)	2,859
Fund balances brought forward at 1 January	76,599	44,990	121,589	72,661	46,069	118,730
Fund balances carried forward at 31 December	84,657	45,431	130,087	76,599	44,990	121,589

3. Income from

	Unrestricted funds £'000	Restricted funds £'000	Total 2021 £'000	Total 2020 £'000
a) Donations				
Monetary donations	10,778	–	10,778	10,036
Donations and legacies	10,778	–	10,778	10,036
b) Charitable activities				
Grant income				
	Unrestricted funds £'000	Restricted funds £'000	Total 2021 £'000	Total 2020 £'000
Arcadia Philanthropic Trust	–	–	–	3,732
William and Flora Hewlett Foundation	–	837	837	1,170
Kreditanstalt für Wiederaufbau	–	3,064	3,064	4,122
ABT Associates PTE Ltd (JTA)	–	3,149	3,149	3,561
Australian Dept for Foreign Affairs & Trade / AusAid	–	3,212	3,212	2,018
Ministry of Foreign Affairs of Denmark	–	3,310	3,310	1,561
Norwegian Agency for Development Cooperation	–	3,565	3,565	3,710
Swedish International Development Agency	–	3,596	3,596	3,955
Netherlands Ministry of Foreign Affairs	–	3,856	3,856	3,177
The Bill and Melinda Gates Foundation	–	4,459	4,459	4,064
International Planned Parenthood Federation	–	5,508	5,508	8,581
United Nations	–	6,709	6,709	5,387
Children's Investment Fund Foundation	–	7,765	7,765	4,660
Global Affairs Canada	–	9,861	9,861	6,478
Foreign, Commonwealth & Development Office (FCDO)	11,962	21,321	33,283	48,433
Anonymous donor	–	25,586	25,586	22,312
Other	–	18,394	18,394	25,385
	11,962	124,192	136,154	152,306
Reallocation of fees earned on restricted grants	12,352	(12,352)	–	–
	24,314	111,840	136,154	152,306
Granted supplies and equipment	–	13,119	13,119	13,638
Service income				
Sexual and reproductive healthcare services	124,933	–	124,933	114,039
Fees waived	(2,829)	–	(2,829)	(2,717)
	122,104	–	122,104	111,322
Total income from charitable activities	146,418	124,959	271,377	277,266

Grant income is recognised in accordance with the Charities SORP and as a result may differ from cash received; please see note 1e for further information. Where the purpose of the grant is narrower than the charitable objects of MSI Reproductive Choices, is restricted to a specific location, or deemed to be restricted by time constraints, the grant income is classified as restricted. The income earned on restricted donor funds to cover overhead and support costs ("fees") is directly attributed to restricted income, and at the year end a reallocation is made from restricted to unrestricted funds to match the qualifying overhead costs incurred. Granted supplies and equipment include family planning commodities used in the provision of services.

A geographical split of this income is shown on page 45 of the Trustees' Report.

	Unrestricted funds £'000	Restricted funds £'000	Total 2021 £'000	Total 2020 £'000
c) Investments				
Bank interest receivable	119	137	256	488
Distributions receivable	244	–	244	167
Rent receivable	233	–	233	206
	596	137	733	861

3. Income from (continued)

	Unrestricted funds £'000	Restricted funds £'000	Total 2021 £'000	Total 2020 £'000
d) Other income				
Covid-19 support from national governments	843	–	843	2,718
Sundry other income	6,898	–	6,898	3,559
	7,741	–	7,741	6,277

Sundry other income consists of £1,997,009 of profit on disposal of fixed assets (2020: £194,965) and £1,425,635 management fees (2020: £1,189,515). The remaining balances vary in nature across the group.

4. Expenditure

	Direct costs £'000	Staff costs (note 5) £'000	Other costs £'000	Support costs (note 4c) £'000	Total 2021 £'000
a) Total expenditure					
Raising funds	236	710	–	74	1,020
Charitable activities	140,968	122,919	4,892	12,887	281,666
Subtotal	141,204	123,629	4,892	12,961	282,686
Support costs reallocation	2,846	9,825	290	(12,961)	–
Total	144,050	133,454	5,182	–	282,686

	Direct costs £'000	Staff costs (note 5) £'000	Other costs £'000	Support costs (note 4c) £'000	Total 2020 £'000
Raising funds	269	905	–	97	1,271
Charitable activities	141,881	126,283	5,184	13,482	286,830
Support costs reallocation	3,190	10,107	282	(13,579)	–
Total	145,340	137,295	5,466	–	288,101

b) Direct costs of charitable activities

Direct expenditure on charitable activities includes subcontracts awarded to external partners of £9,325,561 (2020: £16,239,000). Details are available from MSI Reproductive Choices, 1 Conway Street, London W1T 6LP.

