

# 2022 **STANDING TOGETHER FOR**

# **CHOICE**



## TRUSTEES' REPORT

The Board of Trustees presents its report and the audited consolidated financial statements for the year ended 31 December 2022 under the Charities Act 2011 and the Companies Act 2006, incorporating the Directors' Report.

### Charity details

#### Registered name and charity number

MSI Reproductive Choices 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

Frank Braeken, Chair (appointed 8th March 2023)  
Glenda Burkhart (resigned as Chair 8th March 2023 and will continue as a trustee)  
Dr Mohsina Bilgrami  
Fiona Duby  
Claire Emma Morris  
Dr Kristin-Anne Rutter  
Jess Search  
Myriam Sidibe (appointed January 2022)

#### Chief Executive Officer

Simon Cooke

#### Independent Auditors

PricewaterhouseCoopers LLP  
1 Embankment Place  
London WC2N 6RH

#### Principal Bankers

Standard Chartered Bank Plc  
1 Aldermanbury Square  
London EC2V 7SB

#### Barclays Bank Plc

1 Churchill Place  
London E14 5HP

#### Investment Manager

GAM Investments  
8 Finsbury Circus  
London EC2M 7GB

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# WE ARE MSI REPRODUCTIVE CHOICES



**AS OUR NAME SUGGESTS, WE ARE UNAPOLOGETICALLY PRO-CHOICE. WE BELIEVE THAT EVERYONE SHOULD HAVE THE FREEDOM TO DETERMINE THEIR OWN FUTURE, ON THEIR TERMS.**

**Our teams work across 37 countries and six continents, supporting over 80,000 women and girls to access reproductive healthcare — including abortion and contraception — every day.**

With the help of our partners and donors around the world, we open doors, advocate for change, break down stigma, and go further than anyone else to make reproductive choice possible.

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

## **Our approach**

From trekking through mountains to deliver medical abortion care in remote villages, to offering digital health solutions, meaning people can manage their healthcare at their fingertips, and training public sector providers, so that quality reproductive healthcare is available for the long-term, we do whatever it takes to make reproductive choice possible.

**It only costs £6 for MSI to provide a woman with contraception for a year<sup>1</sup>; an investment that can help transform her life.**

[1] Based on cost per couple of years protection (CYPs) for our Outreach channel

# CHAIR OF THE BOARD AND CEO INTRODUCTIONS

**As an American, it is impossible to think about the last year without reflecting upon the Supreme Court's decision to overturn Roe v Wade. In those months since, I have been asked if I feel outrage, if I feel anger. Truth be told, what I feel is profound sadness.**

I am 72 years old. For the first 22 years of my life in rural America, I saw what happens without access to safe abortion. There are experiences from that time that I will never forget. Then there was Roe v Wade and for the last 50 years American women and I had the right to choose...the right to choose what we do with our bodies...the right to safe care. The Supreme Court took that away from us and it makes me very sad. It makes me sad for all of the women and girls who will either not receive the so desperately needed services, who will have to travel far away from home to find a state that might still support their needs, or who will be forced into unsafe situations putting themselves at great risk. It is wrong. Safe abortion is a human right.

The rollback of this fundamental right is hard to believe and even harder to understand, but if the last year has taught us anything, it is that when we work together we can tackle great challenges. Despite our dismay for the US, 2022 has seen significant wins in reproductive rights around the world, with MSI contributing to 13 policy changes. It's also been an incredible year for our teams. I am so proud of the progress we have made as an organisation and the results we have delivered.

And I am especially proud of the team members who have made it possible. I am humbled by their drive and commitment to our mission. The performance of our organisation depends entirely on their energy, innovation, and dedication. I thank our team and I thank all of you for your continued support of MSI. We are a partnership and partnerships are powerful. Working together, we can secure a better future for all.

**Glenda Burkhart**, Chair of the Board  
for Trustees up to 8<sup>th</sup> March 2023.



**Every day in 2022, over 80,000 women and girls were able to make choices about their bodies and their lives because of the work of MSI teams.**

That's a figure I'm immensely proud of; all the more so when you think of the challenges 2022 presented. From the devastating rollback of reproductive rights in the US and the global reverberations, to severe funding cuts and global economic uncertainty, MSI teams had to rally, focus, and innovate.

In partnership with governments, civil society, and grassroots organisations, our local MSI teams supported more women and girls with their reproductive health than in any other year in our history, with 21.1 million clients receiving care. We estimate that our work prevented 14.6 million unintended pregnancies and 7.2 million unsafe abortions, saving the lives of 42,600 women.

But these numbers are only part of the picture. 2022 saw us take great strides in our support for governments to strengthen their capacity to deliver reproductive health services, with partnerships in 24 countries. It saw us continue to challenge the rules, with MSI advocacy contributing to 13 changes in policy, law, regulation, and financing. And it saw us build our commercial approaches with growth in our service income, including through our clinic and social marketing networks across Africa and Asia.

I am delighted that all of this was delivered alongside progress in quality and equity. I'm particularly proud that our Manchester clinic in the UK became the first abortion clinic to receive an outstanding rating from the UK's healthcare regulator, while our focus on marginalised communities means that our services continue to reach those most in need. Adolescents now represent 18.5% of all MSI clients, up from just 10% five years ago.

These achievements are testament to the strength and efficiency of our operating model: our unique social business approach, which is helping to secure the sustainability of our services; our locally led teams, who are dedicated to making choice possible in their communities; and our global partnership approach, through which we hold ourselves to the highest universal standards.

However, to stay on track to deliver our 2030 vision of a world where no abortion is unsafe and everyone has access to their preferred method of contraception, we will have to overcome some of the toughest conditions the sector has ever faced.

The impact of the global pandemic and the war in the Ukraine is weighing very heavily on traditional donor budgets and we are expecting to see further cuts in Official Development Assistance and other sources of aid, which could lead to us being forced to discontinue some vital services. Several of our country programmes are at risk of closure without vital donor support. So, a key priority for MSI will be to more rapidly diversify our funding base.

We know all too well that there remains a critical gap between supply and demand for contraceptive choice in most MSI countries and that the majority of women and girls seeking abortion services still face unacceptable barriers to access. The need is as great as ever.

At MSI, we passionately believe that reproductive choice can change the world. For our clients, we're not just providing healthcare, we are supporting them to take charge of their futures. That's why we set our ambitions high.



We are so very grateful to our supporters and partners for coming on this journey with us — our work wouldn't exist without you. And despite the obstacles we know are ahead, together we can help women and girls build the future they deserve.

**Simon Cooke**, CEO

# 2022 OUR YEAR IN NUMBERS

## Who did we reach?

We work to ensure our services reach those often left behind or marginalised from healthcare, and in 2022:

### 21.1M

clients reached with sexual and reproductive healthcare last year

### 4.7M

clients reached with safe abortion or post-abortion care

### 2M

adolescents reached, more than double since the introduction of our adolescent strategy in 2017

### 33%

of our clients were accessing contraception for the first time

### 5%

of people we served were living with a disability

### OVER 80,000

people supported with reproductive choice every working day

### 1 IN 3

people served were living in multi-dimensional poverty

## What was our impact?

### 13

high impact changes in policy, law, regulation, and financing

### 42,600

women's and girls' lives saved

### 7.2M

unsafe abortions averted

### 6.1M

people accessed reproductive healthcare from over 6,000 government facilities supported by MSI across 24 countries

### 14.6M

unintended pregnancies avoided

### 41.6M

couple years of protection<sup>2</sup> CYPs in 2022, including 32 million contraceptive CYPs, a 7% growth on 2021

## Why choice matters



Reproductive choice helps build a fairer future for all



Every year, up to **four million girls** are forced out of school in sub-Saharan Africa due to unintended pregnancy



With choice, **girls can remain in education.** Each additional year of school can increase their earnings by up to 20%



**Choice supports economic empowerment.** For example, studies have shown when women are denied abortion access, they are more likely to experience poverty, debt and eviction

But millions of people are still denied choice:



**257 million people** want to use modern contraception but have no access



Every year an estimated **35 million women** and girls are forced to resort to an unsafe abortion



**9 million** will face medical complications as a result of unsafe abortion and **22,800 will die**

[2] Couple years of protection (CYPs) is a measure that estimates the protection from pregnancy provided by contraceptive methods during a one-year period.

## IN THEIR OWN WORDS

# EIGHT STORIES ABOUT CHOICE

MSI is made up of nearly 9,000 dedicated professionals fighting for and delivering reproductive choice around the world, and we partner with thousands more individuals and organisations to make choice possible for our clients.

In the following stories, team members, partners and clients tell us about their own experiences of 2022 — from delivering women's healthcare during catastrophic flooding to helping young people access contraception for the first time.

## PARTNERING WITH THE PUBLIC SECTOR TO UNLOCK REPRODUCTIVE CHOICE

**In rural communities, opportunities to access reproductive healthcare can be few and far between. Where there are local public sector facilities, healthcare choices can be limited, with a lack of trained providers or products — but partnerships across the health system are changing this.**

**“By offering quality healthcare and choices, I know that the services we are providing are changing lives and they're saving lives too.”**

In 2022, MSI partnered with governments in 24 countries to strengthen reproductive healthcare and support over 6 million clients to access high-quality care

### PARTNERING ACROSS 6,000 PUBLIC HEALTH CLINICS GLOBALLY



We strengthened the skills of health providers, put clients and evidence at the heart of decision-making, and built strong supply chains

### 1 IN 10 PUBLIC SECTOR FACILITIES



Over the last decade, MSI Nigeria has collaborated with the government to support and strengthen the health system. We've supported one in 10 public sector facilities in Nigeria, across 35 of 36 states

### 2,700 NIGERIAN PUBLIC FACILITIES



In 2022, MSI Nigeria partnered with the government to support 2.5 million clients across 2,700 public sector facilities to access reproductive healthcare



### £144 MILLION DIRECT HEALTHCARE SAVINGS

MSI Nigeria's work has contributed to significant savings for the health system — saving an estimated £144 million in direct healthcare costs in 2022

**In Nigeria, MSI partners with the government at a local, state, and national level. Together, we advocate for the right policies for reproductive healthcare, ensure facilities have the correct supplies, deliver provider training and quality checks to offer contraceptive choice, and build community awareness about the options available.**

One of the public sector providers supported through the partnership is Zainab, a midwife at a Primary Health Care Centre in Wunti Dada, north-east Nigeria. Zainab shares her experience.

“In my community, there was a lot of stigma around contraception. Women and girls didn't know where to access reproductive healthcare and didn't know it was their right to do so. I would meet women facing an unintended pregnancy a couple of months after giving birth, as they just couldn't access contraception.

If women visited our facility for family planning, we were only able to offer short-term methods of contraception, as that's the training we'd received. So, in 2018, we started partnering with MSI Nigeria to change this. I was proud to be selected as the focal point, working with MSI to build our team's capacity

and train our midwives to provide a range of services — including long-acting forms of contraception.

We received training on the insertion and removal of methods like IUDs and implants, using MSI's job aids, counselling flipcharts and 'Choice Kits' to offer a full range of options. I now provide training, mentoring and supervision to my public sector colleagues, so that these skills are available for the long-term.

We let women and girls know that we're here for them. Our facility has community champions who partner with local leaders to deliver community educational sessions, build awareness among men and women on the value of contraception, and go into local schools to reach young people.

I've seen a big change in our community since. Women are aware of their reproductive health and options, and we've seen cases of unintended pregnancy and unsafe abortion fall. Before, women in our community could not make choices about their bodies — those decisions were made by the men in their life and based on whether they had the money to travel for healthcare.

Now, women and girls have the information and power to decide if or when to become pregnant and have the support of their partners. They can remain in school, or support their existing kids to stay in education, some go into work or start their own business — they can achieve what they hope for.

# WHEN ABORTION RIGHTS ARE UNDER ATTACK, WE FEEL IT AROUND THE WORLD

In June 2022, the US Supreme Court removed the right to abortion, unravelling decades of progress for women. This has only strengthened our resolve to advocate for and provide abortion unapologetically — it is essential healthcare and a human right.

**Dr Susana**, pictured on the right, is MSI Mexico's medical quality supervisor. She travels across the country to train abortion providers. She shares her reaction to the US Roe v Wade decision and why she's proud to provide safe abortion.

“When I heard the decision that American women's right to abortion, which they'd had for 50 years, had been stripped from them, I was shocked. I know the feeling of not having the right to abortion and fighting for it, but I can hardly imagine having the right and then having it taken away. The frustration of that must be unbearable. I can't understand how America is going backwards while its neighbours here in Latin America are moving forward.

MSI Mexico's nine clinics open our blue doors to everyone who needs to access safe abortion care, and that includes Americans travelling across the border. We opened a clinic in Tijuana right across the border in 2022, and we're soon opening another bordering America's southern states. While laws differ across our states here in Mexico, our own Supreme Court ruled to decriminalise abortion in 2021.

I know that the anti-choice movement has felt validated by what's happening in the US, but from my perspective they're fighting a losing battle. Progress is winning, and most countries across the world are expanding abortion rights and access. I've seen this progress first-hand.

Studying in a religious, all-girls school, I was taught that women should only aspire to cooking and being wives. And when I shook that ideology off and started studying medicine, I encountered ethics classes teaching me that abortion was a sin.

But when my good friend needed an abortion, I didn't hesitate to support her — and I realised the dangers that arise when women don't have access to safe care. We went to a dark, dirty clinic behind a convenience store, where she didn't receive any pain relief. All I could think was: how can I change this?

I'm so proud now to work for MSI, training abortion providers. I'm a master trainer which means I teach people who themselves become trainers, helping us to cascade information and skills at scale. I'm glad that no one who visits MSI is getting the experience my friend had — they get options, counselling, safe and quality care, and we support them to choose the life they want. Every person I teach means another safe provider in the world.

And it's not just access to abortion that I've seen change over time, it's people's attitudes too. When I first started, women were ashamed, secretive, and afraid. Now women are generally far more empowered and informed, confident about what their needs are. Of course, stigma still exists, but the more people talk about abortion the more we normalise it. For me, it's about giving everyone the choice.

**“MSI Mexico is just getting started — making plans to open more clinics and expanding our safe abortion care training. As for global reproductive rights, we're on the right side of history, moving forward in solidarity, and with more resolve than ever.”**

## 4.7 MILLION ABORTION AND POST-ABORTION CLIENTS

4.7M accessed an abortion or post-abortion care service with MSI. That means in the past ten years, we've doubled the number of people we've supported with abortion

## 7.2 MILLION UNSAFE ABORTIONS PREVENTED

In 2022, MSI's services averted 7.2 million unsafe abortions

## REPRODUCTIVE RIGHTS WINS

We contributed to legal and policy changes to expand access to medical abortion in the United Kingdom and Ethiopia, and successfully advocated for local governments in Kenya to increase their budget for life-saving post-abortion care

## CHOICE OF ABORTION METHOD

We're committed to offering both medical abortion and surgical abortion wherever possible. Across our global centres, the split of method choice is balanced with 54% of clients choosing medical abortion in 2022

# RECOGNISED FOR 'OUTSTANDING' ABORTION CARE

Everyone who has an abortion goes on their own personal journey,

from learning about their options, to making their choice to access care.

When a client enters through our blue doors, we're committed to supporting

them with the highest quality of abortion care, from the very first point

of contact through to counselling and aftercare.

Sarah Strutz and Chris Bain tell us about their MSI clinic being the first in the United Kingdom to be rated 'outstanding' by the Care Quality Commission.

“It wasn't that long ago that we'd arrive at work to anti-choice protestors shaming and intimidating us for providing abortion and our clients for seeking it.

It was horrendous witnessing our clients endure this and was a huge relief when we successfully persuaded the local authority to introduce a 'buffer zone' around our clinic back in 2020 to keep the harassers away. Finally, the welcoming haven we've worked so hard to create once you pass through our door wasn't marred by the cruel tactics of those outside.

We've known for a long time that the service we provide to every person who comes to us is outstanding — but in 2022 it was fantastic to get that recognition from the Care Quality Commission (CQC), England's independent healthcare regulator. And we're especially pleased to be the first ever abortion clinic in the UK with the outstanding rating.

The commission said our team members felt supported and valued, and therefore focused on clients' needs. It praised our focus on supporting individual choices, how accessible we are, and our openness to feedback.

It highlighted our safeguarding and community engagement, like working with gender-based violence or mental health charities, and social services when needed.



## HIGH-QUALITY CARE

MSI is committed to delivering the same high-quality care in every country where we work

## 75,000 UK ABORTION CLIENTS

In the UK in 2022, we supported nearly 75,000 people with abortion care



## ABORTION QUALITY INDEX

For many of our programmes, we use a framework called the Abortion Quality Index to monitor the safety and quality of care across all our services globally. In 2022, 32 of our country programmes reported on their quality scores, generating insights on how abortion quality can be continually improved across contexts



Our amazing safeguarding nurse supports clients from their initial consultation through to their treatment, and beyond. Our work doesn't stop with high quality abortion care — we actively continue protecting our clients' wellbeing and human rights after they leave us.

But the most gratifying praise was for our team. The commission said our staff "treated patients with compassion", taking "account of individual needs". During just three months in 2022, we received 128 messages of thanks from clients, with comments including: "Staff are amazing at their job" and "I can't think of anything that could have been done better".

For us, there's no better reward than hearing directly from a client that they felt truly supported.

**“None of this is surprising to us. The dedication of our colleagues stands out every day.”**

All MSI UK clinics are now rated good or outstanding. We'd be proud under any circumstances, but it feels remarkable as we're operating against a tough backdrop.

There is unprecedented demand. In 2019, our Manchester clinic supported 8,000 clients; and in 2022 it was more than double that at 17,000. Not only that, but abortion providers are coping with a lack of funding and a turbulent economic context.

**“But we're finding innovative ways to use resources effectively, motivate team members, and consistently exceed expectations. If there's one thing I know about our team, it's that we all have an unwavering commitment to reproductive choice, and we'll keep on working hard so that everyone who needs or wants an abortion is able to access the high-quality care they deserve.”**





# SUPPORTING GIRLS' FUTURES WITH REPRODUCTIVE CHOICE

We're supporting young people to have the power to decide if or when to become pregnant, remain in education and pursue their dreams.

**In rural Uganda, accessing contraception can be challenging if you're a young person. Adolescents don't always know where to go for services, and healthcare workers aren't always trained to provide them.**

This is a global issue. From a lack of awareness among young people, to laws and policies that require parental consent, and scarce provider training, adolescents have poorer access to reproductive choice across the board. That's why MSI has tailored strategies to remove the barriers that young people face — so they can make choices about their bodies and their futures, too.

MSI is partnering with the government of Uganda to build awareness of young people's healthcare and rights, including via community awareness sessions in schools, while training public sector providers to offer a full range of contraceptive methods and adolescent-friendly care.



