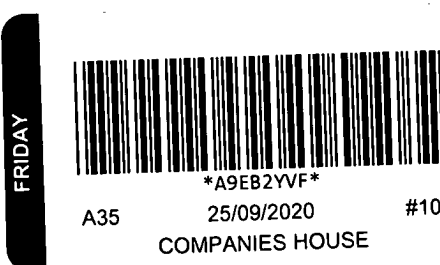


Financial Statements and Annual Report 2019



2019 in numbers

We estimate that in 2019 our services resulted in

32.2m women and men using contraception provided by MSI

13.1m unintended pregnancies averted

6.5m unsafe abortions averted

35,000 maternal deaths averted

Our estimated impact was achieved through

13.6m client visits

36.9m CYPs*

13 policy restrictions removed

37 countries

10,000+ team members

4,200 Public Sector Strengthening (PSS) sites

2,400 Social franchisees

1,000 MS Ladies

450 Outreach teams

490 Centres

*Couple years of protection (CYP): This is one of our key service metrics which estimates the protection from pregnancy provided by contraceptive methods during a one-year period. Different methods of contraception have different CYP values which depend on how long they can be used for, the likelihood of wastage, and how effectively they prevent pregnancy. For instance, 120 condoms are needed to provide one CYP, while a five-year IUD provides 3.3 CYPs. For a more detailed explanation of CYPs please visit:

www.mariestopes.org/media/2188/msi-cyp-infographic.pdf

Our impact figures

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

Charity details

Registered name and charity number

Marie Stopes International, 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 Marie Stopes International are the charity's Trustees under charity law, and the Directors of the charitable company.

Trustees

Glenda Burkhart, Chair (appointed 6 March 2020)
Timothy M Rutter FRCS (resigned 6 March 2020)
Dr Mohsina Bilgrami
Frank Braeken
Fiona Duby (appointed 23 May 2019)
Philip D Harvey
Claire Emma Morris
Dr Kristin Anne Rutter
Jess Search

Chief Executive Officer

Simon Cooke

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Contents

CEO statement	4
Trustees' report	8
Independent Auditor's report	45
Consolidated statement of financial activities	48
Consolidated balance sheet	49
Consolidated cashflow statement	50
Notes on financial statement	51

CEO statement

It's a strange time to be reflecting on the previous year, when Covid-19 fixes our attention so urgently on the demands of the here and now. The circumstances we find ourselves in would have been unimaginable when 2019 came to a close, as the last of the nearly 14 million clients we supported in the year received services, and we heard the first reports of a new virus emerging.

The pandemic has brought many things into sharp focus, not least the resilience and dedication of our frontline teams, to whom our 2019 achievements are a testament. It has also provided a stark reminder of how essential and time-critical our services are. Sexual and reproductive health needs do not stop in a crisis, whether that is a global pandemic, conflict or the effects of the climate emergency. Such circumstances are all too familiar for many of our team members, and last year they persisted through a myriad of challenges from political unrest in Bolivia, to ongoing conflict in Yemen and Myanmar. Through all this, MSI delivered another record year of impact.

In 2019, there were over 32 million people using a method of contraception supplied by MSI, 4.6 million people turned to us for safe abortion and post-abortion care services, and we delivered 36.8 million couple years of protection (CYPs), over 2.2 million additional CYPs compared to 2018. These services prevented 13.1 million unintended pregnancies, 6.5 million unsafe abortions and 34,600 maternal deaths. With essentially flat income, this was achieved by greater efficiency and a laser focus on providing choice and quality.

Our 10,000 team members worked tirelessly to provide services across 37 countries, from our safe abortion clinics in the UK to our newest outreach services in the Democratic Republic of Congo. In our international programmes, over 70% of all clients served were living in communities with the greatest need; adolescents for whom contraceptive access is invariably heavily restricted; those using a method of contraception for the first time, and those living in extreme poverty, where neither the public or private sector provides affordable options.

I am immensely proud of these achievements, especially given our refusal, since 2017, to bid for US government funding due to its damaging and punitive restrictions on organisations that support safe abortion. The US administration remains the biggest single funder of contraceptive programmes worldwide, but is implacably opposed to any grantee offering advice, support or even counselling for women seeking safe abortion care. We will not bid for US funding until the damaging 'Gag Rule' is overturned.

Last year, we continued to see the chilling effect of this policy play out around the world with an increasingly sophisticated and emboldened anti-choice movement. In response, we continued to be unapologetic in our defence of a woman's right to choose: from ensuring access to abortion was on the agenda at Women Deliver and ICPD+25, to the publication of the largest survey on women's views on abortion care.

We were also delighted to participate in a number of notable victories: from decriminalisation in New South Wales in Australia, Oaxaca in Mexico and Northern Ireland in the UK, to new post-abortion care guidelines in Kenya. It's important to hold on to this forward momentum, despite the best efforts of those opposing reproductive rights around the world. We remain committed to playing our part in removing barriers for women to access safe care.

2019 was the penultimate year of our 'Scaling-up Excellence' strategy, and early in the year we embarked on the process of intense consultation and debate about how MSI should adapt to deliver even greater impact in the decade ahead. Our starting point was a bold, guiding vision: to eliminate unsafe abortion and meet demand for contraception by 2030.

We spoke with our clients, our team members, our partners, and we went further afield, beyond our sector, to challenge ourselves to think of innovative ways to solve old problems. Many themes emerged - the strength of our service delivery, the trust that our partners have in the choice and quality we offer, the importance of diversifying our impact metrics, the opportunities to integrate our services with others across the health system, and the power of our advocacy, when we do speak up.

We also learned that MSI is often perceived as a 'lone wolf' in our approach to delivering services, and needs to work better with others, to form stronger, lasting partnerships that will multiply the impact of our collective efforts for the benefit of millions of people across the world. My thanks go to all who took part in this consultation process. MSI will be stronger because of your inputs and your candour.

Our guiding principle will always be our belief that every person, wherever they live and whoever they are, should have the opportunity to control their own body and determine their own future. As we look ahead to 2030, we know that access to safe abortion everywhere is within reach, and universal access to contraception as part of broader Universal Health Coverage (UHC) is entirely achievable. But achieving this vision will take collaboration, within and beyond our sector.

Thank you to all our valued partners for making our record-breaking impact possible in 2019, and for joining us on this journey as we evolve to face the challenges ahead.

Simon Cooke

CEO, Marie Stopes International

Trustees' Report

The Board of Trustees presents its report and the audited consolidated financial statements for the year ended 31 December 2019 under the Charities Act 2011 and the Companies Act 2006, incorporating the Directors' Report. Pages 6 to 42 incorporate the requirements of the Strategic Report.

Who we are

Founded in 1976, Marie Stopes International (MSI) has grown from a single clinic in central London to one of the world's largest providers of high quality, affordable contraception and safe abortion services.

Since day one, choice has been at the heart of everything that we do and our mission remains clear: to empower women and girls to choose if and when they have children. Because we know – from our many years of providing services all over the world – that access to contraception and safe abortion changes lives. For some, it can mean the ability to complete their education. For others, it can mean more time to look after the family they already have. Whatever the unique reason, we exist to provide that choice.

We provide high quality services, in some of the world's most hard-to-reach communities, often using innovative approaches to reach the clients who need us. Our dedicated team members embody our vision and never lose sight of our mission. The way we work, and the culture of our organisation is driven by our values:

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

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

Accountable: We are accountable for our actions and focus on results, ensuring long term sustainability and the impact of the partnership.

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.

We know what a difference choice can make, so we do whatever it takes to make sure that a woman can access the contraception and safe abortion services that give her control over her body. It's why we provide our services in a whole range of different ways, from static centres in urban areas to mobile outreach teams who travel long distances to rural communities. Because we understand that when women and girls are given the tools to decide whether and when to have children, the health, livelihoods and resilience of not only them as individuals, but also their families and their communities, increase significantly.

The global challenge

Right now, there are 232 million women around the world who want to use contraception but cannot. Every year, millions of women don't have access to safe abortion and so resort to unsafe and life-threatening methods in desperate attempts to end their pregnancies. The impact is far-reaching – not just for the women concerned, but for their families, communities, and society as a whole.

While the combined efforts of our sector have dramatically increased the number of women using contraception in many developing countries, the need for our services continues to grow every year. Every day, millions of women around the world need abortion care but either don't have safe access, don't know what the law allows, or are too worried about the associated stigma to access services. As a result, 25 million women every year resort to unsafe methods. Seven million women suffer complications, many resulting in a lifetime of poor health, disability or infertility, and 22,800 women will die. This needs to change.

As need and demand for our services continues to rise, we must work together to go further, and do more to ensure that every woman has choice. With the world in the grip of the COVID-19 pandemic and a growing number of people in vulnerable situations, as a result of conflict and climate change, this matters now more than ever.

We know from previous experience that during times of crisis, women's reproductive health needs are often neglected with devastating consequences. During the 2013-2016 Ebola outbreak in West Africa, women in Sierra Leone lost access to essential and life-saving reproductive care resulting in many, if not more, deaths from pregnancy-related complications than from Ebola itself. With the future increasingly fragile and women and girls disproportionately affected by crisis, we must do all we can to ensure they have access to the life-saving care they need.

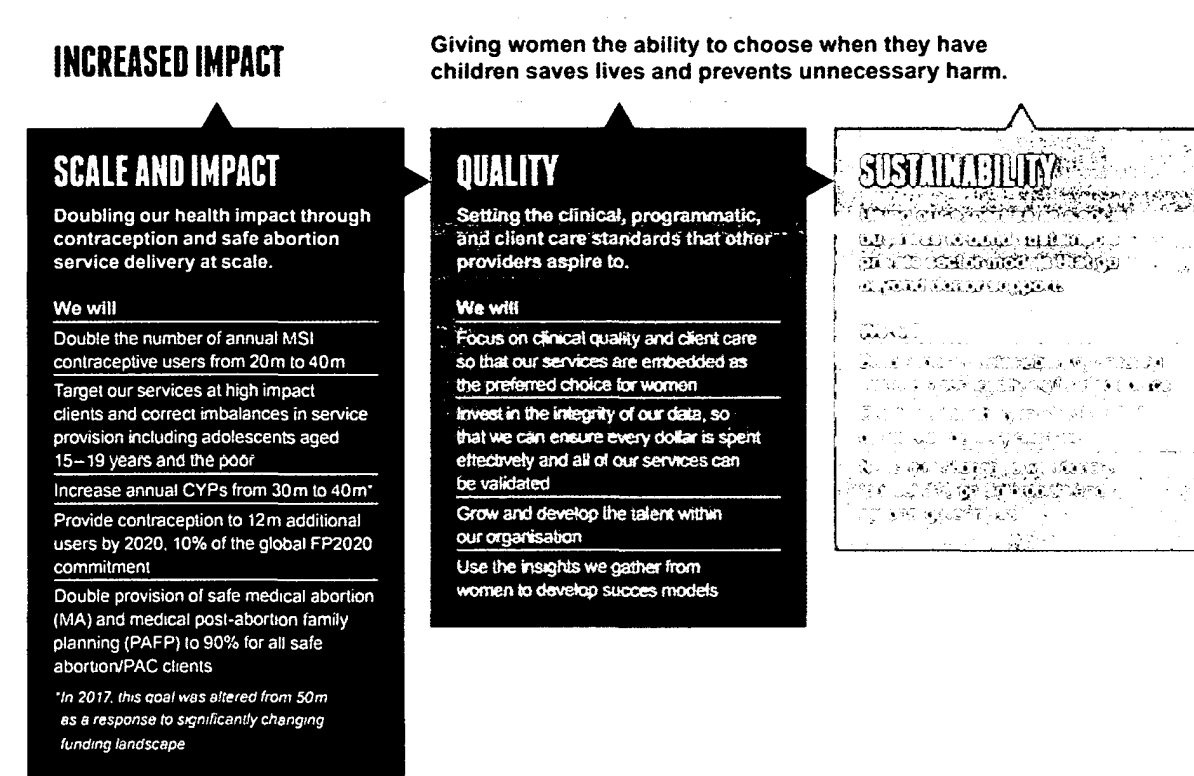
The only way to meet the challenges of the coming years is by being smarter about who to work with, what services to provide, how to make these services more accessible, and how to fund them sustainably. Our current 'Scaling-Up Excellence' strategy sets out how we do this up until the end of 2020.

Our Strategy

Our current strategy, 'Scaling-Up Excellence: universal access one woman at a time', will guide our objectives and the way we work until the end of 2020. Through the strategy, we are challenging ourselves to expand access to high-quality services for women and girls across the countries where we work.

Our strategy is deeply rooted in our values and recognises the successes and challenges we have seen in recent years. It builds on lessons learned and approaches we have developed over more than 40 years of providing services. By incorporating these lessons from our country programmes' experiences in pioneering innovative service delivery models and radically transforming the provision of safe and affordable medical abortion, the strategy challenges us to continuously refine our models. We operate our services at scale without ever compromising our focus on clinical quality, client centred care and effective governance.

Our approach to delivering global impact is built on three interlinking pillars providing a clear framework that guides our work. The three pillars – Scale and Impact, Quality, and Sustainability – demand that we keep a steady eye on operational efficiency, challenge us to continue our long-term focus on sustainability and leverage our client centred approach to deliver a game-changing level of impact.



To deliver scale and impact we:

- Use a balanced country portfolio approach to make choices about where to invest financial and technical resources. We choose service delivery models that correct gaps in service provision and deliver scale, impact and sustainability in each country to allow us to maximise the global impact of our partnership.
- Increase access to medical abortion and medical post-abortion care, while ensuring a continuum of client care, including integrated call centres and post-abortion family planning.
- Prioritise the needs of our clients, by providing quality counselling and a comprehensive choice of contraception and treating every woman who comes to us with respect. We demonstrate that the

way we deliver long-acting and permanent methods of contraception is the most cost-effective way of increasing contraceptive prevalence and delivering lasting change in behavioural norms.

- Work to remove policy and clinical restrictions that limit access to contraception, safe abortion, and post-abortion care services, using our position as a partner to governments and a service provider to 'advocate by doing'.

We will not compromise our absolute commitment to quality in everything we do. It is the quality of our services that drives our ability to achieve scale and impact. To achieve this, we:

- Invest in governance and audit oversight, clinical quality standards and provider training.
- Nurture our unique culture and grow our capacity by putting investment in people at the heart of our strategy.
- Invest in insight so that we are led by the needs voiced by our clients as well as by women and girls with an unmet need. This allows us to create enduring user demand for universal access to all methods of contraception.

We want to deliver scale and impact and maintain our commitment to quality, not just for the duration of our Scaling-Up Excellence strategy but for generations to come. So to ensure the sustainability of our services we will:

- Continue to develop sustainable models for all service delivery channels, backed by funding sources.
- Evolve a global network of self-sustaining centres, which set the standard for client care and clinical quality for contraception and safe abortion services across our network and the sector.
- Work with national governments, donors, and others to shape markets and increase access to and funding for contraception and safe abortion services, ensuring services are included in universal health care frameworks and funded through domestic financing.
- Innovate and test sustainable contraceptive technologies and service delivery models, including safe obstetrics and post-partum family planning. To be successful, these private sector models will increase access to maternal health services to low- and middle-income clients, as well as increase the use of core services and generate surplus that can be making effective choices about where we focus our time and resources, and consistently putting the client first.

Our impact in 2019

Every day, our teams around the world see thousands of women. Our mission is to ensure every one of them has the knowledge, services and power to build the life they want.

Around the world today, 32 million women are using contraception provided by us¹. That is 32 million women who can finish their education, learn a new trade, start their own business or take care of their family without fear of an unintended pregnancy.

In 2019, we continued to push boundaries and travelled further than ever to provide high-quality, safe services to women and girls, when and where they need them. Our numbers show that we are meeting the family planning demand for one in five women in the countries that we work in. This year alone, close to **14 million** women were seen by our teams and chose a contraceptive method to fit their individual needs. That is over 38,000 women – every single day – who can continue on their chosen path knowing that they are being protected by a contraceptive method provided by us.

In 2019, our services were estimated to have resulted in²:

- **13.1 million** unintended pregnancies averted
- **6.5 million** unsafe abortions averted
- **34,600** maternal deaths averted
- **£600 million** saved in healthcare costs

Numbers are important. But the numbers alone don't tell the full story. Every single one represents a woman with her own unique wants and needs:

Ndeye lives in Louga in Senegal with her sister and three of her five children. She works as a cleaner and housekeeper. She told us,

"I want my children to grow up healthy and to have some success. I want them to know about the sacrifices I have made, and that I made them on my own. I'm married but my husband lives in Dakar and doesn't help me at all. My sister helps as much as she can, but she's sick and can only help me with the younger ones."

Ndeye had her first child at the age of 15, a daughter who is now 20 with her own child. "She is the one who told me to get contraception to help me rest and take care of myself. She is using it too. At first, I was scared to use family planning because there were a lot of rumours. But now that I understand it, I wish I had used it before."

"My last two pregnancies were really difficult. When I found out I was pregnant the last time, I was really angry with myself. I spent three months crying. I decided it would be my last child. I don't want more children, I've had enough. Thank you, but no. I want to be more independent and focus on my future."



You can read more about our service level impact in 2019 in our Global Impact Report: Stronger Together.