	2021 £'000	2020 £'000
c) Support costs		
Management and office services	1,726	1,899
Finance and information technology	4,933	5,200
Programme support	2,173	2,786
People and development	984	847
External relations	1,949	1,565
Governance costs	1,196	1,282
Total support costs	12,961	13,579

Support costs represent the cost of MSI Reproductive Choices' London and regional support offices and are allocated by function. Costs relate to the costs of technical assistance to programmes and to the corporate functions of information technology, people and organisational development, and external relations. Also included are the costs of our critically important global clinical quality assurance, anti-fraud and bribery and safeguarding programmes. Support costs are apportioned to specific activities based on the weighting of each function as a percentage of total costs.

Governance costs include expenditure on internal and external audit, Trustee meetings and non-audit services. In 2021 the cost of the group audit was £181,200 (2020: £171,000) exclusive of VAT. In addition, fees for the audit of country programmes totalled £514,000 (2020: £469,000). Of these £70,000 relate to audits conducted by the group auditor (2020: £60,000).

Non-audit fees paid to the current auditors in the year was £4,000 (2020: £11,798).

5. Staff costs

	2021 £'000	2020 £'000
Staff costs:		
– Wages and salaries	100,229	105,362
– Social security costs	5,763	6,094
– Other pension costs	3,836	3,809
	109,828	115,265
Sessional fees, agency costs and other staff costs	23,626	22,030
Total staff costs	133,454	137,295

The charity operates a defined contribution pension scheme in the UK. The assets of the scheme are held separately from those of the charity in an independently administered fund managed by Standard Life Assurance Company till June 21 and Aviva our new pension providers from July 2021. In line with government legislation, MSI Reproductive Choices automatically enrolls its UK staff into its defined contribution pension scheme where certain criteria are met and all our international staff based on local context and legislation.

No directors of the parent charity received emoluments during the year for their services as trustees (2020: none). Redundancy and termination payments totalled £384,082 in 2021 (2020: £444,000).

6. Staff numbers

The average monthly number of staff analysed by function was:	2021 number	2020 number
– Raising funds	8	12
– Charitable activities	8,795	9,464
	8,803	9,476

The numbers of employees whose emoluments were more than £60,000 were

	2021 number	2020 number
£60,001 – £70,000	49	48
£70,001 – £80,000	34	30
£80,001 – £90,000	19	18
£90,001 – £100,000	7	10
£100,001 – £110,000	8	7
£110,001 – £120,000	4	7
£120,001 – £130,000	8	6
£130,001 – £140,000	3	5
£140,001 – £150,000	1	1
£150,001 – £160,000	–	1
£160,001 – £170,000	1	1
£170,001 – £180,000	1	1
£180,001 – £190,000	2	2
£190,001 – £200,000	–	–
£200,001 – £210,000	2	1
£210,001 – £220,000	1	1
£240,000 – £250,000	1	1
£460,001 – £470,000	1	–

Employee numbers disclosed above include staff from all entities in the group.

The remuneration of the highest paid employee was split between base salary of £231,625 (2020: £225,791) and performance-based bonus of £229,070 (2020: £18,878). The total paid to seven key management personnel in 2021 was £1,563,518 (2020: £1,227,037: six persons).

Retirement benefits were accrued under a defined contribution scheme for 122 higher paid employees (2020: 117). Total employer contributions for these employees were £465,701 (2020: £430,269).

7. Net movement in funds

Net movement in funds is stated after charging:	2021 £'000	2020 £'000
Amortisation of intangible fixed assets	72	71
Depreciation of tangible fixed assets	4,602	4,812
Operating lease rentals	6,552	6,082

8. Intangible assets

	Group		Company	
	2021 £'000	2020 £'000	2021 £'000	2020 £'000
Cost or valuation				
At 1 January	715	672	710	667
Disposals	–	–	–	–
Exchange movements on consolidation	(37)	43	(37)	43
At 31 December	678	715	673	710
Accumulated amortisation				
At 1 January	177	97	172	92
Charge for the year	72	71	72	71
Disposals	–	–	–	–
Exchange movements on consolidation	(8)	9	(8)	9
Closing balance	241	177	236	172
Net book value at 31 December	437	538	437	538

