



MSI
ASIA PACIFIC



ANNUAL REPORT 2021

Children by choice, not by chance



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Cover image: At the height of COVID-19, MSI Lady Pragati Soti Khanal, spent four hours at a police roadblock in Nepal persuading officers that the medical abortion pills she was delivering were an essential health service.

Above: Jenny Awiana, Marie Stopes Papua New Guinea outreach co-ordinator holds an education session in Kerefa, Eastern Highlands Province.



MESSAGE FROM OUR EXECUTIVE OFFICER AND OUR CHAIRPERSON

To reflect on our work in 2021 is above all to confront the insidious, and seemingly endless, reality of the COVID-19 pandemic. Successive COVID-19 waves struck Australia and our neighbours in the region and what resulted was a combination of impacts from both the virus itself and the public health responses that followed. Lockdowns, school closures, public transport restrictions and closed borders all served to mitigate the worst possible direct health outcomes from COVID-19. The willingness of society to make these sacrifices on behalf of the most vulnerable should be celebrated, without a doubt. But this certainly came at great cost.

It was estimated that 12 million women in the Asia Pacific could lose access to family planning services. Access to nonurgent healthcare became restricted in most contexts. In Cambodia, for example, people avoided seeking care at health facilities due to mandatory COVID-19 testing that might see them end up in the government quarantine system. Lockdowns and economic deterioration also contributed to exacerbating existing gender inequalities, and notably to a documented increase in gender-based violence.

MSI Asia Pacific was fortunate enough to be asked by the Australian Government to be part of a major response to these threats to the global progress on gender equality and universal access to contraception.

Under the overarching Partnerships for Recovery aid strategy, we partnered with the International Planned Parenthood Federation in 2021 to shore-up access to sexual and reproductive health services in 22 countries in Asia and the Pacific under the RESPOND program. The Australian aid program acted decisively on behalf of women and girls, and we commend them for it.

The approach involves a wide variety of context-specific interventions to overcome barriers to healthcare, such as launching telemedicine services to enable remote access. It also includes much needed investments in long-term sustainable solutions, such as equipment and refurbishment of our clinic businesses.

Moreover, RESPOND represents a valuable opportunity to act on one of the key tenets of our 2030 strategic plan: to work in partnership. There is no doubt MSI has succeeded as a service delivery organisation in the decades since our founding. Indeed, we are changing the world through our reach: in 2021 alone we delivered contraception and safe abortion services to 17.3 million people across the globe. But to ensure everyone in the world can choose to have children by choice, not chance, we need to work more closely with others, and in particular we need to embed our drive, quality, efficiency, and effectiveness in providing contraception into the public health systems of our partner governments. In 2021 we undertook a cooperative and robust design process in partnership with the Ministry of Health in Timor-Leste to do just that. This represents a whole new phase of our work in the country, and one which we are very excited about.

As always, we must thank our supporters for making what we do possible. From large institutions to the most modest individual donors, it all comes together to deliver not only the resources we need but also the inspiration that helps to power our mission.

Chris Turner

*Executive Officer & Regional Director
MSI Asia Pacific*

Julie Mundy

*Chairperson of the Board
MSI Asia Pacific*





MSI Cambodia staff offer counselling and support to women considering an abortion.

OUR PURPOSE

For 45 years, MSI Reproductive Choices has provided life-changing sexual and reproductive healthcare to millions of people worldwide. As part of the MSI Reproductive Choices Global Partnership, MSI Asia Pacific believes every woman should determine her own future. We provide sexual and reproductive health (SRH) services in Timor-Leste, Cambodia, Papua New Guinea, and the wider Asia Pacific region to support women and their families to make informed decisions about their reproductive health, including if and when they choose to have children.

When women have control over their bodies and future, lives are transformed, for women, their families, and communities.

Globally, an estimated 257 million women who want to avoid pregnancy are not using safe, modern methods of contraception, and of them, 172 million women are using no method at all, meaning they have no reliable way of preventing an unintended pregnancy that could lead to economic insecurity, push their dreams beyond their reach, or even threaten their health and life.

In 2021, MSI Reproductive Choices supported 19.4 million people to access sexual and reproductive healthcare across 37 countries, partnering with governments, civil society and implementing partners to do so.

Worldwide, 67,000 clients were supported with reproductive choice every day. We estimate that these services prevented more than 14.1 million unintended pregnancies and 6.6 million unsafe abortions, saving the lives of 39,500 women. As we enter the third year of the pandemic, already under-resourced health care systems are at breaking point. The challenges of the last few years highlight the importance of integrating sexual and reproductive health services, and increasing accessibility to all people, especially the most marginalized and vulnerable.

Through the Asia Pacific region our teams worked hard to ensure our clients could still access life-changing essential sexual and reproductive healthcare. When lockdowns and travel restrictions cancelled public transport in Timor-Leste, clients couldn't attend clinics in person. Our team at MSI Timor-Leste mobilised four outreach teams – vehicles and staff – to provide mobile services via community health centres near where their clients lived. Almost 12,000 people were able to access services via these mobile teams in just six months.