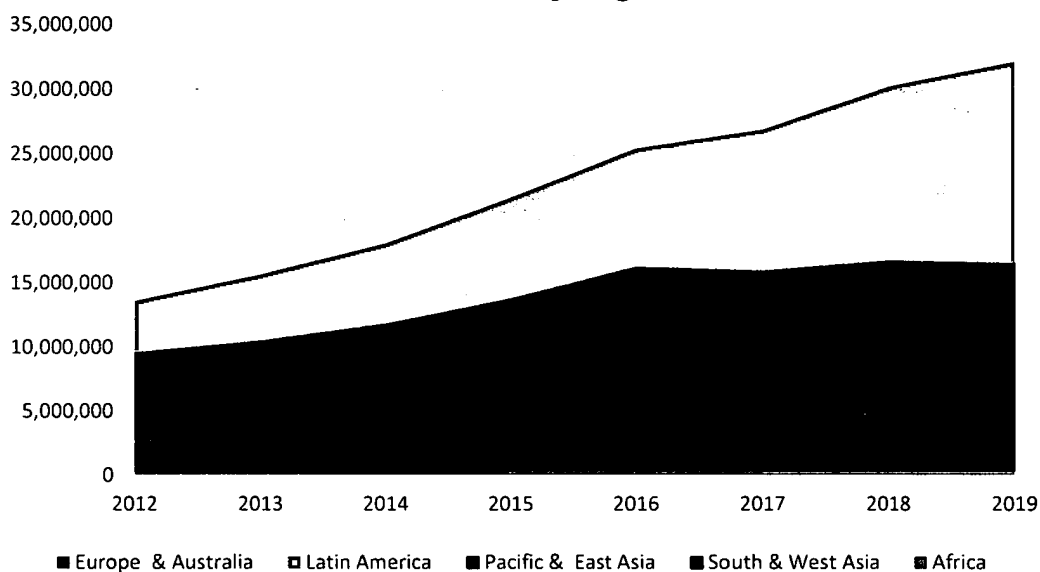
¹ Counts all clients who are using a family planning method provided by MSI. This includes women still using an LAPM they received from the programme in previous years (taking into account method specific discontinuation rates).

² These impact numbers are estimates calculated using our impact 2 tool

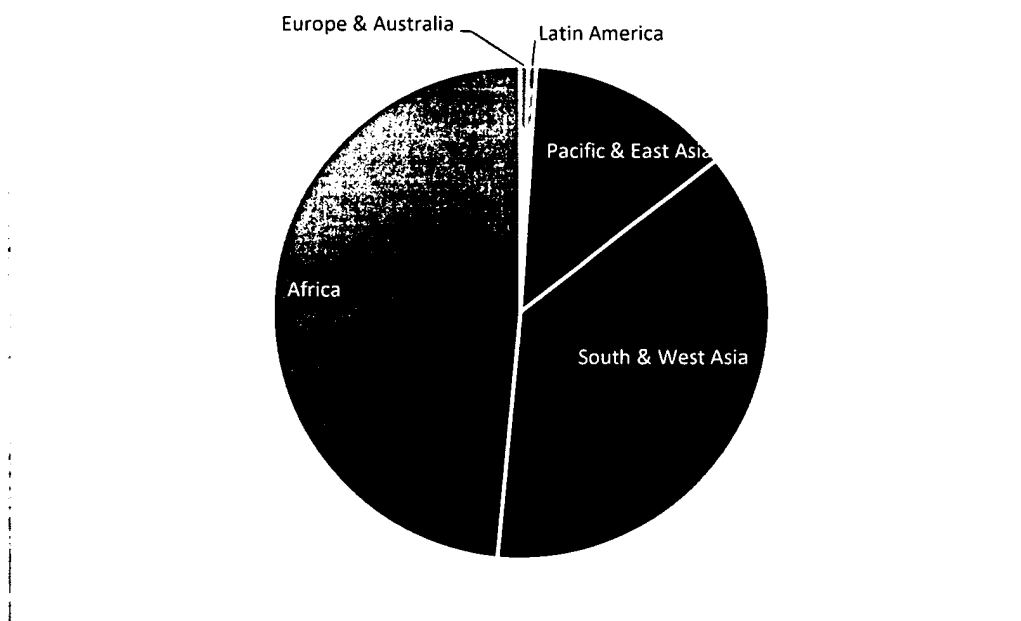
MSI estimated users by region

Since 2012 the number of women using our services has steadily increased, with over 32 million people around the world currently using a method of contraception provided by Marie Stopes International by the end of 2019³.

MSI estimated users by region over time



Breakdown of users by region in 2019

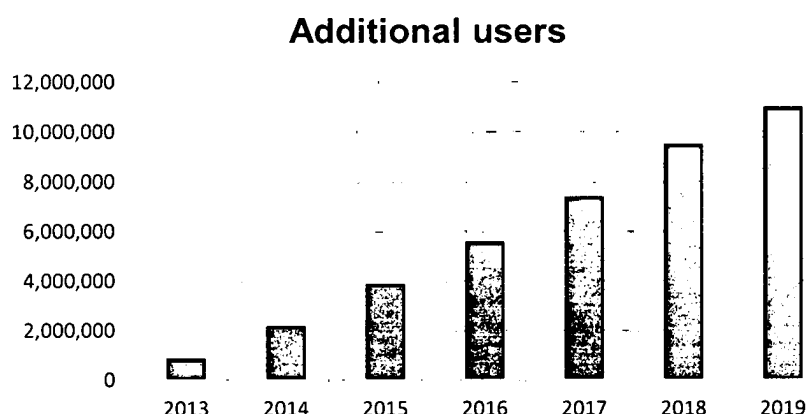


³ Counts all clients who are using a family planning method provided by MSI. This includes women still using an LAPM they received from the programme in previous years (taking into account method specific discontinuation rates).

Additional users

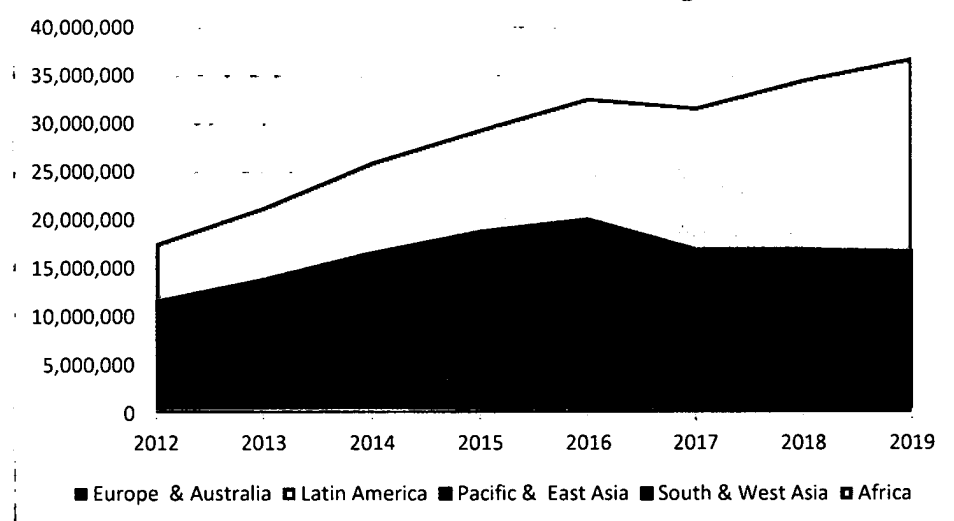
In 2012, the international community came together at the London Summit on Family Planning and pledged to reach 120 million additional users of contraception in 69 of the world's poorest communities by 2020. Based on strong performance against our initial pledge of 6 million additional users, MSI doubled our commitment, making a pledge of 12 million additional users - a tenth of the international community's total pledge.

We estimate that, by the end of 2019, we had contributed 11 million additional users⁴ in FP2020 countries since 2012.



CYP growth

Like many in our field, we measure the output of our services using 'couple years of protection' (CYPs), which allows us to assess the scale of our services and to compare progress over time. In 2019, we delivered 36.8 million CYPs across the partnership, over 2.2 million additional CYPs compared to 2018.



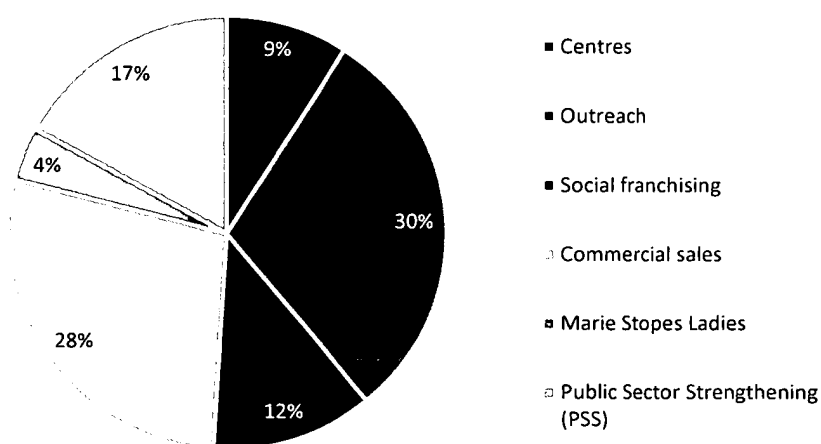
⁴ This concept does not apply to an individual person, but rather refers to an increase in the absolute number of users above a specified baseline. In the case of FP2020, the baseline is 2012.

Delivery channels

We put our clients at the centre of everything we do and strive to understand their unique challenges. To ensure our services reach the clients who need us most, we use a variety of channels and continuously tailor our approach to best meet their needs.

In 2019, our outreach channel continued to be the largest channel. Our outreach model has transformed access for millions of women by travelling long distances to deliver services to people in rural and remote communities who often have no other means of accessing reproductive health services. Services from our outreach channel in 2019 alone is estimated to avert 1.4 million unsafe abortions and 5.2 million unplanned pregnancies.

CYPs by Channel



Our centres have served as the backbone of our operations since we first opened our first centre in central London, and they continue to provide safe and welcoming spaces where our clients can access high-quality, affordable contraception and safe abortion care. The services we provided through centres in 2019 will prevent an estimated 560,000 unsafe abortions and 1 million unplanned pregnancies.

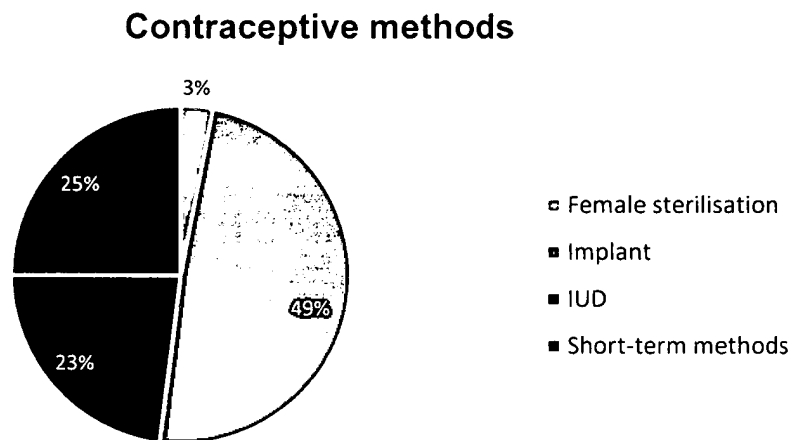
MSI currently has a total of 2,400 social franchise providers within our network. In 2019, these providers received over 2.3 million client visits, reaching almost 400,000 clients under 20 years old. We use our social franchise model to strengthen both the public and private health system by increasing access points for quality services while reducing the burden on the public sector.

What started as a pilot in a handful of countries in 2009, has now developed into a network of more than 1,000 Marie Stopes Ladies across 15 countries. They are qualified midwives and nurses from the local community who are trained and supported by Marie Stopes International to provide contraceptive services and advice to women in their own homes. In 2019, over 650,000 women were seen by Marie Stopes Ladies across our programmes.

Our fastest growing channel in 2019 continued to be Public Sector Strengthening (PSS), which partners with governments to build the capacity of Ministry of Health providers to deliver high quality, stigma-free contraception and safe abortion care services at public facilities. In 20 countries across Asia and Africa, our public sector strengthening channel quality assures more than 7,000 non-MSI providers. In 2019 we delivered over 2.7 million health services through this channel and a quarter of a million of clients reached were under 20 years old.

We use our commercial sales channel to ensure that people have the option to buy high-quality, sexual and reproductive healthcare products in a location that's convenient. We distribute our own brand of high quality and affordable condoms, contraceptive pills and other contraceptive products through pharmacies, community-based distributors and other private providers.

Contraceptive methods

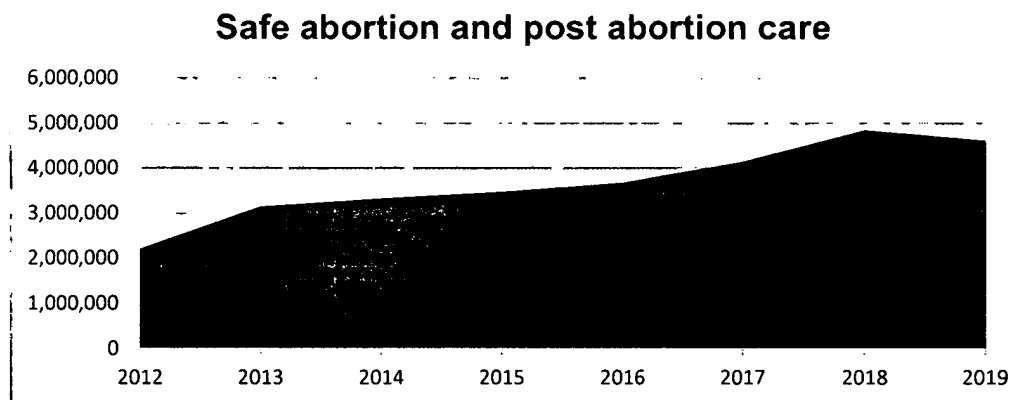


Choice is at the heart of everything we do, and we provide counselling and a full range of contraceptive methods across our services. By offering the widest range of methods, including short-term, long-acting and permanent methods, we can ensure that every woman can choose the type of contraception that is right for her.

The majority of our clients choose long-acting or permanent methods of contraception that will protect them from unintended pregnancy for long periods of time. In many of the countries where we work, we are the only provider of these methods. In 2019, 75% of those using contraception provided by us were using a long-acting or permanent method⁵.

Safe abortion and post abortion care

Providing access to safe abortion and post-abortion care is at the core of our mission. Wherever we can, we provide these services for people who have decided to end a pregnancy. In 2019, we provided more than 4.6 million safe abortion and post abortion care services to women and girls who turned to us for support.



More information on the slight decline in our safe abortion and post-abortion care services can be found on page 17.

⁵ Counts all women who have received a family planning method from MSI within a given year. For LAPMs user numbers this includes women served within that year (accounting for 1st year discontinuation). For short-term methods, user numbers assume women receive commodities for one full year of protection. This graph is not including condoms.

High impact clients

We are committed to reaching women – wherever they are – and are providing services to some of the world’s most marginalised and underserved communities on their terms.

One of the ways we ensure our services are reaching those in greatest need is by measuring the proportion of clients that we define as ‘high impact’. High impact clients are those that fall into at least one of four groups:

- **Adolescents:** Women aged 15 – 19, a group that for whom contraceptive access is invariably heavily restricted
- **Adopters:** those using a method of contraception for the first time
- **Women living in extreme poverty:** Defined as living on less than \$1.90 a day, and where neither the public or private sector provides affordable options
- **No availability:** women who would have no other option of receiving their service if it had not been for MSI

In our international programmes, 73% of all clients served in 2019 were identified as high-impact clients.

Our performance in 2019 against our strategic objectives

Throughout 2019, we continued to deliver in accordance with our Scaling-Up Excellence strategy, which guides our work and progress towards our mission up to 2020. How we performed against the strategic objectives that were set for 2019 is reported below.

Scale and impact

Continue strong CYP performance and deliver a minimum of 36.2m CYPs. In 2019 we delivered 36.8m CYPs across the partnership, an increase versus the previous year and over target. For more detailed information on individual country performance, please see pages 19 to 24.

Continue our focus on reaching additional users and high-impact clients. Our Scaling-Up Excellence strategy prioritises investments that will scale up access for clients that face the greatest barriers - adolescents, those living in poverty, new adopters of contraception, and those that have no other option for receiving care. In 2019, 73% of our clients were identified as high-impact. Throughout the year, we reached an additional 11 million users of contraception since 2012, keeping us on track to deliver our target of 12 million additional users by the end of 2020.

Provide 5 million safe abortion and post abortion care services across the partnership. In 2019 we saw a decline in the number women coming to us for safe abortion and post abortion care services and at the end of the year, we had provided just over 4.6 million safe services to women. The targets we set are intended to increase access to safe methods and contribute to the elimination of unsafe procedures globally. The slight decline was largely due to challenges in four of our country programmes, including tightened regulations around medical abortion provision in India, issues with supply in Nepal, clinic restructuring in Bangladesh, and a temporary service interruption in Kenya early in the year due to political engagement by anti-choice groups.

Quality

Continue to raise the profile of safeguarding throughout the organisation with training for all staff and streamlined reporting processes. Throughout 2019, we maintained a strong focus on embedding safeguarding as a way of working across the partnership. Every team member undergoes safeguarding training and signs a declaration of compliance which commits them to uphold the principles of the code and their safeguarding responsibilities throughout their work. Team members and clients have access to information on how to raise a concern, and online safeguarding material has been made available in English and French. Please see page 31 for more information.