9. Tangible assets

Group	Freehold properties	Short leasehold properties	Office equipment	Medical equipment	Computer equipment & software	Motor vehicles	Assets under development	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
Cost or valuation								
At 1 January 2021	36,612	4,759	5,603	9,704	15,387	16,614	1,879	90,558
Additions	290	451	277	787	610	1,043	2,268	5,726
Transfers between asset classes	225	(21)	64	155	1,829	127	(2,379)	–
Disposals	(893)	(372)	(695)	(614)	(1,472)	(1,093)	(331)	(5,470)
Exchange movements on consolidation	(740)	(139)	(210)	(281)	(309)	(549)	(37)	(2,265)
At 31 December 2021	35,494	4,678	5,039	9,751	16,045	16,142	1,400	88,549
Accumulated depreciation								
At 1 January 2021	16,215	2,892	4,902	8,048	14,124	12,722	–	58,903
Charge for the year	822	269	337	692	685	1,797	–	4,602
Disposals	(250)	(345)	(683)	(519)	(1,465)	(1,035)	–	(4,297)
Exchange movements on consolidation	(243)	(69)	(183)	(197)	(265)	(460)	–	(1,417)
At 31 December 2021	16,544	2,747	4,373	8,024	13,079	13,024	–	57,791
Net book value								
At 31 December 2021	18,950	1,931	666	1,727	2,966	3,118	1,400	30,758
At 31 December 2020	20,397	1,867	701	1,656	1,263	3,892	1,879	31,655
Company								
	Freehold properties	Short leasehold properties	Office equipment	Medical equipment	Computer equipment & software	Motor vehicles	Assets under development	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Cost or valuation								
At 1 January 2021	26,469	2,578	2,654	5,173	11,807	5,041	1,705	55,427
Additions	–	27	56	413	302	329	2,019	3,146
Transfers between asset classes	225	–	63	132	1,807	72	(2,299)	–
Disposals	(642)	(372)	(208)	(307)	(1,113)	(619)	(331)	(3,592)
Exchange movements on consolidation	(492)	(59)	(173)	(222)	(223)	(450)	(26)	(1,645)
At 31 December 2021	25,560	2,174	2,392	5,189	12,580	4,373	1,068	53,336
Accumulated depreciation								
At 1 January 2021	13,773	2,133	2,415	4,208	11,176	3,900	–	37,605
Charge for the year	632	128	86	383	417	462	–	2,108
Disposals	(187)	(345)	(198)	(231)	(1,107)	(588)	–	(2,656)
Exchange movements on consolidation	(194)	(48)	(147)	(154)	(195)	(378)	–	(1,116)
At 31 December 2021	14,024	1,868	2,156	4,206	10,291	3,396	–	35,941
Net book value								
At 31 December 2021	11,536	306	236	983	2,289	977	1,068	17,395
At 31 December 2020	12,696	445	239	965	631	1,141	1,705	17,822

10. Investments

	Note	Group		Company	
		2021	2020	2021	2020
		£'000	£'000	£'000	£'000
Investment property	10a	–	–	–	–
Investment in subsidiaries	10b	–	–	1,129	1,186
Listed investments	10c	17,080	15,096	17,077	15,096
		17,080	15,096	18,206	16,282
a) Investment property		Group and Company			
		2021	2020		
		£'000	£'000		
Market value at beginning of the year		–	278		
Disposals		–	(278)		
Market value at end of the year		–	–		
b) Investment in subsidiaries		Company			
		2021	2020		
		£'000	£'000		
Investment in subsidiary undertakings at cost:					
At beginning of the year		1,186	1,220		
Additions		–	10		
Exchange movement on consolidation		(57)	(44)		
At end of the year		1,129	1,186		
c) Listed investments		Group		Company	
		2021	2020	2021	2020
		£'000	£'000	£'000	£'000
Market value at beginning of the year		15,096	13,718	15,096	13,598
Additions		6,828	2,503	6,825	2,503
Sales proceeds		(6,580)	(2,631)	(6,580)	(2,631)
Net movement in cash balances		(75)	140	(75)	260
Net investment gain		1,826	1,381	1,826	1,381
Exchange movements		(15)	(15)	(15)	(15)
Market value at end of the year		17,080	15,096	17,077	15,096
Investment portfolio allocation:					
Equities		10,070	8,372	10,070	8,372
Bonds		2,469	3,585	2,466	3,585
Multi-asset funds and Alternatives		2,438	1,863	2,438	1,863
Private equity		1,531	629	1,531	629
Cash		572	647	572	647
		17,080	15,096	17,077	15,096

10. Investments (continued)

Material holdings within the investment portfolio:

	Group and Company	
	2021 £'000	2020 £'000
Equities		
Loomis Sayles US Equity Leaders fund	–	1,034
SPDR S&P 500 ESG ETF	1,812	1,051
Xtrackers MSCI USA ESG ETF	1,632	914
iShares Edge MSCI USA Quality Factor	–	842
GAM Star Japan Leaders Z JPY	775	803
GAM Emerging Markets Equity GBP	–	847
Invesco EQQQ Nasdaq-100 UCITS ETF	1,253	624
US Vegan Climate ETF	1,084	–
GAM Sustainable Emerging Markets Equity GBP	835	–
Bonds		
iShares GBP Ultrashort Bond UCITS ETF	–	901
Multi-asset funds, Alternatives and Private Equity		
Trojan Fund	–	816
MW ESG (Market Neutral) TOPS UCITS Funds Class B	1,039	–
O'Connor Event Driven UCITS Fund E	1,008	–
Schroder GAIA Helix E Acc	986	–

In the opinion of the trustees, the carrying value of the investments is supported by the underlying net assets.