Women and girls continue to be the most affected by the ongoing social and economic impacts of the pandemic. Essential access to sexual and reproductive healthcare is at risk of going backwards. With the support of the Australian Government Department of Foreign Affairs and Trade, we are working hard to address the urgent unmet need for life-changing sexual and reproductive healthcare, while strengthening, scaling up, and sustaining innovative approaches.



BEN GEBERT, MSI ASIA PACIFIC 2021 BOARD OBSERVER



The Observership Program pairs young, talented, and energetic individuals with a non-for-profit board for 12 months. In 2021, Ben Gebert was an Observer to the MSI Asia Pacific board.

How was your experience with the MSI Asia Pacific board?

Being placed with MSI Asia Pacific opened my eyes to the considerable challenges faced by not-for-profits that work in varied, challenging environments. The placement instilled in me an immense respect for the work MSI Asia Pacific undertakes assisting innumerable women and families worldwide.

What did you learn?

I learnt the importance of having a passionate and diverse board, with a balance of personalities, skills, and diverse personal and professional experience. Board members knew how each other worked, so each member could play to their strengths, while challenging each other when needed. This cohesion, commitment and passion allowed for the making of sound governance decisions, even when they were not easy.

What did you take away from the experience?

I have a new appreciation for the many women across the globe who do not have equitable access to safe healthcare. My respect and appreciation for the committed staff and board of MSI Asia Pacific has grown far beyond what I already had going into the placement, and I have taken away a strong passion to contribute to minimising inequity in sexual and reproductive healthcare.

How will you apply what you have learnt about women's rights/sexual and reproductive health in your future endeavours?

I commit to having those uncomfortable conversations. As a privileged white male in a developed country, women's sexual and reproductive health can be seen as taboo or off limits. Why? It is not just a 'women's issue.' It is often caused by, or contributed to, by men.

My privilege can afford me a platform to kick off these conversations, ideally generating discomfort – preferably outrage – among those who are currently uninformed about women's access to services. If I can change the minds of a handful of people, I am confident that the knock-on effect will result in improved outcomes down the line.



A NEW NAME FOR THE ORGANISATION

On 17 November 2021, Marie Stopes International Australia changed its name to MSI Asia Pacific.

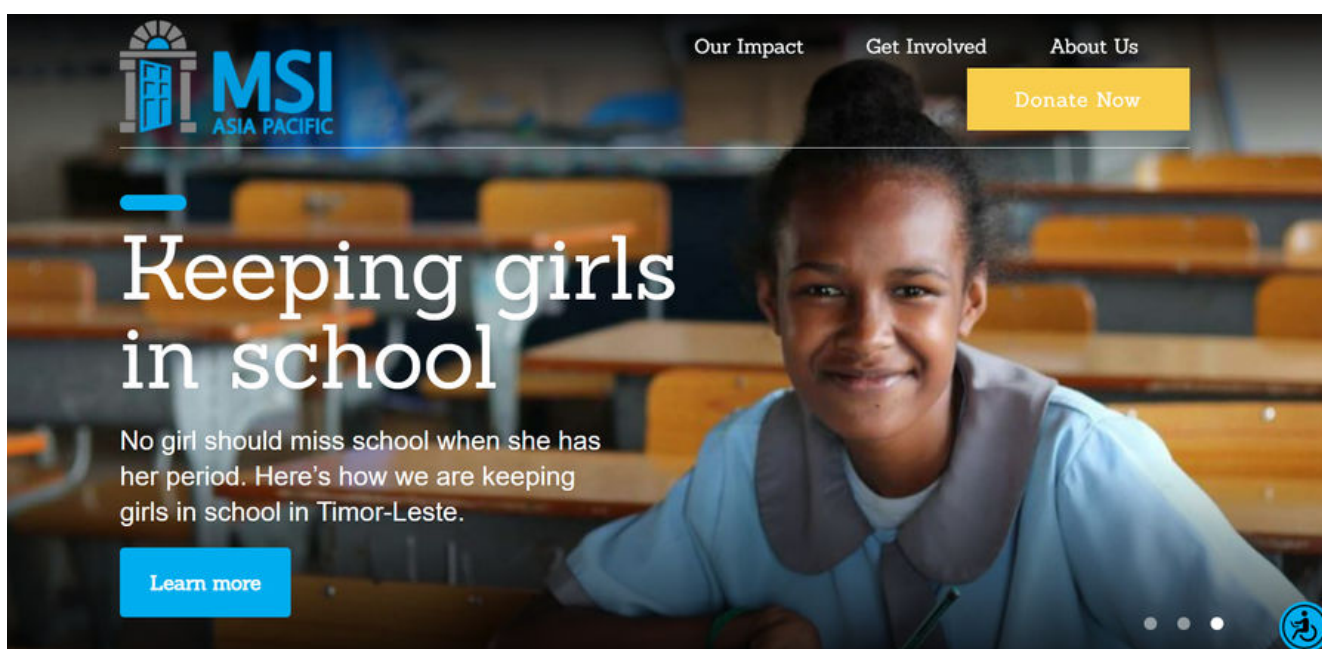
Marie Stopes herself was not the founder of our global partnership of sexual and reproductive health providers. The first clinic was started in 1976 by Dr Tim Black, Jean Black, and Phil Harvey, opening on the site of the original Marie Stopes Mothers' Clinic in London.