Improve our recruitment, selection, on-Boarding and retention processes to drive better culture fit and engagement. In 2019, we continued to develop our HR processes to improve recruitment and drive better engagement across the organisation. For example, we relaunched a policy which outlines the recruitment and selection processes for roles within MSI to ensure that these are equitable, transparent and managed fairly. For existing team members, we launched a competency framework to better assist team members to identify the competencies they may need to develop to support career progression, and we continued to implement internal programmes to enhance opportunities for development. Please see page 36 for more detailed information.

Sustainability

Continue to diversify our funding base, increase total revenue by 5%, and deliver an ambitious 12% growth in clinic service income. In 2019, we secured total revenue of £308.3m, an increase of 4% from

£296.8m in 2018, just short of our 5% target. Donor grant and contract income showed a small increase to £160.4m from £158.0m, and private donations income more than doubled from £4.0m in 2018 to £8.8m in 2019. Our total service income (income derived from fee-paid services) was £115.6m in 2019, a slight decrease on 2018.

Look ahead to the next Strategy that will guide our work moving forward and identify how MSI will adapt over the next decade to achieve our mission. In 2019, we embarked on a process of intense consultation and debate to inform and define how we will deliver our mission and provide even greater impact over the next decade. We learnt a lot through this process, not least the importance of continuing to respond and adapt to the needs of our clients. We need to work better with others, to form stronger, lasting partnerships that will multiply the impact of our collective efforts for the benefit of millions of people across the world. You can read more on our findings on page 26. Most importantly, we must ensure that our mission remains constant. We will remain steadfast in our support of a woman's right to choose, and work with others to eliminate unsafe abortion and meet demand for contraception. Our services should continue to be provided to those with the greatest need: those living in extreme poverty, with no access to public services, and to adolescents. Our work on our next strategy will continue through 2020, when we will define our goals and measures, and work with our country programmes to complete their own strategic planning.

Country programme performance

In accordance with our strategy, we use a balanced country portfolio approach to make choices about where to invest financial and technical resources. We choose service delivery models that address gaps in service provision and deliver scale, impact and sustainability in each country to allow us to maximise the global impact of our Partnership.

The next section shows a selection of our programmes and their individual performance in 2019, showcasing the diversity of our programmes, the challenges they face and their successes in overcoming them. You can find information on the performance of all our countries on page 25.

Burkina Faso

MSI has been operating in Burkina Faso since 2009 and now covers most of the territory, with nine mobile outreach teams, four centres, 34 Marie Stopes Ladies and 125 Public Health Sites. In 2019, they delivered over 370,000 CYPs across their channels, 40% of which were delivered by outreach teams.

Since 2015, the country's security situation has been gradually deteriorating and reached alarming levels last year with 520 reported security incidents in 2019. The situation quickly affected the Marie Stopes Burkina Faso field teams, particularly the outreach teams from Kaya (Centre-North region) and Dori (Sahel region). Following repeated attacks that limited access to some sites, and after receiving reports on the growing number of internally displaced populations (IDPs), the programme adapted its strategy to meet the needs of the populations faced with this unprecedented situation.

In September 2019, the team in Burkina Faso, alongside UNFPA, met with local authorities to advocate for humanitarian action in favour of the IDPs, and since October, two Marie Stopes Ladies, funded by the UK's Department for International Development through the WISH (Women's Integrated Sexual Health) project, are now working in Kaya on the sites hosting the IDPs. Over the period from October to December 2019, 704 people benefitted from family planning awareness-raising activities carried out by the programme on sites hosting displaced populations, and 257 family planning services were delivered. An average of 23% of those services were delivered to women under 20 years of age. Marie Stopes Burkina Faso estimates that these services alone helped to avert approximately 190 unintended pregnancies, as well as 79 unsafe abortions.

Democratic Republic of the Congo

2019 was an exciting year for our newest programme, Marie Stopes DRC. During their first full year of operation the programme grew from strength to strength, increasing in team size, and expanding to new regions. CYP delivery increased from 3,000 in 2018 to 78,000 in 2019, resulting in over 10,400 unintended pregnancies prevented. DRC has one of the highest maternal mortality rates in the world, partially due to unsafe abortion, so in November the programme began delivering much-needed post-abortion care services.

Throughout the year, the programme expanded from one to four outreach teams, from four to eleven Marie Stopes Ladies and opened a new regional base in the Tshopo region to serve the mostly rural population around Kisangani and Lokutu. This expansion was only made possible by the support of key donors.

In a quickly evolving and volatile context, understanding and adapting to that context, while building a culture of learning, collaboration and engagement with the mission, has been key to the successes of the programme. Responding to changing restrictions to the procurement of goods, continuous negotiation to avoid commodities shortages, and recruiting and training team members took significant leadership, time and effort. But despite several challenges, the programme kept a clear vision of ensuring client centred, quality care and were able to expand to reach more vulnerable women with services. Continuous improvement remained a focus for the programme in 2019, with frequent reviews of results and processes, trainings and refreshers. Support and cross-learning from other programmes in the region were hugely important, accompanied with technical assistance from the London Support Office.

Establishing strong relationships with key stakeholders was also crucial. Throughout the year, the programme signed agreements with regional health authorities, worked closely with national obstetric and

gynaecological organisations, in consortium with key family planning partners and closely with youth and women's groups to increase awareness of the services provided.

Thanks to the hard work by the team, the programme was able to reach just under 26,000 women in 2019, 15% of whom were adolescents.

Nigeria

As one of our largest programmes, Marie Stopes International Organisation in Nigeria (MSION) has seen continuous growth over the last six years. In 2019, it continued to grow at scale, delivering over 6.1 million CYPs, including over 1.3 million implants and over 280,000 IUDs, a growth of 30% on 2018.

The Public Sector Strengthening channel remains the overwhelming driver of the MSION's scale (66%), where the programme - alongside state health authorities – trains, accredits, supervises and supports quality inspections across 2,110 public sector sites. In 2019, this channel alone delivered over 4.1 million CYPs, which was a 35% growth on the previous year. MSION leveraged relationships with the government to work with the Ministry of Health to successfully advocate for Mifepristone to be included on the Essential Medicines List. This means the product will be prioritised for procurement and be more widely available to provide PAC services.

In addition to this work, the programme fielded 21 outreach teams; 226 social franchises under the BlueStar brand and provided services out of three clinics. Their network of Marie Stopes Ladies expanded by 73 to a total of 167 and served a total of 65,000 clients in 2019.

Towards the latter half of 2019, the programme encountered difficulties with the availability of family planning commodities, but through strong advocacy work and successful relationship-building with UNFPA and the Nigerian government, they continued to access the necessary commodities for their work.

Tanzania

After a challenging year in 2018, when Marie Stopes Tanzania faced political disruptions by both anti-choice groups and new government guidelines, last year, the programme managed to turn these challenges into opportunities.

In 2019, the Tanzanian outreach teams used innovative approaches to deliver access to women at scale, delivering a quarter of total CYPs for the region. The approach included ramping up demand generation activities to ensure clients were prepared for visits, and trialling a new split team approach, focused on delivering effective contraception to under-served communities. The split team approach involved splitting an outreach team to serve two neighbouring sites concurrently, allowing the team to double the number of sites per team and serve even more women.

In tandem, the Tanzania team trialled new outreach models in partnership with local governments and community influencers. In collaboration with local government authorities, the programme developed a lower-cost outreach model to reach underserved areas on lake islands and shores, while partnering with local community-based mobilisers to build awareness among the remote community ahead of the visit. To expand access in urban settings, the team developed a new model embedding nurses in public facilities and used behaviour change communication to expand awareness with partners, parents, community and religious leaders, to serve more women and girls in the local community.

Using new and innovative approaches, Tanzania's outreach teams delivered almost 3.3 million CYPs in 2019, adapting team size, make up, demand generation approaches and operating methods to deliver services to over one million women.

Uganda

In 2019, Marie Stopes Uganda delivered 1.9 million CYPs across 15 centres, 216 Public Sector Support sites, 72 Marie Stopes Ladies, 31 outreach teams, and 150 social franchises, with all channels seeing an increase in performance compared to the previous year.

A focus for 2019 was to increase Marie Stopes Uganda's coverage of densely populated regions with high unmet need. By using their outreach site-selection tool, the programme was able to use historical data to strategically select sites likely to see high levels of demand. In 2019, this was reinforced across all teams who were able to use data on CYPs, client volume, and the proportion of adolescents, to tailor their interactions to the clients they expected to encounter in certain areas.

Marie Stopes Uganda saw a good increase in sustainability in their centres but were met with challenges with their Marie Stopes Ladies channel. Across 2019, the number of CYPs delivered by this channel started to decrease as a result of large numbers of team members leaving the network and productivity levels dropping. To tackle this, the programme introduced 'Marie Stopes Ladies Champions', who coach, support, and supervise a group of Marie Stopes Ladies. The channel now has more dedicated support and supervision to hopefully reduce the trend of decline the channel was beginning to see in 2019.

Zambia

In 2019, Marie Stopes Zambia delivered over 760,000 CYPs, averting an estimated 169,000 unintended pregnancies, preventing over 68,000 unsafe abortions and over 380 maternal deaths.

One of the drivers behind the programme's success was an innovative new approach within their outreach channel which has enabled the programme to expand access in under-served, rural communities in Zambia's Copperbelt. By partnering with government providers, outreach teams have been able to split themselves between neighbouring communities and serve double the number of clients, with little additional cost.

Since introducing these new measures, the Zambia outreach team have seen their CYPs increase by 132%, achieving just under 650,000 CYPs in 2019, while reaching record numbers of adolescent clients, serving almost 29,000 adolescents with contraception. Cost per CYP also reduced by £4.32 to £2.71, making it one of the partnership's most cost effective and efficient outreach channels.

Charity is working on Marie Stopes Zambia's (MSZ's) innovative accelerated outreach model, where she and her MSZ team members split themselves among communities, in order to serve double the number of communities with contraceptive advice and services. MSZ providers are accompanied by a government provider, and as such have been able to effectively double their teams via this model with minimal additional salary costs. Charity goes to some of the most remote areas of the country, where she camps in villages overnight in order to spend the maximum number of hours each day serving women.



In some of these rural areas, there are no health facilities to work from, so Charity works from her inflatable clinic, and sees women who often have never used a modern family planning method before. Charity sees young clients in rural areas where childbearing is often a rite of passage for young girls.

She works in some of the toughest conditions, travelling long distances each day, as the sole provider doing service provision, in extreme heat. However, you would never know this, as she laughs and jokes with each client that comes into her procedure room. She says: "I just love working with women. I want to empower women. I want to work with girls and try to help them. Family planning allows for time for themselves, for their children."

India

Marie Stopes International has two programmes in India, Populations Health Services India (PHSI) and Foundation for Reproductive Health Services India (FRHSI), working concurrently to deliver products and services.

In 2019, PHSI faced a challenging year. Regulations around medical abortion provision were tightened in several states in 2018, leading to a reduction in delivery in 2019. In tandem, the National Pharmaceutical Pricing Authority in India brought in new price legislation in 2019, which required product recalls for medical abortion and emergency contraception, impacting service delivery further. Due to these challenges, the scale up of the PHSI operation was slowed. Despite these challenges, PHSI services are estimated to have averted over 1.5 million unsafe abortions and delivered 5.8 million CYPs. Scaling up access to safe abortion continues to be a central aim of the operation, alongside achieving sustainability.

FRHSI had an impactful year, delivering 1.84 million CYPs in 2019, a 35% growth on CYPs from 2018, which was achieved through significant service expansion across all delivery channels. This included four additional full-time outreach teams, six additional seasonal outreach teams, three additional centres and eighteen additional public-sector strengthening (PSS) sites. 90% of FRHSI's CYPs were delivered through Outreach and of these, 89% were delivered to High Impact Clients in the northern regions of Rajasthan, Uttar Pradesh and Bihar.

In 2019, FRHSI continued its efforts to increase productivity on outreach and drove advocacy efforts to remove barriers to safe abortion access across the country, gaining significant media coverage in its efforts. The Indian elections in April and May presented a few operational challenges for FRHSI as they slowed activities down and led to a significant number of government surgeons in our Public Sector Support channel relocating, as well as government delays with the accreditation of FRHSI's centres.

However, despite hurdles, services delivered across the Indian programmes averted an estimated 1.96 million unsafe abortions in 2019 and over 4,000 maternal deaths.

"I got pregnant, and it was unexpected – I had a few missed periods but dismissed it as irregular menstruation. After a few weeks my mother in law noticed and suspected I was pregnant, so she advised me to get tested at a dispensary.

"At first when I found out I was pregnant, my first reaction was that I would have to keep the baby because I didn't have a choice, but the Asha Didi (community health worker) that came to my house told me I could get an abortion with Marie Stopes. My mother in law supported my decision and so did my husband. We just can't afford another child.

"I am not comfortable talking about abortion with my larger family, friends or community, but I am very close to my mother in law; she is like my mother. I wouldn't have been able to do this without her support. She is the one who encouraged me in my decision."

FRHSI client in Jaipur India



Myanmar

The conflicts between armed ethnic groups and the army in Myanmar present a huge challenge to Marie Stopes Myanmar. But with determination, creativity, and strong leadership, the programme continues to deliver services to women. Across 17 centres, 92 MS Ladies, and 12 outreach teams, the programme delivered 440,000 CYPs in 2019.

In 2019 outreach teams expanded by seven on the previous year. Among all outreach teams, ten are funded by A2H, a new grant focused on reaching women in remote or conflict areas where access to other services is extremely limited. Implemented in the conflict-affected areas, they were successfully able to serve more women in need of our services. In 2019, 45% of the programme's clients were women in these conflict-affected areas, compared to 15% the year before, and the approach enabled them to reach more adolescents: 4.5% in 2019, up from 2% in 2018. The women they served were living in areas with little access to other safe services, often for the first time. This is a huge achievement, and credit to the brave and resilient team members of Marie Stopes Myanmar.

Pakistan

Marie Stopes Society in Pakistan provided over 1.2 million CYPs in 2019. These services translate to significant impact within Pakistan, preventing 750,000 unintended pregnancies, 683 maternal deaths, as well as direct healthcare savings in the region of £31 million.

Diversifying services beyond family planning is a key strategy being deployed by the Pakistan programme to support the sustainability of their operations in the long term. The programme launched a number of initiatives in 2019, including a new network of maternal and child health clinics and a pharmacy network called Meri Pharmacy. Both are showing early signs of success. In their first quarter of operation, the maternal and child health centres served a total of 4,474 clients, while the pharmacy model, which combines high quality products, an onsite pharmacist, doctors available on call, and a delivery service, appears to be filling a gap in the market.

The Pakistan programme has also been laying the groundwork for a DFID-funded, microinsurance initiative, the pilot of which is due to launch in 2020. The initiative will give low income households coverage for family planning, maternity and child health services, and has huge potential to expand access to these essential services for women living in poverty.

Yemen

Marie Stopes Yemen and the Yamaan Foundation's capacity to deliver services in extremely challenging circumstances is an inspiration for many at MSI. In 2019, combined they provided 500,000 CYPs. They ended the year 15% ahead of their business plans and 43% ahead of the previous year, with increased service numbers across all their channels.

Their commercial sales channel contributed the most CYPs, accounting for 72% of the total. Overcoming supply chain delays at the start of the year helped to drive this performance, while the achievements across our centre network were the result of more supportive centre visits, staff training and changes in leadership in some sites.

Last year, Marie Stopes Yemen had to take the difficult decision to reduce their social franchising network from approximately 300 to 178 providers, because of the displacement of midwives and other challenges resulting from the current conflict. However, this has enabled them to provide more focused support to their remaining providers.

This has been achieved through the implementation of a new 'Quality Friends' approach to supportive supervisors and quality assurance, which involved training 30 midwives to support small groups of providers to meet MSI approaches and standards. 75% of social franchisees received a competency assessment and supportive supervision visit from a Quality Friend in 2019, which was a significant increase on what they'd been able to achieve last year, when they were reliant on technical leads being able to travel to visit sites. Because of this success they are expanding the approach to support their public sector strengthening work this year.

United Kingdom

Marie Stopes UK has undergone a period of significant development and transformation to ensure that its services are amongst the very best in the world. Every aspect of care has been analysed and strengthened from an operational, quality⁶, safeguarding and governance aspect, ensuring clients can more easily access services. Marie Stopes UK is now proud to be meeting, and in many cases exceeding, recommendations from the UK's National Institute of Health and Care Excellence (NICE) that women should be able to access care within two weeks, and in many cases, medical abortion (using pills) is available within 48 hours of first contact.

This progress has been recognised by both commissioners and regulators, with the Care Quality Commission (CQC) awarding every one of the Marie Stopes UK centres it inspected in 2019 a 'Good' rating'. Marie Stopes UK's clinic in Leeds also scored the first 'Outstanding' domain rating within the sector. This is an impressive achievement and testament to the hard work of the UK team, which continues to drive further changes to provide the highest quality, timely and compassionate abortion care to all its clients. We have seen this commitment continue in the new year with the team responding swiftly to the challenges posed by COVID-19. Within a week of new national guidelines, the team was able to introduce telemedicine to ensure that women could continue to access the timely, safe and high-quality abortion care they need.