Rachel, 18, accessed contraception at a government facility supported by MSI in Karago, Uganda. She shares why she chose to use contraception.

“ Accidental pregnancies can lead to school dropouts and family problems. I know a girl who had an early pregnancy and her family chased her! She dropped out of school and her boyfriend didn't take any responsibility.

When the health team came to visit our school, and educated us on contraceptive options, I knew I wanted to access a service. I decided to use contraception because I have a boyfriend and I want to avoid pregnancy. I want to complete university, get a job and get married before children.

I chose the IUD — some of my friends were already using it and recommended it. Now I encourage my other friends to use contraception too.

“I'd like to thank the health workers for visiting our school, for educating us, and for always being there to help if we have questions. Contraception has helped me remain in school and prepare for a good future.”



## 2 MILLION FUTURES

In 2022, MSI supported nearly 2 million adolescents with their sexual and reproductive health and rights

## SUPPORTING 400,000 TO STAY IN SCHOOL

Each year, more than four million teenage girls in sub-Saharan Africa are forced out of school due to unintended pregnancy. Across the MSI partnership, we estimate that 400,000 girls have been supported to continue their education in 2022. Data shows that each additional year of education increases a girl's future earnings by 10%-25%

## REACHING ADOLESCENTS IN PARTNERSHIP

In Uganda last year, more than 100,000 adolescents received a service from a public sector facility that's supported by MSI

## 800,000 YOUNG PEOPLE

Through MSI's partnerships with local governments, we supported six million clients in 2022 and almost 800,000 of these clients were young people

# PROTECTING WOMEN'S HEALTH DURING HUMANITARIAN AND CLIMATE CRISES

In times of crisis, the need for sexual and reproductive healthcare rises while access falls. MSI's local teams work in crisis and emergency settings — from the floods of Pakistan to conflict-affected Myanmar — ensuring that women's reproductive health services remain wherever possible.



**Dr. Tasneem Fatima** is the director of health services for MSS, a Pakistani NGO supported by MSI. She shares her story from the frontlines of Pakistan's flooding crisis.

“For those not living through it, the situation here in Pakistan must be difficult to imagine. In the summer of 2022, more than a third of our country — an area larger than Britain — was submerged under flood water in a climate disaster. Over 1,700 have died. UN Secretary-General Antonio Guterres said he'd “never seen climate carnage” at this scale. I certainly haven't.

Violent monsoon rains and water from melted glaciers swept away villages, affecting 33 million people. People have lost their homes, businesses, even their clothes — and certainly any conventional access to healthcare.

Amid all of this, our MSS team remained resilient, and I could not be prouder. We're the main organisation here providing sexual and reproductive healthcare, supported by the global MSI partnership. Our unique offering to this emergency response has been our 15 mobile outreach clinics traveling into affected areas to reach people where they are.”

Going to the frontlines has been difficult, both logistically and emotionally. Anyone travelling into the flood-affected areas is risking their life, myself included. Some of the people we've come across have told me: “You are the first people to come here and help us.” Almost all our providers are women — their bravery has been extraordinary.

We've travelled to over 1,600 emergency flood relief camps, serving over 185,000 people with sexual and reproductive healthcare like contraception, also pitching in to provide primary healthcare where possible (like treatment for skin infections and diarrhoea). We've been distributing menstrual health kits so women and girls can manage their own menstrual health — an essential part of their dignity.

The main challenge we've faced is making sure people have access to healthcare workers, facilities, and supplies. We've collaborated with the government and other NGOs to face the magnitude of this crisis together.

## 3.5 MILLION SUPPORTED IN HUMANITARIAN CRISES

In 2022, MSI supported over 3.5 million people in humanitarian settings, including in Afghanistan, Pakistan, Myanmar, the Sahel region of Africa, and the Tigray region of Ethiopia

## CLIMATE RESILIENCE

We are developing partnerships and programmes to integrate reproductive health with climate resilience

Displaced women are coming up to our vans seeking antenatal and postnatal care, emergency contraception, condoms, and clean birth delivery kits. I know of two women who have come to us in labour — our midwives brought them into our care, delivering their babies safely into the world in the back of a van.

In Pakistan, we are living through the stark reality of the climate crisis. We're being told to expect more events like this, which is scary. We must prepare for the future. That means delivering climate-resilient reproductive health programmes and strengthening community health infrastructure. Women and girls should always have access to essential reproductive healthcare — both in normal times and during an unthinkable crisis like this.

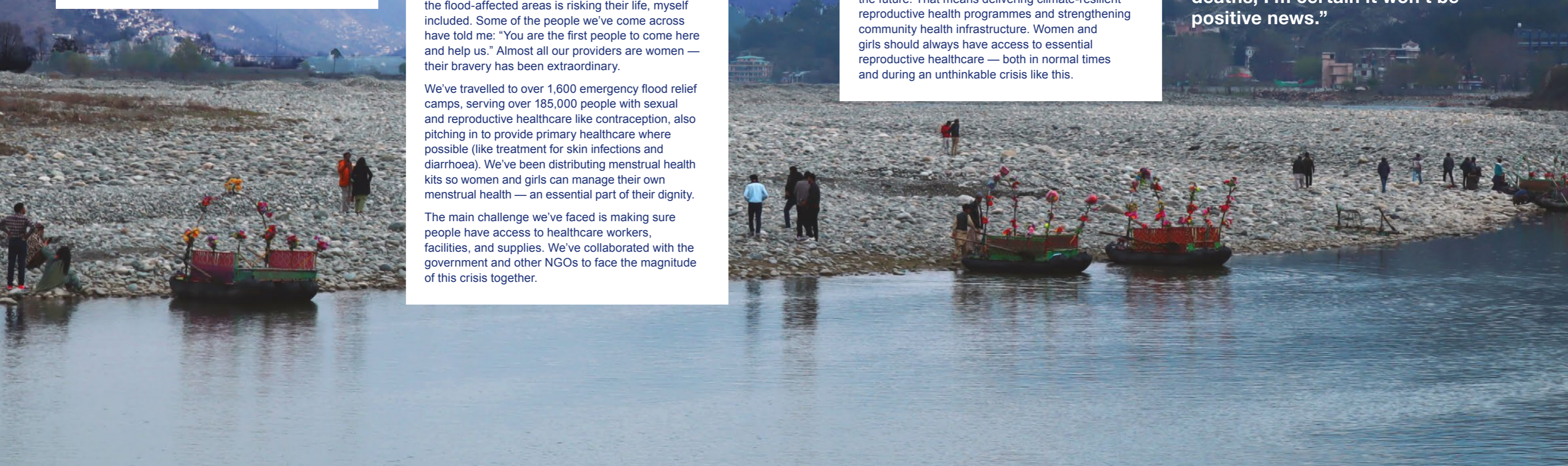
## EMERGENCY AID FOR 185,000 IN PAKISTAN

MSI teams visited over 1,600 emergency flood relief camps in Pakistan, supporting 185,000 people with essential healthcare

## SUPPORTING SURVIVORS

We have guidance and safeguarding measures to support survivors of sexual and gender-based violence — which rises in crisis settings

“I remain deeply concerned for the health of the estimated 650,000 pregnant women in these flood-affected areas. The maternal mortality rate here is already incredibly high, and while there's no reporting yet on how this disaster has affected maternal deaths, I'm certain it won't be positive news.”



# MAKING REPRODUCTIVE CHOICE POSSIBLE FOR THE LONG TERM IN AFRICA

To achieve our ambitious 2030 vision that everyone who wants contraception has it and that no abortion will be unsafe, we're leaving no stone unturned.

It will take partnership, strategic decisions, and significant investment.

And to ensure choice is available for the long term, that means building our social business income alongside critical donor funding.



**Banchiamlack Dessalegn**, MSI's Africa Director, shares her take on why MSI's locally-led, social business model will help deliver for women sustainably into the future.

“ I lead a 4,500 strong team here in Africa delivering quality reproductive healthcare to millions across our continent. And I tell them, it's simple: we're here to deliver for our women. To help them make informed decisions about their bodies and futures on their own terms.

Working at MSI, I'm proud to see fellow African leaders heading up our country programmes, many women at the helm, and innovative, long-term thinking to meet our bold vision; it excites and motivates me.

Delivering reproductive healthcare to 14.4 million people across Africa in a single year is incredible — and to be frank, it takes investment and a savvy social business model. When I say to people that MSI is a social business, I'm sometimes met with confusion. What does that actually mean? It means we're not your traditional non-profit. Our centres and maternity hospitals offer a range of reproductive healthcare services, and clients who can afford to pay for services, or who are part of health insurance schemes, cover the costs of their care. That way, donor funding and other income can be channeled into expanding reproductive choice further, reaching the most marginalised communities who are currently without access to these life-saving services. That means we can make sure no one is left behind.

We still rely on funding from donors who partner with us to help build a better, healthier, more equal world, but to offer choice long-term, we can't depend on donor funding alone. Our unique and adaptive model has helped us build some financial resilience, so that we can withstand shocks and funding shortfalls, which have been ever-present in recent years, to sustain our impact.

**“We'll continue to find ways to protect and expand access in partnership. I've never been more certain that with contraception and safe abortion care, we're helping create the future leaders of Africa; a new generation of women and girls with the power of choice.”**

It's not the only way we're making sure services are available for the long term. Our local teams are partnering with governments to strengthen national health systems (our teams in Nigeria and Uganda for example have built exceptional partnerships). We're securing health insurance coverage for contraception to make access more affordable (I'm proud of the team in Ghana for contributing to this advocacy win recently). And we're expanding points of care to make it as easy as possible for women and girls to access the services they want and need (in Ethiopia we successfully advocated for medical abortion pills to be available in pharmacies).

## 14.4 MILLION SUPPORTED BY MSI AFRICA

In 2022, we supported the reproductive choices of 14.4 million people across Africa

## MATERNITY HOSPITALS

12 of 31 MSI maternity hospitals are financially self-sufficient. This means donor income can be used for last-mile services, reaching those who face the most barriers to healthcare

## STRIVING FOR SUSTAINABILITY

As a social business, we're aiming for our centres and maternity hospitals to be 100% financially self-sufficient by 2023. In 2022, 88% of our operating costs in our centres and maternity hospitals were covered by income from health insurance schemes or direct payments from clients. This has increased from 77% in 2021

## EXPANDING CLINIC SERVICES

In many countries, we're expanding our clinic services to cover all areas of women's health, from menstruation to menopause, and everything in between

## ADVOCATING FOR HEALTH INSURANCE CONTRACTS

We advocate for health insurance contracts with governments and insurance companies so that cost doesn't prevent people from accessing the reproductive healthcare they want and need. In 2022, MSI had 124 health financing contracts across seven countries



# ADVOCATING FOR CHOICE AROUND THE WORLD

**In every country where we work, reproductive healthcare is unnecessarily restricted. The anti-choice movement is growing in funding, scale, and sophistication. Undeterred, we partner across the globe to advocate for all women and girls to have reproductive choice.**



Debanjana Choudhuri is the Director of Programmes & Partnerships for MSI's programme Foundation for Reproductive Health Services (FRHS) India. She tells us about a campaign that is changing reproductive rights in India.

“When the lawyers in the room heard the verdict, they sent me a WhatsApp message straight away. Years of advocacy had culminated in this moment on 29 September 2022 — India's Supreme Court declared that all women, married or not, have the right to safe, legal abortion.

For me, nothing could be better than this. I'm a mother of a 9-year-old girl and I advocate for her reproductive rights so she will never be denied the healthcare she needs to thrive. I'm proud to work for MSI in India and to help organise a successful pro-choice advocacy campaign.

It's called the Pratigya Campaign — a 127 member-strong coalition that advocates for safe and legal access to abortion in India. Our members include feminist, youth, and grassroots organisations like Lok Sahayata Society and The YP Foundation, alongside global support from the likes of Plan International, IPPF, and of course MSI. It's so powerful to have all these voices under one umbrella.

For ten years we have built a strong alliance, supported abortion providers, changed the legal landscape, and worked with media to remove abortion stigma in reporting. It's a democratic coalition with no real hierarchy at all, we all contribute our own expertise and support.

MSI brings experience as a global advocate for and provider of safe abortion, known to 'walk the talk'. MSI recognises that it's the locals who are the experts; we're the ones leading this change and fighting for our rights — so MSI resources and trains us and puts the support of the whole global organisation behind us. The participatory approach that says 'let's learn together' is the beauty of MSI.

Back to the big win last year! It started when a law was tabled in 2020 to undergo a review: the 50-year-old Medical Termination of Pregnancy Act, written from a colonial perspective and not at all women-centric. This was an opportunity like no other, so we rallied: we developed 10 recommendations for amendments and reached out to policymakers. We had champions from grassroots and youth groups speaking out in the media about why abortion is a right. Our voices were unified, and we spoke up loudly and bravely.

The judges agreed with five of our recommendations including that unmarried women should have access to abortion, and that only one provider should sign off on a procedure rather than two. It's still not perfect, but it was a watershed moment. After the media buzz died down, I took a moment to celebrate with everyone who had worked so hard for this. But there's always that voice in the back of my mind reminding me that hard-won rights can be taken away, and that laws need to translate into behaviour.

So, we continue onwards to sustain this movement in India, taking on the challenges of shrinking donor funding and a sophisticated opposition.

**“Advocacy takes time, but luckily there are many determined people and organisations here and across the globe, willing to put in that time.”**

## 13 ADVOCACY WINS

MSI contributed to 13 high impact changes in policy, law, regulation, or financing in 2022

## 78 POLICY CHANGES

Since 2016, our global advocacy efforts have contributed to more than 78 policy changes

## RISE OF ANTI-CHOICE

The US Supreme Court overturned Roe v Wade in June 2022, removing the right to abortion — and we witnessed a rise in anti-choice activity across the globe

## PARTNERING FOR IMPACT

We apply advocacy approaches through local and government partnerships to increase impact



# THE POWER OF TECH AND TELEMEDICINE: EXPANDING ACCESS IN A DIGITAL FUTURE

Women and girls have more agency over their reproductive healthcare thanks to MSI's digital and technology strategy. We're investing in global contact centres, the expansion of telemedicine, and digital information and services.

**Afua Krah-Kessie** works at MSI's contact centre in Ghana, fielding calls and giving clients information. She shares how digital tech is expanding access to reproductive healthcare.

“ When I pick up the phone, I don't know who I'm going to get on the other end of the line. Last week I spoke to a 20-year-old who just found out she was pregnant; she was shy to talk about it and crying a lot, completely at a loss for what to do and scared of what her parents would think. I told her she'd called the right place and talked her through all her options. By the end, she was calm and knew what she wanted to do. She said: I'm so glad I talked to you. This never gets old — being able to reassure people in these moments.

MSI has 33 contact centres around the world, and for the past five years I've worked in the Ghana contact centre, receiving and making calls, and helping our Ghanaian clients with their questions, bookings, what they can expect when they visit our centres, and referring them for telemedicine.

It's free to call us because we believe everyone has a right to accurate information and safe services. When someone contacts us, we provide non-judgemental information, explain their reproductive health options, and let them know where to access safe services. This helps our clients more confidently access and choose the services right for them.

In many of the countries in which we work, people can also use WhatsApp and Facebook to message us — some people prefer to contact us this way, and for others, the discretion is crucial.

Recent tech improvements have enhanced our clients' experiences. While we used to have to collect people's details from scratch every time we talked with them, now our systems are all connected so we know who we're talking to and when they've received our services or called before.

By investing in digital, we're working towards a world where no one will be more than one contact or one hour away from a safe service. We're busy mapping all local reproductive health services so we can direct people to their most convenient quality provider; whether that's MSI or not.

And for abortion services, telemedicine is revolutionising how we deliver care. In some of the countries where we work, including here in Ghana, medical abortion pills are enabling women to have abortions safely at home. When a client chooses this method, we coordinate the delivery of the medication, and then we're here on the phone to talk them through the abortion process and offer aftercare support. I remember when we helped someone living with a disability to access abortion services through telemedicine; they really feared being stigmatised and were able to access this safe service in the way that best suited them. Some women call back lots of times for advice and support as they're going through the process — it's a privilege to be alongside women during their personal journey.

Digital advancement is helping smooth processes and expand access to make reproductive choice easier for everyone. But we're still real people offering real support. My favourite part of my job is showing people that they're not alone, that they're in safe hands. Telling them: we are here for you.

## 3 MILLION CONVERSATIONS

In 2022, our global contact centre agents had almost 3 million interactions with clients via phone calls and social media messages

## REACHING ADOLESCENTS

Around 10% of our conversations over the phone are with adolescents. Social messaging via WhatsApp, Facebook, and other platforms are also a popular way for young people to reach us for advice and information

## GHANA'S CONTACT CENTRE

interacted with clients 217,000 times last year — that's increased from 199,000 in 2021

## TELEMEDICINE

Telemedicine is an essential tool to expand and ensure access to critical services like early medical abortion. In 2022, MSI Ghana served an average of 112 women each month with medical abortion telemedicine services, reaching a higher proportion of students and young professionals

## DIGITAL ACCESS

In 2022, we developed two new strategic partnerships to expand access via digital technology



# OUR STRATEGIC REPORT

In 2022, MSI delivered a record year of impact. Against a backdrop of challenges like the reversal of abortion rights in the US and ongoing rebuilding from COVID-19, we worked with governments and partners to deliver for women and girls. Together with our partners, we supported 21.1 million clients with sexual and reproductive healthcare, including comprehensive abortion care for 4.7 million people, and we supported nearly 2 million adolescents, helping girls stay in school and choose their future paths.



**Our donors, partners, and local teams are transforming access for the next generation. Millions more women and girls are making choices about their bodies and futures, empowering them to access the education they want, and gain and exercise their economic and political power.”**

Banchiamlack Dessalegn PhD, MSI Africa Director

## OUR 2022 OBJECTIVES: HOW DID WE DO?

**This was the second year of our 10-year strategy, *MSI 2030: Your Body, Your Choice, Your Future*, in which we set out our bold vision for the future: by 2030 no abortion will be unsafe and everyone who wants access to contraception will have it.**

Our overarching commitment for 2022 was to continue towards this vision by developing sustainable approaches and building strong partnerships across health systems. Read more about our 2022 MSI 2030 objectives and how we performed:

2022 Objectives	How did we do?
<b>To expand access to contraceptive choice, we committed to delivering a minimum of 28.3 million contraceptive CYPs.</b>	We delivered 41.6 million CYPs in 2022, a 7% growth on the previous year. Of those, 32 million were contraceptive CYPs. This means we supported more people than ever before with their contraceptive choices.
<b>To ensure our programmes are less dependent on donor income, we committed for programme service income to exceed £9 million of growth vs 2021.</b>	We achieved £9.6 million in growth, with total programme service income 23% ahead of 2021. Income from our services is a crucial part of our social business approach and financial sustainability.
<b>To ensure we're able to reach the most marginalised communities, we committed to fill the grant income pipeline for 2023 and beyond.</b>	We secured the grant income required to fill the pipeline for 2023, but we face some uncertainty around donor funding for 2024 and beyond due to cuts in overseas development assistance. We continue to actively raise grant income to address the gaps.
<b>To ensure our centres are sustainable, we committed to moving our core centres closer to 100% service income to cost, meaning they are self-funded, via service diversification and stronger commercial management.</b>	87% of centre operating costs were self-generated by service income in 2022. This was up from 74% in 2021. 40% of our centres now have a service income to cost ratio of 100%. Our service income to cost ratio in our maternity centres improved by 8% to 92% in 2022.
<b>To ensure our Diversity, Equality and Inclusion goals remain on track, we committed to embedding our transformational organisation strategy, with a focus on increasing overseas representation in the Global Support Office and country leadership.</b>	In 2022, we launched MSI's DEI strategy. We made progress towards our goal of 100% of country leaders being from the countries and regions where they work, with this figure now sitting at 95%. We moved closer to our goal of 50% of our senior leadership positions being held by women, with the figure at 47%. And we increased overseas representation in our global support office, with a third of our support office now based outside of the UK.