They named the organisation Marie Stopes International in recognition of Marie Stopes' legacy as a pioneer of family planning. It wasn't known at the time was that Marie Stopes herself was an advocate of the then popular eugenics movement, and expressed opinions that are in stark contrast to our current values and principles.

The global support office changed its name in November 2020 from Marie Stopes International to MSI Reproductive Choices. In November 2021, it was time for us to make the change too.

As the support office for MSI in the Asia Pacific region, our new name aligns with the MSI Reproductive Choices global partnership and reaffirms our commitment to providing safe, quality sexual and reproductive healthcare in the Asia Pacific region.

By retaining the acronym MSI, an established, trusted name in reproductive healthcare, we can protect access for women and girls who see our brand and blue door as an emblem of where they can seek a safe service. It also allows us to maintain a connection to our past, to our work over the past 45 years and to our founders.



In line with our new name, we launched a brand-new website at msichoices.org.au. Featuring case studies of our clients and staff in the Asia Pacific, information about our programs and projects and their impact, the new website is a one-stop-shop for resources about our organisation and provides a convenient, accessible platform for people to stay informed about our work and contribute through donations or sharing our cause with others.





HOW WE DELIVER SERVICES

Centres

MSI clinics, also known as centres, are a safe and welcoming environment where women and their families can access reproductive health services from experienced clinical service providers. In 2021, we opened a brand-new centre in Phnom Penh and undertook extensive renovations of our Port Moresby centre in Papua New Guinea, allowing us to provide more clients with safe, effective services, in addition to our existing ten centres across our three country programs. While COVID-19 waves continued to cause disruptions, our staff managed to work innovatively and quickly to minimise disruptions and keep services operational.

Outreach

Our outreach service providers travel long distances, often through difficult terrain, to reach underserved communities. In Nepal, 75% of the country is covered by mountains and includes some of the most rugged and difficult terrain in the world, which makes access complicated. With COVID-19 travel restrictions in place, access to family planning for communities was further impacted. Without convenient access to family planning, women could be compelled to seek services from unsafe or unqualified providers, which increases their risk of death or disability. With the support of the Australian Government through the RESPOND project, MSI in Nepal expanded their services in 2021, including opening an outreach camp in the south of Nepal at the end of 2021.



HOW WE DELIVER SERVICES (CONT)

Public sector strengthening

In both Papua New Guinea and Timor-Leste, our teams worked closely with government partners to build their capacity in the provision of sexual and reproductive health services. Our approach to public sector strengthening involves working through local health systems and providing technical assistance, training, and mentoring. MSI has team members embedded in local health departments and clinics, providing specialist family planning services. In 2021 we worked in partnership with the Ministry of Health in Timor-Leste to co-design guidance on providing contraception within the public health system.

MSI Ladies

The MSI Ladies model meets the reproductive health needs of women and girls in areas underserved by traditional health care systems. MSI Ladies are entrepreneurial women working to provide high-quality family planning services for their own community through door-to-door services in homes or in nearby public health facilities. In 2021, MSI Ladies went above and beyond to ensure women and families still had access to essential health care.

Contact centres

Our Cambodian, Papua New Guinean and Timorese programs each have a contact centre, where trained team members answer client questions and provide referrals for family planning, sexual and reproductive healthcare, and other services. In 2021, lockdowns and travel restrictions due to the COVID-19 limited access to quality in-clinic sexual and reproductive health services across Cambodia. As a result, Marie Stopes Cambodia introduced telemedicine abortion services to ensure women can still access essential healthcare, even if they cannot visit a clinic. Women can speak to a telemedicine provider online and receive medical abortion medication via a courier. They can also discuss contraception options and receive follow up care and counselling.

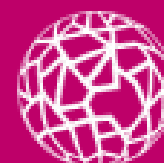
ACCREDITATION

As a member of the Australian Council for International Development (ACFID), MSI Asia Pacific is committed to upholding the standards of the ACFID Code of Conduct (The Code). MSI Asia Pacific adheres to the best-practice principles of The Code and the rigorous governance, financial reporting, management, and ethical practices required of it as an international development agency.

MSI Asia Pacific is accredited by the Australian Department of Foreign Affairs and Trade (DFAT), responsible for managing Australia's development program. To maintain accreditation, our systems, policies and processes are rigorously reviewed by the Australian Government. MSI Asia Pacific receives support through the Australian NGO Cooperation Program (ANCP). Should you have any questions or complaints, please contact feedback@msiasiapacific.org.au.



Australian Government
Department of Foreign Affairs and Trade



ACFID
MEMBER



OUR GLOBAL IMPACT IN 2021

Across our global network in 37 countries, MSI reached millions often left behind by healthcare systems. Over 70% of contraceptive services were delivered to underserved communities and 1.7 million of our clients were adolescents – a group often excluded from sexual and reproductive healthcare, but for whom we have tailored programmes, ensuring young people can determine their own futures. Our teams also worked to protect access to women’s healthcare in humanitarian settings, including in Afghanistan and Myanmar.

