Stichting PSI-Europe

Report on the Financial Statements for 2020
# TABLE OF CONTENTS

**MANAGEMENT REPORT** .................................................................................................................................................................................. 4  
BACKGROUND .................................................................................................................................................................................................................................. 4  
GOVERNANCE .............................................................................................................................................................................................................................. 6  
HIGHLIGHTS ON ACTIVITIES AND ACHIEVEMENTS .............................................................................................................................................. 7  
FORECAST FOR 2021 AND BEYOND ................................................................................................................................................................. 26  

**FINANCIAL RESULTS FOR 2020** .............................................................................................................................................................................. 28  
BALANCE SHEET ......................................................................................................................................................................................................... 28  
STATEMENT OF INCOME AND EXPENDITURE ................................................................................................................................................ 29  
STATEMENT OF CASH FLOW .................................................................................................................................................................................. 30  
NOTES TO FINANCIAL STATEMENTS ............................................................................................................................................................ 31  

**INDEPENDENT AUDITOR’S REPORT** ........................................................................................................................................................................ 41

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Amsterdam, 24 June 2021

Signed on original by

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Managing Director

Signed on original by

Ms. Mirella Carola Bettina Visser  
Chair of the Board
Signed on original by

Ms. Karen Elizabeth Hoehn
Secretary of the Board

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Dr. Joerg Franz Maas
Member of the Board

Signed on original by

Mr. Michael Allen Holscher
Member of the Board
Management Report

Background

Stichting PSI-Europe was incorporated as a locally registered non-governmental organisation (NGO) based in Amsterdam, the Netherlands (Chamber of Commerce registration (KvK number 34310776) on August 28, 2008.

Stichting PSI-Europe (hereafter PSI-Europe) is an independent NGO, affiliated in name with Population Services International (PSI). The PSI network is comprised of local offices in over 50 countries throughout Africa, Asia, Latin America and the Caribbean, and Eastern Europe, coordinated by PSI’s global headquarters in Washington DC, USA.

PSI-Europe’s mission is to support, promote and generate resources for the PSI network in its effort to contribute to universal health coverage, through shaping policies and priorities of European donors and stakeholders.

For over 50 years, the PSI network has improved the health of poor and vulnerable people through intersectoral approaches that optimize local resources for sustained access to quality health (sexual and reproductive health and rights, malaria and water & sanitation) programmes, products and services. With PSI’s new strategic direction (2021-2023), it aims to scale consumer-powered healthcare to accelerate progress towards universal health coverage through i) shaping mixed health systems, ii) shifting policy and funding and iii) strengthening PSI’s global capacity.

Introduction

2020 was a year unlike any other for many organizations, and this was no different for PSI-Europe. The PSI network’s 50th anniversary of its health impact around the world was smothered by the COVID-19 pandemic, which put already fragile health systems under more strain and threatened vulnerable populations around the world, particularly women and girls.

The global crisis triggered by the pandemic also impacted global economies resulting in constrained donor budgets, threatening years of hard-won progress on gender equality and sexual and reproductive health and rights (SRHR), thus risking these being pushed to the fringes of development agendas. In addition, climate change, conflict, record numbers of displaced people, and the resurgence of ultra-conservative forces posed a danger to SRHR, jeopardizing the wellbeing of billions of women and girls, vulnerable groups, and society at large.

Long before COVID-19 struck, progressive governments in Europe were at the forefront of global action to support SRHR. This spearheading of global action reached its peak at the ICPD Nairobi Summit in November 2019, on the eve of the COVID-19 worldwide pandemic outbreak. Now, almost two years later, as crises worsen on multiple fronts, the fight is on to salvage and protect these SRHR policies and budgets developed for those most in need.

However, the global pandemic also offered opportunities. Opportunities to transform health systems by providing services and information with less dependency on health workers, protecting frontline health workers from being over-burdened and ensuring that the most effective healthcare could be provided at scale; which led to further instituting self-care. In the context of the pandemic, PSI’s self-care work became even more relevant as a critical answer in the health systems’ response to COVID-19. PSI was and is ready to expand the network of over 50 global and national organizations that are driving progress toward self-care systems change, and more quality self-care drugs, diagnostics and devices. These efforts are spearheaded by PSI’s stewardship of the Self-Care Trailblazers Group, which is catalysing self-care options for consumers at the research, development, implementation and advocacy levels.
The impact of the global crisis also led PSI Headquarters and PSI-Europe to look at ways to transform the organisation internally. PSI completed a ‘right-sizing’ exercise reducing the number of Head Quarters positions significantly and launched a new organisational structure that is aligned with a leaner and more agile organisation to respond to the current external realities that the PSI network is faced with.

PSI-Europe’s transformation matches this trend. To this end, the organization launched its new strategy which was approved by the Board in the summer of 2020. This strategy ushers in a new era for PSI-Europe in which it moves away from direct programme implementation (like programme Jeune S3) and frees up capacity to focus primarily on mobilizing support for the PSI network through shaping policies and priorities of European donors and stakeholders. PSI-Europe will only engage in direct implementation if it serves this role by i) shaping the evidence agenda or ii) providing technical expertise to the PSI network on topics that are particularly relevant to European donors and stakeholders and for which PSI-Europe has the in-house expertise. An example of the latter is PSI-Europe’s flagship project that sets the agenda for menstrual health & hygiene (MHH), as an integral part of SRHR and water & sanitation; whereby PSI-Europe provides technical expertise on MHH to the PSI network and other actors in the community of practice, contributes to the international evidence agenda and plays a key role in convening stakeholders to seek support for this theme.

PSI Europe’s work on JeuneS3 was completed last year and demonstrated tangible results in addressing the needs of SRHR among young people in Benin and Cameroon. The following report provides greater detail on the extent of our work in 2020.

While disappointingly PSI was hugely impacted by not being granted a new five-year Strategic SRHR Partnership Award by the Dutch Ministry of Foreign Affairs at the height of the pandemic, PSI-Europe still managed to broker an extension of Project Ignite by one year. This extension allowed the project to establish a new partnership with the Dutch NGO RNW Media to leverage innovation for sustaining the project results beyond the life cycle of the project.

PSI Europe continued to provide leadership to promote engagement of European stakeholders and donors in MHH (as mentioned above) and successfully realised new and critical partnerships in this area in 2020, so as to open doors to receiving grants, a process to be continued in 2021. PSI-Europe was the lead organization that developed the Investment Case on Menstrual Health & Hygiene, which is now widely and globally used by the Global Menstrual Collective and its partners, and others, to motivate donors and investors to move money into MHH. An effort also to be continued in 2021. As a result, PSI-Europe heighten its reputation of being a valued thought leader in the MHH space (and through this in other areas of PSI’s work as well) in Europe; this has served PSI-Europe well in its engagement with key stakeholders on the European continent.

We remain proud of our support to the PSI network’s contribution to public health. The scope and scale of the PSI network’s impact across 50 countries around the world in 2020 reached 24.8 million users in five health areas\(^1\). PSI’s work provided over 12 million couple years of protection (CYPs) with modern methods of contraception and reached 1.7 million women with safe abortion products and services. In total, over 21 million years of health life were protected by PSI’s interventions (DALYs) in 2020, including 9.8 million through PSI’s work on malaria, over 6 million through PSI’s programmes on modern contraception and over 4.5 million as a result of PSI’s work on HIV. PSI Europe will continue to focus on strengthening and expanding our current European donor base to sustain this critical work.