11. Receivables

	Group		Company	
	2021 £'000	2020 £'000	2021 £'000	2020 £'000
Trade receivables	17,638	15,652	4,739	5,927
Amounts owed by group undertakings	–	–	10,502	8,986
Corporation tax	160	183	–	6
Accrued income	10,393	10,234	6,007	5,130
Grants receivable	3,521	4,132	2,454	4,064
Prepayments	3,768	5,186	1,934	1,361
Other receivables	3,598	3,337	1,170	985
	39,078	38,724	26,806	26,459

Trade receivables are stated after provisions for impairment of £2.3m (2020: £1.8m). Amounts owed by group undertakings are stated after provisions for impairment of £2.2m (2020: £2.7m). Trade debtors includes £nil (2020: £nil) falling due after more than one year. Amounts owed by group undertakings are unsecured, interest free, have no fixed date of repayment and are repayable on demand.

Within Grants Receivable this includes grant income invoiced in advance of the performance conditions being performed but for which MSI have an unconditional right to the consideration at year end.

12. Payables

a) Amounts falling due within one year

	Group		Company	
	2021 £'000	2020 £'000	2021 £'000	2020 £'000
Trade payables	10,914	8,577	3,760	2,734
Accruals	18,223	16,462	9,614	9,594
Provisions	3,948	4,446	1,450	1,560
Taxation and social security	4,078	4,307	1,921	2,223
Deferred income	89,607	66,329	64,807	47,090
Loans	1,604	6,374	1,603	6,371
Other payables	2,410	2,612	1,749	953
	130,784	109,107	84,904	70,525

Analysis of deferred income

	Group £'000	Company £'000
At 1 January 2021	66,329	47,090
Amounts credited to deferred income during the year	172,551	83,455
Amounts released to income in the year	(149,273)	(65,738)
At 31 December 2021	89,607	64,807

The closing balance of deferred income represents new grant income received during 2021 where the contractual obligations of the grant are to be fulfilled in future years.

b) Amounts falling due after more than one year

	Group £'000	2020 £'000	Company £'000	2020 £'000
Provisions	3,839	3,001	2,794	2,086

Short-term and long-term provisions include the following: staff terminal benefits of £2.7m (2020: £1.9m) which are due to employees in country when leaving their employment with MSI Reproductive Choices; grant provisions of £1.6m (2020: £1.0m) for estimated funds repayable to donors where it has not been possible to spend funds in accordance with donor requirements and due when the projects are closed; accumulated tax provisions of £0.3m (2020: £0.7m) for country programmes where the payable is disputed or the tax legislation is unclear.

13. Loans: amounts falling due after more than one year

	Group £'000	2020 £'000	Company £'000	2020 £'000
Amounts repayable after one year	417	2,241	379	2,042

In 2013 MSI entered into a long-term financing facility with Unity Trust for £4.0m for a maximum term of 10 years with an initial fixed interest rate of 3.95% for five years and a variable interest rate thereafter. The loan is secured against the freehold property at 1 Conway Street, London at a ratio of approximately 9.5% as at 31 December 2021 with monthly repayments due under the loan totalling £0.4 million each year. In 2020 MSI was granted an interest-free loan of up to \$9.0m by CIFF to act as a working capital facility in support of two donor projects funded in arrears. Drawdowns of \$1.0m (2020: \$8.0m) were received during the year and all funds were repaid by mid 2021 as expected when the donor projects close. Other loans consist of commercial and other loan facilities arranged by MSI Reproductive Choices' branches and subsidiaries. MSI also had access to a £10m Standard Chartered Loan Facility and no drawdowns on this was done at year end. Total loan interest paid in the year across the group was £36,334 (2020 £58,725).

14. Analysis of net assets between funds

Fund balances at 31 December 2021 are represented by:

	Group			Company		
	Unrestricted funds	Restricted funds	Total	Unrestricted funds	Restricted funds	Total
	£'000	£'000	£'000	£'000	£'000	£'000
Intangible fixed assets	435	2	437	435	2	437
Tangible fixed assets	15,754	15,004	30,758	14,788	2,607	17,395
Fixed asset investments	16,357	723	17,080	18,203	3	18,206
Bank and cash	46,120	109,984	156,104	37,553	77,928	115,481
Other net current assets	7,676	(77,712)	(70,036)	13,220	(64,475)	(51,255)
Long-term liabilities	(1,686)	(2,570)	(4,256)	(1,503)	(1,670)	(3,173)
	84,656	45,431	130,087	82,696	14,395	97,091

Unrestricted cash held in the UK parent charity at the year end was £33.0m (2020: £35.4m).