17.3 MILLION

CLIENTS ACCESSED A CONTRACEPTION,
ABORTION OR POST-ABORTION CARE
SERVICE

IN 2021, THERE WERE

34.3
MILLION

PEOPLE USING A FAMILY
PLANNING METHOD
PROVIDED BY MSI

6.6 MILLION

UNSAFE ABORTIONS PREVENTED

14.4 MILLION

UNINTENDED PREGNANCIES PREVENTED

39,000

WOMEN'S LIVES SAVED



WHY I GIVE TO MSI ASIA PACIFIC



I grew up in a family in Kashmir where my grandfather had striven for the rights of Hindu widows to remarry and my parents had encouraged the Kashmiri people they worked with to have fewer children and so give them a better life.

I am very sympathetic to the aims of MSI Reproductive Choices and its emphasis on giving women the means and the power to make informed choices about their own fertility. Wherever this has been possible the birth rate has always fallen.

I began my career as a reproductive physiologist in 1953, the year that Min Chueh Chang and Gregory Pincus discovered that the recently isolated hormone, progesterone, could prevent ovulation in rabbits.

Ten years later I met them and the other pioneers of the contraceptive pill, such as Emmanuel Amoroso, Arpad Csapo, and Marcus Shelesnyak when I attended the first conference on delayed implantation in mammals in Houston, Texas.

My first research grant was from the Population Council of the Rockefeller Foundation and for some years I was a member of the Scientific Advisory Committee of the Federation of Australian Family Planning Associations.

In the seventy years since the Chang and Pincus discovery so many other ways for controlling fertility have been developed that every woman now has the potential for full control of her fertility – except for the cost.

This is why MSI Asia Pacific is my charity of choice, as they focus on enabling women to exercise their rights for sexual and reproductive health and bodily autonomy, and I know that my money is making a valuable contribution.

Hugh Tyndale-Biscoe
New South Wales
MSI Asia Pacific donor

LEAVING A LEGACY

My partner and I greatly admire the work of MSI and feel fortunate to be able to support such a worthy organisation. We believe that providing reproductive freedom not only liberates women and girls to seek education and employment and break the poverty cycle, but that facilitating family planning is the single biggest factor in fighting climate change. We are fortunate in our lives to have many wonderful opportunities and experiences, and this is our chance to both give back to the planet and allow others a path to the opportunities and experiences we have so enjoyed.

Bequest supporters, NSW



PROJECT FEATURE: EMPOWER

The Mekong Women's Empowerment Program (EMPOWER), funded by the Australian Government, aims to advance women's economic empowerment by increasing the clinical capacity, business skills and financial independence of entrepreneurial health providers in Cambodia, Vietnam, and Myanmar.

A network of 387 MSI Ladies across the three countries have reached over one million community members with sexual and reproductive health and family planning information and have delivered sexual and reproductive health and family planning services and products to over 270,000 clients.

The mid-term evaluation highlighted significant improvements to the MSI Ladies' clinical skills, increased income, and high levels of confidence in their business and finance skills because of support provided by MSI Asia Pacific.

Luong Thi Xuyen (in blue) is an MSI Lady at the Vu Linh Health Station where she speaks to local women about contraception.



TIMOR-LESTE



MSI is proud to deliver client-centred sexual and reproductive healthcare services to a global standard in every country in which we work. Delivering services at this scale requires an organisation-wide mindset that puts clinical quality and client safety at the heart of everything we do.

COVID-19 has presented some challenges to monitoring clinical quality. International travel restrictions during the last two years have made it near impossible for regional medical advisors and assessors to conduct overseas visits and competency assessments in person. To address this MSI's Global Medical Development Team was compelled to find creative solutions to assess quality of care remotely.

Client-centred care is assessed regularly in all our country programs. Assessment is completed through annual Quality Technical Assistance (QTA) and, more recently, Clinical Audio-Visual Assessments (CAVA) which can be done remotely and are COVID-19 safe. QTA's and CAVA's allow our teams to not only observe the technical quality of service provision (i.e., provider competency), but also the respectful provision of care.

Since 2020, CAVA has been used to conduct quality assessments from independent external assessors across the global MSI partnership, including the MSTL Support Office, Dili Centre, and Outreach teams. The Dili Centre was found to be a model site – representing best practice across the MSI partnership – scoring 100% in all areas assessed. This high standard of clinical quality positions MSTL well for the new partnership

with the Ministry of Health to provide training, supervision, and ongoing support to build the competency of government providers in family planning service provision and client centred care.

Despite operational challenges in 2021 resulting from waves of COVID-19, lockdowns, travel restrictions and the impact of Cyclone Seroja, MSI in Timor-Leste continued their focus on quality, even while providing greater numbers of services than ever before.

In Timor-Leste a dedicated Clinical Quality Assessment Team, including an MSI-endorsed Master Trainer, oversee the implementation of MSI global standards and provide training, supportive supervision, and assessments of all service providers. This team works in partnership with the National Institute of Health (NIH) to support the development of family planning services across the nation.