Australia

In 2019, Marie Stopes Australia solidified its role as Australia's leading sexual and reproductive health service, delivering over 52,000 services in the year. The organisation increased its vasectomy services by 48% and continued to deliver a full range of contraception and abortion care services across the nation's cities, and regional rural and remote areas. Marie Stopes Australia's medical abortion via telehealth service (established in 2015) went from strength to strength, increasing access for women across the country.

Delivering on its mission, Marie Stopes Australia undertook a training program of health care professionals in medical termination of pregnancy and contraception in regional, rural and remote areas. It's advocacy work contributed to the decriminalisation of abortion in New South Wales, changes in regulations in the Australian Capital Territory to increase access to medical abortion in primary healthcare, and the team continued to lead the campaign for safe access zones around abortion clinics in Western Australia and advocating for the decriminalisation of abortion in South Australia.

As Marie Stopes Australia looks towards its 20th anniversary in Australia coming up in 2021, the team embarked on a strategic planning journey to change the face of sexual and reproductive health across the country.

⁶ <https://www.mariestopes.org.uk/media/3193/msuk-quality-account-201819.pdf>people

Regional performance table

Regional Performance				
	Income 2019 £'000	Income 2018 £'000	CYPs 2019 (000s)	CYPs 2018 (000s)
East and Southern Africa				
Ethiopia	11,464	10,325	1,068	1,126
Kenya	9,287	11,519	1,260	1,408
Madagascar	6,242	6,304	1,067	1,239
Malawi	7,846	8,454	880	971
Uganda	13,927	13,756	1,876	1,761
Tanzania	14,615	13,709	3,374	2,833
Zambia	3,761	3,045	763	341
Zimbabwe	5,204	4,897	482	457
	72,346	72,009	10,770	10,136
West Africa				
Ghana	5,645	5,329	426	487
Nigeria	15,449	11,777	6,199	4,764
Sierra Leone	4,656	3,359	566	509
Burkina Faso	4,024	4,011	378	364
Mali	5,815	5,572	681	625
Niger	2,654	2,241	163	117
DRC	1,394	528	78	3
Senegal	4,413	4,070	561	445
	44,050	36,887	9,052	7,314
South and East Asia				
Bangladesh	6,700	8,556	1,060	1,287
China	1,254	1,163	103	63
India FRHS	4,224	4,164	1,844	1,368
Mongolia	1,067	942	244	154
Myanmar	5,039	5,770	440	471
Philippines	-	445	-	42
Vietnam	5,691	5,727	2,471	2,360
	23,975	26,767	6,162	5,745
West Asia				
Afghanistan	3,567	2,926	860	817
Nepal	4,439	5,317	706	814
Pakistan	6,654	7,931	1,235	1,566
Yemen	6,689	5,461	500	349
Sri Lanka	404	648	82	58
	21,753	22,283	3,383	3,604
Pacific Asia				
Cambodia	1,679	1,839	52	55
Papua New Guinea	6,723	5,419	189	137
Timor Leste	2,036	1,909	70	59
Australia Programmes	1,883	1,577	-	-
	12,321	10,744	311	251
India Social Marketing				
India PHS	10,102	10,848	5,812	6,488
India ISM	1,170	1,073	710	481
	11,272	11,921	6,522	6,969
Total Country Programmes	185,717	180,611	36,200	34,019
Self-Sustaining				
UK & Europe	30,395	32,805	217	223
Options	16,274	17,641	-	-
Australia	22,822	21,648	162	144
Other Self-Sustaining	11,374	11,256	277	269
	80,865	83,350	656	636
Global Support Office	22,005	21,793	-	-
Sub-grants to Partners	13,338	9,211	-	-
Other Global Income under GAAP	6,341	1,884	-	-
Total	308,266	296,849	36,856	34,655

The income numbers are presented by programmatic unit, not under GAAP. The Global Support Office (GSO) is presented in total at the foot of the table, although the team members comprising the GSO are spread throughout the regions.

Looking to the future

2020 is the final year of our current strategy – Scaling-Up Excellence – and the year we were due to reach the ambitious goals we set for ourselves at the beginning of the strategy back in 2015. We had hoped to deliver our most successful year yet, to scale up our service delivery and to reach even more women with life-changing health care. Our aims for 2020 were to:

- **Continue strong CYP performance and deliver a minimum of 39m CYPs. Our hope was to exceed this target to reach 40m CYPs.**
- **Continue our focus on reaching additional users and high-impact clients, reaching our FP2020 target of 12 million additional users.**
- **Provide 5 million safe abortion and post abortion care services across the partnership.**
- **Continue to diversify our donor funding base with an 8% growth in total income and an 8% growth in clinic service income.**
- **To remove 6 policy restrictions to increase access including abortion law and regulation reform and approval for tasksharing.**
- **To finalise MSI's next strategy, define our goals and measures and work with our country programmes to complete their strategic planning for the new strategic period.**

Since then, much has changed.

At the time of writing, the world is facing a global pandemic that is rapidly changing everyday life. As an organisation, we are responding and adapting to this evolving situation while prioritising the continuation of care to our clients. But we cannot ignore the impact COVID-19 will have on our ability to deliver according to our plans.

Before the COVID-19 outbreak, our programmes around the world were projected to reach over 15 million women and girls with sexual and reproductive health services in 2020. But as more and more countries around the world face restrictions and national lockdowns, our ability to continue to serve some of the world's most marginalised and vulnerable people with reproductive health services becomes uncertain.

Our initial projections warn that between 4 to 9.5 million women and girls risk losing access to our contraception and safe abortion services in 2020 due to the COVID-19 pandemic unless governments around the world recognise sexual and reproductive health as essential services and we find new and innovative ways to deliver care.

Our programmes are working tirelessly to ensure we can still offer services to as many clients as possible. In Nepal, our programme was able to re-open several clinics after a national lockdown forced them to close by working in partnership with local government. In the UK and Mexico, our programmes were able to adapt to new national guidelines and could quickly scale up to offer telemedicine services to women who need them. In Kenya, our programme worked closely with the Ministry of Health to produce Guidelines for reproductive, maternal and newborn (RMNH) services under COVID-19 which support telemedicine for family planning and post abortion care. It is our intention to pivot services delivery wherever we are able, to ensure that we can still provide services where we know they are needed.

In order to ensure sustainability of the wider organisation during the crisis and beyond we will pivot our operations **to preserve, secure and protect** for the coming period;

- **Preserve** our financial resources and cash in order to have the flexibility to respond to organisational risks as they arise
- **Secure** current donor grant and future financial commitments in order to maintain our mission objectives and
- **Protect** our organisational capacity so that we can go back to scale once the crisis subsides.

We recognise that as countries experience lockdowns and national restrictions during the pandemic there will be a delicate balance of preserving long-term operational capacity while ensuring the short-term economic wellbeing of our staff and all our country teams are giving this close attention throughout this period.

It is our firm belief, that if we focus on these key critical areas now and with some urgency, we will re-emerge ready to deliver our core mission goals as soon as possible.

Looking beyond the Covid-19 crisis

MSI was founded to support every woman, wherever she may be, to determine her own future. We are proud of our work over the last four decades, but we recognise that the world in which we work is changing. With a global pandemic sweeping the world much remains uncertain, and the next decade is likely to bring about substantial changes to the environments we work in. Our effectiveness as an organisation is dependent on our ability to re-think our models of operation to serve the needs of our clients.

As our current strategy – Scaling-Up Excellence – is coming to an end in December 2020, we are provided with an opportunity to evaluate what we do well, what we can do better to achieve our mission and how we can increase our adaptability within a changing world. To inform the direction of our organisation, we underwent a 12-month strategic review in 2019, designed to help frame our future strategy, informing and defining how we will deliver our mission over the next decade to empower more women and girls to take control of their bodies and their futures.

As a critical starting point for this project, Simon Cooke, our CEO, wrote 20 questions for the organisation to consider, spanning from the functional, such as how we will deliver services and in what kind of world, to the more philosophical and existential questions about what MSI should be in 10-years' time. Throughout the year, we worked with a creative agency, to challenge our thinking and to engage with donors, sector colleagues, and experts outside our sector to garner insights on how MSI should adapt for the future. These insights have been invaluable to help us see where we are strong, and where we should be stronger.

We have learnt a lot from ourselves and others in this process. Most importantly, we must ensure that our mission remains constant. Access to safe abortion will remain a core principle to be upheld at all costs. Our services should continue to be provided to those with the greatest need: those living in extreme poverty, with no access to public services, and to adolescents. Although the provision of contraception and safe abortion services will remain our central offering, we will also need to expand our service offerings to remain relevant in the private sector, and acknowledge that the elimination of unsafe abortion and meeting demand for contraception will not be achieved without the public and private sector working together. While CYPs, safe abortions delivered, and service income generated will continue to be key metrics of success, these will be enhanced with new measures that drive greater quality, value and sustainability. Our work on our next strategy will continue through 2020, when we will define our goals measures, and work with our country programmes to complete their own strategic planning.

Our ten-year strategy will aim to contribute towards the achievement of the Sustainable Development Goals while ensuring access and choice to safe abortion and contraception. It will be grounded in the belief that by working to strengthen private and public health care systems, universal health coverage (UCH) can be achieved in the countries we work in, inclusive of sexual and reproductive health and rights. We will remain steadfast in our support of a woman's right to choose, and work with others to eliminate unsafe abortion and meet demand for contraception.

Structure, Governance and Management

Constitution of the charity

Marie Stopes International 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 objectives of Marie Stopes International 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.
- To carry out and/or promote the carrying out of research relating to sexual and reproductive health, maternal and general health.

Organisational structure

Marie Stopes International 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.

Marie Stopes International (the Charity) - or the Company for the purposes of company law - refers to Marie Stopes International's UK operations (its abortion and family planning clinics and the Global Support Office) and Marie Stopes International's 20 international branch offices. The Global Support Office provides support and technical assistance to programme operations in 37 countries worldwide.

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

The Charity's material subsidiaries are listed in note 20 (a full list is available at our registered office) and Marie Stopes International's investment in subsidiaries is contained in note 10b.

Our Board and our governance

Marie Stopes International'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.

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.

New Trustees are individually inducted, covering their role and responsibilities, and introducing Marie Stopes International's mission, goal, finances, strategy and health service portfolio. All Trustees participate in anti-fraud and bribery training and safeguarding training, and where possible visit one of our programmes in operation.

In March 2020, Glenda Burkhart joined Marie Stopes International as the new Chair of the Board. Glenda brings a wealth of experience from both the not-for-profit and commercial sectors, as well as a long-term passion and commitment for women's health and reproductive rights. Tim Rutter, who first joined Marie Stopes International in 1988, stepped down as Chair after 23 years on the Board and 15 years as Chair. During this time, Tim served as a consultant initiating many of our programmes and served as the international medical advisor for nine years travelling extensively across five continents. As a UK and European registered specialist in Obstetrics and Gynaecology, Tim drove MSI's focus on quality and brought energy and technical rigour to everything he did.

Following a thorough review, updated Articles of Association were adopted by special resolution of the Members on 12 February 2019, and Trustee terms of appointment were adopted of up to three terms of 3 years, in the terms of reference of the Remuneration and Nominations Committee who monitor the terms on behalf of the Board.

The Board of Trustees provides Marie Stopes International (the Charity) 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.

SECTION 172 STATEMENT

The Board of Trustees consider, both individually and collectively, that they have acted in the way they consider, in good faith, would be most likely to promote the success of MSI in pursuit of its charitable objectives, as detailed in section 172 of the UK Companies Act 2006. Specifically, the Trustees have discharged their duties through consideration of the matters below.

- The Trustees have considered the long-term consequences of decisions through MSI's risk management process, see page 32. The Trustees were also closely involved with the strategic planning review undertaken during the year which will set the vision for the mission over the next ten years. In addition, operational decisions that have a potential long-term impact were escalated by the CEO to the Board, including but not limited to new funding above an agreed threshold, buying or selling of property and the discontinuation of programme activity.
- The Trustees reviewed employee engagement scores at Board Meetings, received regular updates from the senior leadership through the Board sub-committees, and the Chair reviewed succession planning with the CEO. These activities ensured the Trustees took employee interests into account in their decision-making. Further information on our staff engagement strategies are described in the People section on page 36.
- The Trustees considered 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 provided. This was used to inform our future programme and service design. Stakeholder interviews were undertaken as part of our strategic planning and annually MSI holds a 'Donor Day', which allows both formal and informal discussion and feedback.
- The Trustees carefully considered the impact of MSI on our communities and the environment. Our 'Being Accountable' section on page 31 describes MSI's ethical and accountability initiatives, including joining the UN Global Compact, our approach to Safeguarding, Anti-Fraud and Bribery,

and our anti-modern slavery programme. During the year new Environment and Sustainability Principles were developed and the Trustees approved a new ethical investment policy.

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

Members	Required attendees	Purpose
The International Clinical Governance Committee		
Claire Morris (Chair)	CEO	To oversee client safety
Fiona Duby	COO	To review the clinical performance of international programmes
Jess Search	Global Medical Director	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
Finance Committee		
Frank Braeken (Chair)	CEO	To provide oversight of the financial performance and position of the group including annual business plan, results, major business cases and investment decisions.
Phil Harvey	CFO	
	COO	
Audit Committee		
Kristin Anne Rutter (Chair)	CEO	To oversee the group's Strategic Risk Register and sources of assurance
Fiona Duby	CFO	To ensure an effective group audit function is in place
Mohsina Bilgrami (from 2020)	COO	To assist in formulating the assurance needs of the Board
	Director of Internal Audit	
	External auditor	

Remuneration and Nominations Committee

Phil Harvey (Chair)	To approve remuneration arrangements for the CEO
Frank Braeken	To oversee group remuneration policies
Tim Rutter	To identify and make recommendations to the Board on candidates for appointment as Trustees
Glenda Burkhardt (from 2020)	

The Trustees serving in the year ended 31 December 2019 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 report via the CEO to the Board of Trustees as required.

Marie Stopes International's 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. Marie Stopes UK, which is a division of the parent charity, reports to the MSI Board of Trustees through the group CEO who chairs the UK Divisional Board.

Being accountable

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

In 2019, the Safeguarding Team continued their work with individual functions to ensure a culture of safeguarding is embedded and integral to the way in which we work. It is essential that every team member understands their own responsibility to safeguard within the remit of their own role, by examining the inherent risks within individual roles and looking at ways to do their jobs differently to reduce potential risks. The Safeguarding Team also developed and tested a new training for Safeguarding Champions and further adapted the training package for managers; both these programmes aim to support cultural change within MSI and are linked to reinforcing the skills and behaviours required to ensure a client-centred approach throughout our service provision. They look at concepts of power dynamics between clients and providers (MSI staff), and between members of staff. The programme emphasis is on the responsibility to create a conducive environment for fully informed choice: where individuals feel respected, empowered and well cared for.

With the increased attention to the issues and a renewed focus on safeguarding across the partnership we have seen a continued rise in reporting. In 2019, 35 incidents were received and investigated. Of these complaints, 16 were substantiated, 5 were partially substantiated and 14 were unsubstantiated. Disciplinary action was taken based on the jurisdiction where the events took place and reports made to authorities as appropriate. The Internal Audit team also conducted several country level reviews of the safeguarding approach, and MSI will continue to reflect on our practice to improve both the policy framework and implementation, learning from our experience.

In 2019, MSI joined the UN Global Compact, confirming our support for the Compact's 10 principles. We pledged to participate in and engage with the Compact, to continue strengthening our worldwide global

policies relating to human rights, labour, anti-fraud, corruption and bribery, and to maintain appropriate systems to minimise environmental damage.

As an organisation that promotes the rights of women and girls, Marie Stopes International is 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, in 2019 a further review of modern slavery risks in our supply chain was initiated to assess where MSI's approach to modern slavery can be improved.

In 2019, the MSI Gender Working Group was formalised to bring together team members from across the partnership to focus on how MSI can promote gender equality to strengthen our global impact. Composed of individuals representing teams and departments from across the organisation, the Gender Working Group is focussed on supporting MSI to deliver organisational and programme level commitments including: balancing gender representation in leadership positions particularly in our country programmes; applying a 'gender lens' to our programming, organisational policies and approaches; and supporting our staff and partners to integrate gender equality into the way we work and as a critical component of quality of care using approaches including training, safeguarding and first line response to sexual and gender based violence.

MSI has a Data Protection Officer who oversees Marie Stopes UK division and the Global Support Office compliance with the Data Protection Act 2018. MSI has also rolled out a global policy with standards, training, support and monitoring to its country programmes. As part of this Global Data Privacy Programme, 31 Country Programme Information Leads participated in comprehensive face-to-face management training during 2019, along with most Country Directors and Global Support Office staff. The Data Privacy Programme sets the MSI standards of data privacy and puts in place organisational measures and safeguards to ensure that privacy is incorporated by design. Through this, the Charity is accountable, transparent and fair in the way that it processes and protects personal data.

Although Marie Stopes undertakes limited activities designed to fundraise from individuals in the UK, MSI is a member of the Fundraising Regulator, and complies with the requirements of the Code of Fundraising Practice for the UK. No third party fundraisers were engaged in 2019, nor did MSI engage in any door-to-door or street fundraising. No complaints were received.

Public benefit

Marie Stopes International provides choices in reproductive healthcare to enable 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.