\(^1\) Malaria, Modern Contraception, HIV, NCDs and Water and Sanitation
Governance

PSI-Europe is governed by a Board, consisting of members with highly relevant professional experience in health and development related fields. The Board is responsible for overseeing the overall operation of the organisation and ensures high standards of transparency and accountability. The Board approves PSI-Europe’s strategic plan, annual budget, and annual accounts.

As of 31st December 2020, the PSI-Europe Board is represented by:
- Mirella Visser (Chair)
- Karen Hoehn (Secretary)
- Dr Joerg Maas (Board member)
- Michael Allen Holscher (Board member)

Day-to-day management and the power of representation was delegated to the Managing Director, Douglas Call until the 30th of June. Odette Hekster replaced Douglas Call as Managing Director per the 1st of July 2020. The senior management team of PSI-Europe includes Managing Director, Odette Hekster and Finance Director, Robert Bal.

At the end of 2020, PSI-Europe staff composition included three full-time employees and one part-time employee (at the end of 2019, there were 5 full-time and one part-time employee). Two employees resigned in 2020: Douglas Call (Managing Director) and Marie-Alix Valensi (Deputy Director, New Business Development and European Donor Engagement).
Highlights on activities and achievements

Jeune S3 Programme

The ‘Jeune S3’ (Santé, Sexualité, Sécurité) programme is a five-year (2016-2020) SRHR programme for young people (age 10-24 years) funded by the Dutch Ministry of Foreign Affairs. Jeune S3 is run by an alliance, led by the Dutch NGO Cordaid. PSI-Europe is one of the strategic partners of the alliance, along with the Swiss Tropical and Public Health Institute (SwissTPH). The total value of the grant is 29.8 million EUR, of which 4.05 million EUR was provisionally allocated to PSI-Europe.

PSI-Europe is responsible for the implementation of the programme in Benin in collaboration with PSI’s network member Association Béninoise de Marketing Social (ABMS), and in Cameroun in collaboration with Association Camerounaise de Marketing Social (ACMS). The Jeune S3 programme started implementation in Cameroun, Central African Republic and DR Congo in 2016; and it launched the programme in the Northern region of Benin, Alibori, in 2017.

Cameroon – Programme Areas

The programme focuses on the most fragile regions of Cameroon, namely the East (the ‘départements’ Lom et Djérem and le Haut Nyong) and the Far-North (the ‘départements’ Mayo Kani and Diamaré). Jeune S3 in Cameroon covers all four ‘pathways:’ 1) empowerment and meaningful involvement of young people (‘youth participation and youth voice’), 2) SRHR knowledge and skills, 3) responsive and youth-friendly services and 4) creating an enabling environment for young people’s SRHR.

According to UNFPA, close to 50% of girls and just over half of the young male population between the age of 15 and 19 years old has engaged in sex in the East and Far-North. The Far-North region knows the highest fertility rate in the country, where 27.5% of women (20-24 years of age) have given birth to at least one child before the age of 18.

Benin – Programme Areas

Since 2012, ABMS and l’Association Béninoise pour la Promotion de Famille (ABPF) have received a grant from the Embassy of the Netherlands to promote SRHR in certain communities in Benin. To strengthen and extend the impact of those activities, the Jeune S3 alliance decided to support ABMS and ABPF to implement the programme in the community ‘Banikoara’ in the Alibori region (North of Benin). The activities in this programme contribute to all pathways, and ABMS is responsible for: 1) empowerment and meaningful involvement of young people (‘youth participation and youth voice’) and 4) creating an enabling environment for young people’s SRHR.

The contraceptive prevalence rate among young people between the age of 15-19 years old in the Alibori region is 11.2% and the unmet need for family planning of 34.2%. Alibori has the highest rate of early and forced marriage (20.2% among young people between 15-19 years of age) and 38.3% of the young people in this age group had their first child before the age of 18.
Results in 2020 and total project results

Introduction
2020 was the year in which the Jeune S3 programme was completed. The activities planned for the second and third quarter were significantly impacted by the restrictions to contain the COVID-19 epidemic, particularly in Cameroon, although the teams were quick to adapt, for example by allocating some budget to equip implementing partners with protective equipment so they could keep working. In addition, while participation of youth ambassadors in international conferences could not take place, an international Jeune S3 training on advocacy was transformed into an interactive online training that included WhatsApp calls and group work in each country.

In total 87,259 young people in Benin and 90,990 young people in Cameroon benefitted from the programme in various ways during the life of the programme.

Pathway 1: Strengthening young people’s voice in their SRHR

The goal of this pathway was to empower young people to make themselves heard on SRHR issues for young people. To achieve this, many youth associations in the countries were involved in the programme in various roles: youth ambassadors were selected and trained; young people received trainings to be journalists and make radio programmes on SRHR issues; and members from the youth associations were trained to be peer educators to provide sexuality education to their peers.

The year 2020 was foreseen as the year in which the second trained group of Youth Ambassadors would be at full strength leading on: sensitization of peers, advocacy towards other groups in society, participation in youth councils to contribute to the country level coordination and decision making. This was seriously impacted by the pandemic.

In Benin, 20 trained ‘youth ambassadors’ were actively involved in advocacy towards favourable SRHR policies, laws and customs within their community; in Cameroon 23 ‘youth ambassadors’ played this role at local, national and international level throughout the programme.

All young people involved in any of the activities received intensive training on SRHR issues relevant for themselves and people of their age. Equal involvement of boys and girls was an important approach of the programme to ensure girls’ involvement and that their voices were heard.

In Benin, the programme strengthened the capacity of 20 youth organizations in Banikoara and Kandi in general management, leadership and advocacy, involving 49 young people. To strengthen the synergies among these organisations, an advisory council of youth (CCJ) was set up in each commune, with one member representative per organization (youth representatives or Young S3 ambassadors). In addition, 180 peer educators from these organizations were trained in SRHR. The two CCJs allowed young people to organize joint actions and advocacy to bring the voice of young people to local elected officials, religious leaders and health authorities. In 2020, 10 additional young people were trained in SRHR advocacy and awareness raising, bringing the total to 127 young people across the life of the programme.
In addition, 63 young people in total were trained in radio programming, journalistic writing and use of social networks such as Twitter. For a better reach of radio broadcasts (51 broadcasts were produced by young people), listening clubs of young people were set up in communities. These clubs are now equipped with communication materials and tools (radio, computers, camera, generators) with the aim of making them self-reliant.

These actions have enabled young people to:

- Take regular part in communal councils to realise the free provision of family planning counselling for young people (which will contribute to the sustainability of the programme);
- Establish a platform to combat early and forced marriages.

In total, 929 young people aged 10-24 were involved in the promotion of SRHR across 20 arrondissements of Banikoara and Kandi. A total of 910 young people (53% boys and 47% girls) participated in SRHR activities, which is almost four times the objective set for the programme. This outstanding performance can be explained by the young people’s increased skills to identify and manage the issues they face. Girls’ participation in these activities was slightly lower than that of boys, reflecting the patriarchal dynamics at play in Beninese society and further confirming the need for programmes like Jeune S3.

In Cameroon, although no new training or partnership occurred in 2020, the total of 12 youth associations were actively engaged and 42 new radio episodes were produced, bringing the total episodes to 325, falling short of the target by 25% for reasons that are related to the early closure of the programme due to COVID-19. The programme supported 23 'youth ambassadors' in total.

As part of ACMS’ collaboration with youth associations and youth ambassadors, 55 young people were trained in advocacy and awareness-raising and 25 in radio programming and journalism, meeting both targets. These trainings not only sparked attention for SRHR, but led the awareness among young people that knowledge is power. These young people now know their rights, know how best to protect themselves, and above all have the power to take action.