## OUR 2030 COMMITMENTS: ARE WE ON TRACK?

### MSI 2030 goals

By 2030, we will serve at least 120 million women and girls with voluntary high-quality sexual and reproductive healthcare, or at least 20 million a year throughout the decade.



By 2025, we will achieve “gold standard” in MSI’s three quality measures across all MSI country programmes: Clinical Quality Score (CQS), MSI Abortion Quality Index (MSAQI), and Client-Centred Care (CCC).



By 2030, 100% of the countries where we work will have improved access to sexual and reproductive health and rights because MSI is actively influencing laws and policies, to create an enabling environment.



By 2030, at least 35% of all MSI programme revenue will be from product sales or service income. This will ensure services are available for the long term.



### How did we do?

In 2022, we reached 21.1 million clients with sexual and reproductive healthcare, which alongside the 19.4 million clients reached in 2021, puts us on track to meet our goal.

In line with our quality commitments, we measure our teams with a Clinical Quality Score and Abortion Quality Index. In 2022, we did this across 32 programmes. As standards improve, we can shift the goal posts and ensure a culture of continuous quality improvement. Last year, we were proud to also launch our Client-Centred Care metric across 28 programmes, to track and improve client experience. With all three metrics now in place, we are able to monitor progress and identify where there’s still work to be done to deliver this goal.

In the face of a well-funded anti-choice movement and persistent abortion stigma, MSI and our grassroots and coalition partners remained resilient, progressing advocacy campaigns to expand reproductive choice. In 2022, we contributed to 13 high impact changes in policy, law regulation and finance, keeping us on track to deliver this goal.

In 2022, 27% of all MSI programme revenue was generated from product or service income – from clients who have the means to pay either out-of-pocket or via health insurance – up from 24% last year. This puts us on track to deliver this goal.



Our 2030 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 our goals and eliminate systemic gaps. Read about our progress within each pillar in 2022:

### Leaving no one behind

At the heart of our MSI 2030 strategy is ensuring that no one, whoever they are or wherever they live, is left behind. We take a twin-track approach, taking services directly to communities that the health system doesn’t reach, while partnering with governments to support them to deliver sustainable sexual and reproductive healthcare. In 2022, we supported 11.1 million clients via our ‘leave no-one behind’ programmes.

In 2022, MSI partnered with governments in 24 countries to strengthen reproductive healthcare and support over 6 million clients to access high-quality care. Across over 6,000 clinics, we trained health providers, put client-centred data and evidence at the heart of decision-making, developed stronger supply chains and built community awareness. Our collaborative efforts are shaping health systems, so that high-quality sexual and reproductive healthcare is available for decades to come. Read more about our health system strengthening work in Nigeria on page 10.

Our focus on reaching the most marginalised communities has led to increases in the number of hard-to-reach clients we’re supporting. Over 70% of our contraceptive services were delivered to people from underserved communities and 2 million of our clients were adolescents — 300,000 more than last year.

“I want to have a break from having children — I want my kids to grow bigger, so they can go to school. If MSI hadn’t have come, I wouldn’t have known what to do. Now, with family planning, we can give birth when we want. Thank you for bringing this to us.” Naomi, 19, an MSI Nigeria client who accessed contraception

### Strengthening private sector provision

Around the world, the private sector has an important role to play in the expansion of access to reproductive healthcare. We are committed to building a sustainable network of private sector clinics that understand women’s healthcare needs.

Last year, we supported more than 2.3 million clients in our centres, including at our specialist maternity centres.

We also made progress against our sustainability goals, with 91% of centre operating costs being self-generated by service income (up from 74% in 2021) and 40% of our centres now having a service income to cost ratio of 100%. This increase was in part due to diversifying the services we offer through our centre network to support women throughout their reproductive lives. Our award-winning ‘Every Stage of Woman’ campaign, which launched in 2021 in Ghana, has been adapted by our programmes in Malawi, Ethiopia and Nepal, and is helping to drive awareness of MSI as a provider of high-quality advice and services throughout every part of a woman’s reproductive life.

Sustainable reproductive healthcare services protect women’s access for the long-term. Many women seeking abortion care will need or prefer to access a service in person, for example those requiring a surgical abortion or support following an unsafe abortion attempt, and we are committed to keeping surgical and in-person medical abortion options available through our centres.

### Beyond contraception, abortion, and post-abortion care, we supported clients with services including:

- ✓ Safe motherhood services, including antenatal and post-natal care and deliveries — 590,000 supported
- ✓ HIV and STI testing consultation and treatment — 615,000 supported
- ✓ Cervical cancer screening and preventative therapy — 210,000 supported
- ✓ Immunisation services including HPV vaccines and under 5 childhood vaccines — 140,000 supported

### Putting choice in her hands

We are committed to putting choice in the hands of our clients. We're providing quality products for people to manage their healthcare on their terms, while harnessing digital technology to drive awareness and deliver a continuum of care.

In 2022, 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 launching new products, increasing the number of outlets where people can buy our sexual and reproductive healthcare products, and rolling out new digital approaches to support product distribution. We also trained pharmacists and retailers on product quality and how to effectively advise clients.

As a result, nearly 4 million women accessed a medical abortion or post-abortion care service via our social marketing channel. Across our portfolio of sexual and reproductive healthcare products, sales grew by 23%.

So that our clients can access information and advice when using our products, they are supported by our global network of contact centres. In 2022, we had almost 3 million conversations via our contact centres, a 10% increase on the previous year. We continue to leverage digital channels and partnerships to signpost women for further information and referrals.

**“The fact it was all done over the phone, and I could have an abortion at home was amazing. Efficient, caring, understanding, non-judgemental, and above all else confidential.”** MSI UK client who accessed a medical abortion via telemedicine

### Funding the mission

The sexual and reproductive health sector continues to face a funding crisis, with economic uncertainty, the impact of the global pandemic and the war in Ukraine all affecting traditional donor budgets and overseas development assistance. We are working hard to diversify our funding sources and grow our future funding pipeline to sustain and increase our impact. We're making the case to new partners for why reproductive choice is key to building a fairer world, while also expanding domestic financing for sexual and reproductive healthcare, increasing our social business income, and ensuring strong financial stewardship to provide value for money.



In 2022, we continued to make progress in broadening our funding base with 50% of our donor income now coming from private giving and 50% from government donors, compared to 25% and 75% five years ago. We have also grown the income generated through our social business activities and are doing all we can to maximise the impact of every £1 we spend on our programming. Innovations like our 'split teams' approach — where our teams work in partnership with public sector providers to extend our geographical coverage — are increasing our reach in underserved communities, delivering excellent value for money. However, to ensure we're still able to reach the most marginalised communities, we still require significant donor funding.

### Making choice possible through partnerships and advocacy

In 2022, we removed legal, policy and financing barriers to access, strengthened our visibility and reach to support fundraising, built new partnerships to deliver services, and fought back against the anti-choice opposition that threatens our mission. The year saw continued nurturing of relationships with governments and funders, communications strategies that position MSI and reproductive choice within broader global conversations, and focused advocacy.

Particularly noteworthy successes have been our contribution to securing a successful parliamentary vote in the UK to make telemedicine a permanent option, progressing abortion law reforms in Sierra Leone and Malawi, securing a new Health Extension Worker package in Ethiopia that allows pharmacies to provide medical abortion, and India's Supreme Court ruling that all women have the right to access abortion up to 24 weeks.

**“We work across six continents and there's only one thing that I always know to be true globally: locals are the experts. Grassroots organisations in local communities around the world are fighting for their rights, and my passionate MSI team members and I are with them every step of the way.”** Fatou Janssen, MSI's Regional Advocacy Advisor



### Transforming our organisation

We are evolving as an organisation by investing in our global workforce to ensure we are truly inclusive, client-centred and community-led, while harnessing the power of digital technologies to expand our reach.

We were proud to launch our first Diversity, Equality and Inclusion Strategy and framework last year, which sets our priorities across this crucial area. We also made progress towards leadership representation at MSI.

By the end of 2022, 95% of our country directors were from the countries or regions where they work, and women made up 47% of our senior leadership. We continue to roll out our women in leadership programme to support our female team members to progress into leadership roles.


You can read more about our commitments to diversity, equality and inclusion and to supporting the development of our team members in our People Section on page 48.


We continued to deliver on the priorities set out in our Digital and Technology Strategy with the launch of our Africa tech hub, our electronic health records system (now in 15 countries), and our digitally-enabled contact centre technology (also now in 15 countries) to improve client experience.

**“It is deeply important that MSI works to ensure that the inclusive work it does externally mirrors a radically inclusive and progressive internal culture. DEI cannot just be something that you talk about. I know that a positive, inclusive culture will translate into even more effective service delivery for women and girls around the world.”** Myriam Sidibe, Board Member and DEI Sponsor


# OUR COMMITMENTS FOR 2023


In 2023, we will stay focused on our 2030 vision of a world where no abortion is unsafe and everyone can access contraception, prioritising the following goals:

 Remain on track to deliver our **MSI 2030 goals** for expanding access and impact

 **Increase revenue through our social business channels**, including social marketing and our commercial centres, to support the sustainability of our global partnership

 **Generate growth in our grant and donor income pipeline**

 Ensure **all programmes meet MSI's standards** for governance, clinical quality, values and behaviours

 Continue to build a **'One MSI' culture** that reflects the diversity of our team members and provides equal opportunities to thrive



## OUR REGIONAL PERFORMANCE

**While guided by our global strategy, we know that the way we work in each region and country is most effective when it's context specific. Our regional leaders have shared updates on the progress our teams made in 2022:**



### Africa

In 2022, we merged our East and Southern Africa region and West and Central Africa region into one, to create MSI Africa. MSI Africa consists of 16 countries and 4,500 team members all working toward one goal: to ensure every person on the continent has access to the same life-saving services.

MSI Africa is creating a sustainable social business that, together with governments and the public and private sectors, will protect and accelerate access to sexual and reproductive healthcare. This means serving the most marginalised clients with our mobile outreach teams, while also building sustainable commercial outlets, supporting our efforts to reduce reliance on donor funding.

MSI Africa supported the delivery of 16.5 million contraceptive CYPs and supported 1.32 million people with abortion and post-abortion care services in 2022 (a 31% increase from 2021). Our providers had 9.2 million client visits, of which 7.7 million were for contraception, abortion or post-abortion care services. This included in humanitarian-affected settings, such as Tigray in Ethiopia, where our providers went above and beyond to keep services open wherever possible.

We continued to work closely with the public and private sector, always complementing the health agenda of each country. In many countries, we have reduced the services MSI provides directly and are instead supporting the delivery of services through public sites — improving quality of care and transferring control of high-performing public sector sites to governments. In others, we are on-the-ground providing services to women in communities where there are no clinics.

We continued to build a strong commercial base for sustainable services, including streamlining our centres, strengthening our maternity facilities and improving product distribution. In 2022, our centres increased our service income to cost ratio from 86% to 104%, excluding centres operating in difficult humanitarian contexts. And we've been negotiating an increasing number of contracts with insurance companies for health financing.

As part of our maternity services expansion, we continued to operate 27 Basic or Comprehensive Emergency Obstetric Care level facilities in 2022. These facilities support women with high quality maternity care and other health services.

The Africa region also saw strong growth in our social marketing operations. The number of abortion and post-abortion care services accessed via our social marketing products grew by 47% compared with 2021. We focused on expanding our product range and in 2022, launched new contraceptive products in Ghana, Sierra Leone, Zimbabwe and Zambia, and other new products such as pre-natal vitamins in Uganda.

MSI Africa country programmes are led by teams that have deep experience and knowledge and insights to share, and their voices will guide where we go as an organisation over the next decade.



### Spotlight On: Nigeria

For over 12 years, MSI Nigeria has provided healthcare services that support people to make the reproductive choices that are right for them — and in 2022, they reached more clients than ever before. In a record-breaking year, MSI Nigeria supported over 3.5 million clients with contraceptive services, resulting in 7.6 million contraceptive CYPs.

This growth has supported the health and futures of clients, and saved lives. We estimate that in 2022, MSI Nigeria's services prevented 3.14 million unintended pregnancies and 1.37 million unsafe abortions, saving the lives of over 17,000 women.

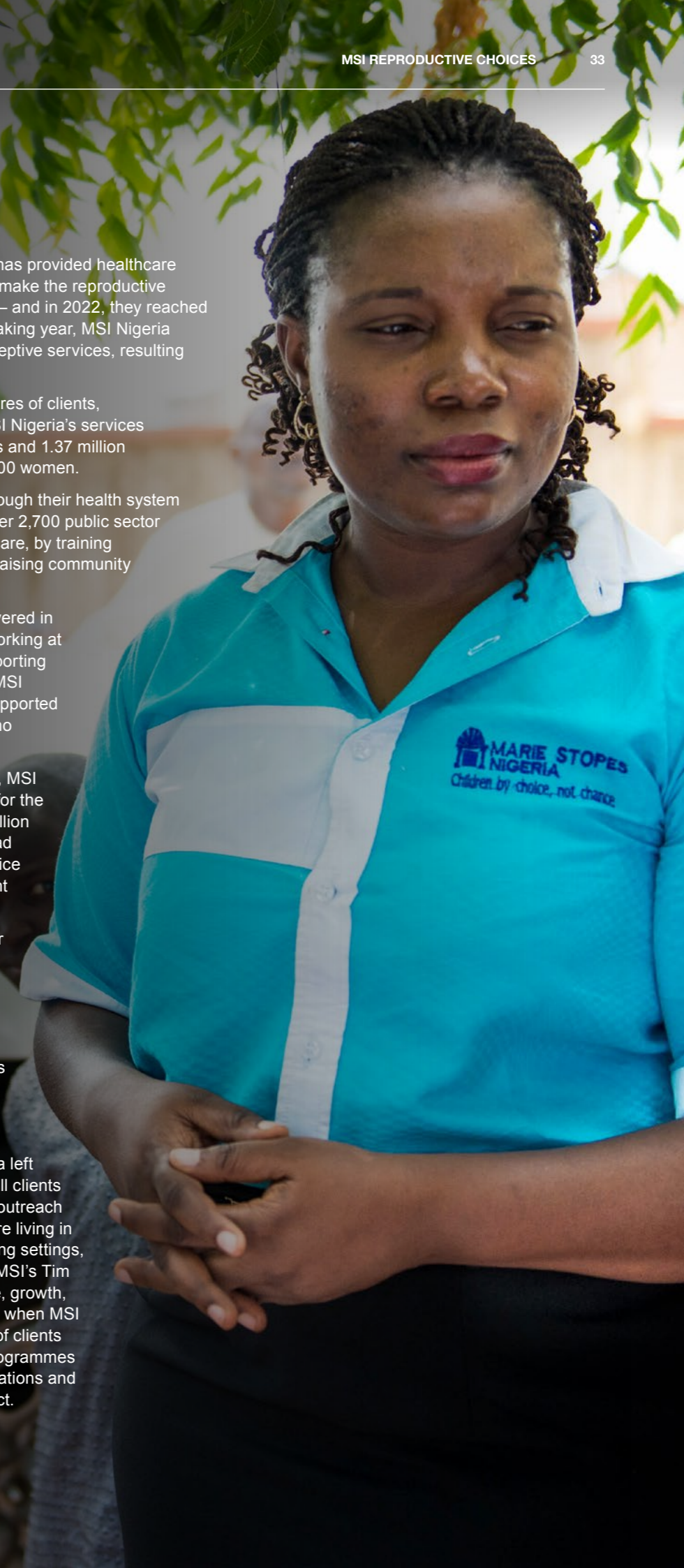
MSI Nigeria's impact was largely achieved through their health system strengthening work, as the team supported over 2,700 public sector facilities to deliver quality reproductive healthcare, by training providers, building strong supply chains, and raising community awareness of the services available.

Over 70% of MSI Nigeria's services were delivered in partnership with the government of Nigeria, working at state and federal levels, with MSI Nigeria supporting one in ten of Nigeria's public sector facilities. MSI Nigeria's outreach and MSI Ladies channel supported this work, reaching remote communities with no alternative access to reproductive healthcare.

And through the healthcare services provided, MSI Nigeria has contributed to significant savings for the health system — saving an estimated £144 million in direct healthcare costs in 2022. You can read more about MSI Nigeria's work to support choice via the public sector in our 'In their words: eight stories about choice' section of this report.

To ensure access to MSI Nigeria's services for the long-term, the team focused on achieving financial sustainability in several areas, including their clinics. By providing a wider pool of healthcare services, MSI Nigeria covered 100% of their centre costs in 2022 from service income. Elsewhere, MSI Nigeria's social marketing business generated over £1.15 million in revenue by distributing quality reproductive health products.

Crucially, the services provided by MSI Nigeria left no one behind and were high quality. 15% of all clients were adolescents and for those served by an outreach team, 56% were living in poverty and 36% were living in severe poverty. Despite the at-times challenging settings, MSI Nigeria maintained quality and achieved MSI's Tim Black award for demonstrating impact at scale, growth, quality, resilience, diversity and inclusion. And when MSI Nigeria asked their clients for feedback, 94% of clients served through our 'leaving no one behind' programmes shared that their experience exceeded expectations and 99% agreed that they were treated with respect.





## Asia

Despite challenges faced, such as political instability, protests, and insecurity in the Asia region, compounded by natural disasters like the flooding crisis in Pakistan, 2022 proved to be a year of resilience and innovation for our programmes.

In Bangladesh, we secured a government contract to deliver services in hard-to-reach areas with seven outreach teams, helping us reach communities who face huge barriers to accessing reproductive healthcare.