FAST FACTS

In 2021, approximately 58,400 people in Timor-Leste were using a modern method of contraception supplied by MSI. A third of people using contraception are using a method supplied by MSI.

In 2021, MSTL prevented an estimated:

- 10 maternal deaths
- 26,000 unintended pregnancies
- 6,200 unsafe abortions



SONISAY'S STORY

Cambodia experienced lockdowns and travel restrictions during the COVID-19 pandemic that affected people's incomes and access to healthcare.

Sonisay works at the market in Phnom Penh, selling clothes. She has a 15-year-old son and eight-year-old daughter.

The pandemic has affected Sonisay's income at the market, and it was proving hard to make ends meet for the family, as her husband's income is minimal.

She was concerned that they could not financially support another child and did not want to fall pregnant again. After a consultation at the MSI Cambodia Sen Sok clinic, Sonisay decided to get an IUD.

“I think access to sexual and reproductive health services are very important,” she said.

Sonisay has been a client of MSI Cambodia for 15 years, since the birth of her son. She has been happy with the services received and has recommended the clinic and its services to many friends.



FAST FACTS

In 2021, approximately 26,300 people in Cambodia were using a modern method of contraception supplied by MSI Cambodia

In 2021, MSIC prevented an estimated:

- 13 maternal deaths
- 21,300 unintended pregnancies
- 9,500 unsafe abortions

CAMBODIA

Our program in Cambodia provides clients with high-quality contraception and safe abortion services.



In 2021, Cambodia experienced months of strict lockdown measures to curb the spread of COVID-19. Restrictions included directing people to stay in their homes and policed roadblocks to limit movement between neighbourhoods and villages. People reduced their movements and delayed healthcare to avoid potentially contracting the virus. If living in a designated 'red zone,' women would have to justify their need to travel to local authorities and at checkpoints, often having to reveal the details of their healthcare needs. To ensure that SRH services remained available, MSIC clinics remained open throughout all lockdowns, at times when many other healthcare facilities closed. MSIC teams faced similar challenges to clients when travelling, but despite this, reported to work to serve clients.

As a result of the lockdowns and travel restrictions, MSI Cambodia saw a significant decline in the number of women accessing safe abortion services at their Centres and an increase in women seeking care to manage complications after an unsafe abortion. In response to this and to ensure women still had access to safe abortion services, MSI Cambodia launched a medical abortion telemedicine service. Clients can call the MSIC Contact Centre and receive comprehensive care from a trained professional on how to self-administer medical abortion. Once they receive the correct medical advice, a quality assured product is delivered to their home.

The COVID-19 context also underscored the importance of the MSI Cambodia contact centre, a service that provides clients with comprehensive information on sexual and reproductive health, including counselling, referrals to services and where necessary, guidance on how to self-manage their own SRH needs. In 2021, this became more important as clients sought accurate information and advice over the phone and via social media messaging platforms when they were unable to leave their homes. 30,724 people called or messaged MSI Cambodia in 2021, of whom 9,756 were referred for SRH services at MSI Cambodia sites. From January to June 2021, MSI Cambodia saw the number of youth callers quadruple compared to the previous six months, with 4,837 young people calling the contact centre for SRH advice and support.



MSI Cambodia launched telemedicine services in 2021 under the RESPOND program, funded by the Australia Government.



PAPUA NEW GUINEA



A plane used by MSPNG's Aerial Health Patrol.

Building sustainable centres is a core aspect of ensuring access to quality sexual and reproductive healthcare and family planning services for people in Papua New Guinea well into the future. With funding from the Australian NGO Cooperation Program, Marie Stopes Papua New Guinea (MSPNG) renovated their Port Moresby Centre to enhance client experience and improve accessibility, client discretion, and security. The refurbishment was completed at the beginning of 2021, with doors opening to clients in March 2021.

Compared to 2020, the refurbished Port Moresby Centre has seen a 17% increase in client visits, supporting 3,434 people with their sexual and reproductive healthcare needs in 2021. As part of the refurbishment, our team at the Port Moresby centre also increased the services offered, including introducing fertility seminars, and designing bundled service packages for men's health, women's health, antenatal care and support, and menopause support.

COVID-19 has impacted on health seeking behaviour, and social media messaging platforms such as WhatsApp and Facebook messenger have rapidly increased in popularity in Papua New Guinea. In recognition of this, in late 2021 the program introduced a messaging-based service which allows people to discretely contact staff at our Contact Center for information and advice about their reproductive healthcare, as well as arranging bookings for services at our centres.

In 2021, the team best demonstrated this commitment through our contribution to the Aerial Health Patrol program in Western Province. Funded by the PNG Sustainable Development Program, family planning nurses from MSPNG join healthcare professionals from Australian Doctors International and Sago Network to deliver primary health care services into extremely remote communities that can only be reached by plane. Over three-to-four-day outreach visits, the integrated health services team provide contraception, vaccinations, sanitation and hygiene, and outpatient care to communities that otherwise have no access to public healthcare.

In 2021, MSPNG trained an additional six family planning providers to support the Aerial Health Patrol program, allowing Sustainable Development Program to double the number of outgoing outreach patrols.