Risk management

Risk management is key to the delivery of Marie Stopes International's strategic objectives, ensuring significant 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 ensuring risks are managed effectively.

During 2019, the Board approved a new Risk Management Policy, underpinning its importance to MSI as one of the primary means by which effective corporate governance is achieved. Risk management performance is monitored by the Audit Committee, reviewing the management process once per year and the Strategic Risk Register three times per year. The Audit Committee Chair reports on risk at each MSI Board meeting. Key Risk Indicators are reported quarterly for each of the risks described in the Strategic Risk Register, and these, together with any trends in the movements and assessments of each risk are used to inform risk management performance. Group Internal Audit provides independent, objective assurance on the effectiveness of MSI's risk management, internal controls and risk governance processes.

The Executive Team review the Strategic Risk Register at a dedicated meeting every two months, or more often if the risk demands it. Where a more thorough understanding of a risk and any mitigating actions is required, a member of the Senior Leadership Team may attend the Executive Team meeting to present the risk. In addition, in 2019 a specific separate register was maintained when needed as the negotiations for the UK's departure for the EU continued, keeping the impact on staff and the ongoing foreign exchange volatility under review.

MSI did not have a global pandemic on its Strategic Risk Register. Having first established a separate Covid-19 register in early 2020 and activated its crisis management team, as the disease spread the response is now fully integrated within the main register. One additional new risk has been added to reflect the risk to the health and wellbeing of MSI's staff and particularly service providers during this global health crisis.

Principal risks and uncertainties

Risk	Controls and Mitigations
Lack of financial resilience as evidenced by free cash balances and unrestricted balance sheet reserves	<ul style="list-style-type: none"> • Maintain liquid free reserves within reserves policy target (£30m - £35m) • Minimise cash holdings in country programmes • Secure alternative sources of financing • Monitor and mitigate financial risks arising from Covid-19
Insufficient donor funding to fulfil strategic objectives, exacerbated by concentrated donor portfolio	<ul style="list-style-type: none"> • Proactively review and manage the donor funding pipeline • Secure maximum flexibility required for delivery under Covid-19 • Invest to diversify income via new relationships and domestic financing • Quantify the financial and service delivery impact of losing key donors and develop mitigating strategies.
Portfolio risk: single programme failure affects strategy delivery	<ul style="list-style-type: none"> • Identification of critical programmes • Additional review and oversight at senior level
Adverse clinical outcomes, including client death	<ul style="list-style-type: none"> • Global clinical quality assurance programme • Global clinical incident reporting framework • Global tracking of provider competency and assessments • Full Covid-19 channel guidance including PPE guidelines • Additional obstetrics guidelines and targeted support • Governance structure with clear lines from "ward to Board"; the Global Medical Director reporting on clinical quality at each Board Meeting
Non-compliance with statutory and regulatory requirements	<ul style="list-style-type: none"> • Independent reviews of UK and global corporate governance • Country programme governance review and compliance dashboard
Fraud, corruption, theft, risk of overstating results and unethical practices	<ul style="list-style-type: none"> • 'Speaking Up' culture and use of independent reporting channels • Dedicated Safeguarding Team and launch of Safeguarding Champions • Comprehensive global Anti-Fraud and Bribery programme • Data Governance review and launch of updated validation standards
Lack of sustainable access to quality commodities	<ul style="list-style-type: none"> • Quarterly commodity security review, supply gap analysis and demand forecasting included anticipated impacts from Covid-19 "lockdowns" • Secure new PPE suppliers through our China programme • Maintain relationships supporting granted commodities in developing countries and advocate for government allocations • Register core MSI branded products in key country markets
Faulty products or inadequate product quality	<ul style="list-style-type: none"> • Mandate suppliers of key products and approve sources of ancillary drugs • Quality Management System and assurance tool • Field testing of abortifacients
Risks posed by complex geo-political situations	<ul style="list-style-type: none"> • Global Security Framework and Crisis Protocols • Contract external expertise for advice and team member training • Operationalise Opposition Risk Assessment actions
Major breach of donor compliance	<ul style="list-style-type: none"> • Internal technical and compliance monitoring by Donor Teams • Train key staff on donor requirements
Inability to recruit or retain talent for critical roles	<ul style="list-style-type: none"> • Global Recruitment strategy • Succession planning for critical roles • New career framework and global leadership training programme • Regular compensation review to position MSI competitively
Major cyber-attack or leak of confidential information	<ul style="list-style-type: none"> • Global Data Privacy Programme with trained Information Leads • Global cyber security policy, software and monitoring • Regular system "penetration" tests • Training and awareness raising among global team members to ensure adherence to global information systems policies and procedures
Staff health or wellbeing compromised by Covid-19 response	<ul style="list-style-type: none"> • Minimum PPE standards and sourcing • Establish 'no-contact' care pathways eg telemedicine where possible • Wellbeing hub and resources

Quality

Quality is one of the three pillars in MSI's Scaling-Up Excellence strategy and is a key performance metric for all Country Directors across the partnership.

The Medical Development Team (MDT) is the team that sets and implements the clinical standards for all MSI's core services as well as the quality of medical products and pharmaceuticals used across the organisation. MDT's direct oversight covers all of MSI's international 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. Six regional medical advisors, each a senior clinician with international experience, support the international programmes to maintain clinical quality across their services under the management of the Head of Clinical Support.

2019 saw further improvements to MSI's systems for assuring pharmaceutical and medical product quality across the partnership. The Q-Trak system monitoring the quality of key reproductive health products was maintained, and a field-testing protocol was implemented to test samples of abortifacient medication collected from service delivery points.

Quality Technical Assistance (QTA) is one of the core systems for measuring and maintaining clinical quality standards within the organisation. 130 QTA assessments were conducted in 2019, assessing providers and services in 628 clinical service sites and support offices. Of these, 20% achieved model status, which is an all-time high percentage. In 2019, three QTA assessor trainings were held in which 47 assessors received training and refreshers.

2019 marks the third year since competency assessments were made mandatory, and the second year of maintaining the standard competency and training databases across the partnership. The databases are reviewed quarterly, and all are stored in our central systems, allowing MDT to regularly review and monitor them. In the 12 months up to October 2019, a total of 60,286 competency assessments were completed across the partnership, covering core-services as well as critical skills such as counselling and infection-prevention.

MSI continues to maintain its clinical training cascade and 43 clinical master trainers are in place in 22 programmes across the partnership. Since 2017, MDT differentiates master trainers who can provide international training and those limited to conducting training within their country based on linguistic ability and experience.

MSI's clinical risk profiling system was maintained throughout 2019. The system provides visibility of where residual clinical risks lie and where risk mitigation is weak, allowing us to prioritise our efforts and finite resources. A RAG-rated (red, amber and green) clinical quality scorecard based on risk profiling is created quarterly, allowing clinical and operational teams to identify strengths and areas that need improvement. Despite service numbers increasing (thereby increasing inherent risk) to an all-time high, the residual clinical risk across the partnership dropped to an all-time low in 2019. While more programmes than ever are approaching the reporting benchmarks for these services, many large programmes continue to under-report. Under-reporting is unacceptable, and the MDT team is looking into solutions to the issue.

To recognise best practice across the partnership, MDT continues to share newsletters highlighting best practices across the partnership as well as key learnings from incident management. And recognition is given in the form of awards and certificates to countries who excel in competency assessments of providers, maintaining product quality, incident reporting and pain management.

The Medical Development Team, together with the MSI leadership, will continue to improve our clinical quality assurance systems through 2020 and beyond in a pragmatic manner that keeps MSI clients safe at scale.

Our people

The world is evolving at a rapid pace and the successful long-term delivery of our mission is dependent on having competent, empowered team members working safely together across the partnership.

We are committed to recognising and nurturing our employees and in 2019, we created a Talent Strategy to develop and recognise the diverse skills within the organisation. As part of this, we developed a Competency Framework to support team members to identify the skills they need to develop in their existing and future roles. We have also launched a Succession Planning, Talent and Critical Role Identification process, which we have trialled in Malawi and Zambia, and a team leader development course for outreach and centre managers in Zambia, which has now been rolled out to all country programmes.

We have continued to invest in new technology to engage with our team members, introducing a monthly Pulse Engagement Survey, which enables senior leadership to better understand, and therefore take into account team member perspectives on key issues. The leadership also engages with employees on a regular basis through a range of formal and informal channels, including email, townhalls, team meetings and updates via MSI's global intranet. The financial and economic factors affecting the performance of the organisation are discussed during monthly support office catch ups. MSI also operates a discretionary bonus scheme to encourage the involvement of employees in the organisation's performance.

Throughout 2019, we have continued to implement internal programmes to enhance opportunities for development including a new Mindful Manager programme. We have also been given the go ahead to invest in a new Global Learning Management System to better support all global team members with their learning and development.

Alongside improvements to employee development, we are committed to safeguarding the wellbeing of our teams. In 2019, we introduced a Wellbeing Hub and began training team members to become Mental Health First Aiders to provide confidential support across the partnership. We have also developed and tested a new approach to implementing safeguarding by training and supporting 'Safeguarding Champions'. These individuals come from all levels of the organisation and are trained to support their colleagues to understand their safeguarding responsibilities, to assist them to resolve minor issues before they escalate, and to support reporting of any safeguarding concerns that may arise.

In 2019, gender was built into the annual salary review process, to ensure that comparisons can be drawn at the earliest opportunity and relevant action can be taken to support MSI's objective of narrowing the gender pay gap. Unfortunately, in 2019, the mean gender pay gap in our global support office increased from 4.8% to 9%, as although 57% of roles in the top pay quartile and 72% of roles in the upper middle quartile are held by women, the top quartile has proportionately more men than the three below. Meanwhile the gap in our UK clinic network has remained persistently high at 66.2%. This reflects a structural under-representation of women in senior clinical roles in abortion care, requiring longer-term change within institutions across the healthcare sector. However, as an organisation we remain committed to reducing the gap and are focused on supporting women into more senior leadership roles.

In 2019, we joined the 30% Club, a mentoring programme focused entirely on supporting female career development and female representation on Boards and leadership. We also revised the nomination process for our Accelerated Leadership Programme to support the female talent pipeline. Previously, one of the criteria was that all nominees hold a role at Career Level 3 or above, however, now women rated as 'Very Strong' or 'Exceptional' can be nominated for the programme regardless of the level of their role within the organisation. Meanwhile, the HR team is reviewing MSI's approach to flexible working, including the exploration of job-sharing agreements in the London Support Office with the aim of rolling this out as best practice.

We are committed to providing equal opportunity in recruitment, career development, promotion, training and rewards for all our people, including those with disabilities. In the UK, applicants who have declared a disability and meet all essential criteria is guaranteed an interview, something that is encouraged across all our programmes to ensure inclusion and equal opportunity. During the recruitment process, care should be taken to ensure that wherever possible reasonable adjustments are made and difference are taken into account when choosing an exercise. Our Global Equality and Diversity Statement clearly states that no team member should be disadvantaged in terms of training, guidance or development opportunities, nor restricted

from promotional opportunities because of race, religion, gender or any other irrelevant factor, including disability.

We believe it is important to be transparent regarding remuneration for senior team members. Our approach to remuneration centres on two key factors:

- internal job evaluation, which weights the distinct elements of roles and allows for internal comparison of roles within different functions; e.g. in operational management and in business support teams; and
- external pay benchmarking using market data taken from sector specific and general pay surveys.

We refer to the market median as the benchmark for determining salaries for fully competent individuals, along with a consideration of specific requirements for each post. The remuneration arrangements for the CEO and Executive Team are approved by the Remuneration & Nomination Committee. The Global Remuneration Policy outlines the expectations of the processes and controls for pay for all our country programmes.

Towards the end of the year, the Charity Commission criticised MSI Trustees for not doing enough to formally document their deliberations and the decision-making process with regard to CEO remuneration. The Trustees take their responsibilities seriously and strive at all times to ensure that the pay of the CEO is properly benchmarked and is set against tough and measurable targets designed to achieve the highest possible impact and return on investment for our donors and stakeholders. Our Trustees accepted that the formal written documentation of their deliberations could be improved and have committed to the Charity Commission to do so.

Finally, working in challenging political and security environments, we place particular emphasis on how we can support our team members in times of crisis. We have a Crisis Management Team, comprising experts from across our global support offices and in-country management, ready to support team members to work through crises, ensuring safety, security, and business continuity. We currently have a committee working closely with our Executive Team to support our organisational response to the current Covid-19 pandemic to ensure we are taking the necessary precautions to continue to deliver care to the people who need our services, wherever we are able to.

Financial performance

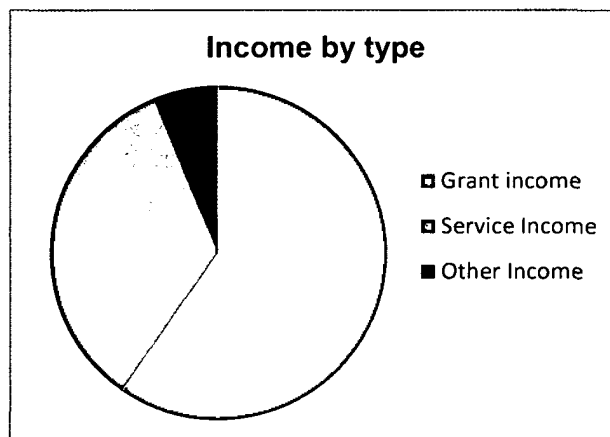
Income

In 2019, we secured total income of £308.3m, an increase of 4% from £296.8m in 2018. Donations income more than doubled from £4.0m in 2018 to £8.8m in 2019, in part due to investment in individual fundraising in the US, but mainly due to one large very generous gift. We are extremely grateful to all our donors for their continued support that allows us to deliver our mission for women and girls.

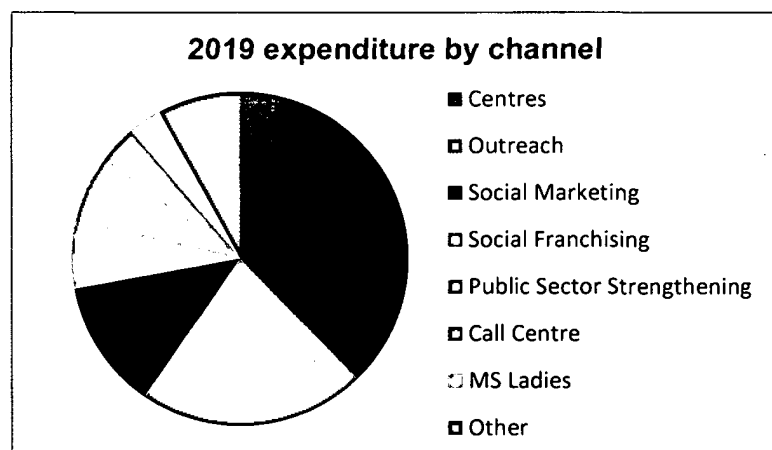
Grant income showed a small increase to £160.4m from £158.0m, and the first full year of 'WISH' (Women's Integrated Sexual Health), a major DFID programme to bring quality sexual and reproductive healthcare services to millions of women and girls, with MSI providing service delivery across 15 different countries. 2019 saw an end to directly granted funds from the US government after the reinstatement of the Global Gag Rule, with contributions falling from £23.8m in 2016, the year of the last US election to £9.7m in 2018 and £nil in 2019.

Contributions of donated supplies and equipment increased from £11.5m to £17.0m, indicating how essential the supply of granted family planned commodities (either directly from institutional donors or through government allocations) are to MSI's service provision.

In 2019, overall there was a small decrease in service income earned, from £117.1m to £115.6m, against an ambitious growth target, a challenging and disappointing result despite the efforts of our teams worldwide. MSI continues to focus on growing earned income: this is key to progress against the sustainability pillar of MSI's strategy. And in particular in countries where available donor funds reduce, we can only continue to serve women if service provision can pay for itself. A regional split of income can be found on page 25.



Expenditure and surplus



Expenditure increased by 4% to £301.4m from £289.1m, in line with the growth in income. However, this was not evenly distributed across the group with some programmes growing significantly, for example in Nigeria, which grew in both activity and impact by approximately 30% in the year. Other programmes have had to restructure and innovate with reduced resources, for example in Kenya and Pakistan.

Overall investment gains of £1.8m (2018 – loss of £0.7m) for the year reflect a recovery from the poor

market performance at the end of 2018, leading to an overall group operating surplus of £8.7m compared with a prior year surplus of £7.0m.

Overall net movement in funds increased by £7.0m compared with an increase of £4.4m in the previous year. This growth takes total balance sheet reserves to £118.7m.

Cash and deposits

Cash and short-term deposits increased in 2019 by £8.7m to £113.7m. Most of these funds are cash received in advance for donor projects and obligated against specific activities. Of the total cash balance, £72.6m is restricted, and the unrestricted cash held in the UK parent charity at the end of the year was £27.9m, representing approximately 30 days of expenditure. An analysis of cash balances by region is shown in the table below:

Cash and Deposits by Region	2019	2018
	£m	£m
Region		
East & Southern Africa	2.6	3.9
West & Central Africa	0.2	1.4
South & East Asia	6.5	7.7
West Asia	5.5	6.2
Pacific Asia	11.8	6.9
Rest of the World	3.1	5.1
UK, including restricted funds	84.0	73.8
	113.7	105.0

Reserves

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

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

The Trustees review the reserves policy annually through the Finance Committee and consider the Group's reserves requirements from both a long and short term perspective. Based on this review, the Trustees established a target range for free liquid reserves of between £30m and £35m, with £20m to be held in accessible assets in an investment fund, the Sustainability Fund. 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 £25m. 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 2019, MSI held liquid free reserves of £37.1m (2018: £34.3m). This metric is carefully monitored and managed monthly, with £13.6m of the balance held in the sustainability fund at the end of the year. This represented another incremental improvement achieved through a targeted improvement plan, that included reducing fund balances held overseas and negotiating fair payment terms on donor projects. We continue to work with donors to ensure that the sustainability of the partnership is not jeopardised by inappropriate payment profiles.