In Nepal, we moved the needle on sustainability, increasing our service income to cost in our centres from 73% in 2021 to 101% in 2022, by diversifying the services we offer and through cost efficiencies. And two additional MSI Ladies in Nepal (bringing the total to five) have enabled us to expand our public sector partnership, meaning more local training and upskilling for sustainable services.

Our programme FRHS India led the Pratigya Campaign for Gender Equality and Safe Abortion to a major victory, when the Supreme Court of India declared the right to abortion for all women, regardless of marital status, up to 24 weeks gestation. This has opened the door to expand access to safe abortion services.

2022 also saw the completion of the first full year of the RESPOND programme, our COVID-19 response program funded by the Australian Government, delivered in partnership with the International Planned Parenthood Federation across eight MSI country programmes in Asia Pacific.

The services provided under this programme averted over 224,000 unintended pregnancies and over 86,000 unsafe abortions — a huge success. With an increase in sexual and gender-based violence (SGBV) during the pandemic, the RESPOND programme also supported us to strengthen our approach to supporting survivors, with nearly 25,000 SGBV survivors referred to specialist services.

Meanwhile, we invested further in digital access to information and services with our contact centres across Asia. Nepal, Bangladesh, and Afghanistan rolled out new technology to support a better client experience when people connect with our contact centres, ensuring that they receive the right information and support. And in Cambodia, we successfully trialled introducing telemedicine medical abortion services — both through MSI and by partnering with the government. 68% of telemedicine clients were adolescents, which shows the importance of this option to make sure young people can have access to the healthcare they want and need.

As shown through these examples and many others, MSI's programmes across Asia and the Pacific are focused on delivering inclusive, essential, and life-saving reproductive healthcare.

**“ We used to use the moon to keep track of when we could get pregnant, but still, I have had six unplanned pregnancies. When my sister told me about MSI, I said ‘I want to go there now!’ Now that I know about it, I will tell everyone. Women can choose what they want, men do not control us. This implant makes me feel powerful.”** Dorothy, MSI Papua New Guinea client



## India social marketing

Our social marketing channel supports people to access high-quality and affordable sexual and reproductive healthcare products from a range of health outlets, including pharmacies, which can be the only source of healthcare in some communities.

Our India social marketing programme is the largest across the MSI partnership and is a market leader in expanding access to safe abortion medication, affordable modern contraception and other reproductive healthcare products.

Our team works across 18 states in India, supporting 130,000 outlets and 15,000 doctors, as well as distribution outlets in other countries, including Cambodia and Nepal.

Our product distribution programmes were delivered with commercial best practice approaches and a focus on building the distribution, sales and detailing skills of our social marketing teams.



## Latin America

In 2022, our operations in Mexico and Bolivia faced a variety of challenges, from anti-choice protesters outside of our clinics in Mexico to political conflicts in Bolivia. Despite

this, our programmes in both countries expanded their services to reach more women with high-quality sexual and reproductive healthcare.

In Mexico, we provided care to 77,500 clients, preventing 19,400 unintended pregnancies through our contraceptive services. Since the Supreme Court decriminalised abortion in Mexico nationwide last year, we launched a national telemedicine programme, and opened new centres in Veracruz and Baja California. Our network of midwives in the south-east, focused on reaching the most underserved communities in Mexico, grew to 578 midwives, health promoters, doctors and nurses who distributed more than 5,800 subsidised sexual and reproductive healthcare supplies. Together, our midwife network and social programmes delivered 11,140 subsidised sexual and reproductive healthcare supplies and services throughout the country.

In Bolivia, we continued our focus on reaching adolescents with the opening of two new youth centres. We now have five adolescent-focused clinics across the country, and 16% of all client visits are adolescents. We expanded our cervical cancer prevention services in our outreach visits, centres, and youth centres, reaching close to 5,000 women, 59% of whom were from rural areas. And we increased the number of providers trained to perform no-scalpel vasectomy from four to 11, going from 77 procedures in 2019 to 916 in 2022. Our increased capacity and expanded services allowed us to support close to 90,000 clients, reaching more than 300 health centres in rural areas through outreach visits. We prevented 51,216 unintended pregnancies and reached 127,128 people using a method of protection provided by MSI.

**“ I wish all women could have this option. At MSI, I was never judged, and the staff were extremely kind. I am grateful to have found MSI.”** Abortion client with MSI Mexico





## UK

2022 has seen MSI UK go from strength to strength, with our teams of doctors, nurses, midwives, and support staff around the country dedicated to delivering compassionate, high-quality abortion care.

With lack of access to contraception still an issue, and one which has worsened following the pandemic, more people than ever need our support. Our teams have responded magnificently to maintain access, and ensure our clients continue to have the choice they need and deserve.

To keep waiting times to a minimum and ensure clients can be treated as soon as possible, we have increased the number of surgical, medical and telemedicine appointments and expanded our contact centre workforce, with new hubs in Manchester and Maidstone. With very few abortion surgeons across the country and even fewer who can operate to legal limit, we are also training doctors to increase access and reduce the need to travel long distances. Through the introduction of online booking and webchat, we are also giving clients more choice over how they communicate with us.

Despite the unprecedented demand, quality continues to underpin everything we do, and we are proud that this was recognised by the Care Quality Commission, which awarded our Manchester clinic an 'outstanding' rating — the first ever in the abortion sector. Every MSI UK clinic is now rated either 'outstanding' or 'good'.

MSI continues to campaign for improved commissioning of abortion services nationally and are pleased to be making progress with discussions on commissioning and fair payment. 2022 also saw some big advocacy wins, with MPs voting in March to make at-home abortion a permanent option in England and Wales. Evidence from MSI played an important role in showing decision-makers that it's safe, convenient and many people prefer it to visiting a clinic.

In October, MPs voted again in favour of 'buffer zones', or safe access zones. Over the last year, we have seen an increase in anti-choice activity outside some of our clinics, which may well be in part because anti-choice groups feel emboldened by the overturning of Roe v Wade in the U.S. MSI has long advocated for national safe access zone legislation and once this receives Royal Assent in 2023 it will protect over 100,000 women a year to access abortion free from intimidation.



## 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.

Options is a global team of experts, building resilient and responsive health systems, in partnership with governments, the private sector, civil society and communities. In 2022, Options' turnover grew 4% to £23.2 million — a seven year high, despite deep in-contract cuts across our FCDO portfolio. Throughout the year Options maintained its focus on ensuring national ownership of well-financed, high-quality, inclusive and accountable health services. Successes include:

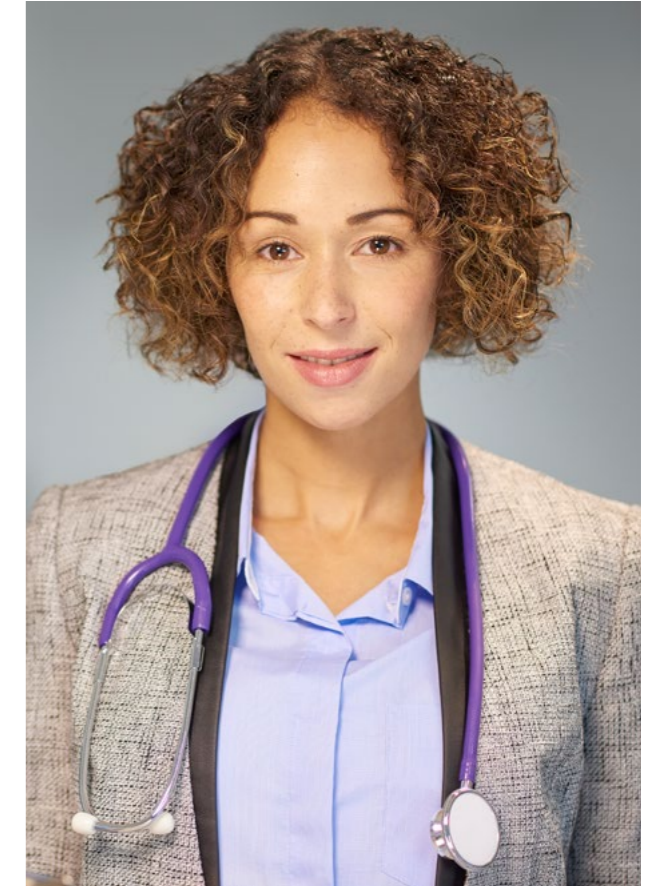
**Strengthening government stewardship of SRH quality improvement:** Options worked with governments to develop and implement an SRH quality assessment tool alongside action plans for improvement. Recent assessments in Madagascar, Pakistan, Uganda and Zambia resulted in significant quality improvements.

**Facilitating public-private partnerships:** In Madagascar, Options facilitated public/private sector engagement resulting in the inclusion of family planning in private health insurers benefits packages. This created access for an estimated 112,000 families, with a cost reduction of up to 80% in out-of-pocket costs.

**Increasing facilities budget allocation for family planning:** In Mara Region, Tanzania, our work has resulted in a 134% increase in the number of facilities allocating funding to family planning (32 to 75 facilities), resulting in a 64% increase in total budget allocated for family planning at facility level.

**Government accountability for budget allocation and utilisation:** In Nigeria, Options-supported advocacy resulted in a government allocation of Naira 180 million for family planning commodities and programmes in Kano, and Naira 30 million in Jigawa. In Malawi, Options advocacy and engagement with the Ministry of Health Planning Department and Reproductive Health Directorate resulted in the release of an additional KW 200 million for family planning commodities in 2021. In 2022/2023 this figure increased again to total KW 475 million.

The year also saw the conclusion of an innovative, proof-of-concept intervention to dramatically reduce deaths and injuries from unsafe abortion amongst adolescents. Across the five-year project, over 260,000 adolescents were supported with SRHR information, and over 36,000 received services. Sustainability and scale were key priorities in the final year, with Options providing mentorship to technical partners. We are proud to be leaving a legacy of local organisations that have the funding, technical capacity and networks to continue activity.



## Australia

MSI Australia successfully moved to virtual health services in 2022, providing clients with access to convenient and easy-to-book services such as pre-care nurse chat, medical abortion, counselling and vasectomy. We also expanded our vasectomy services, now operating in 33 locations across the country via partner clinics.

We are committed to advocating for sexual and reproductive healthcare, and as part of our advocacy work, we released the Australian Abortion Access Scorecard, which highlighted the state of abortion law in Australia and identified areas for improvement. Our advocacy work resulted in reforms being announced across various jurisdictions, including in the Australian Capital Territory and Western Australia. A Federal Senate Inquiry into universal access to sexual and reproductive healthcare was also established as a result of joint efforts.

Finally, South Australia became the last state to decriminalise medical abortion via telehealth and primary care settings.

## REGIONAL PERFORMANCE

	Income 2022 (£'000)	Income 2021 (£'000)	CYPs 2022 (000s)	CYPs 2021 (000s)
Africa	139,706	124,299	24,103	22,525
Asia	35,899	31,859	4,962	5,440
Pacific Asia	9,124	7,658	275	263
India Social Marketing	8,964	8,223	2,292	2,285
<b>Total Country Programmes</b>	<b>193,693</b>	<b>172,039</b>	<b>31,632</b>	<b>30,513</b>
<b>Self-Sustaining</b>				
UK and Europe	40,039	31,597	110	83
Options	24,911	22,382	–	–
Australia	21,943	22,569	44	47
Other Self-Sustaining	13,437	11,363	181	180
	<b>100,330</b>	<b>87,911</b>	<b>335</b>	<b>310</b>
Global Support Office	22,884	22,136	–	–
Sub-grants to Partners	5,597	8,710	–	–
Other Global Income Under GAAP	–	(167)	–	–
<b>Total</b>	<b>322,504</b>	<b>290,629</b>	<b>31,9673</b>	<b>30,823</b>

# STRUCTURE, GOVERNANCE, AND MANAGEMENT

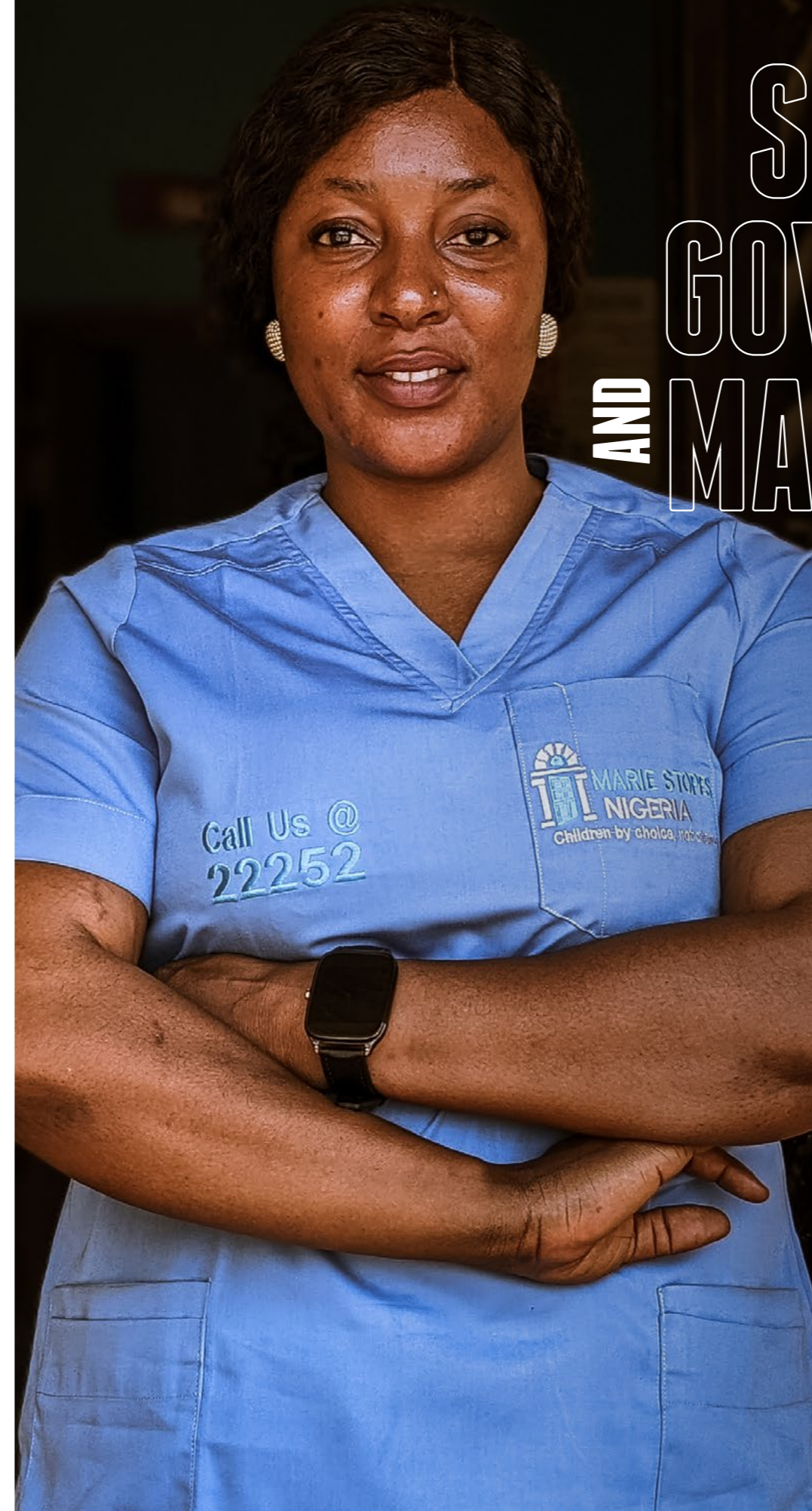
## MSI REPRODUCTIVE CHOICES' POLICY STATEMENT OF THE BOARD OF TRUSTEES AND MEMBERS

The organisation 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.

## 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 10a.

## 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 March 2023, Glenda Burkhart resigned as Chair of the Board after three years in the position. Frank Braeken, who has been on MSI's Board of Trustees since November 2016, was elected as her replacement.

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, goals, 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 and safeguarding training, and where possible visit one of our programmes in operation.

### 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, which includes a duty to promote the success of the company, and in doing so have regard to:

- the likely consequences of any decision in the long term,
- the interests of the company's employees,
- the need to foster the company's business relationships with suppliers, customers and others,
- the impact of the company's operations on the community and the environment,
- the desirability of the company maintaining a reputation for high standards of business conduct,
- the need to act fairly between members of the partnership.

Specifically, the Trustees have discharged their duties through consideration of the matters below. The following points are not intended to be an exhaustive list, but are illustrative of how the Trustees have fulfilled these duties during the year:

- 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 51. 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 is included in the People section.
- 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 MSI holds a regular 'Partners Meeting' and strategic conversations, which allow 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. The 'Our Commitments' section describes MSI's ethical and accountability initiatives, including joining the UN Global Compact, our commitment to Safeguarding, 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, the Remuneration Committee 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
<b>The International Clinical Governance Committee</b>		
Claire Morris (Chair) Glenda Burkhart Fiona Duby Myriam Sidibe	CEO COO Global Medical Director	To oversee client safety To review the clinical performance of international programmes To review the results of clinical quality audits To ensure MSI responds to clinical issues raised in client surveys, serious untoward incidents and clinical incident reports
<b>Finance Committee</b>		
Frank Braeken (Chair) Glenda Burkhart	CEO CFO COO Group Financial Controller Director of Informatics	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.
<b>Audit Committee</b>		
Kristin-Anne Rutter (Chair) Mohsina Bilgrami Glenda Burkhart Fiona Duby	CEO CFO COO Global Financial Controller Director of Internal Audit Director of Legal and Donor Compliance External auditor	To oversee the group's Strategic Risk Register and sources of assurance To ensure an effective group audit function is in place To assist in formulating the assurance needs of the Board
<b>Remuneration Committee</b>		
Glenda Burkhart (Chair) Mohsina Bilgrami Frank Braeken Tim Rutter (Advisor)		To approve remuneration arrangements for the CEO To oversee succession planning and development for the CEO and senior management To oversee and review group HR policies and practices
<b>Nominations Committee</b>		
Kristin-Anne Rutter (Chair) Glenda Burkhart Frank Braeken		To identify and make recommendations to the Board on candidates for appointment as Trustees To oversee succession planning for Trustees

The Trustees serving in the year ended 31 December 2022 and up to the date of signing this report are noted on page 2. 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.

# OUR COMMITMENTS

**At MSI Reproductive Choices, we believe it's not just what we do that matters, but also how we do it. In this section, you can read more about our organisational commitments and why 'the how' matters to us too.**

## Quality

At MSI, we believe that no matter where our clients visit us, they should receive the same level of quality and care. A client visiting a rural outreach team will receive the same standard of service as one attending a city centre clinic. To support this, 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. 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, which are equally applied to our rapidly expanding social marketing channel.