This leadership of young people mainly developed through the creation of youth groups, such as "Quartiers Généraux" and "Fan clubs" that they initiated themselves. Youth leadership has also grown through radio broadcasts produced and hosted by young people (325 in total). Some have developed start-ups that allow them to be independent.

In the Far-North of the country, victims of child marriage were able to make their voices heard. While participation among young girls remains lower than among boys due to structural and societal barriers, it was an important experience for some girls who were able to make their voice heard for the first time.

The various platforms enabled young people to engage in a dialogue on SRHR issues, to direct young people to health services, and to use these spaces to organize pleas to the local authorities and national governments. These platforms are also important for sustainability of the programme: to ensure that young people can find a channel to make their voice heard.

In total, 539 young people were involved in the promotion of SRHR across the programme implementation areas in the East and Far-North of the country. A total of 42,002 young people (54% boys and 46% girls) were reached with SRHR activities.

Pathway 2: Increasing knowledge and promoting health-seeking behaviour

2019 showed increased results in comprehensive sexuality education (CSE) across all Jeune S3 countries. The comprehensive CSE packages are age-adjusted and comprise of multiple interactive sessions (ranging from 12 sessions for the 10-14 years old youth to over 20 sessions for 15+ youth) and are aimed at increasing knowledge and changing attitudes and behaviour regarding SRHR among young people. Other awareness
raising activities, such as through the radio and the mass media campaigns, enforce what young people learn during CSE.

In Benin, civil society organisations are not allowed to be involved in CSE in school. While a national CSE programme has been launched, this programme does not cover the geographic area of Jeune S3; and therefore, ABPF continues to advocate for this.

With the training of peer educators and the implementation of the network of 20 youth organisations, 'cohorts' (youth groups) were set up in Banikoara and Kandi. Each cohort, consisting of about 25 girls/boys aged 10-24 benefited from peer-led and out-of-school sexuality education, supported by religious leaders, parents and vocational trainers. Most of the achievements happened in 2020 with 28,799 young people aged 10-24 receiving CSE out of school out of 36,893 in total over the programme, exceeding over 5 times the objectives. 27,335 young people (48% boys and 52% girls) completed more than 76% of the content.

The young people also organized awareness raising at events such as the Celebration of Independence and at the Gaani festival and reached 62,403 young people in total. These excellent results can be explained by a favourable environment, in particular the involvement of local authorities and communities, which helped lift barriers and facilitate access to young people. Booklets produced by the programme and its partners have been used to facilitate sessions and on sexuality education, including the booklets “Like Myriam, Sarah and Joe”, and “Like Pamela”.

Girls’ participation was particularly strong, in part thanks to the support from the community built in the other programme pathways. Beneficiaries explained the positive impact they feel from receiving CSE:

“Before the programme, we couldn’t really make any decisions. Our parents would decide everything for us. And when we had to do something anyway, we would do so in secret, because I didn’t know the consequences of unwanted pregnancies, or STIs, but with this programme I received all the knowledge I need. I can decide to go to hospital myself, and even give my blood. We have the ability to decide when it comes to our sexual health.” (Boy, 17 years old, programme ambassador, Banikoara).

“Before the programme, young people didn’t like to use condoms, but after attending awareness-raising sessions and trainings, they realised their importance and they are now using contraceptive methods and condoms.” (Girl, 19 years old, Kandi)

“Even if I need my parents’ blessing when choosing a spouse, I know that this choice relies on me first, that it’s not somebody else’s role to make this choice for me.” (Girl, 16 years old, peer educator, Kandi)

In Cameroon, Jeune S3 worked directly with the Ministries in charge of primary and secondary education and UNESCO to discuss a future integration of comprehensive sexuality education (CSE) modules in the national curriculum. Jeune S3 introduced CSE modules in school (extra-curricular) in the program's intervention areas. In total, 174 teachers received training and refresher training on the CSE modules. This allowed teachers to better engage in a dialogue with their students about SRHR. In 2019, in view of the positive results, school inspectors asked the programme to increase the number of schools and teachers benefiting from these new CSE modules. In 2020, an increased number of CSE sessions was provided as scheduled in Q1 but was abruptly interrupted by COVID-19 in Q2, impacting the targeted objective. The result is still remarkable: out of a total of 28,415 young people who received CSE in-school, 27,429 (51% boys and 49% girls) completed at least 76% of the modules.

Outside school, ACMS trained 12 youth associations in CSE and animation techniques. They formed cohorts of about 30 young people. To mobilise young people, the associations benefited from the support of traditional and religious leaders. A non-monetary remuneration was set up by partner Triggerise to motivate young people to participate. After completion of a CSE module, they were able to benefit from a
free family planning consultation and choose a contraceptive method of their choice. 21,559 young people received and completed CSE out of school.

Some testimonies illustrate the impact of CSE on these young people, such as Djamila’s, who at 18 years old and after 4 pregnancies, started using a contraceptive method. Or another young woman of the same age, who convinced her husband to allow her to study. Similarly, a teacher at Maroua’s high school noticed the absence of pregnancies among young pupils in her school since CSE classes started, as opposed to the three pregnant girls that had had to quit school the previous year.

« J’ai appris à faire ma toilette intime et à compter mon cycle menstruel grâce aux cours d’éducation sexuelle complète. À la maison, je ne pouvais pas en parler avec mes parents car c’était tabou »

MARIAMOU, 18 ANS, BENÉFICIAIRE DU PROGRAMME JEUNE S3, MÉNAGÈRE

In addition, 50 SRHR campaigns led by ACMS allowed young people to learn their HIV status, even in remote areas of East and Far-North Cameroon.

Pathway 3: Making SRHR services accessible to young people

In Benin, 11 trainers in SRHR (doctors, nurses, midwives and statisticians) trained 29 public health centres in youth-friendly services across the life of the programme. Due to COVID-19, no new health staff were trained in youth-friendly services in 2020, keeping the total at 65 across the programme, above the target of 40. To further ensure the meaningful participation of young people in the implementation of the youth-friendly SRHR services, peer educators were involved in these trainings. The training of health workers drove a change of attitudes towards the provision of SRHR services, as illustrated by these statements from the provider’s and beneficiary’s side:

“Being trained on health services helped me understand that one shouldn’t judge a young person, but rather respect them and offer them the services that suit their needs” (Man, 43 year old, health worker, Banikoara).

“The Jeune S3 programme has been greatly beneficial for young people but also for health providers, who were trained on services that are suitable for young people, and with whom we have good relationships since they don’t judge us as they used to. (Young woman, 21 years old, Kandi)
To assess the quality and acceptability of youth-friendly services, and to improve these services, two studies with a participatory methodology were set up. First, a 'Quality Score Card' (QSC) enabled health workers and young people to form an evaluation team that regularly monitored youth-friendly SRHR services, as well as a 'mystery clients' study, carried out by ABMS in the 29 health centres. At the last measurement, the satisfaction score card showed a 77% satisfaction level. 86% of the young people considered that they were welcomed at the clinic; and young people felt that 94% of the health care workers respected their opinion and decision and treated them in a non-judgmental manner.

In addition to strengthening the quality of the youth-friendly services, special days were organized to promote the services through mobile clinics. These days were organised with the involvement of the young people and religious leaders, who provided educational talks and radio broadcasts with the aim to refer young people to health centres. In terms of SRHR counselling, more visits were registered in 2020 as compared to 2019. In fact, in 2020, with the lifting of certain restrictions related to COVID-19, the partner health centers received 2,951 young people for family planning counselling, making up the majority of the 4,244 total of young people (88% of which are girls) over the course of the programme.