The closing liquid reserves were £2.0m above the target range set by the Board. With uncertain times ahead, a higher reserves position puts the group in a strong position to manage the responses to the Covid-19 pandemic. Each country programme has developed contingency plans to manage the likely scenarios. The central cash reserves will be carefully managed through any protracted crisis to ensure the sustainability of the group, and as much of the operational capacity as is prudently possible.

At 31 December 2019, the Group accounts show the following unrestricted reserves:

- A designated sustainability reserve of £13.6m (2018: £11.6m), which is invested in a UK managed investment fund. These funds are available on demand and form a core part of the Group's free and liquid reserves.
- General unrestricted reserves of £43.0m (2018: £40.9m). This is made up primarily of global working capital and is therefore not highly liquid.
- A designated tangible fixed assets reserve of £16.1m (2018: £14.3m) 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.

This gives total unrestricted reserves of £72.7m (2018: £66.8m) in the financial statements. Marie Stopes International'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. But the reader of the accounts should note that the key metric is the free liquid reserves of £37m described above, representing just over one month's expenditure.

Marie Stopes International had restricted funds at 31 December 2019 of £46.1m (2018: £44.9m). 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

The outbreak of Covid19 has materially disrupted the group's activities such that the annual business plan for 2020, which had been approved by the Board before the end of the financial year, needed revision. As a result, a new financial model was developed to the end of 2021, considering different country level scenarios, confirmed sources of income, group level potential downside risks, and the impact of mitigating actions. We have also considered the working capital facilities we have in place to support our liquidity in the face of uncertainty.

Our services have been designated as essential emergency services in many countries and will continue through the pandemic, with differential impacts in different countries and channels. We have discussed the impact of the pandemic on our operations, and specifically on delivery targets implicit in grants, with our donors who have been overwhelmingly supportive.

The Trustees have reviewed these scenarios, the working capital available to the group and the principal financial risks facing the organisation. 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

As a part of the group's liquid reserves, MSI holds an independently managed investment fund, the "sustainability fund". The aim is to increase the value of the fund to £20.0m, 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

In mid-2019, the Trustees approved a new investment approach to include ethical investor requirements regarding environmental, societal and governance issues. However, it has not been possible to transition MSI's portfolio to the new criteria yet due to the volatility in the markets, first arising from the UK's imminent departure from the EU, and then in early 2020 from the outbreak of Covid19. The move will be made when it is judged prudent to do so.

At the end of the financial year, the Charity held £13.6m in the sustainability fund. This was an increase of £2.0m on the prior year, representing an absolute return of 17.4%, compared with a loss of 5.1% in the prior year. MSI's portfolio is benchmarked against two funds, and the 2019 performance was ahead of both the benchmarked funds. Marie Stopes International's current investment fund manager is GAM, and performance is reviewed half-yearly by the executive management, while the Finance Committee scrutinises the portfolio mix and performance annually.

After the year-end, the impact of Covid19 resulted in a worldwide fall in market value and the portfolio depreciated approximately 10% during March 2020. At the end of April, the portfolio had recovered to a value of £13.0m.

Statement of Trustees' responsibilities

The Trustees (who are also directors of Marie Stopes International for the purposes of company law) are responsible for preparing the Trustees' Annual 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:

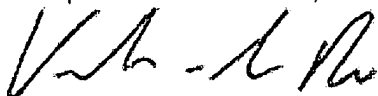
- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Statement of Recommended Practice: Accounting and Reporting by Charities (2015);
- make judgments and estimates that are reasonable and prudent;
- state whether applicable UK Accounting 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 3rd June 2020, including approving in their capacity as company Directors the Strategic Report contained therein, and is signed as authorised on its behalf by:



Kristin Anne Rutter

Trustee

3rd June 2020

Independent auditors' report to the members of Marie Stopes International

Report on the audit of the financial statements

Opinion

In our opinion, Marie Stopes International's 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 2019 and of the group's incoming resources and application of resources, including its income and expenditure, and of the group's cash flows, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards, comprising FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland", and applicable law; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

We have audited the financial statements, included within the Financial Statements and Annual Report (the "Annual Report"), which comprise: the group and company balance sheets as at 31 December 2019; the consolidated statement of financial activities (incorporating the income and expenditure account), the consolidated cash flow statement for the year then ended; and the notes to the financial statements.

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

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which ISAs (UK) require us to report to you when:

- the trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the group's and parent charitable company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

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

Reporting on other information

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

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial

statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify an apparent material inconsistency or material misstatement, we are required to perform procedures to conclude whether there is a material misstatement of the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report based on these responsibilities.

Based on the responsibilities described above and our work undertaken in the course of the audit, ISAs (UK) require us also to report certain opinions and matters as described below.

Strategic Report and Trustees' Report

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

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

Responsibilities for the financial statements and the audit

Responsibilities of the trustees for the financial statements

As explained more fully in the Statement of Trustees' responsibilities set out on page 42, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements in accordance with the applicable framework and for being satisfied that they give a true and fair view. The trustees are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the group's and parent charitable company's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the group and parent charitable company or to cease operations, or have no realistic alternative but to do so.

Auditors' responsibilities for the audit of the financial statements

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

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

Use of this report

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

Other required reporting

Companies Act 2006 exception reporting

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

- we have not received 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.



Nicholas Boden (Senior Statutory Auditor)
for and on behalf of PricewaterhouseCoopers LLP
Chartered Accountants and Statutory Auditors
London
3rd June 2020

**Consolidated statement of financial activities (incorporating the income and expenditure account)
for the year ended 31 December 2019**

	Note	Unrestricted funds £'000	Restricted funds £'000	Total 2019 £'000	Total 2018 £'000
INCOME FROM					
Donations	3a	8,827	-	8,827	4,012
Charitable activities	3b	146,908	146,120	293,028	286,528
Investments	3c	1,433	-	1,433	1,012
Other income		4,977	-	4,977	5,297
Total income		162,145	146,120	308,265	296,849
EXPENDITURE ON					
Raising funds	4	(1,259)	-	(1,259)	(1,373)
Charitable activities	4	(153,943)	(146,211)	(300,154)	(287,772)
Total expenditure		(155,202)	(146,211)	(301,413)	(289,145)
Net gains / (losses) on investments	10c	1,829	-	1,829	(730)
Net income		8,772	(91)	8,681	6,974
Transfers between funds	15/22	(1,275)	1,275	-	-
Other recognised gains / (losses)					
Unrealised exchange losses		(1,678)	-	(1,678)	(2,555)
Net movement in funds	7	5,819	1,184	7,003	4,419
Fund balances brought forward	15/16	66,842	44,885	111,727	107,308
Fund balances carried forward	15/16	72,661	46,069	118,730	111,727

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

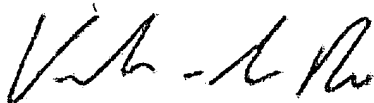
The notes on pages 49 to 66 form part of these financial statements.

Balance sheet as at 31 December 2019

	Note	Group		Company	
		Total 2019 £'000	Total 2018 £'000	Total 2019 £'000	Total 2018 £'000
Fixed assets					
Intangible assets	8	575	1,251	575	1,251
Tangible assets	9	34,513	34,620	18,377	17,320
Investments	10	13,996	11,986	15,096	12,676
Total fixed assets		49,084	47,857	34,048	31,247
Current assets					
Stock		15,011	14,928	5,869	4,898
Receivables	11	37,152	43,896	31,861	37,517
Short-term deposits		6,096	8,566	458	1,205
Cash at bank and in hand		107,616	96,439	82,422	74,951
Total current assets		165,875	163,829	120,610	118,571
Payables: amounts falling due within one year	12a	(90,900)	(93,765)	(62,828)	(61,167)
Net current assets		74,975	70,064	57,782	57,404
Total assets less current liabilities		124,059	117,921	91,830	88,651
Payables: amounts falling due after more than one year	12b	(3,009)	(2,882)	(2,038)	(1,943)
Loans: amounts falling due after more than one year	13	(2,320)	(3,312)	(2,306)	(3,300)
Net assets		118,730	111,727	87,486	83,408
The funds of the charity:					
Unrestricted income funds					
General funds	16	43,004	40,916	42,072	40,460
Designated funds - tangible fixed asset reserve	16	16,062	14,344	14,775	13,045
Designated funds - sustainability reserve	16	13,595	11,582	13,595	11,582
Total unrestricted income funds	16	72,661	66,842	70,442	65,087
Restricted income funds	15	46,069	44,885	17,044	18,321
Total charity funds		118,730	111,727	87,486	83,408

The notes on pages 49 to 66 form part of these financial statements.

The financial statements on pages 46 to 66 were approved by the Board of Trustees on 3rd June 2020 and signed on its behalf by



Kristin Anne Rutter
Trustee

Consolidated cash flow statement for the year ended 31 December 2019

	2019		2018	
	£'000	£'000	£'000	£'000
Net cash provided by operating activities		13,169		27,537
Cash flows from investing activities				
Dividends, interest and rents from investments	1,433		1,012	
Proceeds from sale of fixed assets	747		2,068	
Proceeds from sale of fixed asset investments	-		4	
Purchase of tangible fixed assets	(5,866)		(6,086)	
Purchase of intangible assets	-		(674)	
Purchase of fixed asset investments	(201)		(138)	
Net cash used in investing activities		(3,887)		(3,814)
Cash flows from financing activities				
Decrease in bank and unsecured loans	417		(314)	
Decrease in long term loans	(992)		(869)	
Net cash generated from / (used in) financing activities		(575)		(1,183)
Net increase in cash and cash equivalents		8,707		22,540
Cash and cash equivalents at 1 January	105,005		82,465	
Cash and cash equivalents at 31 December	<u>113,712</u>		<u>105,005</u>	
Cash and cash equivalents consists of:				
Cash at bank and in hand	107,616		96,439	
Short-term deposits	6,096		8,566	
Total cash and cash equivalents	<u>113,712</u>		<u>105,005</u>	

Notes

a) Reconciliation of net income to net cash inflow from operating activities

	2019	2018
	£'000	£'000
Net income for the year	8,681	6,974
Investment income	(1,433)	(1,012)
Depreciation of tangible fixed assets	5,953	7,002
Adjustment to property charge	(2,465)	-
Amortisation & impairment of intangible fixed assets	117	54
Loss/(gain) on disposal of tangible fixed assets	216	(450)
Loss/(gain) on disposal of intangible fixed assets	530	-
Loss/(gain) on revaluation of investments	(1,829)	730
Increase in stocks	(83)	(878)
Decrease in receivables	6,744	7,229
(Decrease)/Increase in payables & provisions	(3,151)	10,028
Exchange movements	(111)	(2,140)
Net cash inflow from operating activities	<u>13,169</u>	<u>27,537</u>

b) Reconciliation of movement in net funds

	2019	2018
	£'000	£'000
Total cash and cash equivalents	113,712	105,005
Bank loans falling due within one year	(531)	(114)
Other loans falling due after more than one year	(2,320)	(3,312)
Cash and cash equivalents less borrowings	<u>110,861</u>	<u>101,579</u>
Increase in cash	8,707	22,540
Cash (inflow)/outflow from financing	575	1,183
Net funds at 1 January	101,579	77,856
Net funds at 31 December	<u>110,861</u>	<u>101,579</u>

The notes on pages 49 to 66 form part of these financial statements.

Notes to the financial statements for the year ended 31 December 2019

1 Accounting policies

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

a) Basis of preparation and assessment of going concern

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

Following the outbreak of Covid-19 after the end of the financial year, and to assess the appropriateness of adopting the going concern basis, cashflow forecasts were prepared to the end of December 2021. Different downside scenarios of increasing severity were modelled, and the group has sufficient headroom within existing facilities to manage liquidity requirements against these scenarios. In addition, were the results in the coming year below expectations, additional mitigating actions are available to the trustees in order to preserve the organisation's position. Therefore the trustees are able to 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 £138.9 million (2018: £136.8 million) and total expenditure of £134.7 million (2018: £132.7 million) giving a net gain for the year of £4.2 million (2018: net gain of £4.1 million). The net movement in funds, after investment gains/losses was a gain of £4.1 million (2018: gain of £4.1 million).

b) Company status

Marie Stopes International is registered as a company limited by guarantee and a charity. The Trustees are named on page 1. 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, Marie Stopes International, and its subsidiary undertakings after eliminating inter-group transactions. Marie Stopes International refers to Marie Stopes International'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.

Any subsidiary undertakings sold or acquired during the year are included up to, or from, the dates of change of control.

Where control of a subsidiary ceases, the gain or loss is recognised in the consolidated Statement of Financial Activities. The cumulative amounts of any exchange differences on translation, recognised in equity, are not included in the gain or loss on disposal and are transferred to retained earnings.

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

d) Foreign currency

(i) Functional and presentation currency

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

(ii) Transactions and balances

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

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

(iii) Translation

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

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

Notes to the financial statements for the year ended 31 December 2019

1 Accounting policies (continued)

e) Income

Donations

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

Charitable activities

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

Grant income

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

Granted supplies and equipment

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

Service income

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

Investments

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

Other income

All other items of income are recognised within the other income category. Income is recognised when there is entitlement to the income, receipt is probable and the amount can be measured reliably.

f) Expenditure

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

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

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

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

g) Employee benefits

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

(i) Short term benefits

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

(ii) Defined contribution pension plans

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

(iii) Annual bonus plan

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

h) Operating leases

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

Notes to the financial statements for the year ended 31 December 2019

1 Accounting policies (continued)

i) Grants paid

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

j) Intangible fixed assets

Registration and license fees are capitalised at cost and are amortised over the period to which the rights relate (estimated to be seven years).

k) Tangible fixed assets and depreciation

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

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

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

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

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

l) Fixed asset investments

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

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

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

m) Programme related investments

Programme related investments are included at the amount invested less any repayments and impairments.

n) Stock

Stock represents medical equipment and supplies purchased or donated to fulfil Marie Stopes International charitable objectives and is reported at the lower of cost and net realisable value. In some circumstances stock items are sold (rather than used internally) after the balance sheet date. In such cases our assessment of net realisable value is based on the service potential provided by the items of stock because, as indicated, the sale after the balance sheet date is made in furtherance of our charitable objectives. As a result, in these cases, it is not necessary to impair the carrying value of this stock at the period end.

o) 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.

Notes to the financial statements for the year ended 31 December 2019

1 Accounting policies (continued)

p) 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).

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 and terminal grants involve assumptions and estimation techniques. These are based on the experience and knowledge of management and evidence from past experience.

q) Financial instruments

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

(i) Financial assets

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

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

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

(ii) Financial liabilities

Basic financial liabilities, including trade and other payables, bank loans, loans from fellow Group companies and preference shares that are classified as debt, are initially recognised at transaction price, unless the arrangement constitutes a financing transaction, where the debt instrument is measured at the present value of the future receipts discounted at a market rate of interest.

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method. Fees paid on the establishment of loan facilities are recognised as transaction costs of the loan to the extent that it is probable that some or all of the facility will be drawn down. In this case, the fee is deferred until the draw-down occurs. To the extent there is no evidence that it is probable that some or all of the facility will be drawn down, the fee is capitalised as a pre-payment for liquidity services and amortised over the period of the facility to which it relates.