FAST FACTS

In 2021, approximately 152,000 people in Papua New Guinea were using a modern method of contraception supplied by MSI in Papua New Guinea.

In 2021, MSI in PNG prevented an estimated:

- 90 maternal deaths
- 70,000 unintended pregnancies
- 7,700 unsafe abortions



PROJECT FEATURE: RESPOND

Starting mid-2021 and running for two years, the \$34.4M RESPOND program is being implemented by MSI Asia Pacific and the International Planned Parenthood Federation (IPPF) across 22 countries in the Asia Pacific region, funded by the Australian government's Department of Foreign Affairs and Trade (DFAT).

The program aims to ensure that populations affected by the COVID-19 pandemic in the Asia Pacific region have continued access to quality SRHR. This will be achieved by providing high quality and equitable SRHR information and services to the most vulnerable, with a focus on innovative approaches and restoring services that have been impacted due to COVID-19.

MSI Asia Pacific is supporting members of the MSI global partnership to implement RESPOND funded activities in Papua New Guinea, Timor-Leste, Cambodia, Fiji, Nepal, Myanmar, Vietnam, Bangladesh and Pakistan.

As COVID-19 continues to present unique and rapidly changing challenges in the Asia Pacific region, there is a need to provide and enhance services, particularly for marginalised populations such as young people, people living in poverty and people with disabilities.

By the end of the program, RESPOND aims to:

- Provide high-quality and equitable SRH services through established service delivery channels across 22 countries.
- Ensure that women, men and young people have access to digital health services (telemedicine) and alternative service delivery models (home based care, selfcare, etc.)
- Ensure that women, men and young people receive quality, trusted and accessible information on SRH and COVID-19.

Over the two-year program, MSI and IPPF aim to deliver over 19.8 million SRH/FP services to clients and generate over 2.5 million couple years of protection. In the first six months of the program, clients have been provided with over 2.7 million services, preventing an estimated 119,700 unplanned pregnancies.



An MSTL outreach worker provides a new mother with information on sexual and reproductive health care.

FAST FINANCE

MSI Asia Pacific is part of the global MSI Reproductive Choices partnership. The partnership generates \$539 million AUD in revenue globally.

This income is primarily composed of grants from institutional donors and private foundations together with revenue generated from the partnership's commercial operations.

In 2021, MSI Asia Pacific secured total revenue of \$13.6m, an increase of 42% from \$9.6m in 2020. Australian Government Department of Foreign Affairs and Trade (DFAT) grant income increased by \$1.9m in 2021, in part due to obtaining project funding for RESPOND, a regional project that commenced in 2021.

Other Australian grant income increased by \$2.9m in 2021 due to securing key project extensions in Papua New Guinea and Timor-Leste. Donation income decreased to \$900k from \$1.2m in 2020. In 2022, MSI Asia Pacific will focus on our public donation income and renewing key institutional funding contracts in Papua New Guinea.

MSI Asia Pacific recorded total expenditure of \$15.2m, an increase of 68% from \$9.1m in 2020. International programs expenditure accounted for 91% (\$13.9m) of total expenditure. International programs expenditure increased by \$6.2m, in line with the increase in DFAT and other Australian grant income as well as the utilisation of restricted reserves in 2021.

MSI Asia Pacific continues to maintain low support office costs with administration costs accounting for 5.4% of total expenditure, fundraising costs accounting for 2.5% and program support costs accounting for 0.8% of total expenditure.

Total equity has decreased by \$1.6m to \$13.6m, as restricted reserves of \$2.5m were utilised on international program expenditure in 2021. Restricted reserves of \$7.6m remain on hand. Restricted reserves are not available for general use - they represent prior year donations that are tied to project implementation in future years. MSI Asia Pacific expect to incur annual deficits over the coming years as the balance of restricted reserves are utilised.

The Board and management at MSI Asia Pacific will continue to monitor the organisation's financial situation, ensuring both a healthy level of equity while maximising our contribution to the global mission.

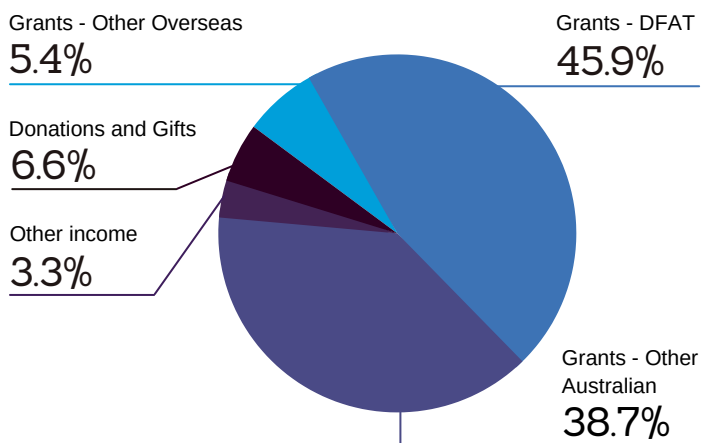
The revenue and expenditure graphs (Figures 1 and 2) on the next page represent our various components of income and expenditure as a proportion of the totals. Each category is adapted from the summary financial statements on the subsequent page and is based on the definitions described in the ACFID Code of Conduct.