In Cameroon, Pathway 3 saw the strongest growth of all pathways over the programme duration, thanks to a constant improvement of the approaches used. 50 additional health workers were trained in youth-friendly services in 2020 despite only taking place in the East and afterwards being interrupted there by Covid.

A total of 122 were trained since the beginning of the programme, falling short of the target of 150. A lack of community support meant that demand started low, but investing in local advocacy, formalizing the training and its objectives, and user-centred design helped drive good results in 2019 and 2020.

The implementation of SRHR services adapted to young people was carried out in partnership with the government, supervising physicians, and the health facilities themselves. To create a welcoming environment for young people, ACMS set up 15 corners for young people, the Salles Super Cool, which are waiting rooms decorated to match the taste of young people, allowing them to learn about SRHR by speaking with community mobilizers (young people from associations) or by reading brochures and other educational materials. The Salles Super Cool were chosen by young people themselves as an effective strategy to attract more young people to the clinic, applying user-centred design. PSI-Europe brought user-centred design to Jeune S3 programme/alliance as a new strategy to meaningfully involve young people in the design of programmes.

Other strategies for referral of young people to the health facilities were developed, including the use of referral tickets distributed by community mobilizers. These listings were strengthened by the 'Tiko system,' in association with Triggerise. The Tiko system is a formula for motivation and non-monetary rewards which aims to encourage young people to attend health facilities. All these efforts contributed to improving availability and access of health services adapted for adolescents and young people’s needs.
In 2020, 2,786 young people received health consultations in family planning, and 10,689 (59% of which are girls) received these services since the start of the programme, exceeding the target. The number of referrals from community leaders and health workers also exceeded the objectives set for the programme, with 4,059 in 2020 and 14,456 in total in the programme, 90% of which were received at the health centres.

5,401 young people were voluntarily tested for HIV in 2020 and 21,217 in total (56% boys and 44% girls) throughout the life of the programme, meeting the target. Of the 218 who tested positive (69% of which are girls), 87 benefited from the HIV support groups that were organized by the youth associations since 2019, exceeding expectations.

**Pathway 4: Reducing social, cultural, legal, policy and gender barriers to young people’s SRHR**

In all Jeune S3 countries, detailed advocacy plans were implemented to influence various representatives of the health and education authorities, with the objective to increase access to and quality of information and services on SRHR for young people. These advocacy activities were also geared toward the sustainability of the programme.

In Benin, the number of religious leaders trained in hosting SRHR talks steadily increased throughout the programme, with 24 additional leaders trained in 2020, and reached 160 for the whole programme, exceeding the target of 100. As part of the training, these leaders were encouraged to set up multi-faith advocacy teams in each village. Showing a united front across religions was instrumental in driving the community’s trust and acceptance. In total, over 1,450 traditional and community leaders were reached by the SRHR advocacy through different channels, including radio and community talks. 381 young people (64% boys and 36% girls) aged 10-24 from Banikoara and Kandi were involved in the activities with religious and traditional leaders.

The number of parents reached by SRHR advocacy stayed very high, with an additional 9,830 in 2020. In total, over 30,000 parents were involved in the programme, of which 110 were actively involved, exceeding both targets for both indicators.

Attitudes towards SRHR awareness-raising changed significantly in the programme areas as a result of these activities. Religious leaders have reported positive changes in families, as this imam recounts:

> About three months ago, a gentleman from Kassakou came to thank me for the service I provided (a one-on-one discussion) as it enabled him to create a positive environment at home. Before, there was no dialogue between him and his children. But now, by using the messages we discussed together, he can better understand his children and his children do not hide personal issues from him anymore. Before, his children would ignore him, they were scared of him and they would live parallel lives within the house. But thanks to the individual sessions on children’s education and parent-child dialogue, things have improved. (Man, 29 years old, Imam and Quran teacher, Kandi)

In Cameroon, different approaches were put in place throughout the project to reduce barriers to young people fulfilling their SRHR needs. Advocacy workshops for young people started in 2016, involving 767 of young people in total, exceeding expectations by nearly 200%. Youth ambassadors were also able to express their needs during various meetings of the "Steering Committee," chaired by the Department of Family Health of the Ministry of Health, which brought together decision-makers.
Parent associations were mobilised starting in 2017. They advocated to local health and education authorities, 45 and 47 respectively in total over the project, almost meeting objectives.

**Strategies following user-centred design, including such as "Kwatt's Talk," "Open Talk," helped to improve the dialogue between parents and children at the family level.**

The involvement of religious leaders, which was a key strategy for changing mindsets in the communities, was kicked off in 2017. Focal persons were identified at that point, who developed a plan for the training of more religious leaders and the coordination of discussion workshops between them and young people. PSI-Europe helped formalise an advocacy strategy and operational plan in 2019, which helped involve even more religious leaders. By the end of the project, 305 had been trained, meeting 76% of the target. Of those trained, about thirty took a leading role in their community, for example by proactively organising awareness-raising activities at their places of worship and taking public stances against forced marriages and in favour of girls’ education.

Parents were also increasingly involved through awareness-raising talks and reported better understanding their children’s needs and committing to taking them into account. 456 parents were involved in 2020, and 6,341 over the whole project, meeting 79% of the target.

For example, a mother called Jeanne, aka “Dada Général,” reported that “the project activities helped me feel more comfortable discussing issues around sexuality”. She even started discussing it with her children and children from the village.

**External Evaluation**

The external evaluators associated with Joyn Coop, evaluated the entire (including all countries, Benin, Cameroon, Central African Republic and DR Congo) Jeune S3 programme along the DAC criteria for the evaluation of development. Each DAC criterion was evaluated according to the official definition on a six-point rating scale. Additionally, in the overall assessment, contextual circumstances were considered and contributed to the final evaluation result. Based on the findings of this evaluation the scores for the DAC criteria were determined by the evaluation team as follows: Relevance – “very high (1)”, Effectiveness – “satisfactory (3)”, Efficiency - “satisfactory (3)”, Impact – “good (2)” and Sustainability – “good (2)”. Considering the very difficult and fragile context of Jeune S3, the external evaluators rated the programme as “good” overall (level 2 – good result, fully in line with expectations and without any significant shortcomings).

More details can be found in the external evaluation report by Joyn Coop.
In April 2016, PSI signed a Strategic Partnership with the Dutch Ministry of Foreign Affairs in the area of SRHR to execute the Ignite project, in partnership with Triggerise. The aim of the project is to break down barriers to access and uptake of voluntary, modern contraception among adolescent girls and young women (15-24 years old), with the aim of reducing unintended pregnancies, reducing unsafe abortions and preventing transmission of HIV and other sexually transmitted infections (STIs). PSI implements a market development approach that addresses market failures faced by different market players, while Triggerise implements an ecosystem development approach, which leverages a network of micro-entrepreneurs, wholesalers and health service providers to motivate young women to use contraception. PSI-Europe provides overall program oversight of this project and acts as liaison with the Dutch Ministry of Foreign Affairs. The total value of the grant is 18 million EUR for the entire project period (2016-2020).
Summary – Key achievements for Ignite in 2020

2020 has been a bittersweet year for Ignite, with the closure of OHMaSS (PSI’s network member in Haiti). Yet, the extension of the project until December 31st, 2021, with an extra €3.6 million added to the grant by the Dutch Ministry of Foreign Affairs has been a welcome addition. Like every project and organization, Ignite has suffered from the Covid pandemic in 2020. However, the resilience of country teams has been astonishing, and despite a slow first and second quarter, the second half of the year has been very strong. Nearly 95,000 young women became new contraceptive users in Cote d’Ivoire and Mozambique through Ignite in 2020, which is double from last year, bringing the total number of women who adopted contraception through the project to 288,387. Ignite also provided continuing access to contraceptives to over 159,261 young women (442,987 since inception), also double from last year. Together, in the four countries of implementation (Cote d’Ivoire, India, Kenya, and Mozambique), PSI and Triggerise have generated a cumulative 474,546 CYPs (couple-year protection) in 2020 and close to an impressive 1.3 million CYPs over the life of the project.