Trade payables are obligations to pay for goods or services that have been acquired in the ordinary course of business from suppliers. Accounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade payables are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

Notes to the financial statements for the year ended 31 December 2019

2. Comparative information for the consolidated statement of financial activities (incorporating the income and expenditure account) for the year ended 31 December 2019

	2019			2018		
	Unrestricted funds £'000	Restricted funds £'000	Total 2019 £'000	Unrestricted funds £'000	Restricted funds £'000	Total 2018 £'000
INCOME FROM						
Donations	8,827	-	8,827	4,012	-	4,012
Charitable activities	146,908	146,120	293,028	133,940	152,588	286,528
Investments	1,433	-	1,433	1,012	-	1,012
Other income	4,977	-	4,977	5,219	78	5,297
Total income	162,145	146,120	308,265	144,183	152,666	296,849
EXPENDITURE ON						
Raising funds	(1,259)	-	(1,259)	(1,373)	-	(1,373)
Charitable activities	(153,943)	(146,211)	(300,154)	(130,990)	(156,782)	(287,772)
Total expenditure	(155,202)	(146,211)	(301,413)	(132,363)	(156,782)	(289,145)
Net gains on investments	1,829	-	1,829	(730)	-	(730)
Net income	8,772	(91)	8,681	11,090	(4,116)	6,974
Transfers between funds	(1,275)	1,275	-	(5,420)	5,420	-
Other recognised gains / (losses)						
Unrealised exchange gains / (losses)	(1,678)	-	(1,678)	(2,555)	-	(2,555)
Net movement in funds	5,819	1,184	7,003	3,115	1,304	4,419
Fund balances brought forward at 1 January	66,842	44,885	111,727	63,727	43,581	107,308
Fund balances carried forward at 31 December	72,661	46,069	118,730	66,842	44,885	111,727

Notes to the financial statements for the year ended 31 December 2019

3 Income from

	Unrestricted funds £'000	Restricted funds £'000	Total 2019 £'000	Total 2018 £'000
a) Donations				
Monetary donations	8,827	-	8,827	4,012

b) Charitable activities

Grant income

	Unrestricted funds £'000	Restricted funds £'000	Total 2019 £'000	Total 2018 £'000
Department for International Development	14,796	31,920	46,716	48,173
International Planned Parenthood Federation	-	9,141	9,141	2,071
ABT Associates PTE Ltd (JTA)	-	8,111	8,111	6,772
The Bill and Melinda Gates Foundation	-	6,525	6,525	9,533
Children's Investment Fund Foundation	-	6,513	6,513	6,116
Global Affairs Canada	-	5,210	5,210	3,225
Netherlands Ministry of Foreign Affairs	1,393	3,697	5,090	7,122
Swedish International Development Agency	-	3,680	3,680	2,068
Norwegian Agency for Development Cooperation	-	3,662	3,662	2,619
United Nations	-	3,233	3,233	5,550
Ministry of Foreign Affairs of Denmark	2,822	386	3,208	3,556
Australian Dept for Foreign Affairs & Trade / AusAid	-	2,856	2,856	2,621
Uganda Ministry of Health	-	2,812	2,812	3,856
Kreditanstalt für Wiederaufbau	-	2,639	2,639	1,516
William and Flora Hewlett Foundation	-	1,731	1,731	3,370
United States Agency for International Development	-	-	-	9,723
Anonymous	-	28,303	28,303	25,613
Other	-	20,947	20,947	14,450
	19,011	141,366	160,377	157,954
Reallocation of fees earned on restricted grants	12,245	(12,245)	-	-
	31,256	129,121	160,377	157,954

Granted supplies and equipment	-	16,999	16,999	11,473
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Service income

Sexual and reproductive healthcare services	119,059	-	119,059	122,113
Fee waived	(3,407)	-	(3,407)	(5,012)
	115,652	-	115,652	117,101
Total income from charitable activities	146,908	146,120	293,028	286,528

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 Marie Stopes International, 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 25 of the Trustees' Report.

	Unrestricted funds £'000	Restricted funds £'000	Total 2019 £'000	Total 2018 £'000
c) Investments				
Bank interest receivable	1,050	-	1,050	686
Distributions receivable	226	-	226	153
Rent receivable	157	-	157	173
	1,433	-	1,433	1,012

Notes to the financial statements for the year ended 31 December 2019

4 Expenditure

a) Total expenditure

	Direct costs £'000	Staff costs (5) £'000	Other costs £'000	Support costs (4c) £'000	Total 2019 £'000
Raising funds	231	929	-	99	1,259
Charitable activities	152,469	130,004	3,802	13,879	300,154
Subtotal	152,700	130,933	3,802	13,978	301,413
Support costs reallocation	3,166	10,239	573	(13,978)	-
Total	155,866	141,172	4,375	-	301,413
	Direct costs £'000	Staff costs (note 5) £'000	Other costs £'000	Support costs (4c) £'000	Total 2018 £'000
Raising funds	187	1,077	1	108	1,373
Charitable activities	139,328	128,819	6,759	12,866	287,772
Support costs reallocation	2,954	9,093	927	(12,974)	-
Total	142,469	138,989	7,687	-	289,145

b) Direct costs of charitable activities

Direct expenditure on charitable activities includes subcontracts awarded to external partners of £16,726,000 (2018: £14,006,000). Details are available from Marie Stopes International, 1 Conway Street, London W1T 6LP.

	2019 £'000	2018 £'000
Management and office services	2,178	1,904
Finance and information technology	5,340	5,427
Programme support	2,564	2,021
People and development	927	852
External relations	1,717	1,475
Governance costs	1,252	1,295
Total support costs	13,978	12,974

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

Governance costs include expenditure on internal and external audit, Trustee meetings and non-audit services. In 2019 the cost of the group audit was £197,880 (2018: £188,424), inclusive of VAT. In addition, fees for the audit of country programmes totalled £414,000 (2018: £503,000). Of these £76,180 relate to audits conducted by the group auditor (company: £44,543)

Non-audit fees paid to the current auditors in the year was £5,720 (2018: £10,700).

5 Staff costs

	2019 £'000	2018 £'000
Staff costs:		
- Wages and salaries	104,750	102,303
- Social security costs	6,107	5,925
- Other pension costs	4,056	3,776
	114,913	112,004
Sessional fees and agency costs	26,259	26,985
Total staff costs	141,172	138,989

The charity operates a defined contribution pension scheme. The assets of the scheme are held separately from those of the charity in an independently administered fund managed by the Standard Life Assurance Company.

In line with government legislation, Marie Stopes International automatically enrolls its UK staff into its defined contribution pension scheme where certain criteria are met.

No directors of the parent charity received emoluments during the year for their services as trustees (2018: none).

Redundancy and termination payments totalled £314,000 in 2019 (2018: £409,000).

Notes to the financial statements for the year ended 31 December 2019

6 Staff numbers

The average monthly number of staff analysed by function was:	2019	2018
	Number	Number
- Raising funds	12	14
- Charitable activities	10,288	10,498
	10,300	10,512

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

	2019	2018
	Number	Number
£60,001 - £70,000	57	36
£70,001 - £80,000	24	19
£80,001 - £90,000	13	10
£90,001 - £100,000	6	6
£100,001 - £110,000	10	11
£110,001 - £120,000	8	5
£120,001 - £130,000	5	3
£130,001 - £140,000	5	2
£140,001 - £150,000	3	3
£150,001 - £160,000	1	1
£160,001 - £170,000	1	1
£170,001 - £180,000	1	1
£180,001 - £190,000	4	5
£190,001 - £200,000	1	2
£200,001 - £210,000	1	1
£210,001 - £220,000	1	1
£250,001 - £260,000	-	1
£340,001 - £350,000	1	-
£430,001 - £440,000	-	1

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

The remuneration of the highest paid employee was split between base salary of £222,953 (2018: £217,250) and performance-based bonus of £124,223 (2018: £217,250). The total paid to 6 key management personnel in 2019 was £1,226,782 (2018: £1,266,000: 6 persons).

Retirement benefits were accrued under a defined contribution scheme for 116 higher paid employees (2018: 77).

Total employer contributions for these employees were £402,371 (2018: £533,000).

7 Net movement in funds

	2019	2018
	£'000	£'000
Net movement in funds is stated after charging:		
Amortisation of intangible fixed assets	117	54
Depreciation of tangible fixed assets	5,953	7,002
Operating lease rentals	6,559	6,250

Notes to the financial statements for the year ended 31 December 2019

8 Intangible assets

	Group		Company	
	2019	2018	2019	2018
	£'000	£'000	£'000	£'000
Cost or valuation				
At 1 January	1,589	987	1,584	997
Additions	-	674	-	674
Disposals	(888)	(72)	(888)	(87)
Exchange movements on consolidation	(29)	-	(29)	-
At 31 December	672	1,589	667	1,584
Accumulated amortisation				
At 1 January	338	356	333	366
Charge for the year	117	54	117	54
Disposals	(358)	(72)	(358)	(87)
Closing balance	97	338	92	333
Net book value at 31 December	575	1,251	575	1,251

Notes to the financial statements for the year ended 31 December 2019

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 development £'000	Total £'000
Cost or valuation								
At 1 January 2019	39,702	4,832	6,729	10,448	16,851	17,428	962	96,952
Additions	837	124	175	364	351	2,682	1,333	5,866
Transfers between asset classes	380	17	34	374	268	-	(1,073)	-
Disposals	(2,295)	(115)	(382)	(436)	(796)	(1,463)	-	(5,487)
Exchange movements on consolidation	(1,172)	(58)	(343)	(479)	(512)	(1,046)	(65)	(3,675)
At 31 December 2019	37,452	4,800	6,213	10,271	16,162	17,601	1,157	93,656
Accumulated depreciation								
At 1 January 2019	19,484	2,522	5,393	8,016	14,751	12,166	-	62,332
Charge for the year	894	347	454	975	1,176	2,107	-	5,953
Adjustment to property charge	(2,465)	-	-	-	-	-	-	(2,465)
Disposals	(2,017)	(111)	(283)	(366)	(683)	(1,064)	-	(4,524)
Exchange movements on consolidation	(315)	(42)	(276)	(352)	(414)	(754)	-	(2,153)
At 31 December 2019	15,581	2,716	5,288	8,273	14,830	12,455	-	59,143
Net book value								
At 31 December 2019	21,871	2,084	925	1,998	1,332	5,146	1,157	34,513
At 31 December 2018	20,218	2,310	1,336	2,432	2,100	5,262	962	34,620

Company

	Freehold properties £'000	Short leasehold properties £'000	Office equipment £'000	Medical equipment £'000	Computer equipment & software £'000	Motor vehicles £'000	Assets under development £'000	Total £'000
Cost or valuation								
At 1 January 2019	29,101	2,341	3,276	5,790	12,572	4,823	460	58,363
Additions	50	87	115	124	148	664	1,091	2,279
Transfers between asset classes	65	17	17	374	239	-	(712)	-
Disposals	(1,952)	-	(69)	(254)	(104)	(167)	-	(2,546)
Exchange movements on consolidation	(561)	(43)	(135)	(242)	(201)	(366)	(29)	(1,577)
At 31 December 2019	26,703	2,402	3,204	5,792	12,654	4,954	810	56,519
Accumulated depreciation								
At 1 January 2019	17,100	1,892	2,855	4,277	11,376	3,543	-	41,043
Charge for the year	707	122	162	629	766	506	-	2,892
Adjustment to property charge	(2,465)	-	-	-	-	-	-	(2,465)
Disposals	(1,952)	-	(52)	(217)	(97)	(97)	-	(2,415)
Exchange movements on consolidation	(179)	(34)	(112)	(151)	(162)	(275)	-	(913)
At 31 December 2019	13,211	1,980	2,853	4,538	11,883	3,677	-	38,142
Net book value								
At 31 December 2019	13,492	422	351	1,254	771	1,277	810	18,377
At 31 December 2018	12,001	449	421	1,513	1,196	1,280	460	17,320

During 2019 an adjustment was made to the accumulated depreciation on freehold properties in the UK, following a review of the split between land and buildings. The adjustment has been reflected in the SOFA as a credit to expenditure.

Notes to the financial statements for the year ended 31 December 2019

10 Investments

	Note	Group		Company	
		2019 £'000	2018 £'000	2019 £'000	2018 £'000
Investment property	10a	278	278	278	278
Investment in subsidiaries	10b	-	-	1,220	813
Listed investments	10c	13,718	11,708	13,598	11,585
		<u>13,996</u>	<u>11,986</u>	<u>15,096</u>	<u>12,676</u>
a) Investment property		Group and Company			
		2019 £'000	2018 £'000		
Market value at beginning of the year		278	278		
Exchange movement on consolidation		-	-		
Market value at end of the year		<u>278</u>	<u>278</u>		
b) Investment in subsidiaries		Company			
		2019 £'000	2018 £'000		
Investment in subsidiary undertakings at cost:					
At beginning of the year		813	812		
Additions		407	-		
Exchange movement on consolidation		-	1		
At end of the year		<u>1,220</u>	<u>813</u>		
c) Listed investments		Group		Company	
		2019 £'000	2018 £'000	2019 £'000	2018 £'000
Market value at beginning of the year		11,708	12,308	11,585	12,202
Additions		201	138	184	-
Disposals		-	(4)	-	-
Revaluation (loss)/gain		1,829	(730)	1,829	(618)
Exchange movement on consolidation		(20)	(4)	-	1
Market value at end of the year		<u>13,718</u>	<u>11,708</u>	<u>13,598</u>	<u>11,585</u>
Investment portfolio allocation:					
Equities		7,218	6,042	7,218	6,042
Bonds		3,531	1,778	3,531	1,778
Multi-asset funds and Alternatives		1,741	1,624	1,741	1,624
Private equity		721	705	721	705
Cash		507	1,559	387	1,436
		<u>13,718</u>	<u>11,708</u>	<u>13,598</u>	<u>11,585</u>
Material holdings within the investment portfolio:		Group and Company			
		2019 £'000	2018 £'000		
Equities					
iShares Core S&P 500 UCITS ETF GBP		830	-		
Loomis Sayles US Equity Leaders fund		810	1,068		
Vanguard S&P 500 ETF		980	998		
iShares Edge MSCI USA Quality Factor		748	598		
GAM Emerging Markets Equity GBP		728	622		
Bonds					
GAM Star MBS Total Return Inst GBP		671	-		
iShares GBP Ultrashort Bond UCITS ETF		900	-		
GAM Star Credit Opportunities GBP Institutional Account		663	583		
Multi-asset funds, Alternatives and Private Equity					
CF Ruffer Total Return Fund		645	604		
Trojan Fund		762	694		
Schroder Private Equity Funds IV		721	705		

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

Notes to the financial statements for the year ended 31 December 2019

11 Receivables

	Group 2019 £'000	2018 £'000	Company 2019 £'000	2018 £'000
Trade receivables	16,637	17,441	5,556	5,183
Amounts owed by group undertakings	-	-	13,731	13,341
Corporation tax	144	198	-	34
Accrued income	10,022	10,585	5,680	7,655
Grants receivable	2,684	6,991	2,684	6,902
Prepayments	3,889	5,393	2,086	2,495
Other receivables	3,776	3,288	2,124	1,907
	<u>37,152</u>	<u>43,896</u>	<u>31,861</u>	<u>37,517</u>

Trade receivables are stated after provisions for impairment of £2.0m (2018: £nil). Amounts owed by group undertakings are stated after provisions for impairment of £2.0m (2018: £nil). Trade debtors includes £nil (2018: £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.

12 Payables

a) Amounts falling due within one year	Group 2019 £'000	2018 £'000	Company 2019 £'000	2018 £'000
Trade payables	9,600	9,250	2,778	3,906
Accruals	15,624	14,592	10,238	10,771
Provisions	2,323	3,546	849	1,710
Taxation and social security	3,316	4,437	1,642	1,689
Deferred income	57,666	59,203	44,856	40,991
Bank loans	531	114	523	111
Other payables	1,840	2,623	1,942	1,989
	<u>90,900</u>	<u>93,765</u>	<u>62,828</u>	<u>61,167</u>

Analysis of deferred income	Group £'000	Company £'000
At 1 January 2019	59,203	40,991
Amounts credited to deferred income during the year	175,839	79,106
Amounts released to income in the year	(177,376)	(75,241)
At 31 December 2019	<u>57,666</u>	<u>44,856</u>

The closing balance of deferred income represents new grant income received during 2019 where the contractual obligations of the grant are to be fulfilled in future years.

b) Amounts falling due after more than one year

	Group 2019 £'000	2018 £'000	Company 2019 £'000	2018 £'000
Provisions	<u>3,009</u>	<u>2,882</u>	<u>2,038</u>	<u>1,943</u>

Short-term and long-term provisions include the following: staff terminal benefits of £1.8m (2018: £1.6m) which are due to employees in country when leaving their employment with Marie Stopes International; grant provisions of £1.1m (2018: £1.9m) 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 £0.7m (2018: £0.9m) for country programmes where the payable is disputed or the tax legislation is unclear.

13 Loans: amounts falling due after more than one year

	Group 2019 £'000	2018 £'000	Company 2019 £'000	2018 £'000
Amounts repayable after one year	<u>2,320</u>	<u>3,312</u>	<u>2,306</u>	<u>3,300</u>

In 2013 MSI entered into a long-term financing facility with Unity Trust for £4.0 million 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 20% as at 31 December 2019 with monthly repayments due under the loan totalling £0.4 million each year. Other loans consist of commercial and other loan facilities arranged by Marie Stopes International's branches and subsidiaries.

Notes to the financial statements for the year ended 31 December 2019

14 Analysis of net assets between funds

Fund balances at 31 December 2019 are represented by:

	Group			Company		
	Unrestricted funds £'000	Restricted funds £'000	Total £'000	Unrestricted funds £'000	Restricted funds £'000	Total £'000
Intangible fixed assets	570	5	575	570	5	575
Tangible fixed assets	16,062	18,451	34,513	14,775	3,602	18,377
Fixed asset investments	13,180	816	13,996	15,094	2	15,096
Bank and cash	35,062	72,554	107,616	30,480	51,942	82,422
Other net current assets	11,272	(43,913)	(32,641)	12,994	(37,634)	(24,640)
Long-term liabilities	(3,485)	(1,844)	(5,329)	(3,471)	(873)	(4,344)
	<u>72,661</u>	<u>46,069</u>	<u>118,730</u>	<u>70,442</u>	<u>17,044</u>	<u>87,486</u>

Unrestricted cash held in the UK parent charity at the year-end was £27.9m (2018: £24.2m).