15. Restricted income funds

	Group					At 31 Dec 2021
	At 1 Jan 2021	Income	Expenditure	Other gains	Transfers (note 22)	
	£'000	£'000	£'000	£'000	£'000	£'000
Donor funds	–	125,096	(125,096)	–	–	–
Restricted by constitution						
Africa	18,085	–	–	–	220	18,305
Asia	18,722	–	–	–	956	19,678
Pacific Asia	3,698	–	–	–	377	4,075
Commercial	4,485	–	–	–	(1,112)	3,373
	44,990	125,096	(125,096)	–	441	45,431

	Company					At 31 Dec 2020
	At 1 Jan 2020	Income	Expenditure	Other gains	Transfers (note 22)	
	£'000	£'000	£'000	£'000	£'000	£'000
Donor funds	–	24,562	(24,562)	–	–	–
Restricted by constitution						
Africa	8,931	–	–	–	(458)	8,473
Asia	5,134	–	–	–	(614)	4,520
Pacific Asia	250	–	–	–	18	268
Commercial	1,075	–	–	–	59	1,134
	15,390	24,562	(24,562)	–	(995)	14,395

Restricted funds represent the following:

a) Donor funds unspent at the end of the financial year, which will be expended in the future in line with the contractual and geographical conditions imposed by the donor.

b) Funds restricted by constitution represent the accumulated surpluses from those group entities where the funds have been generated locally and the future use is restricted to that location.

16. Unrestricted income funds

	Group			Total unrestricted funds
	General reserves	Tangible fixed asset reserve	Programme reserve	
	£'000	£'000	£'000	£'000
At 1 January 2021	44,795	15,920	15,884	76,599
Net income (including investment gains)	9,769	–	–	9,769
Transfers:				
– Transfer from restricted funds	(441)	–	–	(441)
– Movement in tangible fixed asset reserve	166	(166)	–	–
– Movement in programme reserves	(7,069)	–	7,069	–
– Exchange losses on consolidation	(1,271)	–	–	(1,271)
At 31 December 2021	45,949	15,754	22,953	84,656

	Company			Total unrestricted funds
	General reserves	Tangible fixed asset reserve	Programme reserve	
	£'000	£'000	£'000	£'000
At 1 January 2021	44,795	14,876	12,132	71,803
Net income (including investment gains)	10,920	–	–	10,920
Transfers:				
– Transfer to restricted funds	995	–	–	995
– Movement in tangible fixed asset reserve	88	(88)	–	–
– Movement in programme reserves	(9,827)	–	9,827	–
– Exchange losses on consolidation	1,022	–	–	(1,022)
At 31 December 2021	45,949	14,788	21,959	82,696

Unrestricted and restricted funds represent reserves available to MSI Reproductive Choices for a range of purposes dependent on their designation.

Unrestricted Funds:

General Reserve – this represents MSI's liquid free reserves. General reserves aim to provide medium and long-term security for the Group.

Tangible Fixed Asset Reserve – represents the net book value of MSI's unrestricted tangible fixed assets. These are primarily clinic buildings.

Programme Reserve – this reserve represents unrestricted funds that are not available for general use, such as unrestricted assets overseas and unrestricted funds that have been internally ring-fenced for programme investment.

17. Taxation

MSI Reproductive Choices has no liability to UK corporation tax as the company is a charity registered in England and Wales and takes advantage of the tax exemption available to charities. The liability to taxation shown in these financial statements relates to tax due on profits of the branches and subsidiary undertakings.

18. Financial commitments

a) Capital commitments

At 31 December 2021 there were capital commitments of £nil (2020: £nil).

b) Operating lease commitments

As at 31 December total future commitments under operating leases for land and buildings were as follows:

	Group	
	2021	2020
	£'000	£'000
Within one year	2,682	2,956
Between two and five years	4,181	3,716
Leases expiring in five years or more	1,771	1,631
	8,634	8,303

19. Transactions involving Trustees and Company Secretary

The charity will reimburse reasonable costs incurred by Trustees in respect of travel to partner programmes and to the UK offices for Trustee meetings if necessary. During the year, the charity made £nil reimbursements (2020: £2,175) to zero Trustees (2020: two) for such expenses.

MSI Reproductive Choices purchased and maintained throughout the year indemnity insurance in respect of its Trustees.

20. MSI Reproductive Choices subsidiaries

MSI Reproductive Choices is an international non-government organisation delivering family planning, sexual and reproductive health services in 37 countries worldwide. It delivers these services through its branches and subsidiaries and in partnership with affiliated partners.

The charity controls the following subsidiaries, the results of which have been consolidated within the financial statements.