Outcome 1: Increase informed demand for SRH services by adolescent girls and young women
While interpersonal communications continued at a reduced scale because of Covid-19 restrictions in 2020, social media continued growing. The success of ‘Aquele Papo’ in Mozambique continued with the second season, and Episode 3 topping the charts as the most-watched content in Mozambique on the day of airing. In Cote d’Ivoire, the ‘Entre Nous’ brand counted over 171,000 Facebook followers in 2020, and IPC continued to diversify towards young people with disabilities, male partners, and parents.

Outcome 2: Increase access to a wide range of SRH products and services for adolescent girls and young women
PSI/Cote d’Ivoire continued to provide needed contraceptive and post-abortion care training to health providers, and mobile service delivery, which was doubled, was instrumental during the Covid-19 crisis. Close management of product stock and local purchase of IUDs helped maintain product access at Ignite service delivery sites, despite supply chain disruptions due to the pandemic. In Mozambique, the PSI teams delivered contraception in 40 partner clinics and 60 communities near schools. Community-based events were resigned to meet COVID-19 safety restrictions, and despite these changes, saw an increase in services delivered in Q4 2020 as compared to the same period in 2019.

Outcome 3: Improve enabling environment for youth and young women for improving their sexual and reproductive health and rights (including safe abortion)
In Cote d’Ivoire, Ignite has supported national guidelines on PAC by coaching providers and disseminating the Maputo Protocol. In Mozambique, the PSI teams supported three provinces to implement safe abortion policies through training and value clarification sessions.

Outcome 4: Create wealth (via improved depth and reach of the ecosystem)
In 2019, €493,146 was earned by all actors in Kenya and India Tikosystems. The bulk of income was earned by Tiko Pros (peer mobilizers) in India and health service providers in Kenya.

Outcome 5: Improve lives (via improved SRHR health outcomes)
In 2019 Triggerise’s health interventions in India and Kenya supported young women in accessing 211,234 SRH services. In Kenya, Triggerise added the Access Afya and Goldstar networks to the platform, and in India self-enrollment was successfully initiated.

HAITI

All PSI grants implemented by the Haitian Social Marketing Organization for Health (OHMaSS) ended on December 31st, 2020. After an extensive internal evaluation of financial and operational risks conducted early in the year, PSI made the difficult yet strategic decision to close its Haiti office. Despite closing its doors, the OHMaSS registration will be maintained but will remain dormant until further funding and partnership opportunities are identified. PSI remains interested and committed to continuing its work in Haiti.

2020 closeout activities were accelerated because of the COVID-19 pandemic. The first cases detected in March and the government declared a state of emergency from April-July, which suspended all mobile clinic services and ended interpersonal and community-based communication (IPC). Contracts with the 25 partner clinics ended in January, and due to platform closeout, were not renewed. The free SRH information phone line, Viamo, was deactivated in July and had received 4,000 calls since January. 78% of the callers were women, and 24% were interested in FP.

With peer educators terminated and service delivery points suspended, the focus of 2020 activities was communication for behavior change engagement through the Djanm Facebook page, which reached more than 74,000 followers, 60% of whom were women between the ages of 13 and 34. To appeal to a larger audience, topics promoted on the page in 2020 included hygiene, exercise, sexuality, SRH, and FP. The popular Facebook Live events “Live ak dok,” meaning “Live with the doctor,” continued throughout the year.
There were particularly notable levels of engagement with an event for International Women’s Day with a women’s rights activist. Other popular video content continuing Djanm’s focus on SRH was posted through the end of November, with a final video discussion with a doctor on the topic of managing contraception side effects. By the last count in Q3, 2020 video posts had been viewed 642,000 times. The Djanm Facebook page will be handed over to Disprophar, the local distributor that OHMaSS had worked with as part of Ignite. This will ensure that the project’s investments continue despite the closeout of the office. Disprophar inherits a strong social media platform and will continue promoting contraception to young people through this channel.

COTE D’IVOIRE

OUTCOME 1: Increased informed demand for SRH services by girls and young women

IPC

PSI/Cote d’Ivoire encouraged peer educators to integrate COVID-19 prevention guidelines into IPC activities. Peer mobilizers were supervised quarterly in collaboration with the MoH for training and capacity building.

**Big Sisters**

29 Big Sisters peer mobilizers conducted targeted outreach to sensitize girls between the ages of 15-24 on topics such as methods of contraception, risk of early or unintended pregnancy, prevention of STIs including HIV, and risks associated with unsafe abortion. Big sisters also conducted referrals to health centers and mobile services.

**Deaf Peer Mobilizers**

Continuing with the 2019 disability outreach pilot’s success under the Maverick project, Ignite fully incorporated disability programming into its activities in 2020.

Beginning in Q1 2020, Ignite partnered with the “Association nationale des sourds de Côte d’Ivoire” based in Abidjan to conduct SRH education in the deaf community. Two deaf Big Sisters and their two interpreters were trained on SRH topics and data collection to facilitate interactions between the deaf and other girls or between deaf girls and Entre Nous animators. Communication materials were adapted to include sign language. The project had reached three hundred seventy-nine young deaf people by December 2020.

**Big Brothers**

Ignite engaged boys in discussions around SRH to address gender issues. PSI/Cote d’Ivoire used a male engagement approach developed under the USAID-funded Transform/PHARE project and scaled up through Global Affairs Canada to reach boys in targeted sites through male peer mobilizers.

Like IPC discussions with girls, male peer mobilizers, called Big Brothers, encourage open dialogue about the risks of unsafe abortion and about sexual health, including how to avoid unintended pregnancy and information about modern contraception.

**Entre Nous Events**

In collaboration with local youth organizations, including the deaf association, Ignite celebrated Valentine’s Day and World Contraception Day with Entre Nous events to reach girls and their boyfriends with SRH information.

The Aquele Papo film was projected with French subtitles. Guided discussions ensued around several topics from the film, including risks of early pregnancy, prevention of STIs and HIV, and contraception. AGYW were directly referred to mobile service sites nearby for additional counseling and/or contraception.

**Parent Approach**

In coordination with the Maverick project, Ignite developed an approach using parent mobilizers to improve communication between parents and their children on SRH. Four hundred and nineteen parents were reached in 2020 through this method that fosters an open dialogue about relationships, sex, and contraception.

**Social Media**

Entre Nous Facebook

Ignite’s Entre Nous Facebook page soared in popularity as interactions increased, engaging with girls’ posts in real time and creating content on everything from modern contraception, menstrual cycle, fertility, beauty, and hygiene. Followers went from 68,082 in January 2020 to 171,286 in December 2020, most under 25 years of age.
Over 95% of followers were female. The Entre Nous page followers included 8,290 from Niger and followers from other Francophone countries, including Burkina Faso, France, Madagascar, and more.

**Entre Nous YouTube Channel**
Ignite launched a YouTube channel in Cote d’Ivoire in March 2020 to increase reach and complement the Entre Nous Facebook content. The YouTube channel is animated by well-known local actors and SRH providers. Ignite promoted the channel through peer mobilizers at IPC sessions, special events, and through the Facebook page posts and videos. The *Aquele Papo* film was posted on this channel to lead discussions around its themes. After nine months, the 24 YouTube videos had been viewed 26,300 times.