2022 saw 133 clinical quality assessments being conducted either remotely or in person, with particularly strong performances in the Centres, Outreach, and Maternities channels. Our specialised Quality Advisors for Public Sector Strengthening (PSS) continue to work in close collaboration with the channel as we strengthen our relationships with Ministries of Health to improve the quality of our service offering. The upwards trend in competency assessment coverage continued to new heights in 2022, with a record 95% of MSI providers competency assessed in the last 12 months for every service they provide. By the end of 2022, no single service delivery channel had below 90% competency assessment coverage. 2022 was also a record year for incident reporting. We don't often think of the word "incident" as positive, but clinical incident reporting is one of our key mechanisms for learning and growth. MSI instils a "no-blame" culture across its provider network, which ensures that our clinicians feel safe and empowered to acknowledge and take accountability for their own practice.

Our MSI 2030 Clinical Quality Metric focuses on the "building blocks" of clinical quality and is used as a tool to support our ongoing commitment to quality across MSI. Now in its second year, 21 programmes saw an improvement on their performance against 2021 data, with 60% delivering to the very highest standards in service provision quality. For programmes that are nearing gold standard, tailored support will be offered to ensure all programmes are offering a standardised and sector-leading standard of care.

## Being accountable

'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 whistle blowing hotline, Safecall, to provide an all-hours service, which is toll-free wherever possible. All staff are trained in 'speaking up' and the communication channels to do so are promoted at all MSI sites. MSI is committed to zero tolerance to fraud, bribery, or corruption and 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

MSI is a member of UN Global Compact and is committed to supporting the Compact's 10 principles. We pledge 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 2023, we published our 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 our procurement processes and supply chains. For further information, MSI's Modern Slavery Statement can be viewed on our website.

## Data protection

MSI has a Data Protection Officer who is responsible for our compliance with UK data protection law. To ensure a high standard of data protection across all our operations, MSI operates a global Data Privacy Programme, managed from the Global Support Office, comprising policies, tools and standards as well as training, support and monitoring for its country programmes. Each country programme has a data privacy champion, known as an information lead, who implements the Data Privacy Programme: managing breaches, undertaking privacy impact assessments and ensuring local compliance, supporting staff training and reducing or mitigating risks to data privacy wherever possible. Through the Data Privacy Programme, MSI is accountable, transparent, and fair in the way that it processes and protects personal data.

## 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 occur, these are quickly identified and responded to in a way that 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. All incidents are reviewed by a Global Safeguarding Decision Committee made up of senior management who ensure incidents are managed in line with global policy.

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 that have the potential to occur across our operating channels. Within the public sector, MSI seeks to complement established safeguarding frameworks, and where necessary advocates 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.



## Membership of the Fundraising Regulator

MSI Reproductive Choices 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 2022 nor did MSI engage in any door-to-door or street fundraising (2021: nil). No complaints were received (2021: nil).

### The Climate Crisis

Climate change exacerbates inequality and poverty, and disproportionately impacts women and girls, and the vulnerable communities in which we work. 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.

MSI contributes to the fight against the global climate crisis by supporting the communities in which we work to build resilience to climate change. At times, we pivot our services to provide relief from disasters caused indirectly or directly by climate change. We also remain committed to “leave no footprint” in our work, by working to reduce the impact of our work on the environment.

In 2022, MSI, together with other partners, published the advocacy guidance document ‘Climate Change Engagement: A guide for SRHR advocates’. This guidance was launched through a series of global webinars. Aiming to mobilise new allies and alliances between organisations and sectors, it provides guidance to SRHR organisations to engage in climate change advocacy, to secure climate finance and to develop stronger partnerships. MSI also jointly led the side event Removing Barriers to Family Planning in African Climate Policy Processes at COP27, which focussed on African leadership to integrate reproductive health into climate adaptation and resilience building.

2022 saw major climate-related flooding in Pakistan. MSI outreach teams were on the front lines of the disaster as the principal organisation providing sexual and reproductive healthcare services. We expanded our usual offer of long and short-term contraception for rural communities, to provide essential primary health care and menstrual hygiene kits, as well as supporting pregnant women to give birth safely.

As MSI settles into new, post-pandemic ways of working, it is looking to integrate and build on the new ways to collaborate remotely, in place of travel, which led to significant cuts to carbon emissions during COVID-19. 2022 saw the launch of the Asia Green Community of Practice, in which representatives from each programme support each other to develop environmental policies, meet donor requirements, and conduct environmental assessments.

Elsewhere, we introduced several initiatives to reduce our climate impact. By introducing new telehealth programmes in the UK and other country programmes, which support clients to access healthcare remotely, we have been able to reduce the need for clients to travel to clinics. In our Global Support Office, we’ve partnered with a specialist waste disposal business focused on recycling, continued to use a green energy supplier within the office and provide remote quality assessments and technical support wherever possible to reduce emissions. Our UK programme engaged the support of a B-Corp accredited low carbon healthcare consultancy, to help us better understand our current impacts, set carbon reduction targets and identify the measures we can take in the short to medium term to meet those targets.

MSI reports UK energy and carbon use in line with the Streamlined Energy and Carbon Reporting (SECR) guidelines. In total, relevant emissions in the 2022 financial year are 368 tonnes of CO<sub>2</sub>e.

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.

Carbon Report (UK Only) 2022 2021	2022	2021
<b>Emission for purchased electricity and gas</b>		
Total UK energy use	1,486,194kWh	2,270,256 kWh
Total CO <sub>2</sub> emissions	281 tCO <sub>2</sub> e	444 tCO <sub>2</sub> e
<b>Scope 3 – Indirect emission from business travel</b>		
Total UK energy use	371,762 kWh	262,824 kWh
Total CO <sub>2</sub> emissions	87tCO <sub>2</sub> e	61 tCO <sub>2</sub> e
<b>Total UK Energy use</b>	<b>1,857,956kWh</b>	<b>2,533,080 kWh</b>
<b>Total CO2 emissions</b>	<b>368 tCO<sub>2</sub>e</b>	<b>505 tCO<sub>2</sub>e</b>
<b>CO2 emissions per m2 floor space</b>	<b>50kg</b>	<b>63kg</b>

### 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.

To understand the impact of our work and the outcomes achieved for our diverse client base, MSI is committed to reporting programmatic delivery data disaggregated by sex, age and disability. All MSI programmes are required to collect comprehensive client data for the purposes of research, monitoring and evaluation, which is processed in accordance with the relevant data protection legislation, regulations, and internal policies.

Such data is publicly reported on an annual basis where it is possible to do so without compromising confidentiality, and where the data obtained is considered valid, reliable and representative.

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

- 18% of MSI’s clients were adolescents<sup>3</sup>
- 1.6% of MSI’s clients were male
- 98.4% of MSI’s clients were female<sup>4</sup>
- 5% of MSI’s clients were living with a disability<sup>5</sup>

### Gender equality

MSI is committed to advancing intersectional gender equality, transforming gender norms and power imbalances, and prioritising diversity, equality and inclusion.

Sexual and reproductive health and rights are key to gender equality. Reproductive health services based on respect and informed choice can strengthen people’s agency, challenge negative gender norms, and help to improve their social and economic position. This does not happen automatically; MSI designs service delivery and advocacy in a way that challenges prevailing power dynamics, inequality and discrimination.

In 2022, we continued to strengthen and deliver tailored programmes to reach individuals who face significant barriers in accessing health services — such as women living in extreme poverty, adolescents, people with disabilities and sex workers. We also engaged men as partners, agents of social norms change and clients.

We hired a new Senior Gender Equality and Social Inclusion (GESI) Advisor in our global support office to help implement gender-transformative and inclusive activities and ensure programmes use gender-responsive approaches including training, safeguarding and first line support for survivors of sexual and gender-based violence.



[3] exc PSS and SM, whole partnership  
 [4] This is based on client visits data for the whole partnership  
 [5] Source: CEI 2022 – which is a representative samples across MSI country programmes



# OUR PEOPLE

**In 2022, our team members continued to demonstrate their commitment to MSI and focus on achieving our mission.**

## Listening to our team members

We continue to work with and listen to our team members, to ensure that our teams are equipped with the tools, resources and information they need to reach their potential and meet our organisational goals. We communicate important information regularly through established channels such as our intranet site, monthly town hall meetings, digital newsletters and written and verbal cascades from senior leadership.

At the Global Support Office, the Team Member Council (TMC), which was introduced in late 2020, is now embedded as a vital mechanism for providing feedback and insights to the Executive Team and Senior Leadership, and continues to act as a channel for team members to share their experiences, ideas and perspectives. In particular, the TMC served as an invaluable resource for input into our employee engagement survey, pay review approaches and other HR initiatives in 2022.

To monitor the engagement levels and changing perspectives of our global workforce, we carried out a global engagement survey in 2022. The survey was designed to provide insights into how engagement levels in specific areas such as client-centred care, diversity, equality and inclusion and wellbeing had changed since the original survey in 2021. Over 4,600 team members took part (77% of our global workforce) and we're pleased to say that we achieved an overall engagement score of 82%, leading to MSI being awarded Agenda Consulting's Employee Engagement Award for the second year running.

Whilst the results were once again very positive, 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.

Our Board of Trustees continue to advocate for placing our people at the heart of everything we do. This was reflected in 2022 by Board-supported organisational decisions which focused on improving our approach to team member wellbeing, including financial wellbeing, and putting diversity, equality and inclusion at the forefront of our global people strategy. The Board's meetings dedicate time to review progress on these initiatives, such as the DEI strategy, the pulse survey findings and actions, the pay award and progress on the enabling pillar in the 2030 strategy. The Remuneration and Audit Committees also follow up on key areas, such as pay, staff retention, succession planning and induction.



## Diversity, equality and inclusion

In 2022, we built on our commitment to Diversity, Equality and Inclusion (DEI) with the launch of a new Global DEI strategy and framework. This sets out our priorities, including active and equitable management of our talent pipeline and a focus on the development of inclusive recruitment practices across the MSI partnership.

All MSI countries and the global support office have now developed bespoke DEI action plans based on local priorities, with specific actions focused on gender equality, while our Global Diversity, Equality and Inclusion Panel continues to support our senior leaders and country programmes in the development and application of gender equitable approaches, both internally and externally. Our Board Diversity policy describes our approach to diversity and inclusion at Board level. We are pleased that by the end of 2022, 95% of our country programme directors were either nationals from the country they lead or are from the region.

We are delighted that a pulse survey we ran in 2022 showed that almost 90% of team members believe that MSI is committed to diversity and inclusion and values the different perspectives, experiences, backgrounds, knowledge and approaches of all its staff.

We continue to recruit talented, dynamic people with diverse backgrounds and experiences, all united by a belief in our mission and a focus on delivering measurable results. We're proud to be an equal opportunities employer and are committed to creating a fully inclusive workplace, where everyone feels able to participate and contribute meaningfully. This includes, but is not limited to, providing a safe and supportive working environment for team members with disabilities, including fair and equal access to benefits and development opportunities. As part of this, we have made strides to open up our global support office roles to applicants across the MSI partnership, which means during 2022 our support office members based outside the UK increased from 21% at the start of year to 33% by the end of the year. We regularly report on, and review, our access statistics and KPIs and have made adjustments to some of our processes, such as moving to anonymised CVs for recruitment in the support office.

## 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 equality and present these back to senior leadership.

We're also running Q&A sessions for women, in which female role-models and successful leaders within MSI share their stories, learnings and experiences.

## Learning and development

Our focus on management and leadership development has continued this year. Around 80 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 and Madagascar.

Over 200 women from 17 country programmes have now attended our Women in Leadership Programme, and we're continuing to roll this out across other programmes within the partnership. The programme supports MSI's strategic goal of at least 50% female representation at the senior management level in all country programmes by 2025 by exploring and addressing the barriers faced by our female colleagues, and opportunities for creating meaningful change. We achieved 47% female representation within our global senior management team by the end of 2022.

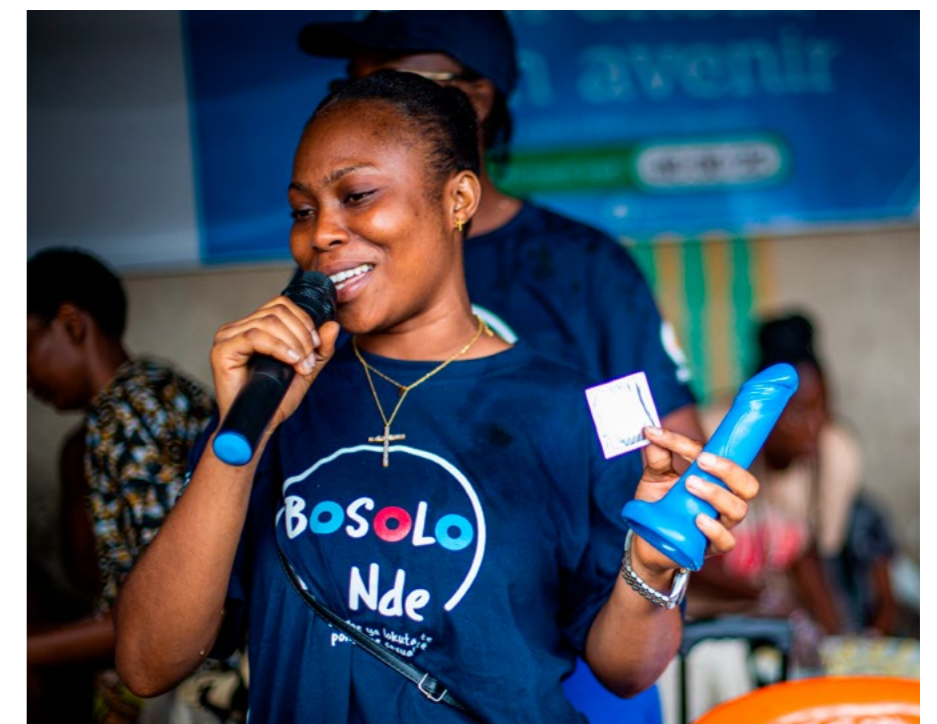
In addition to management and leadership training, we ran a portfolio of bespoke individual and team learning, and development initiatives through the year at all levels across the organisation. Our Global Learning Management System, Kaya, has around 12,000 team members enrolled across 47 countries. The platform allows us to roll out tailored, internally authored, digital content as well as ensuring mandatory training compliance.

We continue to promote a coaching culture and provide bespoke coaching support to women across MSI via qualified in-house coaches, as well as mentoring opportunities through internal schemes and external programmes such as Mission Include, which is designed to support future leaders to grow and develop alongside creating change and supporting diversity, equity, and inclusion.

In 2023, we plan to introduce a scholarship fund through which female applicants may undertake a development opportunity to support their future career at MSI, such as external training, an external coaching programme, a study tour to another MSI Programme or a secondment or job swap.

## Wellbeing

The physical and mental health and wellbeing of our colleagues remains a priority for MSI. There are now fully trained Mental Health and Wellbeing First Aiders in place in all MSI regions, and in 2022 we launched our first global Mental Health Awareness training course, which is now mandatory for all MSI team members. Additionally, we introduced a globally accessible Employee Assistance Programme in 2022 – this has been bought into by nine country programmes and the global support office and we hope, if feedback is positive, to be able to expand it in 2023 and beyond. The services available through the programme include counselling, critical incident response, personalised coaching, practical advice on legal, financial and lifestyle matters, and support for parents.



## Our values

MSI's culture and the way we work is driven by our values.

- **Mission Driven:** With unwavering commitment, we exist to empower women and men to make choices about their bodies and their lives.
- **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 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.

## 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 includes an at-risk, performance-related pay component that reflects the deliverables expected of the organisation and the individual. This element of executive compensation is never charged to MSI donors.

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.

## Gender pay gap

We continue to report on our gender pay gap for our UK workforce, in line with statutory requirements. 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 -5.6% as of 5th April 2022, reflecting our commitment to pay equity and gender equality. We want to achieve and maintain a zero percent Gender Pay Gap, and we will continue to monitor this carefully. The reduction of the gap since 2017 follows various activities undertaken with the aim of supporting gender equity and inclusion both on a global scale and in relation to our UK-based workforce. This has included the introduction and review of policies and principles designed to improve our approach to gender equality, including our Menopause Policy, Assisted Conception Policy, Global Pay Parity Principles and Internal Promotion Principles. We have also continued with the implementation of our Women in Leadership Programme across the Africa region, alongside ongoing coaching and mentoring opportunities.

To further improve pay transparency and equity in our Global Support Office, we are working closely with a specialist consultancy to review and re-design the GSO salary structure, benefits offering and pay progression approach. Additionally, the launch of our Global Diversity, Equality and Inclusion strategy in October 2022 included specific goals around active management of the talent pipeline, with a particular focus on female representation in our leadership teams, which we continue to monitor and support through country-led DEI action plans and engagement with our Global DEI Panel.



There are however structural issues within the UK clinic operations that have resulted in challenges addressing the median gender pay gap overall, which has remained fairly steady at 36.8% in the first year of reporting and 33.3% in 2022. While more than two thirds (69%) 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 2022 on our website at [msichoices.org](https://msichoices.org).

## 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 2022 business objectives were successfully met, and eligible team members received a bonus payment in March 2023.

There are also a number of initiatives in place designed to recognise the hard work and dedication of our team members, including the annual MSI Stars Awards, which celebrate those team members who truly embody MSI's values, the MSI Channel Awards for notable performance within the different pillars of our programmes and our Medical Development Team awards, which recognise exceptional standards of quality achieved in our Country Programmes.

## 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 2022, the Executive Team held three meetings dedicated to reviewing the Strategic Risk Register.

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 function delivers a risk-based audit programme approved by our Audit and Risk Committee. The Audit Committee reviews internal audit reports as part of the system of risk management.