Name of company	City and country of incorporation, company reg number	Share capital	Share-holding %	Member voting rights %	Income £'000	Expend-iture £'000	Net income 2021 £'000	Net assets as at 31 Dec 2021 £'000
Options Consultancy Services	London, UK (2695347)	Ordinary	100	N/A	22,370	(22,369)	1	448
Options for International Health	London, UK (9137405, charity no 1160066)	N/A	N/A	100	1,640	(1,640)	–	–
Options Consultancy Services Kenya Limited	Nairobi, Kenya (CPR/2014/147082)	Ordinary	100	N/A	409	(392)	17	122
MS Health Pty Ltd	Melbourne, Australia (ABN 33155 182586)	Ordinary	100	N/A	6,464	(6,076)	388	(682)
MSI Australia (including MSI Timor-Leste)*	Melbourne, Australia (ABN 79082 496697)	N/A	N/A	33	3,446	(3,180)	266	3,123
Ambulatorium am Fleischmarkt Betriebs GmbH	Vienna, Austria (178377W)	Ordinary	100	N/A	679	(737)	(58)	28
MS Clinic Society (Bangladesh)*	Dhaka, Bangladesh (Co no 6009384)	N/A	N/A	33	1,485	(1,462)	23	815
Marie Stopes Bangladesh	Dhaka, Bangladesh (C-584936, NGO 2033)	N/A	N/A	53	3,726	(3,621)	105	1,800
Chinese Provincial Clinics	China (099267)	N/A	N/A	100	706	(603)	103	377
Ying Ao Si Te Medical Technology PTY Ltd	China (91110105051421470B)	Ordinary	100	N/A	1,015	(814)	201	746
Foundation for Reproductive Health Services India**	New Delhi, India (NGO reg: F04338) Corporate Identity No: U85100DL2010NPL199806	Ordinary	100	N/A	3,221	(3,734)	(513)	54
Sarvajan Unnati Bodhni India* **	New Delhi, India (1886 in Book No.4 Vol No.3008 (Original Deed) & 860 in Book No.4 Vol No.569 (Supplementary Deed)	N/A	N/A	N/A	171	(171)	(0)	1
ISM Corporation Private Limited**	New Delhi, India Registration No. 245603 Corporate Identity Number: U51909	Ordinary	100	N/A	1,166	(1,120)	46	920
Population Health Services**	New Delhi, India (55-99080)	Ordinary	100	N/A	6,901	(6,782)	119	616
Marie Stopes Kenya (NGO)	Nairobi, Kenya (OP 218/051/93191/15)	N/A	N/A	80	9,153	(9,016)	137	(2,077)
Marie Stopes Kenya (LTD)	Marie Stopes Kenya Limited	Ordinary	100	66	125	(130)	(5)	(5)
Marie Stopes Madagascar	Antananarivo, Madagascar (Ord 60-133)	N/A	N/A	67	5,164	(4,884)	280	1,769
MS Properties Ltd (Madagascar)	Antananarivo, Madagascar (RCS Tana n°2007B00595)	Ordinary	73	73	1	(5)	4	(29)
Banja La Mtsogolo (Malawi)	Lilongwe, Malawi (Co no 6025)	N/A	N/A	100	5,910	(5,841)	69	2,986
Marie Stopes Mexico AC	Mexico City, Mexico (09020865)	N/A	N/A	100	1,750	(646)	1,104	(958)
Fundacion Marie Stopes Mexico	Mexico City, Mexico	N/A	N/A	100	3,526	(4,655)	(1,129)	1,411
Proteccion Y Salud Farmaceutica	Ciudad de México, Mexico (70,988)	Ordinary	100	100	144	(91)	53	52