Figure 3 represents expenditure for each of the country programs within the Pacific Asia region, supported by MSI Asia Pacific.



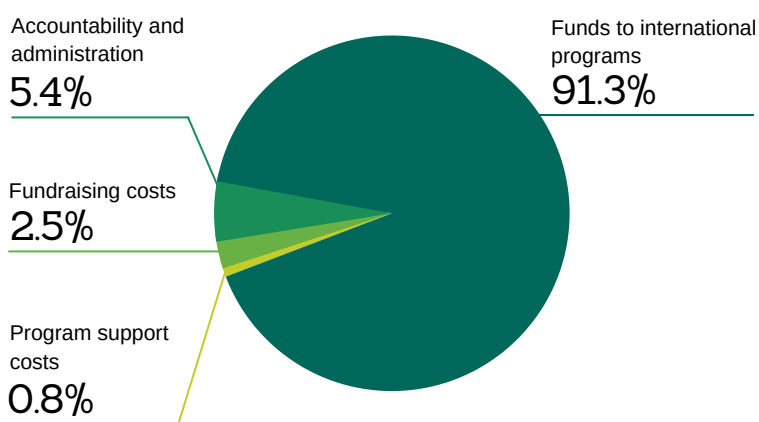
FAST FINANCE

Fig 1. Revenue in 2021



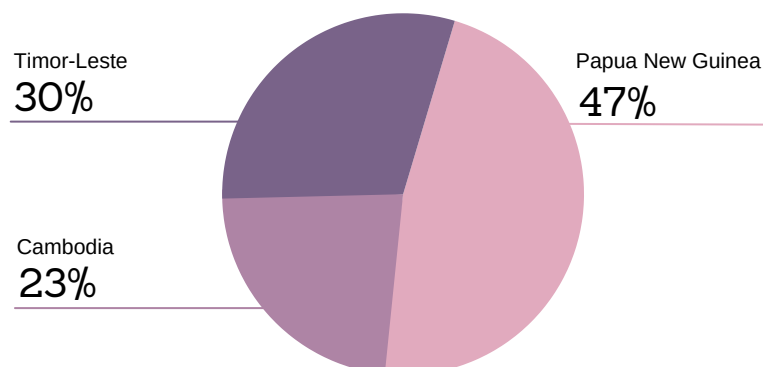
Revenue	%	AUD
Donations and Gifts	6.6	898,536
Grants - DFAT	45.9	6,238,605
Grants - Other Australian	38.7	5,266,282
Other Income	3.3	455,399
Grants - Other Overseas	5.4	732,245
Total		13,591,067

Fig 2. Expenditure in 2021



Expenditure	%	AUD
Program support costs	0.8	118,567
Fundraising costs	2.5	374,049
Accountability and administration	5.4	829,180
Funds to international programs	91.3	13,884,851
Total		15,206,647

Fig 3. Dollars managed in the region in 2021



Region	%	AUD
Papua New Guinea	47	4,974,179
Cambodia	23	2,423,695
Timor-Leste	30	3,218,536
Total		10,616,410



REPORT OF THE INDEPENDENT AUDITOR ON THE SUMMARY FINANCIAL STATEMENTS TO THE MEMBERS OF MSI ASIA PACIFIC

Opinion

The summary financial statements, which comprise the summary balance sheet as at 31 December 2021 and the summary income statement and the summary statement of changes in equity for the year then ended, are derived from the audited financial report of Marie Stopes International Australia for the year ended 31 December 2021.

In our opinion, the accompanying summary financial statements are consistent, in all material respects, with the audited financial report in accordance with the basis described in the summary financial statements.

Summary Financial Statements

The summary financial statements do not contain a summary statement of cash flows or all the disclosures required by the Australian Accounting Standards. Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial report and the auditor's report thereon. The summary financial statements and the audited financial report do not reflect the effects of events that occurred subsequent to the date of our report on the audited financial report.

The Audited Financial Report and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial report in our report dated 25 March 2022.

Responsibilities of the Directors for the Summary Financial Statements

The Directors are responsible for the preparation of the summary financial statements that gives a true and fair view in accordance with Australian Accounting Standards and for such internal control as the Directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are consistent, in all material respects, with the audited financial report based on our procedures, which were conducted in accordance with Auditing Standard ASA 810 Engagements to Report on Summary Financial Statements.

Deloitte Touche Tohmatsu

DELOITTE TOUCHE TOHMATSU



Anneke du Toit

Partner

Chartered Accountants

Melbourne, 13 April 2022

Deloitte.

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Report of the Independent Auditor on the Summary Financial Statements to the members of Marie Stopes International Australia

Opinion

The summary financial statements, which comprise the summary balance sheet as at 31 December 2021 and the summary income statement and the summary statement of changes in equity for the year then ended, are derived from the audited financial report of Marie Stopes International Australia for the year ended 31 December 2021.

In our opinion, the accompanying summary financial statements are consistent, in all material respects, with the audited financial report in accordance with the basis described in the summary financial statements.