## PRINCIPAL RISKS AND UNCERTAINTIES

Risk	Controls and Mitigations
<b>Portfolio risk: large programme failure impedes scale</b>	<ul style="list-style-type: none"> <li>• Identification of critical programmes</li> <li>• Additional review and oversight by the Audit Committee</li> <li>• Annual mandatory internal audit</li> </ul>
<b>Adverse clinical outcomes, including client death</b>	<ul style="list-style-type: none"> <li>• Global clinical quality assurance programme</li> <li>• Global clinical incident reporting framework</li> <li>• MSI product quality standards and field testing</li> <li>• Global tracking of provider competency and assessments</li> <li>• Additional obstetrics guidelines and targeted support</li> <li>• Governance structure with clear lines from “ward to Board”; the Global Medical Director reporting on clinical quality at each Board Meeting</li> </ul>
<b>Lack of sustainable access to donated commodities</b>	<ul style="list-style-type: none"> <li>• Global Supply Chain Strategy and Dashboard</li> <li>• Quarterly commodity security review, supply gap analysis and demand forecasting</li> <li>• Pro-active engagement for granted commodities in developing countries and advocates for government allocations</li> <li>• Register core MSI branded products in key country markets</li> </ul>
<b>Non-viable commercial channels lead to closures or working capital consumption</b>	<ul style="list-style-type: none"> <li>• Country Compliance Dashboard</li> <li>• Centres sustainability strategy including launch of diversified services</li> <li>• Increased oversight at Executive level and CFO approval for working capital investment</li> </ul>
<b>Insufficient donor funding to fulfil strategic objectives</b>	<ul style="list-style-type: none"> <li>• Proactively review and manage the donor funding pipeline</li> <li>• Invest to diversify income via new relationships and domestic financing</li> <li>• Quantify the financial and service delivery impact of losing key donors and develop mitigating strategies</li> <li>• Donor CRM system</li> </ul>

Risk	Controls and Mitigations
<b>Risks posed by complex geo-political situations or the opposition</b>	<ul style="list-style-type: none"> <li>• Global Security Framework and Crisis Protocols</li> <li>• Support country teams with resilience and influence activities</li> <li>• Proactive management of opposition and risks to both prioritisation of SRHR and MSI's reputation</li> </ul>
<b>Inability to recruit or retain talent for critical roles</b>	<ul style="list-style-type: none"> <li>• Global Recruitment strategy</li> <li>• Succession planning for critical roles</li> <li>• Regular compensation review to position MSI competitively</li> </ul>
<b>Major cyber-attack or information systems failure</b>	<ul style="list-style-type: none"> <li>• Infrastructure roadmap for MSI 2030 including ‘Modern Workplace’ and ‘Connectivity’ initiatives</li> <li>• Global cyber security policy, software, monitoring, penetration testing, and team member training</li> <li>• Global advocacy programme supporting dedicated advocacy leads and projects in country programmes</li> </ul>
<b>Fraud, corruption, theft, risk of overstating results and unethical practices</b>	<ul style="list-style-type: none"> <li>• ‘Speaking Up’ culture and use of independent reporting channels</li> <li>• Dedicated Safeguarding Team</li> <li>• Comprehensive global Anti-Fraud and Bribery programme</li> <li>• Data Governance review and launch of updated validation standards</li> </ul>
<b>Non-compliance with statutory, regulatory or data protection requirements</b>	<ul style="list-style-type: none"> <li>• Independent reviews of UK and global corporate governance</li> <li>• Country programme governance review and compliance dashboard</li> <li>• Global Data Privacy Programme with trained Information Leads</li> </ul>

### Trustees' indemnity

Each of the Trustees has the benefit of an indemnity which is a qualifying third-party indemnity as defined by Section 234 of the Companies Act 2006. The indemnity was in force throughout the last financial year and is currently in force. The Company also purchased and maintained throughout the financial year Trustees' and Officers' liability insurance in respect of itself and its Trustees.

# FINANCIAL PERFORMANCE

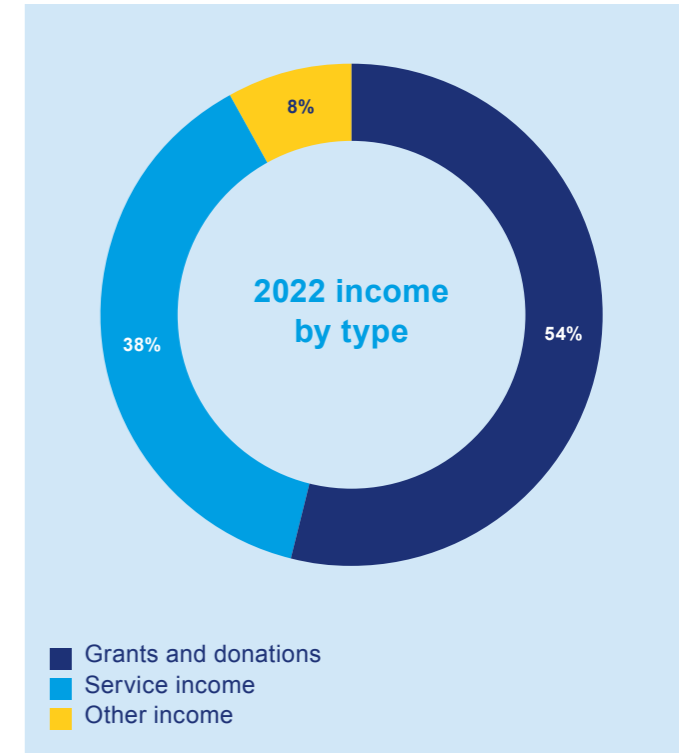


## Income

In 2022, MSI secured total income of £322.5 million, an increase of 11.0% from £290.6 million in 2021, this increase was primarily due to strong growth in our service income and increased grant income. Donation income was £9.7 million, a decline from £10.8 million in 2021. Grant income increased to £147.3 million from £136.1 million as donors continue to recognise the importance of the work we do.

Increased contributions of donated supplies and equipment increase to £18.0 million in 2022 from £13.1 million in 2021, 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.

Earned service income increased by 17.5% in the year, from £122.1 million to £143.5 million. The growth of service income is a testament to MSI's focus on growing earned income in relevant channels as donor funds reduce, to ensure the sustainability of our services. A regional split of income can be found on page 38.



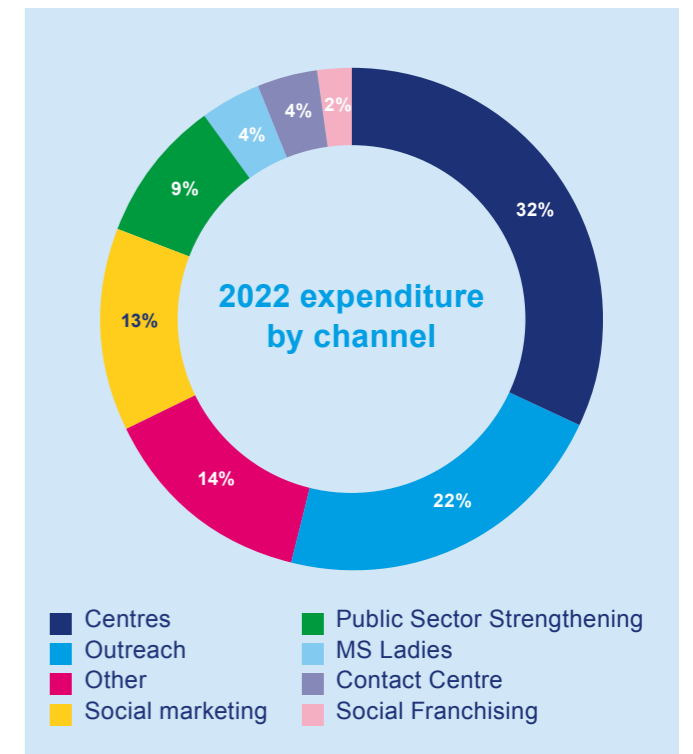
## Expenditure and surplus

Expenditure increased by 6.9% to £302.1 million from £282.7 million. Growth in expenditure is slightly behind growth in income in part due to strong performance management and cost control, our ongoing focus on financial sustainability and our use of technology to help reduce cost.

MSI recorded a loss of £1.5 million (2021 – gain of £1.8 million) on our investment portfolio reflecting adverse macroeconomic market conditions in the year.

The group operating surplus of £18.9 million compares to the prior year surplus of £9.8 million and reflects our commitment to deliver services in the most efficient way.

Net funds increased by £20.6 million (2021: £8.5 million) partly driven by £6.1 million of foreign exchange gains from Sterling's weakness. This lifted total reserves to £150.7 million. Almost half of this increase has directly flown through to our liquid funds as a result of strong cash management.



## Cash and short-term deposits

Cash and short-term deposits increased in 2022 by £10.2 million to £166.3 million. Most of these funds are cash received in advance for donor projects and obligated against specific activities. Of the total cash balance, £100.0 million is restricted, and the unrestricted cash held in the UK parent charity at the end of the year was £54.0 million. An analysis of cash balances by region is shown in the table below:

Cash and short-term deposits by region	2022 (£m)	2021 (£m)
<b>Region</b>		
Africa	6.6	9.1
Asia	9.1	7.6
Pacific Asia including Australia	10.5	20.0
Rest of the world	4.8	4.8
UK, including restricted funds	135.3	114.6
<b>Total group</b>	<b>166.3</b>	<b>156.1</b>

## 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 accessible.

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 a target general reserves / free cash level of £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 £24 million.

Our 2022 closing general reserves were £54.0m 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 2022, MSI held general free reserves of £54.0 million (2020: £45.9 million), the increase is linked to the ongoing focus of sustainability of the operating model. This metric is carefully monitored and managed monthly, with £15.7 million of the balance held in the external investment fund at the end of the year. With uncertain times ahead and institutional donors making tough decisions about their own funding priorities, a strong 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 2022, the Group accounts show the following unrestricted reserves:

- Designated programme reserve of £33.3 million (2021: £22.9 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 £15.6 million (2021: £15.7 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 £54.0 million (2021: £45.9 million). This represents MSI's "free cash".

This gives total unrestricted reserves of £102.8 million (2021: £84.6 million). 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 cash of £54.0 million described above, representing approximately ten weeks' expenditure.

MSI held restricted funds at 31 December 2022 of £47.9m (2021: £45.4m). 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.

As of May 2023, the downward global economic impact 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 forecast models have been developed up to the end of 2024, considering differing scenarios, confirmed sources of income, group-level potential risks, and the impact of mitigating actions.

In our donor funded channels (Pillar 1), our modelling focuses on the risk of securing grant income, and we are pursuing a range of new contracts in order to mitigate the risk of reduced donor support from the UK government. Note that in this channel, our operating models are skewed towards variable costs, with staff engaged on time-bound contracts linked to the relevant grant. The key challenge is to ensure that we look ahead and adapt our spend to the funds available and in this we have a strong track record, our ability to control cost and manage project closures at pace enables us to flex our cost base if needed. In our base case scenario, we have assumed that 2023 grant income will be in line with our business plan (this revenue is underpinned by signed contracts) but will be only 74% of that level in 2024. In the downside scenario, we have assumed that additional risks will crystallise including a further reduction to 42% of funding income in 2024 and the risk of uncertainty in the supply of donated commodities. We have recognised potential liabilities associated with contracts that may be ending 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 commercial services that will 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 £25.2 million of our free reserves versus our base case could be at risk, however we will remain cash positive throughout the 18-month modelling period. Additional standby working capital facilities of £10m have not been included in the projections and provide 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 externally managed investment fund, which is included within general reserves and forms part of the group's liquid reserve. The MSI board has a prescriptive set of investment parameters – essentially that MSI's fund should comply with ESG (Environmental, Social, and Governance) principles. The switch from MSI's historical portfolio into ESG compliant assets has taken longer than expected, primarily due to the Covid 19 pandemic and the consequent disruption to global markets. The conversion process is substantially complete but this will continue in 2023 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 £15.7 million in the external investment fund. This was a decrease of £1.4 million. MSI's portfolio is benchmarked against two funds, and the 2022 performance was ahead of both the benchmarked funds. MSI Reproductive Choices' external investment fund manager is GAM Investment, and performance is reviewed half-yearly by the executive management, while the Finance Committee scrutinises the portfolio mix and performance at least three times a year.

## 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 24th May 2023, including approving in their capacity as company Directors the Strategic Report contained therein, and is signed as authorised on its behalf by:

**Name:** Glenda Burkhart Trustee

**Date:** 24 May 2023

## 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 2022 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, including 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 2022; the Consolidated statement of financial activities (incorporating the income and expenditure account) and 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 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 the 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.

With respect to the Strategic Report and Trustees' Report, we also considered whether the disclosures required by the UK Companies Act 2006 and Charities Act 2011 have been included.

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 Strategic Report and the Trustees' Report for the period ended 31 December 2022 is consistent with the financial statements and has been prepared in accordance with applicable legal requirements.

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 did not identify any material misstatements in the Strategic Report and the Trustees' Report.

## 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 or the 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 its 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 accounting judgements and estimates. Audit procedures performed by the engagement team included:

- enquiring of management and the trustees, including consideration of known or suspected instances of non-compliance with laws and regulations and fraud;
- reviewing minutes of the Board and Audit Committee meetings and significant contracts to identify significant or unusual transactions and known or suspected instances of non-compliance with laws and regulations and fraud;
- reviewing the legal reports and internal audit reports

presented at the Board and Audit Committee meetings, and enquiring of the in-house legal team and our component auditor teams to identify material claims and litigation;

- understanding and evaluating the group and parent charitable company's control environment, including management's controls in place to prevent and detect irregularities;
- identifying and testing journal entries, including journal entries posted with unusual account combinations to income or expenditure accounts;
- obtaining independent confirmations of cash and investment balances at the year end and testing management's year end bank reconciliations;
- assessing the reasonableness of key accounting judgements and estimates and evaluating whether there are indications of management bias; and
- assessing financial statement disclosures, and testing to support 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/auditors-responsibilities](http://www.frc.org.uk/auditors-responsibilities). 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 parent charitable company'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' remuneration specified 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.

**Name:** Daniel Chan

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

**Date:** 05 June 2023

## Consolidated statement of financial activities (incorporating the income and expenditure account) for the year ended 31 December 2022

	Note	Unrestricted funds £'000	Restricted funds £'000	Total 2022 £'000	Total 2021 £'000
<b>INCOME FROM</b>					
Donations	3a	9,735	–	9,735	10,778
Charitable activities	3b	165,040	143,759	308,799	271,377
Investments	3c	1,660	151	1,811	733
Other income	3d	2,159	–	2,159	7,741
<b>Total income</b>		<b>178,594</b>	<b>143,910</b>	<b>322,504</b>	<b>290,629</b>
<b>EXPENDITURE ON</b>					
Raising funds	4	(1,415)	–	(1,415)	(1,020)
Charitable activities	4	(156,750)	(143,910)	(300,660)	(281,666)
<b>Total expenditure</b>		<b>(158,165)</b>	<b>(143,910)</b>	<b>(302,075)</b>	<b>(282,686)</b>
Net gains / (losses) on investments	10b	(1,504)	–	(1,504)	1,826
<b>Net income</b>		<b>18,925</b>	<b>–</b>	<b>18,925</b>	<b>9,769</b>
Transfers between funds	15/22	(2,471)	2,471	–	–
Other recognised gains / (losses)					
Loss on revaluation of fixed assets	10a	–	–	–	–
Unrealised exchange gains / (losses)		1,716	–	1,716	(1,271)
<b>Net movement in funds</b>	<b>7</b>	<b>18,170</b>	<b>2,471</b>	<b>20,641</b>	<b>8,498</b>
Fund balances brought forward	15/16	84,656	45,431	130,087	121,589
<b>Fund balances carried forward</b>	<b>15/16</b>	<b>102,826</b>	<b>47,902</b>	<b>150,728</b>	<b>130,087</b>

All amounts relate to continuing activities. All gains and losses recognised in the year are included in the Consolidated 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 66-87 form part of these financial statements.

## Group and Company balance sheets as at 31 December 2022

	Note	Group		Company	
		Total 2022 £'000	Total 2021 £'000	Total 2022 £'000	Total 2021 £'000
<b>Fixed assets</b>					
Intangible assets	8	383	437	383	437
Tangible assets	9	30,993	30,758	17,090	17,395
Investments	10	15,712	17,080	16,813	18,206
<b>Total fixed assets</b>		<b>47,088</b>	<b>48,275</b>	<b>34,286</b>	<b>36,038</b>
<b>Current assets</b>					
Stock		21,645	21,670	9,214	6,843
Debtors	11	49,881	39,078	36,328	26,806
Short-term deposits		93,970	15,278	82,286	621
Cash at bank and in hand		72,291	140,826	55,216	114,860
<b>Total current assets</b>		<b>237,787</b>	<b>216,852</b>	<b>183,044</b>	<b>149,130</b>
Provisions	12a	(6,189)	(3,948)	(1,193)	(1,450)
Creditors: amounts falling due within one year	12a	(123,905)	(126,836)	(90,882)	(83,454)
<b>Net current assets</b>		<b>107,693</b>	<b>86,068</b>	<b>90,969</b>	<b>64,226</b>
<b>Total assets less current liabilities</b>		<b>154,781</b>	<b>134,343</b>	<b>125,255</b>	<b>100,264</b>
Provisions	12b	(3,976)	(3,839)	(2,739)	(2,794)
Creditors: amounts falling due after more than one year	13	(77)	(417)	(56)	(379)
<b>Net assets</b>		<b>150,728</b>	<b>130,087</b>	<b>122,460</b>	<b>97,091</b>
<b>The funds of the charity:</b>					
<b>Unrestricted income funds</b>					
General funds	16	54,001	45,949	53,998	45,949
Designated funds – tangible fixed asset reserve	16	15,559	15,754	14,601	14,788
Designated funds – programme reserve	16	33,266	22,953	38,122	21,959
<b>Total unrestricted income funds</b>	<b>16</b>	<b>102,826</b>	<b>84,656</b>	<b>106,721</b>	<b>82,696</b>
<b>Restricted income funds</b>					
<b>Total charity funds</b>	<b>15</b>	<b>150,728</b>	<b>130,087</b>	<b>122,461</b>	<b>97,091</b>

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 2022 was £25.4m (2021: net income of £9.9m). The notes on pages 66-87 form part of these financial statements. The financial statements on pages 62-87 were approved by the Board of Trustees on 24th May 2023 and signed on its behalf by Glenda Burkhart, Chair, 24 May 2023.