**Connecting with Sara**
In August 2020, the chatbot Connecting with Sara started to provide e-counseling to AGYW on contraception and link them to health providers for additional information or service delivery. Over 200 interactions have taken place through the chatbot since then, most of which were about the videos with a famous Ivorian comedian talking about fertility / pregnancy and about the *Aquele Papo* video subtitled in French.

**Entre Nous Clubs**
Three clubs were set up in Abidjan, Yamoussoukro, and Bouaké, respectively, with 40 girl leaders trained. Clubs consist of a social group of girls in university and college interested in debating SRH issues and in participating in co-creation of Entre Nous content.

**OUTCOME 2: Increased access to a wide range of SRH products and services for girls and young women**

In 2020, more than 30,000 AGYW in Cote d’Ivoire received a method of contraception through project Ignite, 37% of whom were new users. The Ignite team emphasized the monitoring of quality of contraceptive products and services. PSI Cote d’Ivoire monitors adherence to technical best practices and client-centered care (welcoming environment, confidentiality, and answering client questions), both in mobile and partner clinics.

**Mobile Services**
Collaboration with the MoH (PNSME, health districts, health center providers) and community leaders helped identify sites for mobile service delivery and helped ensure there was sufficient stock of a full range of contraceptives. PAC is offered in emergency cases before referring to the nearest health center for any complications or need for follow-up. Mobile teams also train public providers to address the frequent turnover of providers.

As a result of the COVID-19 pandemic, the number of mobile teams more than doubled (from 3 to 7), incorporating providers from partner facilities to continue providing free services to communities. This allowed for more service delivery sites working with smaller groups to comply with MoH COVID-19 preventive measures.

**Public and Private Health Centers Partners**
In February, 20 providers from selected health centers in Abidjan and Toumodi were trained on contraceptive technology, youth-friendly health services, data collection, and PAC. The training included the legal guidelines on PAC and helped participants gain confidence in offering Misoprostol and using MVA kits.

Also in February, post-partum FP was introduced in a pilot training with ten providers working in the existing clinic network. The training focused on IUD post-partum insertion to meet the needs of girls aged 20-24 with children.

To continue service delivery at clinics during the COVID-19 pandemic, in Q2 and Q3 PSI/Cote d’Ivoire collaborated with the health districts to integrate one day of free FP services per week in partner centers during children vaccination days.

In 2020, Ignite FP service delivery generated 66,359 CYPs and registered 14,341 new FP adopters, reaching 126% of the annual target. Among new users, 40% were under the age of 15, with the remaining adopters between the ages of 20-24.

**Quality Assurance Coaching:** Ignite used an innovative digital application, Health Network Quality Improvement System (HNQIS), during coaching visits to conduct skills assessments of providers. HNQIS identified when a provider missed critical steps in service delivery, allowing immediate correction.

**Quality Assurance (QA) audit:**
PSI/Cote d’Ivoire collaborated with the Société de Gynécologie et d’Obstétrique de Cote d’Ivoire (SOGOCI) to conduct a QA audit of service delivery sites. Ignite sites scored 81%, an improvement from the 76.4% in 2019.

**Provider technical meetings:**
Quarterly technical meetings were organized with all providers to understand better their progress, successes, and challenges across project zones. These meetings also
provided opportunities for providers to share best practices and lessons learned from service study results (e.g., mystery client) to improve client-centered care.

*Training of trainers (ToT) in Counseling for Choice:*
June saw the first francophone TOT virtual training on Counseling for Choice (C4C), which included participants from different PSI platforms, including Ignite. A two-day refresher session was conducted in Q3.

**OUTCOME 3: Improve enabling environment for youth and young women for improving their sexual and reproductive health and rights (including safe abortion)**

In 2020, the Cote d’Ivoire government’s priorities were the COVID-19 pandemic and presidential election, which caused the postponement of scheduled meetings (until 2021) to advocate for the revised SRH law. In the meantime, Ignite has supported national guidelines on PAC by coaching providers and disseminating the Maputo Protocol, which describes reproductive rights for African women, including safe abortion. In addition, PSI/Cote d’Ivoire started Misoprostol (Avertiso) distribution through Hewlett Foundation funding, another SRH project implemented in Cote d’Ivoire, to ensure Misoprostol availability in project zones.

PAC was offered to 119 females of reproductive age in 2020, 55 of whom were girls aged 15-24 and 64 of whom were women over 25 years old.

**SRH brief**
In coordination with SIFPO2, a global USAID-funded project, a brief was written to provide information on PSI’s SRH strategy in Cote d’Ivoire and youth implementation approaches. The brief highlights donors who supported all SRH projects, including Ignite. The brief will be shared with both internal and external audiences.

**Management Meetings**
In March 2020, the Ignite management team met with the new Director of Programme National de Santé Scolaire et Universitaire (PNSSU) to present project achievements that contributed to the national youth priorities and to request his support. The meeting offered an opportunity to develop a joint supervision plan which was implemented throughout the year.

In 2020, PSI/Cote d’Ivoire developed a dashboard on DHIS2 that provides key data to track activity progress, which helps adapt project approaches through evidence. Data quality assessments were regularly conducted in partner clinics. The annual performance score was 98%, meaning that nearly all facilities met national criteria for correct completion of data tools, data confidentiality, etc. Quantitative surveys were also conducted, with findings informing clinic adjustments.

In Q3, a telephone survey evaluated SRH knowledge among AGYW who participated in IPC activities. (Key results table in Annex). Overall, the data shows that 97% of AGYW were able to name at least one contraceptive method and list the advantages and limitations. Oral Contraceptives (OCs) were the most mentioned method (79%), followed by implants (77%). A client satisfaction survey was used to monitor the quality of services provided in clinics and mobile services. 97% of surveyed AGYW were satisfied with contraception counseling. 98% of AGYW said they would recommend services to their friends.

**Challenges**
The COVID-19 pandemic in early March 2020 and the election period in Q4 both impacted field activities and significantly changed the annual workplan for project implementation. Readjustments were made to purchase personal protection materials for IPC agents and providers.

Cote d’Ivoire faced contraception method stock outs during the pandemic, limiting supply to Ignite service outlets. The supply chain for 49 partner centers (36 public clinics and 13 private) was managed directly by health districts and Ignite supervisors who did regular checks on inventory levels during each QA visit. Some contraceptives, such as IUDs, were purchased locally to maintain stock levels.

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**MOZAMBIQUE**

OUTCOME 1: Increased informed demand for SRH services by girls and young women

**IPC**

Activities taking place near schools had to be adapted to COVID-19 restrictions, which led schools to close from March 2020 until the end of the year. It was necessary to find locations close to adolescents that were more central to communities and residential areas. Sessions needed to be smaller to allow for social distancing, and noise considerations, such as playing music, had to be made to avoid attracting crowds.

Although Ignite was able to continue community activities, these events took place without peer educator networks because closing the schools and the government’s “stay home” measures rendered such networking impossible. The Community Health Promoters (CHP) took a crucial role in the demand creation activities at a time when the public feared visiting a health facility. After receiving training on
COVID-19, including general information about the disease and how to practice precautions in public, the CHP added information about COVID-19 to their daily conversation with AGYW during community visits. The whole field team was equipped with Personal Protective Equipment (PPE) and free to choose whether they felt comfortable continuing to work in the community.

The initial public and government response to the pandemic had the largest impact on SRH reach and demand creation in Q1 when field teams were learning to adapt to the new restrictions.