15 Restricted income funds

	Group					At 31 Dec 2019 £'000
	At 1 Jan 2019 £'000	Income £'000	Expenditure £'000	Other gains £'000	Transfers (note 22) £'000	
Donor funds	91	146,120	(146,211)	-	-	-
Restricted by constitution						
Africa	19,522	-	-	-	314	19,836
Asia	17,124	-	-	-	1,677	18,801
Pacific Asia	3,926	-	-	-	(495)	3,431
Commercial	4,222	-	-	-	(221)	4,001
	<u>44,885</u>	<u>146,120</u>	<u>(146,211)</u>	<u>-</u>	<u>1,275</u>	<u>46,069</u>

	Company					At 31 Dec 2019 £'000
	At 1 Jan 2019 £'000	Income £'000	Expenditure £'000	Other gains £'000	Transfers £'000	
Donor funds	91	73,250	(73,341)	-	-	-
Restricted by constitution						
Africa	10,886	-	-	-	(1,155)	9,731
Asia	5,897	-	-	-	54	5,951
Pacific Asia	231	-	-	-	40	271
Commercial	1,216	-	-	-	(125)	1,091
	<u>18,321</u>	<u>73,250</u>	<u>(73,341)</u>	<u>-</u>	<u>(1,186)</u>	<u>17,044</u>

Restricted funds represent the following:

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

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

Notes to the financial statements for the year ended 31 December 2019

16 Unrestricted income funds

	Group			Total
	General reserves £'000	Tangible fixed asset reserve £'000	Sustainability reserve £'000	unrestricted funds £'000
At 1 January 2019	40,916	14,344	11,582	66,842
Net income (including investment gains)	8,772	-	-	8,772
Transfers:				
- Transfer to restricted funds	(1,275)	-	-	(1,275)
- Movement in tangible fixed asset reserve	(1,718)	1,718	-	-
- Movement in sustainability reserve	(2,013)	-	2,013	-
- Exchange losses on consolidation	(1,678)	-	-	(1,678)
At 31 December 2019	43,004	16,062	13,595	72,661

	Company			Total
	General reserves £'000	Tangible fixed asset reserve £'000	Sustainability reserve £'000	unrestricted funds £'000
At 1 January 2019	40,460	13,045	11,582	65,087
Net income (including investment gains)	4,909	-	-	4,909
Transfers:				
- Transfer to restricted funds	1,186	-	-	1,186
- Movement in tangible fixed asset reserve	(1,730)	1,730	-	-
- Movement in sustainability reserve	(2,013)	-	2,013	-
- Exchange losses on consolidation	(740)	-	-	(740)
At 31 December 2019	42,072	14,775	13,595	70,442

Unrestricted and restricted funds represent reserves available to Marie Stopes International 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.

Sustainability Reserve - this reserve is invested in a UK-managed investment portfolio. These funds are available on demand and form a core part of the group's free reserves.

17 Taxation

Marie Stopes International 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 2019 there were capital commitments of £nil (2018: £nil).

b) Operating lease commitments

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

	Group	
	2019 £'000	2018 £'000
Within one year	3,734	2,317
Between two and five years	4,610	5,509
Leases expiring in five years or more	2,242	595
	10,586	8,421

19 Transactions involving Trustees and Company Secretary

During the year, the charity reimbursed expenses and met certain costs for its Trustees, in respect of travel to partner programmes and to UK offices for Trustees meetings. In 2019, this equated to £3,230 (2018: £1,750) to six trustees (2018: three) for such expenses.

Marie Stopes International purchased and maintained throughout the year indemnity insurance in respect of its Trustees.

Notes to the financial statements for the year ended 31 December 2019

20. Marie Stopes International subsidiaries

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

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

Name of company	City and country of incorporation, company reg number	Share capital	Share-holding %	Member voting rights %	Income £'000	Expend-iture £'000	Net income 2019 £'000	Net assets as at 31 Dec 2019 £'000
Options Consultancy Services	London, UK (2695347)	Ordinary	100	N/A	14,351	14,262	89	443
Options for International Health	London, UK (9137405, charity no 1160066)	N/A	N/A	100	1,895	1,895	-	-
Options Consultancy Services Kenya Limited	Nairobi, Kenya (CPR/2014/147082)	Ordinary	100	N/A	1,885	1,972	(87)	4
MS Health Pty Ltd	Melbourne, Australia (ABN 33155 182586)	Ordinary	100	N/A	5,132	4,934	198	(1,175)
MSI Australia (including MSI Timor-Leste)	Melbourne, Australia (ABN 79082 496697)	N/A	N/A	20	3,850	3,406	444	2,261
Ambulatorium am Fleischmarkt Betriebs GmbH	Vienna, Austria (178377W)	Ordinary	100	N/A	920	898	22	119
MS Clinic Society (Bangladesh)	Dhaka, Bangladesh (Co no 6009384)	N/A	N/A	55	1,381	1,689	(308)	1,006
Marie Stopes Bangladesh	Dhaka, Bangladesh (C-584936, NGO 2033)	N/A	N/A	58	5,170	5,294	(124)	1,622
Triar Expertos en Salud	La Paz, Bolivia (0383/2010)	Ordinary	100	100	(7)	20	(27)	14
Chinese Provincial Clinics	China (099267)	N/A	N/A	100	899	810	89	504
Foundation for Reproductive Health Services India **	New Delhi, India (NGO reg: F04338) Corporate Identity No:- U85100DL2010NPL199806	Ordinary	99	N/A	2,933	3,085	(152)	286
ISM Corporation Private Limited**	New Delhi, India Registration No. 245603 Corporate Identity Number: U51909	Ordinary	99.99	N/A	1,283	1,182	101	988
Population Health Services**	New Delhi, India (55-99080)	Ordinary	99	N/A	10,862	11,457	(595)	2,223
Marie Stopes Kenya	Nairobi, Kenya (OP 218/051/93191/15)	N/A	N/A	100	9,499	10,487	(988)	(2,435)
Marie Stopes Madagascar	Antananarivo, Madagascar (Ord 60-133)	N/A	N/A	60	6,147	6,137	10	1,382
Banja La Mtsogolo (Malawi)	Lilongwe, Malawi (Co no 6025)	N/A	N/A	100	7,953	8,064	(111)	2,961
Marie Stopes Mexico AC	Mexico City, Mexico (09020865)	N/A	N/A	100	280	1,220	(940)	(1,818)
Fundacion Marie Stopes Mexico	Mexico City, Mexico	N/A	N/A	100	3,993	2,980	1,013	2,052
MS Contraceptive Social Marketing Company	Ulaanbaatar, Mongolia (9019022046 / 2881756)	Ordinary	100	N/A	1,037	947	90	535

Notes to the financial statements for the year ended 31 December 2019

20. Marie Stopes International subsidiaries (continued)

Name of company	City and country of incorporation, company reg number	Share capital	Share- holding %	Member voting rights %	Income £'000	Expendi- ture £'000	Net income 2019 £'000	Net assets as at 31 Dec 2019 £'000
Marie Stopes Services Pvt Ltd**	Kathmandu, Nepal (PL 18437/058/59)	Ordinary Preference	100 100	N/A N/A	558	760	(202)	286
Sunaulo Parivar Nepal* **	Kupondol, Nepal (NGO 420/051/52)	N/A	N/A	N/A	3,209	3,561	(352)	357
MSI Organisation Nigeria	Abuja, Nigeria (RC: 27391)	N/A	N/A	100	15,363	15,058	305	2,075
Marie Stopes Society Pakistan	Lahore, Pakistan (RP374)	N/A	N/A	60	6,223	6,329	(106)	3,040
Pakistan CSM (Guarantee) Ltd**	Karachi, Pakistan (K09269)	N/A	N/A	100	196	62	134	(766)
Marie Stopes PNG	Port Moresby, Papua New Guinea (5-2456)	N/A	N/A	100	6,679	6,651	28	533
MSI Romania Foundation	Bucharest, Romania (397289)	N/A	N/A	100	256	297	(41)	468
Marie Stopes Sierra Leone	Freetown, Sierra Leone (C.F. 83/1986)	N/A	N/A	100	4,486	4,611	(125)	899
Marie Stopes South Africa	Cape Town, South Africa (1991/004592/08)	N/A	N/A	100	4,590	4,640	(50)	(31)
MS Clinic Services Lanka	Colombo, Sri Lanka (N(A)34)	N/A	N/A	100	1	5	(4)	(6)
Population Services Lanka	Colombo, Sri Lanka (N(A)27)	N/A	N/A	100	406	654	(248)	166
Marie Stopes Tanzania Ltd	Dar es Salaam, Tanzania (27539)	N/A	N/A	67	14,640	15,145	(505)	(718)
Marie Stopes Ltd (Uganda)	Reg No. 41190	N/A	N/A	50	13,831	13,722	109	(721)
MSI-US	Washington DC, USA (NFP 05-27-55)	N/A	N/A	57	41,581	41,607	(26)	650
Vietnam Centre for Community Reproductive Health *	Hanoi, Vietnam (Estab reg no 335/QD-TWH)	N/A	N/A	N/A	1,076	1,783	(707)	1,021
Bach Khang Vietnam Co Ltd *	Hanoi, Vietnam (Cert no 0105931817)	N/A	N/A	N/A	2,500	2,299	201	965
Yamaan Foundation for Health & Social Development *	Sana'a, Yemen (295/80)	N/A	N/A	20	5,707	4,293	1,414	3,493
MSI Zambia Ltd	Lusaka, Zambia (66871)	N/A	N/A	100	3,690	3,415	275	771
Population Services Zimbabwe	Harare, Zimbabwe (W013/87)	N/A	N/A	57	5,227	5,144	83	(661)

* 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 Marie Stopes International, 1 Conway Street, London W1T 6LP.

Notes to the financial statements for the year ended 31 December 2019

21. Related parties transactions

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

Philip D Harvey, a trustee of Marie Stopes International, is President of DKT International (DKT). Marie Stopes International is party to several agreements with the DKT group of companies. The charity has sub-contracted service delivery to DKT with a value of £1,533,000 in 2019 (2018: £921,000). DKT also granted supplies to Marie Stopes International, of which £330,000 were utilised in 2019 (2018: £505,000).

WomanCare, a wholly owned subsidiary of DKT, supplied goods to MSI totalling £277,000 in 2019 (2018: £162,000), of which £nil was owed to WomanCare at the year end (2018: £162,000).

Claire Morris, a trustee of Marie Stopes International, is an Executive Team member for Babylon Health. Marie Stopes International has a consortium agreement with them under UKAID Connect, which began in January 2019. Babylon Health supplied goods to MSI totalling £49,000 in 2019 (2018: £nil), of which £23,000 was owed to Babylon Health at the year end (2018: £nil).

Megan Elliott, Vice President and Chief Operating Officer of Marie Stopes International, became Chair of Trustees of Blue Ventures Conservation in February 2020. Marie Stopes International is partnered with Blue Ventures under UK Aid Connect, and in 2019 made payments totalling £30,000 to them under this agreement (2018: £nil).

Frank Braeken, a trustee of Marie Stopes International, is Chairman of the Board of Feronia Inc. Marie Stopes International has an agreement with Feronia Inc. in the Democratic Republic of Congo, to utilise some facilities (including a stock room and some fuel), free of charge (nominal value).

The total value of donations received from related parties without conditions was £41,000 (2018: £38,000).

Up to two members of Marie Stopes International staff are co-opted to the Board of Trustees on a rotational basis. These staff are not part of the group's Executive Team.

22. Transfers between funds

At the year end a transfer of £1.3m was made from unrestricted to restricted funds (2018: £5.4m from unrestricted to restricted 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	
	2019	2018	2019	2018
	£'000	£'000	£'000	£'000
Listed investments measured at fair value				
Equities	7,218	6,042	7,218	6,042
Bonds	3,531	1,778	3,531	1,778
Multi-asset funds and Alternatives	1,741	1,624	1,741	1,624
Private equity	721	705	721	705
Cash	507	1,559	387	1,436
	<u>13,718</u>	<u>11,708</u>	<u>13,598</u>	<u>11,585</u>
Investments measured at amortised cost				
Investment in subsidiaries	-	-	1,220	813
Debt instruments measured at amortised cost				
Trade and other receivables (analysed in note 11)	20,413	43,896	7,680	37,517
Cash and cash equivalents, valued at balance sheet date				
Short-term deposits	6,096	8,566	458	1,205
Cash at bank and in hand	<u>107,616</u>	<u>96,439</u>	<u>82,422</u>	<u>74,951</u>
	<u>113,712</u>	<u>105,005</u>	<u>82,880</u>	<u>76,156</u>
Loans and creditors measured at amortised cost				
Trade and other short-term creditors	9,600	13,687	2,777	5,595
Bank loans and overdrafts	531	114	523	111
Loans falling due after more than one year	<u>2,320</u>	<u>3,312</u>	<u>2,306</u>	<u>3,300</u>
	<u>12,451</u>	<u>17,113</u>	<u>5,606</u>	<u>9,006</u>

24. Contingent liabilities

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

At 31 December 2019, thirteen subsidiaries reported net liabilities totalling £9.5m (2018: eleven subsidiaries totalling £5.6m). The group plans to continue providing support to these entities in normal operating circumstances as necessary for their continued operations in pursuit of the Charity's mission.

25. Post Balance Sheet Event

The outbreak of Covid-19 in early 2020 has affected all our countries of operation, and economic activity worldwide. The group considers this to be a non-adjusting post balance sheet event. The services we provide are essential and continuing; we have modelled different scenarios of the potential impact on our financial position and have mitigating actions available should downside risks materialise. There has not been a material movement in the value of fixed assets since 31 December 2019. After the year-end MSI was granted an interest-free loan of up to \$9m from a donor to act as a working capital facility for two donor projects that are paid in arrears. The loan is repayable at the end of the projects.

Notes to the financial statements for the year ended 31 December 2019

26. Donor funding

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

	Income recognised	Cash receipts
	2019 £'000	2019 £'000
Agency for Danish International Development Assistance		
Strategy for Danish Engagement of MSI [2018-2022]	2,822	5,975
Arcadia Charitable Trust		
Funding MSI's Outreach	1,722	5,372
Bill and Melinda Gates Foundation (part funded by Department for International Development)		
African Health Markets for Equity	1,259	906
Crown Agents (funded by The Children's Investment Fund Foundation)		
Sayana Press Scale-Up - Madagascar - New phase	123	196
Sayana Press Scale-Up - Burkina Faso	39	-
Department for International Development		
Urban health: Strengthening care for poor mothers and new-borns in Bangladesh	573	19
Tanzania Family Planning Outreach Phase II - Lot 1 (RHSP Call Down)	1,166	2,725
Reducing Maternal and Neonatal Death in Kenya (RHSP Call Down)	1,442	1,300
Delivering Accelerated Family Planning in Pakistan (DAFPAK)	3,571	3,162
Addressing Unmet Need for Family Planning among Excluded and Vulnerable Women in Nepal	1,473	1,432
Family Planning by Choice (FPbC) in Ethiopia	6,851	4,898
WISH - Women's Integrated Sexual Health (Lot 1)	25,788	27,607
Reducing High Fertility Rates and Improving Sexual Reproductive Health Outcomes in Uganda (RISE)	5,246	5,968
DFID UK Aid Connect - Co-creation phase	679	556
Reducing Maternal and Newborn Deaths in Kenya - Improvement Quality of Care (MANI QoC)	388	260
Scaling Up Family Planning in Tanzania	262	-
International Planned Parenthood Federation		
Women's Integrated Sexual Health - WISH Lot 2	9,141	10,958
International Rescue Committee		
Saving Lives in Sierra Leone	1,491	709
Ministry for Foreign Affairs of Finland		
Finland - Government Grant to Integrated Reproductive and Maternal Health Programme Phase VI, Afghanistan	118	-
Integrated Reproductive and Maternal Health Programme Phase VII (2018-2020)	1,034	1,193
Netherlands Ministry of Foreign Affairs		
Nirapod-2: Empowering women on SRHR and choice of Safe Menstrual Regulation (MR) and Family Planning (FP)	464	439
Bangé Kolossi Nyèta (« Promotion de la Planification Familiale »)	810	1,009
Fit-for-work programme	423	184
Scaling Up Excellence - Core Funding	1,395	1,395
Protecting Women's Reproductive Health and Rights in Dhamar: Enabling Access to Vital Services through Vouchers	595	-
Plaidoyer pour faciliter l'accès des adolescents aux services de SRAJ en milieu scolaire	16	-
Increasing Access to Quality Family Planning and Reproductive Health for Women and Youth in Yemen	1,115	1,064
Respecting, Protecting and Fulfilling Sexual and Reproductive Health and Rights in Conflict	26	-
Norwegian Agency for Development Cooperation		
Breaking down barriers to Safe Abortion and Post-Abortion Care (SA/PAC) for all women and girls (expansion)	3,660	2,470
Population Services International		
Tsogolo Langa Family Planning Program	648	744
Swedish International Development Agency		
Ensuring access to sexual and reproductive health and rights (SRHR) information, products, and services for all in	2,453	2,105
Scaling Up Access to Comprehensive SRHR for Women and Girls in Zambia	437	838
Increasing access to quality SRHR services and products in Afghanistan	662	1,017
The Children's Investment Fund Foundation		
In Their Hands - A teen-centered movement to normalize adolescent sexual health, reduce pregnancy and end	820	-
Catalyzing Sayana Press Introduction	606	464
Supporting Marie Stopes International to mitigate the impact of the Mexico City Policy (2017-2019)	147	-
Supporting Marie Stopes International to mitigate the impact of the Mexico City Policy (2018-2020)	4,940	3,866
CIFF Sahel Investment	-	1,547

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 Statement of Financial Activities.