Summary Financial Statements

The summary financial statements do not contain a summary statement of cash flows or all the disclosures required by the Australian Accounting Standards. Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial report and the auditor's report thereon. The summary financial statements and the audited financial report do not reflect the effects of events that occurred subsequent to the date of our report on the audited financial report.

The Audited Financial Report and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial report in our report dated 25 March 2022.

Responsibilities of the Directors for the Summary Financial Statements

The Directors are responsible for the preparation of the summary financial statements that gives a true and fair view in accordance with Australian Accounting Standards and for such internal control as the Directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are consistent, in all material respects, with the audited financial report based on our procedures, which were conducted in accordance with Auditing Standard ASA 810 Engagements to Report on Summary Financial Statements.

Deloitte Touche Tohmatsu

DELOITTE TOUCHE TOHMATSU



Anneke du Toit
Partner
Chartered Accountants
Melbourne, 13 April 2022

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FINANCIAL STATEMENTS

Income statement for the year ended 31 December, 2021

(All amounts in AUD)

REVENUE	2021	2020
Donations and gifts		
– Monetary	898,536	1,202,312
Grants		
-DFAT	6,238,605	4,365,461
– Other Australian	5,266,282	2,341,539
– Other overseas	732,245	1,069,305
Investment income	24,475	74,894
Other income	430,924	527,561
TOTAL REVENUE	13,591,067	9,581,072

EXPENDITURE

International Aid and Development Programs Expenditure

International programs		
– Funds to international programs	13,884,851	7,663,761
– Program support costs	118,567	164,296
Fundraising Costs		
– Public	236,750	220,290
– Government, multilateral and private	137,299	124,047
Accountability and administration	829,180	889,944
Total International Aid and Development Programs Expenditure	15,206,647	9,062,338
Exchange rate (gain) / loss	(98,484)	7,720
TOTAL EXPENDITURE	15,108,163	9,070,058

Excess / (shortfall) of revenue over expenditure	(1,517,096)	511,014
Other comprehensive (Loss) / Income	(35,233)	(98,041)
TOTAL EXCESS / (SHORTFALL) OF REVENUE OVER EXPENDITURE	(1,552,329)	412,973

The above figures have been extracted from the Audited Financial Statements for the year ended 31 December 2021. For a copy of this report, please call us on 1300 478 486 or email info@msichoices.org.au. These financial statements comply with the presentation and disclosure requirements of the ACFID Code of Conduct. Please refer to the [ACFID Code of Conduct](#) for more information.



FINANCIAL STATEMENTS (CONT)

Balance sheet as at 31 December, 2021

(All amounts in AUD)

ASSETS	2021	2020
Current Assets		
Cash and cash equivalents	17,241,503	17,515,776
Trade and other receivables	117,904	140,990
Inventories	92,435	76,129
Other Financial Assets	19,000,000	5,000,000
Total Current Assets	36,451,842	22,732,895
Non-Current Assets		
Property, plant and equipment	114,357	72,652
Rights of use assets	49,366	57,444
Total Non-Current Assets	163,723	130,096
Total Current Assets	36,615,565	22,862,991
LIABILITIES		
Current Liabilities		
Trade and other payables	4,540,565	2,915,282
Unearned grants	18,195,005	4,589,800
Provisions	146,377	135,506
Lease liability	49,366	45,155
Total Current Liabilities	22,931,313	7,685,743
Non-Current Liabilities		
Provisions	78,724	19,391
Total Non-Current Liabilities	78,724	19,391
Total Liabilities	23,010,037	7,705,134
Net Assets	13,605,528	15,157,857

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FINANCIAL STATEMENTS (CONT)

Balance sheet as at 31 December, 2021 (continued)

(All amounts in AUD)

EQUITY	2021	2020
General Reserves	(145,523)	(110,290)
Restricted Reserves	7,558,188	10,009,714
Retained Earnings	6,192,863	5,258,433
Total Equity	13,605,528	15,157,857

Statement of Changes in Equity for the Year Ended 31 December 2021

(All amounts in AUD)

	Retained Earnings	Foreign Currency Translation Reserves	Designated Funds Reserves	Total
Balance at 31 December 2020	5,258,433	(110,290)	10,009,714	15,157,857
Items of other comprehensive income				
Excess of revenue over expenses	(1,517,096)			(1,517,096)
Other amounts transferred (to) from reserves	2,451,526	(35,233)	(2,451,526)	(35,233)
Balance at 31 December 2021	6,192,863	(145,523)	7,558,188	13,605,528

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MSI Lady Pragati Soti Khanal walking in the mountains near Arunodaya Health post located in Bhimad Municipality, Tanahun. In Nepal, during the COVID-19 lockdown it was made legal to take abortion pills at home. MSI Ladies were at the forefront, delivering pills to remote villages.

Environmental statement

MSI Asia Pacific is committed to reducing its environmental impact and has produced this annual report with consideration for the environment. We encourage our audience to view the digital version of our annual report at our [website](#).

Support our work

If you would like to support our work, please visit msichoices.org.au or call 1300 478 486. All donations of AU\$2 or more are tax deductible.

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Get in touch

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