Aquele Papo Season 2
Despite the new safety measures, the team was able to develop and produce the second season of Aquele Papo, which launched in October 2020.

Social media
During Aquele Papo Season 1 activities in 2019, adolescents were asked which themes they wanted to see in a second season and which topics mattered most to them to create a successful future. With the results of this survey, the Ignite Mozambique team was able to include chosen topics in the second season of Aquele Papo. Season 2 themes include unwanted pregnancy, HIV, alcohol in adolescence, sexual harassment, and gender-based violence.

Season 2 featured the same characters and actors from the previous season to continue the original story that was so popular and loved by adolescents. For Season 2, the Ignite Mozambique team was able to produce more and longer episodes, which allowed exploring the themes in greater depth.

With the learnings from Season 1, the Ignite team was able to efficiently focus on the TV channels and activities which had the most reach.

Adolescent Programs for an adolescent audience
The team learned from the exit interviews completed at Season 1 community events that Miramar was by far the preferred TV network, so Season 2 was broadcasted on this channel. Miramar already aired shows for adolescents, so the Ignite team was able to leverage this channel’s established youth audience by joining the network in a time slot dedicated to youth programming.

An Ambassador that speaks their language
Hot Blaze, a musician famous among adolescents, was very engaged in Season 1 and brought instant popularity to Aquele Papo’s film and social media platform. He continued to support Season 2 as an ambassador and was even featured in one of the episodes. He participated in a number of activities, such as a small roadshow, known as “Mundo Aquele Papo,” with events in six provinces. Hot Blaze also continued actively promoting the TV Aquele Papo series online to his fan base.

Radio is not the way to engage adolescents
The Season 1 promotion experience showed that radio was not an effective way to reach the target audience so was not used for Season 2 promotions.

Trust in Aquele Papo was notable in social media engagement
The Aquele Papo social media presence continued to grow, reaching over 100,000 followers and more than 110,000 engagements per publication. The Ignite team kept refining online content based on interactions with users and analytics. Social media engagement of adolescents has been strong and showed connections on a personal level. Youth come to the Aquele Papo Facebook page to share the challenges they face as adolescents, asking for guidance and showing a high level of trust with the brand.

Interpersonal interactions bring deeper learnings and a memorable experience
At the community level, the Ignite team changed from pop-up events, which gathered crowds, to smaller and more structured workshops, which allowed for social distancing. The goal in organizing workshops was to bring SRH information and services closer to adolescents during the pandemic and facilitate small group conversations around topics that mattered to them. The Ignite team prototyped and designed targeted activities that motivated young people to participate and to think about their behaviors and life decisions affecting their immediate future. Workshops provided a meaningful experience for adolescents, within a safe space, with the freedom to ask questions. These workshops have reached 3,452 girls and 1,442 boys.

Season 2 of Aquele Papo has exceeded all expectations in popularity. It has an average of 700,000 viewers per episode on TV, plus 50,000 views online through Facebook and
YouTube. Episode 3 topped the charts as the most-watched content in Mozambique on the day of airing.

OUTCOME 2: Increased access to a wide range of SRH products and services for girls and young women

In 2020, PSI/Mozambique operated FP services in approximately 40 clinics and 60 communities near schools, in five provinces in the country (Maputo, Gaza, Inhambane, Sofala, and Nampula). To ensure the quality of services provided, PSI/Mozambique conducted QA activities, using remote tools to measure if the clinics were operating under the PSI minimum requirements. According to the quarterly call center data, an average of 98% of AGYW clients reported having had a respectful interaction in their visit with a health provider.

The Aquele Papo workshops in the communities allowed girls to meet with nurses in a safe space, where they could take up a contraceptive method of their choice for free. From the girls that attended the workshops, 48% adopted a contraceptive method at the site. 54% of these girls were between 15-24 years old and 46% between the ages of 20-24. The preferred methods for the girls at the events were OCs (65%), Implants (20%), and injectables (15%).

The workshops were structured around the COVID-19 preventive measures – PPE equipment was distributed to the teams, masks were mandatory, the workshops took place outside, and a limited number of adolescents were allowed in the tents at a time so the teams could ensure social distancing.

Even with all these safety measures, Q4 2020, when the Aquele Papo campaign launched, saw an increase of 23% in the number of methods provided, compared to the same period in 2019.

OUTCOME 3: Improve enabling environment for youth and young women for improving their sexual and reproductive health and rights (including safe abortion)

In 2020, PSI/Mozambique hired a Clinical Services Manager to serve as the main point of contact with the Safe Abortion Technical Working Group at the MoH. This person coordinated with the provincial health authorities and safe abortion focal points of the provinces of Gaza, Inhambane, and Sofala.

PSI/Mozambique partnered with the MoH to assess and support those three provinces in the implementation of safe abortion. This included supporting (training on safe abortion services and supportive supervision) 13 health facilities in Gaza, 11 in Inhambane, and 12 in Sofala. PSI co-facilitated with provincial health authorities and safe abortion partners, including the OB-GYN doctor of the local Central / Provincial hospital, to conduct three trainings (one per province) for 72 providers (24 at each training). The Gaza and Inhambane trainings were completed in March, but the Sofala training was rescheduled to October due to COVID-19.

In addition to the trainings, PSI/Mozambique facilitated 55 sessions (17 in Gaza, 18 in Inhambane, and 20 in Sofala) on values clarification and dissemination of the Safe Abortion Law. These sessions were led by provincial health authorities and safe abortion focal points.

Other MoH partnership activities in 2020 included:
- Supervision of all supported health facilities
- Acquisition and allocation of Quality and Comprehensive Safe Abortion Care materials to health facilities, including surgical gloves, examination gloves, safe abortion clinical norms books, Gynecology Emergency register books, cabinets, and folding screens for the gynecology emergency wards
- Participation in MoH technical group meetings
- Round tables in the three provinces during abortion week (September 28th)

Challenges

The electronic app, AbSegSISMA, introduced to the three Direcção Provincial de Saúde (Provincial Health Directorate) as a tool for supportive supervision, experienced some interruptions due to a system error; however, the issue was resolved by the end of the year. Working through these complications demonstrates that the local health authorities and providers have technical abilities to provide Quality and Comprehensive Safe Abortion Care, but they need technical and logistical assistance to scale up services to peripheral health facilities.

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TRIGGERISE

INDIA

OUTCOME 4: Create wealth (via improved depth and reach of the ecosystem)

In India, Triggerise’s platform provided 1,811 women across seven districts (including Lucknow and Meerut, which were added in 2020) with entrepreneurial opportunities. Entrepreneurs (called Tiko Pros in the Triggerise model) earned by referring girls and young women for health services and products at 79 participating clinics and 136 retailers and pharmacies. Tiko Pros also earned by directly selling impact products (see updated product list annex) to young people within their
communities. Triggerise/India supported direct sales by negotiating discounted prices with retailers and stockists to make these products available to the entrepreneurs at a discounted price, and training entrepreneurs on how to stock and sell products.

Tiko Pros earned much of the income distributed through the platform in 2020 (compared to project beneficiaries, “Rafiki,” who earn reward points when they attend clinical consultations, and providers, who subsidize the services they provide and only earn rewards to compensate for the administrative costs of using a phone). Tiko Pros earned over 60% of their income from successfully referring girls and young women to SRH services, and they earned the rest from product sales. The average monthly income per Tiko Pro was 22.64 Euro, which was just shy of the 25 Euro target for 2020. The difference was largely due to India’s two and a half month COVID-19 shutdown and subsequent movement restrictions.