## Consolidated cash flow statement for the year ended 31 December 2022

	2022		2021	
	£'000	£'000	£'000	£'000
Net cash provided by operating activities		12,720		33,055
<b>Cash flows from investing activities</b>				
Dividends, interest and rents from investments	1,811		733	
Proceeds from sale of fixed assets	1,373		2,510	
Proceeds from sale of fixed asset investments	4,705		6,580	
Purchase of tangible fixed assets	(5,652)		(5,726)	
Purchase of intangible assets	–		–	
Purchase of fixed asset investments	(4,394)		(6,828)	
Net cash used in investing activities		(2,157)		(2,731)
<b>Cash flows from financing activities</b>				
Decrease in bank and unsecured loans	(66)		(4,770)	
Decrease in long term loans	(340)		(1,824)	
Net cash generated from / (used in) financing activities		(406)		(6,594)
Net increase in cash and cash equivalents		10,157		23,730
Cash and cash equivalents at 1 January		156,104		132,374
Cash and cash equivalents at 31 December		166,261		156,104
<b>Cash and cash equivalents consists of:</b>				
Cash at bank and in hand		72,291		140,826
Short-term deposits		93,970		15,278
Total cash and cash equivalents		166,261		156,104

## Consolidated cash flow statement for the year ended 31 December 2022

a) Reconciliation of net income to net cash inflow from operating activities	2022 £'000	2021 £'000
Net income for the year	18,925	9,769
Investment income	(1,811)	(733)
Loss / (Gains) on investments	1,504	(1,826)
Amortisation and impairment charge	75	72
Depreciation charge	4,689	4,602
Adjustment to property charge	–	–
Loss on disposal of intangible fixed assets	–	–
(Gain) on disposal of tangible fixed assets	(521)	(1,337)
Listed Investments Net movement in cash balances	(439)	75
Decrease / (Increase) in stocks	25	(4,119)
(Increase) in debtors	(10,803)	(354)
(Decrease)/ Increase in creditors and other provisions	(487)	27,285
Exchange rate movements	1,563	(379)
<b>Net cash inflow from operating activities</b>	<b>12,720</b>	<b>33,055</b>

b) Reconciliation of movement in net funds	2022 £'000	2021 £'000
Total cash and cash equivalents	166,261	156,104
Bank loans falling due within one year	(1,538)	(1,604)
Other loans falling due after more than one year	(77)	(417)
<b>Cash and cash equivalents less borrowings</b>	<b>164,646</b>	<b>154,083</b>
Increase in cash	10,157	23,730
Cash outflow from financing	406	6,594
Net funds at 1 January	154,083	123,759
<b>Net funds at 31 December</b>	<b>164,646</b>	<b>154,083</b>

The notes on pages 66 to 87 form part of these financial statements.

c) Analysis of changes in net debt	At 1 Jan 2022 £'000	Cash flows £'000	At 31 Dec 2022 £'000
<b>Cash and cash equivalents</b>			
Cash at bank and in hand	140,826	(68,535)	72,291
Short-term deposits	15,278	78,692	93,970
<b>Cash and cash equivalents</b>	<b>156,104</b>	<b>10,157</b>	<b>166,261</b>
<b>Borrowings</b>			
Bank loans falling due within one year	(1,604)	66	(1,538)
Other loans falling due after more than one year	(417)	340	(77)
<b>Cash and cash equivalents less borrowings</b>	<b>154,083</b>	<b>10,563</b>	<b>164,646</b>

## Notes to the financial statements for the year ended 31 December 2022

### 1 Accounting policies

The financial statements have been prepared in accordance with the Statement of Recommended Practice: 'Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)' (SORP) and the 'Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland' (FRS 102). They also comply with the reporting requirements of the Companies Act 2006 and the Charities Act 2011. 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 (q) to these policies.

The positive financial performance in 2022 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 2024. 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, where the results in the coming year was 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 £149.7 million (2021: £138.6 million) and total expenditure of £126.8 million (2021: £128.4 million) giving a net gain for the year of £22.9 million (2021: net gain of £10.2 million). The net movement in funds, after investment gains/losses and unrealised FX gains/losses, was a gain of £25.4 million (2021: gain of £9.9 million).

#### b) Company status

MSI Reproductive Choices is registered in England and Wales as a company limited by guarantee and a charity. The Trustees are named on page 2. 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 UK 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 to ensure consistency of reporting under all the Group entities.

The policy of using the opening exchange rate for translation of foreign currency transactions does not have any significant nor material differences in comparison to the use of spot rate.

Foreign exchange gains and losses resulting from the settlement of transactions and related to borrowings and cash and cash equivalents are included within expenditure on charitable activities in the Consolidated 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 into sterling at the rates of exchange ruling at the balance sheet date from non monetary assets and liabilities are presented in Consolidated SOFA within unrealised exchange gains/losses

#### e) Income

##### Donations

Donations are included in the Consolidated 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 Consolidated 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 creditors 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 debtors.

#### 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 services. Grants of services in kind are included as both income and expenditure in the Consolidated 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.

#### 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 Consolidated 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 Consolidated 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 the 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 Consolidated Statement of Financial Activities. Impairments are charged to expenditure 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.

**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:

**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.

**Restricted funds.** MSI operates in overseas territories where the local government expects surpluses achieved on non-service activities to be used in-country and not passed back to the parent company. The net assets of these programmes are classed as 'restricted by constitution' and included within the restricted funds balance.

**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.

**Areas of estimate**

**Provisions** such as bad debts, closed grant provision and litigation provision involve assumptions, estimation techniques and best information available at the balance sheet date. 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 debtors, 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 creditors, 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 creditors 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 2022

	2022			2021		
	Unrestricted funds £'000	Restricted funds £'000	Total 2022 £'000	Unrestricted funds £'000	Restricted funds £'000	Total 2021 £'000
<b>Income from</b>						
Donations	9,735	–	9,735	10,778	–	10,778
Charitable activities	165,040	143,759	308,799	146,418	124,959	271,377
Investments	1,660	151	1,811	596	137	733
Other income	2,159	–	2,159	7,741	–	7,741
<b>Total income</b>	<b>178,594</b>	<b>143,910</b>	<b>322,504</b>	<b>165,533</b>	<b>125,096</b>	<b>290,629</b>
<b>Expenditure on</b>						
Raising funds	(1,415)	–	(1,415)	(1,020)	–	(1,020)
Charitable activities	(156,750)	(143,910)	(300,660)	(156,570)	(125,096)	(281,666)
<b>Total expenditure</b>	<b>(158,165)</b>	<b>(143,910)</b>	<b>(302,075)</b>	<b>(157,590)</b>	<b>(125,096)</b>	<b>(282,686)</b>
Net gains on investments	(1,504)	–	(1,504)	1,826	–	1,826
<b>Net income</b>	<b>18,925</b>	<b>–</b>	<b>18,925</b>	<b>9,770</b>	<b>–</b>	<b>9,769</b>
Transfers between funds	(2,471)	2,471	–	(441)	441	–
<b>Other recognised gains / (losses)</b>						
Unrealised exchange gains / (losses)	1,716	–	1,716	(1,271)	–	(1,271)
Net movement in funds	18,169	2,471	20,641	8,058	441	8,498
Fund balances brought forward at 1 January	84,656	45,431	130,087	76,599	44,990	121,589
Fund balances carried forward at 31 December	102,825	47,902	150,728	84,656	45,431	130,087

## 3 Income from

### a) Donations

Donations	Unrestricted £'000	Restricted £'000	Total 2022 £'000	Unrestricted £'000	Restricted £'000	Total 2021 £'000
<b>a) Donations</b>						
Monetary donations	9,735	–	9,735	10,778	–	10,778
Gifted assets	–	–	–	–	–	–
<b>Donations and legacies</b>	<b>9,735</b>	<b>–</b>	<b>9,735</b>	<b>10,778</b>	<b>–</b>	<b>10,778</b>

### b) Charitable activities

Grant income	Unrestricted £'000	Restricted £'000	Total 2022 £'000	Unrestricted £'000	Restricted £'000	Total 2021 £'000
<b>b) Grant income</b>						
William and Flora Hewlett Foundation	–	842	842	–	837	837
Ministry of Foreign Affairs of Denmark	–	1,157	1,157	–	3,310	3,310
The Bill and Melinda Gates Foundation	–	1,790	1,790	–	4,459	4,459
Norwegian Agency for Development Cooperation	–	2,449	2,449	–	3,565	3,565
ABT Associates PTE Ltd (JTA)	–	2,727	2,727	–	3,149	3,149
International Planned Parenthood Federation	–	3,518	3,518	–	5,508	5,508
Swedish International Development Agency	–	3,945	3,945	–	3,596	3,596
Australian Dept for Foreign Affairs & Trade / AusAid	–	6,104	6,104	–	3,212	3,212
Netherlands Ministry of Foreign Affairs	–	6,273	6,273	–	3,856	3,856
Kreditanstalt für Wiederaufbau	–	7,714	7,714	–	3,064	3,064
Global Affairs Canada	–	10,602	10,602	–	9,861	9,861
Children's Investment Fund Foundation	–	12,962	12,962	–	7,765	7,765
Foreign, Commonwealth & Development Office (FCDO)	7,448	13,826	21,274	11,962	21,321	33,283
United Nations	–	16,511	16,511	–	6,709	6,709
Anonymous donors	–	29,973	29,973	–	25,586	25,586
Other	–	19,483	19,483	–	18,394	18,394
	7,448	139,876	147,324	11,962	124,192	136,154
Reallocation of fees earned on restricted grants	14,093	(14,093)	–	12,352	(12,352)	–
	21,541	125,783	147,324	24,314	111,840	136,154
Granted supplies and equipment	–	17,976	17,976	–	13,119	13,119
<b>Service income</b>						
Sexual and reproductive healthcare services	146,567	–	146,567	124,933	–	124,933
Fees waived	(3,068)	–	(3,068)	(2,829)	–	(2,829)
	143,499	–	143,499	122,104	–	122,104
<b>Total income from charitable activities</b>	<b>165,040</b>	<b>143,759</b>	<b>308,799</b>	<b>146,418</b>	<b>124,959</b>	<b>271,377</b>

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 38 of the Trustees' Report.

### c) Investments

Investment income	Unrestricted £'000	Restricted £'000	Total 2022 £'000	Unrestricted £'000	Restricted £'000	Total 2021 £'000
<b>c) Investments</b>						
Bank interest receivable	1,255	151	1,406	119	137	256
Distributions receivable	168	–	168	244	–	244
Rent receivable	237	–	237	233	–	233
	1,660	151	1,811	596	137	733

## d) Other income

Other income	Unrestricted £'000	Restricted £'000	Total 2022 £'000	Unrestricted £'000	Restricted £'000	Total 2021 £'000
<b>d) Other income</b>						
Covid-19 support from national governments	–	–	–	843	–	843
Sundry other income	2,159	–	2,159	6,898	–	6,898
	2,159	–	2,159	7,741	–	7,741

## 4 Expenditure

	Direct costs £'000	Staff costs (5) £'000	Other costs £'000	Support costs (4c) £'000	Total 2022 £'000
<b>a) Total expenditure</b>					
Raising funds	386	919	–	110	1,415
Charitable activities	156,660	127,348	5,740	10,912	300,660
Subtotal	157,046	128,267	5,740	11,022	302,075
Support costs reallocation	3,573	11,505	-4,056	(11,022)	–
Total	160,619	139,772	1,684	–	302,075
	Direct costs £'000	Staff costs (5) £'000	Other costs £'000	Support costs (4c) £'000	Total 2021 £'000
Raising funds	236	710	–	74	1,020
Charitable activities	140,968	122,919	4,892	12,887	281,666
Support costs reallocation	2,846	9,825	290	(12,961)	–
Total	144,050	133,454	5,182	–	282,686

**b) Direct costs of charitable activities**

Direct expenditure on charitable activities includes subcontracts awarded to external partners of £6,227,597 (2021: £9,325,561). Details are available from MSI Reproductive Choices, 1 Conway Street, London W1T 6LP.

	2022	2021
<b>c) Support costs</b>		
Management and office services	1,777	1,726
Finance and information technology	1,769	4,933
Programme support	2,454	2,173
People and development	1,089	984
External relations	2,692	1,949
Governance costs	1,241	1,196
Total support costs	11,022	12,961

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 group external audit, Trustee meetings and non-audit services. In 2022 the cost of the group audit was £215,390 (2021: £181,200) exclusive of VAT. In addition, fees for the external audit of country programmes totalled £590,000 (2021: £514,000). Of these £80,000 relate to audits conducted by the group auditor (2021: £70,000)

Non-audit fees paid to the current auditors in the year was £13,000 (2021: £4,000).

## 5 Staff costs

	2022 £'000	2021 £'000
<b>Staff costs:</b>		
Wages and salaries	103,262	100,229
Social security costs	6,679	5,763
Other pension costs	4,019	3,836
	113,960	109,828
Sessional fees, agency costs and other staff costs	25,812	23,626
Total staff costs	139,772	133,454

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 until 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 (2021: none). Redundancy and termination payments totalled £344,804 in 2022 (2021: £384,082). Redundancy costs are recognised and accrued based on statutory requirements in some countries and when planned redundancy has been agreed.

## 6 Staff numbers

	2022 number	2021 number
<b>The average monthly number of staff analysed by function was:</b>		
- Raising funds	9	8
- Charitable activities	8,984	8,795
	<b>8,993</b>	<b>8,803</b>

	2022 number	2021 number
<b>The numbers of employees whose emoluments were more than £60,000 were:</b>		
£60,001 – £70,000	58	49
£70,001 – £80,000	27	34
£80,001 – £90,000	14	19
£90,001 – £100,000	10	7
£100,001 – £110,000	8	8
£110,001 – £120,000	6	4
£120,001 – £130,000	6	8
£130,001 – £140,000	3	3
£140,001 – £150,000	3	1
£150,001 – £160,000	2	–
£160,001 – £170,000	2	1
£170,001 – £180,000	–	1
£180,001 – £190,000	–	2
£190,001 – £200,000	1	–
£200,001 – £210,000	1	2
£210,001 – £220,000	2	1
£240,001 – £250,000	–	1
£270,001 – £280,000	1	–
£460,001 – £470,000	1	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 £233,068 (2021: £231,625) and performance-based bonus of £233,068 (2021: £229,070). The total paid to six key management personnel in 2022 was £1,446,333 (2021: £1,563,518: seven persons).

Retirement benefits were accrued under a defined contribution scheme for 122 higher paid employees (2021: 122). Total employer contributions for these employees were £485,933 (2021: £465,701).

## 7 Net movement in funds

	2022 £'000	2021 £'000
<b>Net movement in funds is stated after charging:</b>		
Amortisation of intangible fixed assets	75	72
Depreciation of tangible fixed assets	4,689	4,602
Operating lease rentals	5,869	6,552

## 8 Intangible assets

	Group		Company	
	2022 £'000	2021 £'000	2022 £'000	2021 £'000
<b>Cost or valuation</b>				
At 1 January	678	715	673	710
Additions	–	–	–	–
Disposals	–	–	–	–
Exchange movements on consolidation	28	(37)	33	(37)
At 31 December	706	678	706	673
<b>Accumulated amortisation</b>				
At 1 January	241	177	236	172
Charge for the year	75	72	75	72
Disposals	–	–	–	–
Exchange movements on consolidation	7	(8)	12	(8)
Closing balance	323	241	323	236
Net book value at 31 December	383	437	383	437

## 9 Tangible assets

Group	Freehold properties £'000	Short leasehold properties £'000	Office equipment £'000	Medical equipment £'000	Computer equipment & software £'000	Motor vehicles £'000	Assets under dev'tment £'000	Total £'000
<b>Cost or valuation</b>								
At 1 January 2022	35,494	4,678	5,039	9,751	16,045	16,142	1,400	88,549
Additions	938	130	261	501	393	1,449	1,980	5,652
Transfers between asset classes	(86)	178	31	217	329	279	(948)	–
Disposals	(889)	(116)	(105)	(337)	(225)	(476)	13	(2,135)
Exchange movements on consolidation	128	92	79	322	130	458	(5)	1,204
At 31 December 2022	35,585	4,962	5,305	10,454	16,672	17,852	2,440	93,270
<b>Accumulated depreciation</b>								
At 1 January 2022	16,544	2,747	4,373	8,024	13,079	13,024	–	57,791
Charge for the year	699	290	224	728	857	1,891	–	4,689
Disposals	(130)	(65)	(98)	(327)	(227)	(436)	–	(1,283)
Exchange movements on consolidation	79	104	77	283	141	396	–	1,080
At 31 December 2022	17,192	3,076	4,576	8,708	13,850	14,875	–	62,277
<b>Net book value</b>								
At 31 December 2022	18,393	1,886	729	1,746	2,822	2,977	2,440	30,993
At 31 December 2021	18,950	1,931	666	1,727	2,966	3,118	1,400	30,758

Company	Freehold properties £'000	Short leasehold properties £'000	Office equipment £'000	Medical equipment £'000	Computer equipment & software £'000	Motor vehicles £'000	Assets under dev'tment £'000	Total £'000
<b>Cost or valuation</b>								
At 1 January 2022	25,560	2,174	2,392	5,189	12,580	4,373	1,068	53,336
Additions	–	–	69	243	41	669	1,155	2,177
Transfers between asset classes	–	71	23	217	291	34	(636)	–
Disposals	–	(116)	(23)	(42)	(4)	(180)	16	(349)
Exchange movements on consolidation	69	40	61	172	132	46	(6)	514
At 31 December 2022	25,629	2,169	2,522	5,779	13,040	4,942	1,597	55,678
<b>Accumulated depreciation</b>								
At 1 January 2022	14,024	1,868	2,156	4,206	10,291	3,396	–	35,941
Charge for the year	621	95	87	434	565	648	–	2,450
Disposals	–	(65)	(23)	(42)	(4)	(151)	–	(285)
Exchange movements on consolidation	59	34	63	137	130	59	–	482
At 31 December 2022	14,704	1,932	2,283	4,735	10,982	3,952	–	38,588
<b>Net book value</b>								
At 31 December 2022	10,925	237	239	1,044	2,058	990	1,597	17,090
At 31 December 2021	11,536	306	236	983	2,289	977	1,068	17,395

## 10 Investments

		Group		Company	
		2022 £'000	2021 £'000	2022 £'000	2021 £'000
<b>Investment in subsidiaries</b>	<b>10a</b>	–	–	1,101	1,129
<b>Listed investments</b>	<b>10b</b>	15,712	17,080	15,712	17,077
		15,712	17,080	16,813	18,206
<b>a) Investment in subsidiaries</b>		<b>Company</b>			
		2022 £'000	2021 £'000		
Investment in subsidiary undertakings at cost:					
At beginning of the year		1,129	1,186		
Additions		–	–		
Exchange movement on consolidation		(28)	(57)		
At end of the year		1,101	1,129		
<b>b) Listed investments</b>		<b>Group</b>		<b>Company</b>	
		2022 £'000	2021 £'000	2022 £'000	2021 £'000
Market value at beginning of the year		17,080	15,096	17,077	15,096
Additions		4,394	6,828	4,394	6,825
Sales proceeds		(4,705)	(6,580)	(4,702)	(6,580)
Net movement in cash balances		439	(75)	439	(75)
Net investment (loss)/ gain		(1,504)	1,826	(1,504)	1,826
Exchange movements		8	(15)	8	(15)
Market value at end of the year		15,712	17,080	15,712	17,077
<b>Investment portfolio allocation:</b>					
Equities		7,218	10,070	7,218	10,070
Bonds		2,004	2,469	2,004	2,466
Multi-asset funds and Alternatives		3,092	2,438	3,092	2,438
Private equity		2,387	1,531	2,387	1,531
Cash held for investment purposes		1,011	572	1,011	572
		15,712	17,080	15,712	17,077

Material holdings within the investment portfolio:	Group and Company	
	2022 £'000	2021 £'000
<b>Equities</b>		
SPDR S&P 500 ESG ETF	1,645	1,812
Xtrackers MSCI USA ESG ETF	1,553	1,632
GAM Star Japan Leaders Z JPY	–	775
Invesco EQQQ Nasdaq-100 UCITS ETF	520	1,253
US Vegan Climate ETF	444	1,084
GAM Sustainable Emerging Markets Equity GBP	–	835
iShares MSCI EM ESG Enhanced UCITS ETF	865	195
<b>Bonds</b>		
GAM Star Cat Bond	767	376
<b>Multi-asset funds, Alternatives and Private Equity</b>		
Link Fund Solutions Odey Absolute Return I	975	–
Lumyna MW ESG TOPS UCITS	1,128	1,039
O'Connor Event Driven UCITS Fund E	989	1,008
Schroder GAIA Helix E Acc	931	986
INE GWM GROWTH FD-GW.M.ARBIT.F-G1 C S1 GBPH	1,000	–

Cash held for investment purpose is held by the investment manager for the purpose of investment in the portfolio. In the opinion of the trustees, the carrying value of the investments is supported by the underlying net assets.