20. Marie Stopes International subsidiaries (continued)

Name of company	City and country of incorporation, company reg number	Share capital	Share-holding %	Member voting rights %	Income £'000	Expend-iture £'000	Net income 2021 £'000	Net assets as at 31 Dec 2021 £'000
MS Contraceptive Social Marketing Company	Ulaanbaatar, Mongolia (9019022046 / 2881756)	Ordinary	100	N/A	1,018	(852)	166	822
Marie Stopes Services Pvt Ltd**	Kathmandu, Nepal (PL 18437/058/59)	Ordinary Preference	100	N/A	462	(232)	230	483
Marie Stopes Product and Trading**	Kathmandu Metropolitan City, Nepal (192990/74/075)	Ordinary	100	100	253	(246)	7	66
Sunaulo Parivar Nepal* **	Kupondol, Nepal (NGO 420/051/52)	N/A	N/A	N/A	2,587	(2,213)	374	768
Triar Expertos en Salud	La Paz, Bolivia (00171889)	Ordinary	100	100	25	(28)	(3)	6
MSI Organisation Nigeria	Abuja, Nigeria (RC: 27391)	N/A	N/A	100	16,835	(17,113)	(278)	1,694
Marie Stopes Society Pakistan	Lahore, Pakistan (RP374)	N/A	N/A	71	5,054	(5,334)	(280)	2,628
Pakistan CSM (Guarantee) Ltd**	Karachi, Pakistan (K09269)	N/A	N/A	100	561	(477)	84	(580)
Merzab Pakistan* **	Karachi, Pakistan (0125321)	N/A	N/A	67	215	(203)	12	12
Marie Stopes PNG*	Port Moresby, Papua New Guinea (5-2456)	N/A	N/A	83	2,764	(2,714)	50	493
MSI Romania Foundation	Bucharest, Romania (397289)	N/A	N/A	100	149	(231)	(82)	357
Marie Stopes Sierra Leone	Freetown, Sierra Leone (C.F. 83/1986)	N/A	N/A	100	3,825	(3,806)	19	1,011
Marie Stopes South Africa	Cape Town, South Africa (1991/004592/08)	N/A	N/A	100	3,219	(3,414)	(195)	(751)
Population Services Lanka	Colombo, Sri Lanka (N(A)27)	N/A	N/A	100	1,436	(412)	1,024	1,068
Ms Clinic Services Lanka	Nawala, Sri Lanka (GA125)	N/A	N/A	100	1	(0)	1	(9)
Marie Stopes Tanzania Ltd	Dar es Salaam, Tanzania (27539)	N/A	N/A	67	14,799	(14,724)	75	(514)
Marie Stopes Ltd (Uganda)	Reg No. 41190	N/A	N/A	62	12,288	(12,063)	225	(362)
MSI-US*	Washington DC, USA (NFP 05-27-55)	N/A	N/A	N/A	51,012	(51,853)	(841)	56
Vietnam Centre for Community Reproductive Health*	Hanoi, Vietnam (Estab reg no 335/QD-TWH)	N/A	N/A	N/A	592	(984)	(392)	1,076
Bach Khang Vietnam Co Ltd*	Hanoi, Vietnam (Cert no 0105931817)	N/A	N/A	100	2,001	(1,920)	81	1,199
Dr Marie Company	Hanoi, Vietnam (Cert no 0108133213)	N/A	N/A	42	831	(866)	(35)	275
Yamaan Foundation for Health & Social Development*	Sana'a, Yemen (295/80)	N/A	N/A	20	4,998	(4,724)	274	4,969
MSI Zambia Ltd	Lusaka, Zambia (66871)	N/A	N/A	100	3,928	(3,710)	218	828
Population Services Zimbabwe	Harare, Zimbabwe (W013/87)	N/A	N/A	66	4,522	(4,088)	434	(116)

* Consolidated on the basis of operational control ** Have non-co-terminous year ends

For entities which have no share capital, e.g. companies limited by guarantee, holdings are shown on the basis of member voting rights. Further information on the activities of the subsidiary undertakings is given in the Trustees' Report. A full list of subsidiaries is available from MSI Reproductive Choices, 1 Conway Street, London W1T 6LP.

21. Related parties transactions

The Group has taken advantage of the exemption available under FRS 102 that permits non-disclosure of transactions with group undertakings that are eliminated on consolidation.

Philip Harvey, who was a trustee of MSI Reproductive Choices during 2021, was President of DKT International (DKT). MSI Reproductive Choices is party to several agreements with the DKT group of companies. In 2021, the charity has sub-contracted service delivery to DKT with a value of £509,000 (2020: £1,079,000). DKT also granted supplies to MSI Reproductive Choices, of which £nil were utilised in 2021 (2020: £147,000). WomanCare, a wholly owned subsidiary of DKT, supplied goods to MSI totalling £66,000 in 2021 (2020: £346,000).

Claire Morris, a trustee of MSI Reproductive Choices, is an Executive Team member for Babylon Health. MSI Reproductive Choices had a consortium agreement with Babylon under UK Aid Connect during 2019. Babylon Health did not supply services to MSI in 2021 (2020: £nil), and £nil was owed to Babylon Health at the year end (2020: £nil).

Megan Elliott, Vice President and Chief Operating Officer of MSI Reproductive Choices was Chair of Trustees of Blue Ventures Conservation from February 2020 to February 2021. MSI Reproductive Choices is partnered with Blue Ventures under UK Aid Connect, and in 2021 made payments totalling £85,000 to Blue Ventures under this agreement (2020: £27,000).

Andrew Seddon, Vice President and Global Finance Director for MSI Reproductive Choices became a trustee for Humentum UK in March 2022. MSI Reproductive Choices paid for a total of £42,000 for services to Humentum UK in 2021 (2020: £10,000), and £nil was owed to Humentum at year end (2020: £nil).

The total value of donations received from related parties without conditions was £352,000 (2020: £307,000).

22. Transfers between funds

At the year end a transfer of £0.4m was made from unrestricted to restricted funds (2020: £1.1m from restricted to unrestricted funds) to match the movement in net assets of the group entities considered to be restricted by constitution.