## 11 Debtors

	Group		Company	
	2022 £'000	2021 £'000	2022 £'000	2021 £'000
Trade debtors	20,868	17,638	6,808	4,739
Amounts owed by group undertakings	–	–	13,905	10,502
Corporation tax	165	160	–	–
Accrued income	14,990	10,393	7,326	6,007
Grants receivable	5,541	3,521	4,441	2,454
Prepayments	4,254	3,768	2,246	1,934
Other debtors	4,063	3,598	1,602	1,170
	49,881	39,078	36,328	26,806

Trade debtors are stated after provisions for impairment of £1.0m (2021: £2.3m). Amounts owed by group undertakings are stated after provisions for impairment of £2.2m (2021: £2.2m). Trade debtors includes £nil (2021: £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.

Grants Receivable 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 Creditors

	Group		Company	
	2022 £'000	2021 £'000	2022 £'000	2021 £'000
<b>a) Amounts falling due within one year</b>				
Trade creditors	12,975	10,914	4,785	3,760
Accruals	17,976	18,223	10,203	9,614
Provisions	6,189	3,948	1,193	1,450
Taxation and social security	3,956	4,078	2,066	1,921
Deferred income	85,545	89,607	71,014	64,807
Loans	1,538	1,604	1,495	1,603
Other creditors	1,915	2,410	1,319	1,749
	130,094	130,784	92,075	84,904

Analysis of deferred income	Group £'000	Company £'000
At 1 January 2022	89,607	64,807
Amounts credited to deferred income during the year	161,238	72,915
Amounts released to income in the year	(165,300)	(66,708)
At 31 December 2022	85,545	71,014

The closing balance of deferred income represents new grant income received during 2022 where the contractual obligations of the grant are to be fulfilled in future years.



	Group		Company	
	2022 £'000	2021 £'000	2022 £'000	2021 £'000
<b>b) Amounts falling due after more than one year</b>				
Provisions	3,976	3,839	2,739	2,794

Short-term and long-term provisions include the following: staff terminal benefits of £3.1m (2021: £2.7m) which are due to employees in country when leaving their employment with MSI Reproductive Choices; grant provisions of £0.7m (2021: £1.6m) 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 (2021: £0.3m) for country programmes where the payable is disputed or the tax legislation is unclear and litigation provision £1.1m (2021: £0.4m)

### 13 Creditors: amounts falling due after more than one year

	Group		Company	
	2022 £'000	2021 £'000	2022 £'000	2021 £'000
Loans repayable after one year	77	417	56	379

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 2022 with monthly repayments due under the loan totalling £0.4 million each year. The loan is due to be fully repaid in 2023. 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 £31,007 (2021 £36,334).

### 14 Analysis of net assets between funds

	Group			Company		
	Unrestricted £'000	Restricted £'000	Total £'000	Unrestricted £'000	Restricted £'000	Total £'000
<b>Fund balances at 31 December 2022 are represented by:</b>						
Intangible fixed assets	381	2	383	381	2	383
Tangible fixed assets	15,559	15,434	30,993	14,601	2,489	17,090
Fixed asset investments	13,725	1,987	15,712	15,577	1,236	16,813
Bank and cash and Short term deposits	66,205	100,056	166,261	57,827	79,675	137,502
Other net current assets	8,029	(66,597)	(58,568)	19,186	(65,720)	(46,534)
Long-term liabilities	(1,073)	(2,980)	(4,053)	(851)	(1,943)	(2,794)
	102,826	47,902	150,728	106,721	15,739	122,460

Unrestricted general reserve held in the UK parent charity at the year-end was £54.0m (2021: £33.0m).

	Group			Company		
	Unrestricted £'000	Restricted £'000	Total £'000	Unrestricted £'000	Restricted £'000	Total £'000
<b>Fund balances at 31 December 2021 are represented by:</b>						
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 and Short term deposits	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

### 15 Restricted income funds

	Group					
	At 1 Jan 2022 £'000	Income £'000	Expenditure £'000	Other gains £'000	Transfers (note 22) £'000	At 31 Dec 2022 £'000
Donor funds	–	143,910	(143,910)	–	–	–
<b>Restricted by constitution</b>						
Africa	18,305	–	–	–	745	19,050
Asia	19,678	–	–	–	1,693	21,371
Pacific Asia	4,075	–	–	–	(530)	3,545
Commercial	3,373	–	–	–	563	3,936
	45,431	143,910	(143,910)	–	2,471	47,902

	Company					
	At 1 Jan 2022 £'000	Income £'000	Expenditure £'000	Other gains £'000	Transfers (note 22) £'000	At 31 Dec 2022 £'000
Donor funds	–	49,185	(49,185)	–	–	–
<b>Restricted by constitution</b>						
Africa	8,473	–	–	–	152	8,625
Asia	4,520	–	–	–	963	5,483
Pacific Asia	268	–	–	–	126	394
Commercial	1,134	–	–	–	103	1,237
	14,395	49,185	(49,185)	–	1,344	15,739

Restricted funds represent the following:

- 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.
- 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			
	General reserves £'000	Tangible fixed asset reserve £'000	Programme reserve £'000	Total unrestricted funds £'000
At 1 January 2022	45,949	15,754	22,953	84,656
Net income (including investment gains)	18,925	–	–	18,925
Transfers:				
- Transfer to restricted funds	(2,471)	–	–	(2,471)
- Movement in tangible fixed asset reserve	195	(195)	–	–
- Movement in programme reserves	(10,313)	–	10,313	–
- Exchange losses on consolidation	1,716	–	–	1,716
At 31 December 2022	54,001	15,559	33,266	102,826

	Company			
	General reserves £'000	Tangible fixed asset reserve £'000	Programme reserve £'000	Total unrestricted funds £'000
At 1 January 2022	45,949	14,788	21,959	82,696
Net income (including investment gains)	19,116	–	–	19,116
Transfers:				
- Transfer to restricted funds	(1,344)	–	–	(1,344)
- Movement in tangible fixed asset reserve	187	(187)	–	–
- Movement in programme reserves	(16,163)	–	16,163	–
- Exchange losses on consolidation	6,253	–	–	6,253
At 31 December 2022	53,998	14,601	38,122	106,721

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 global working capital. 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 2022 there were capital commitments of £nil (2021: £nil).

### b) Operating lease commitments

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

	Group	
	2022 £'000	2021 £'000
Within one year	3,253	2,682
Between two and five years	5,478	4,181
Leases expiring in five years or more	3,752	1,771
	12,483	8,634

## 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 £6,120 reimbursements (2021: £nil) to four Trustees (2021: nil) 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	Expend-iture	Net income 2022	Net assets as at 31 Dec 2022
Options Consultancy Services	London, UK (2695347)	Ordinary	100	N/A	23,207	(23,204)	3	451
Options for International Health	London, UK (9137405, charity no 1160066)	N/A	N/A	100	1,735	(1,735)	–	–
Options Consultancy Services Kenya Limited	Nairobi, Kenya (CPR/2014/147082)	Ordinary	100	N/A	3,297	(3,326)	(29)	95
MS Health Pty Ltd	Melbourne, Australia (ABN 33155 182586)	Ordinary	100	N/A	8,156	(7,804)	352	(330)
MSI Asia Pacific (including MSI Timor-Leste) *	Melbourne, Australia (ABN 79082 496697)	N/A	N/A	33	3,819	(4,325)	(506)	2,618
Ambulatorium am Fleischmarkt Betriebs GmbH	Vienna, Austria (178377W)	Ordinary	100	N/A	705	(763)	(58)	(30)
MS Clinic Society (Bangladesh) *	Dhaka, Bangladesh (Co no 6009384)	N/A	N/A	37	1,515	(1,685)	(170)	645
Marie Stopes Bangladesh	Dhaka, Bangladesh (C-584936, NGO 2033)	N/A	N/A	52	3,139	(3,337)	(198)	1,603
Chinese Provincial Clinics	China (099267)	N/A	N/A	100	676	(576)	100	476
Ying Ao Si Te Medical Technology PTY Ltd	China (91110105051421470B)	Ordinary	100	N/A	505	(405)	100	846
Foundation for Reproductive Health Services India **	New Delhi, India (NGO reg: F04338) Corporate Identity No: U85100DL2010NPL199806	Ordinary	100	N/A	4,773	(4,822)	(49)	4
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	16	(16)	–	(1)
ISM Corporation Private Limited**	New Delhi, India Registration No. 245603 Corporate Identity Number: U51909	Ordinary	100	N/A	1,435	(1,383)	52	972
Population Health Services**	New Delhi, India (55-99080)	Ordinary	100	N/A	7,071	(7,624)	(553)	64
Marie Stopes Kenya (NGO)	Nairobi, Kenya (OP 218/051/93191/15)	N/A	N/A	62.5	7,350	(7,372)	(22)	(2,098)
Marie Stopes Kenya (LTD)	Marie Stopes Kenya Limited	Ordinary	100	N/A	369	(398)	(29)	(34)
Marie Stopes Madagascar	Antananarivo, Madagascar (Ord 60-133)	N/A	N/A	100	5,075	(5,006)	69	1,834
MS Properties Ltd (Madagascar)	Antananarivo, Madagascar	Ordinary	73	N/A	8	(4)	4	(26)
Banja La Mtsogolo (Malawi)	Lilongwe, Malawi (Co no 6025)	N/A	N/A	100	6,766	(6,654)	112	3,098
Marie Stopes Mexico AC	Mexico City, Mexico (09020865)	N/A	N/A	100	622	(677)	(55)	(1,014)
Fundacion Marie Stopes Mexico	Mexico City, Mexico	N/A	N/A	100	4,837	(4,636)	201	1,612
Proteccion Y Salud Farmaceutica	Ciudad de México, Mexico (70,988)	Ordinary	100	100	76	(64)	12	64

Name of company	City and country of incorporation, company reg number	Share capital	Share-holding %	Member voting rights %	Income	Expend-iture	Net income 2022	Net assets as at 31 Dec 2022
MS Contraceptive Social Marketing Company	Ulaanbaatar, Mongolia (9019022046 / 2881756)	Ordinary	100	N/A	1,235	(1,058)	177	998
Marie Stopes Services Pvt Ltd**	Kathmandu, Nepal (PL 18437/058/59)	Ordinary Preference	100	N/A	(62)	(22)	(84)	400
Marie Stopes Product and Trading**	Kathmandu Metropolitan City, Nepal (192990/74/075)	Ordinary	100	N/A	237	(246)	(9)	57
Sunaulo Parivar Nepal* **	Kupondol, Nepal (NGO 420/051/52)	N/A	N/A	N/A	2,864	(2,464)	400	1,168
Triar Expertos en Salud	La Paz, Bolivia (00171889)	Ordinary	100	N/A	30	(33)	(3)	4
MSI Organisation Nigeria	Abuja, Nigeria (RC: 27391)	N/A	N/A	100	19,097	(19,014)	83	1,776
Marie Stopes Society Pakistan	Lahore, Pakistan (RP374)	N/A	N/A	57	5,614	(5,916)	(302)	2,327
Pakistan CSM (Guarantee) Ltd**	Karachi, Pakistan (K09269)	N/A	N/A	100	603	(475)	128	(451)
Merzab Pakistan* **	Karachi, Pakistan (0125321)	N/A	N/A	33	408	(431)	(23)	(11)
Marie Stopes PNG*	Port Moresby, Papua New Guinea (5-2456)	N/A	N/A	83	3,739	(3,886)	(147)	345
MSI Romania Foundation	Bucharest, Romania (397289)	N/A	N/A	100	240	(239)	1	359
Marie Stopes Sierra Leone	Freetown, Sierra Leone (C.F. 83/1986)	N/A	N/A	100	2,688	(2,828)	(140)	871
Marie Stopes South Africa	Cape Town, South Africa (1991/004592/08)	N/A	N/A	100	2,710	(3,066)	(356)	(1,108)
Population Services Lanka	Colombo, Sri Lanka (N/A)27)	N/A	N/A	100	55	(328)	(273)	796
Ms Clinic Services Lanka	Nawala, Sri Lanka (GA125)	N/A	N/A	100	3	–	3	(6)
Marie Stopes Tanzania Ltd	Dar es Salaam, Tanzania (27539)	N/A	N/A	60	19,500	(19,382)	118	(396)
Marie Stopes Ltd (Uganda)	Reg No. 41190	N/A	N/A	60	14,197	(14,009)	188	(174)
MSI-US*	Washington DC, USA (NFP 05-27-55)	N/A	N/A	N/A	39,883	(41,700)	(1,817)	(1,761)
Vietnam Centre for Community Reproductive Health *	Hanoi, Vietnam (Estab reg no 335/QD-TWH)	N/A	N/A	N/A	253	(247)	6	1,082
Bach Khang Vietnam Co Ltd *	Hanoi, Vietnam (Cert no 0105931817)	N/A	N/A	100	2,701	(2,530)	171	1,370
Dr Marie Company	Hanoi, Vietnam (Cert no 0108133213)	N/A	N/A	54	1,878	(1,542)	336	786
Yamaan Foundation for Health & Social Development *	Sana'a, Yemen (295/80)	N/A	N/A	40	11,528	(10,317)	1,211	5,859
MSI Zambia Ltd	Lusaka, Zambia (66871)	N/A	N/A	100	4,591	(4,437)	154	982
Population Services Zimbabwe	Harare, Zimbabwe (W013/87)	N/A	N/A	78	4,543	(4,437)	106	(10)

\* 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 Q1T 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.

Glenda Burkhart, Chair, became an Advisory Co-Chair for the International Rescue Committee. The International Rescue Committee provides grant funding to MSI Reproductive Choices, for which cash received in the year totalled £520,000 (2021: £600,000). As per MSI's accounting policy, income recognised in line with expenditure totalled £540,000 in 2022 (2021: £720,000).

The International Rescue Committee also acts as an external partner within a separate grant where MSI Reproductive Choices is the lead organisation. In 2022 a total of £119,000 (2021: £223,000) was disbursed to the International Rescue Committee under this agreement. There were no amounts owing to the International Rescue Committee at the year-end (2021: £nil).

Megan Elliott acted as a board member for the ICA Foundation during the year, resigning in October 2022. The ICA Foundation donated stock worth £340 in 2022 (2021: £2,000). There were no amounts owing to the ICA Foundation at the year-end (2021: £nil).

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 £3,600 for services to Humentum UK in 2022 (2021: £42,000), and £463 was owed to Humentum at the year end (2021: £nil).

The total value of donations received from related parties without conditions was £200 (2021: £352,000).

## 22 Transfers between funds

At the year end a transfer of £2.5m was made from unrestricted to restricted funds (2021: £0.4m 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	
	2022 £'000	2021 £'000	2022 £'000	2021 £'000
<b>Listed investments measured at fair value</b>				
Equities	7,218	10,070	7,218	10,070
Bonds	2,004	2,469	2,004	2,466
Multi-asset funds and Alternatives	3,092	2,438	3,092	2,438
Private equity	2,387	1,531	2,387	1,531
Cash	1,011	572	1,011	572
	15,712	17,080	15,712	17,077
<b>Investments measured at amortised cost</b>				
Investment in subsidiaries	-	-	1,101	1,129
<b>Debt instruments measured at amortised cost</b>				
Trade and other debtors (analysed in note 11)	45,462	35,150	20,177	14,369
<b>Cash and cash equivalents, valued at balance sheet date</b>				
Short-term deposits	93,970	15,278	82,286	621
Cash at bank and in hand	72,291	140,826	55,216	114,860
	166,261	156,104	137,502	115,481
<b>Loans and creditors measured at amortised cost</b>				
Trade and other short-term creditors	14,890	13,324	6,104	5,509
Bank loans and overdrafts	1,538	1,604	1,495	1,603
Loans falling due after more than one year	77	417	56	379
	16,505	15,345	7,655	7,491

## 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 2022, 15 subsidiaries reported net liabilities totalling £7.9m (2021: thirteen subsidiaries totalling £6.3m). 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 information is disclosed separately in accordance with the specific reporting requirements of the donor.

	Income recognised	Cash receipts
	2022 £'000	2022 £'000
<b>Agency for Danish International Development Assistance</b>		
Strategy for Danish Engagement of MSI [2018-2022]	5,791	2,905
<b>Arcadia Philanthropic Trust</b>		
Funding MSI's Outreach	-	-
<b>Foreign, Commonwealth &amp; Development Office (FCDO)</b>		
Delivering Accelerated Family Planning in Pakistan (DAFPAK)	1,986	1,189
WISH - Women's Integrated Sexual Health (Lot 1)	9,894	8,104
Reducing High Fertility Rates and Improving Sexual Reproductive Health Outcomes in Uganda (RISE)	5,442	4,506
DFID UK Aid Connect - Co-creation phase	-	303
Reducing Maternal and Newborn Deaths in Kenya - Improvement Quality of Care (MANI QoC)	-	242
Scaling Up Family Planning in Tanzania	3,468	3,541
Sustaining access to high-quality SRH services	940	1,325
<b>Ministry for Foreign Affairs of Finland</b>		
Integrated Reproductive and Maternal Health Programme Phase VII (2018-2021)	10	-
Integrated Reproductive and Maternal Health (IRMH) Programme Phase VIII Afghanistan	2,076	2,178
<b>Netherlands Ministry of Foreign Affairs</b>		
Increasing Access to Quality Family Planning and Reproductive Health	3,271	3,170
<b>Norwegian Agency for Development Cooperation</b>		
Breaking down barriers to Safe Abortion and Post-Abortion Care (SA/PAC) for all women and girls (expansion)	2,459	2,497
<b>Population Services International</b>		
Tsogolo Langa Family Planning Program	-	158
<b>The Children's Investment Fund Foundation</b>		
Catalyzing Sayana Press Introduction	332	-
<b>Save the Children International</b>		
MMR Global Fund HIV (HIV Prevention, Care and Treatment for Key Populations)	540	530

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. 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 Consolidated Statement of Financial Activities.



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**MSI Reproductive Choices**

1 Conway Street  
Fitzroy Square  
London W1T 6LP  
United Kingdom

Telephone: + 44 (0)20 7636 6200

Email: [info@msichoices.org](mailto:info@msichoices.org)  
[www.msichoices.org](http://www.msichoices.org)

Registered charity number: 265543  
Company number: 1102208