23. Financial instruments

At 31 December the company held the following financial instruments

	Group		Company	
	2021 £'000	2020 £'000	2021 £'000	2020 £'000
Listed investments measured at fair value				
Equities	10,070	8,372	10,070	8,372
Bonds	2,469	3,585	2,466	3,585
Multi-asset funds and Alternatives	2,438	1,863	2,438	1,863
Private equity	1,531	629	1,531	629
Cash	572	647	572	647
	17,080	15,096	17,077	15,096
Investments measured at amortised cost				
Investment in subsidiaries	–	–	1,129	1,186
Debt instruments measured at amortised cost				
Trade and other receivables (analysed in note 11)	35,150	33,355	14,369	16,106
Cash and cash equivalents, valued at balance sheet date				
Short-term deposits	15,278	8,590	621	500
Cash at bank and in hand	140,826	123,784	114,860	94,036
	156,104	132,374	115,481	94,536
Loans and creditors measured at amortised cost				
Trade and other short-term creditors	13,324	11,189	5,509	3,687
Bank loans and overdrafts	1,604	6,374	1,603	6,371
Loans falling due after more than one year	417	2,241	379	2,042
	15,345	19,804	7,491	12,100

In 2021 we have updated the trade and other receivables balance to include accrued income and grants receivable, and trade and other short-term creditors to include other payables as they are instruments settled in cash. The 2020 comparatives have been updated to reflect this accordingly.

24. Contingent liabilities

In the course of the charity's ordinary activities, the risk can arise of potential legal action against MSI Reproductive Choices. Where deemed necessary, the charity will seek counsel of its lawyers and other relevant professionals, and make financial provisions as appropriate.

At 31 December 2021, thirteen subsidiaries reported net liabilities totalling £6.3m (2020: fourteen subsidiaries totalling £8.6m). The group plans to continue providing support to these entities in normal operating circumstances as necessary for their continued operations in pursuit of the Charity's mission.

25. Donor funding

The following grants and donation information is disclosed separately in accordance with the specific reporting requirements of the donor.

	Income recognised 2021 £'000	Cash receipts 2021 £'000
Agency for Danish International Development Assistance		
Strategy for Danish Engagement of MSI [2018–2022]	3,757	3,591
Foreign, Commonwealth & Development Office (FCDO)		
Delivering Accelerated Family Planning in Pakistan (DAFPAK)	2,450	3,234
Addressing Unmet Need for Family Planning among Excluded and Vulnerable Women in Nepal	–	824
Family Planning by Choice (FPbC) in Ethiopia	3,773	3,758
WISH – Women's Integrated Sexual Health (Lot 1)	16,346	17,262
Reducing High Fertility Rates and Improving Sexual Reproductive Health Outcomes in Uganda (RISE)	3,952	4,552
DFID UK Aid Connect – Co-creation phase	4,109	3,582
Reducing Maternal and Newborn Deaths in Kenya – Improvement Quality of Care (MANI QoC)	10	627
Scaling Up Family Planning in Tanzania	3,033	2,384
Delivering Sustainable and Equitable Increases in Family Planning (DESIP) in Kenya	379	265
Ministry for Foreign Affairs of Finland		
Integrated Reproductive and Maternal Health Programme Phase VII (2018–2020)	480	–
Integrated Reproductive and Maternal Health (IRMH) Programme Phase VIII Afghanistan	132	–
Netherlands Ministry of Foreign Affairs		
Scaling Up Excellence – Core Funding	1,759	1,125
Increasing Access to Quality Family Planning and Reproductive Health	3,220	2,443
Norwegian Agency for Development Cooperation		
Breaking down barriers to Safe Abortion and Post-Abortion Care (SA/PAC) for all women and girls (expansion)	3,578	2,473
Population Services International		
Tsogolo Langa Family Planning Program	477	538
The Children's Investment Fund Foundation		
Catalyzing Sayana Press Introduction	266	556
CIFF Sahel Investment	5,601	2,460
Save the Children International		
MMR Global Fund HIV (HIV Prevention, Care and Treatment for Key Populations)	442	444

The annual financial statements are prepared in accordance with UK GAAP and Charities SORP and as a result are likely to differ from financial reports submitted to donors. Income recognised in the financial statements is likely to differ from the cash received from donors during the year. The income includes both grant income and donation income which can be found on note 3a) and 3b). For statutory reporting purposes, donor funds used to purchase assets, e.g. fixed assets or stocks, will initially be recorded on the balance sheet rather than being recognised as expenditure in the Statement of Financial Activities.

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Registered charity number: 265543
Company number: 1102208

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For citation purposes:
Annual Report and Financial Statements 2021.
Citation: MSI Reproductive Choices 2022.