Still, the monthly average of 22.64 Euros earned per Tiko Pro has been a helpful income supplement, especially given income losses due to COVID-19. In periodic check-ins, some Tiko Pros reported that they leverage their newly developed entrepreneurial skills to acquire more formal employment opportunities. Triggerise/India supported Tiko Pros in bouncing back to almost pre-March stocking levels by Fall 2020 by providing training on how to improve mobilization and sales efforts while respecting governmental COVID-19 safety protocols.

Tiko Pros used 8,450 Euros of their own earnings to purchase 154,850 products in 2020, most of which they sold to people in their communities. 84% of products stocked were sanitary pads, which are not only fast-moving but also meet an important health need among many of the girls and young women reached by the program.

OUTCOME 5: Improve lives (via improved SRHR health outcomes)

In 2020, Triggerise’s health interventions in India supported girls and young women in accessing 59,225 sexual, reproductive, and maternal health products and services, which provided 7,671 CYPs. There was a slowdown in Q2 that resulted from India’s two and a half month COVID-19 lockdown. While the government’s relaxing of restrictions enabled the achievement of milestones in later quarters, Triggerise/India was unable to implement activities on the ground for part of Q1 and most of Q2. Activities resumed in phases, starting in July, to ensure field staff and Tiko Pros received sufficient safety training and that revised protocols for on-the-ground activities were in place. Ultimately, this phased resumption of activities was impactful enough to achieve most of the targets set at the beginning of the year.

Introducing virtual counseling as a health offer: As a response to COVID-19 shutdowns, users were provided with the ability to speak with a trained doctor during virtual SRH counseling sessions. The expectation was that users would use virtual counseling to access contraception and consequently partner with a medical practitioner authorized to fill prescriptions; however, most users just wanted to speak with the counselor to fill SRH and menstrual health information gaps rather than access products. In 2020, 286 women received 361 mobile phone sessions.

Launching self-enrollment: Self-enrollment was introduced during the last reporting period, and 795 girls and women have since enrolled themselves into the platform, with 8% of them taking up products and/or services. Given that self-enrolled users do not speak with a mobilizer, there is an expectation that fewer of them will be fully engaged and take up services.

Expanding on-the-ground operations after the COVID-19 shutdown: After India’s shutdown, the program phased in on-the-ground operations in July and August 2020. This included launching operations in Lucknow and Meerut, Uttar Pradesh, which have significantly contributed to the ability to reach AGYW and refer them to sexual, reproductive, and maternal health products and services.

COVID-19 screening: In mid-2020, Triggerise/India used Grand Challenges Canada funding to develop and implement a COVID-19 screening tool in partnership with local health authorities. This program leverages Triggerise/India’s networks of Tiko Pros and directs them to use the digital platform to screen people in their communities, record whether they are experiencing COVID-19 symptoms, and if so, refer them to nearby testing sites. The data collected is then shared with local health authorities. At the end of 2020, Triggerise/India had screened 27,388 people for COVID-19, 2.56% of whom were recommended for diagnostic testing.

Significant service provision despite lockdown: While part of Q1 and all of Q2 saw diminished activity, Q3 and Q4 saw significant growth, with the platform connecting AGYW to 88,079 impact services (including SRH services and COVID-19 screenings), including 59,255 SRH services.

Sustainability
One of the most significant achievements was establishing a partnership with the Health Institute for Mother and Child (MAMTA), the soon-to-be technology platform operating partner. Under this new model, which will start in April 2021, MAMTA will run the on-ground platform operations for Triggerise, whilst Triggerise provides technical support. This will improve operational sustainability and cost-efficiency. This shift is central to the Triggerise/India sustainability strategy, as it will make it easier to raise funds both nationally and internationally.

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KENYA

OUTCOME 4: Create wealth (via improved depth and reach of the ecosystem)

In Kenya, Tiko Pros earn reward points when they successfully refer AGYW for health services, but unlike in India, they do not currently supplement this income with product sales. They subsequently earn a bit less than their Indian counterparts. In 2020, the 517 Tiko Pros in Kenya earned 51,547 Euros in reward points, which averaged out to 100 Euros per Tiko Pro for the year. Providers earned the highest total income, which is due to the reimbursements they earned after providing AGYW with SRH services. Project Rafiki in Kenya, Triggerise’s largest program globally, earned significantly more reward points through serving (and therefore rewarding) 128,698 AGYW in 2020.

<table>
<thead>
<tr>
<th>Provider</th>
<th>Tiko Pro</th>
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<td>Rafiki</td>
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<tr>
<td>Retailer</td>
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Earnings among all stakeholders, especially mobilizers, retailers, and providers, increased significantly in September, as implementation started on the world’s first adolescent sexual health development impact bond (DIB), in partnership with the UK’s Foreign, Commonwealth, and Development Office (FCDO) and Children’s Investment Fund Foundation (CIFF), across 16 counties in Kenya. After launching the DIB, subsidy levels were increased for all contraceptive methods (to account for inflation), which contributed to high provider earnings.

OUTCOME 5: Improve lives (via improved SRHR health outcomes)

In 2020, the platform connected 128,698 AGYW to 177,538 SRH products and services, specifically contraceptive methods and STI/HIV tests. 53% chose long-acting reversible contraceptive methods, which helped provide 254,736 CYPs. Although 2020 saw a 20% decrease in service uptake compared to 2019, service uptake was still high given the COVID-19 related lockdowns, movement restrictions, and curfews imposed by the government in late March. Besides COVID-19, the decline in services from Q2 to Q4 was also due to a five-month delay in signing the DIB grant between April 1st, 2020 to August 31st, 2020. During the five-month funding gap period, field operation activities supporting demand and supply were limited.

As the Government of Kenya began to introduce movement restrictions and lockdowns, Triggerise/Kenya responded to users’ SRH needs through the following methods.

Extended OCs and telehealth
Changing OC access from monthly cycles to three-month cycles helped to reduce the frequency of clinic visits. Tele-counseling services and a direct-to-client delivery model were introduced, allowing existing Tiko providers in the counties of Nairobi, Mombasa, and Kisumu to deliver products (including through MYDAWA, the online partner pharmacy). This model supported 780 successful deliveries of HIV self-test kits, OCs, and self-injectables, as well as 6,906 tele-counseling services.

Shifting to a community-based organization (CBO) demand generation model across all 16 implementation counties
Rather than replicating the Tiko Pro network throughout Kenya, efforts began to cost-effectively leverage the SRH demand generation expertise of CBOs and provide their mobilizers with the ability to use the platform and earn based on performance. So far, Triggerise/Kenya has contracted 42 CBOs, managing over 1,000 mobilizers. This model allows CBOs to manage their mobilizers better and ensures that the AGYW they reach receive consistent messages from experienced and trained mobilizers. Towards the end of the year, a stipend model of CBO mobilizer management was piloted in partnership with Shining Hope for Communities (SHOFCO) in the Nairobi informal settlements. Mobilizers participating in this pilot reported a preference for performance-based pay, as they stood to earn more by effectively referring beneficiaries for SRH products and services.

Adding new franchise networks to the platform
During the year, clinics from the Access Afya and Goldstar networks were added to the platform. By the end of 2020, the platform included over 180 clinics, supported by six franchise partners.

Piloting SRH subsidies in Kisumu for young women aged 20-24
While the program in Kenya has historically subsidized services for AGYW aged 15-19, Triggerise/Kenya’s experience over the past few years has highlighted SRH needs among women aged 20-24, many of whom have already enrolled in the program despite not being eligible for subsidized services. A pilot was launched in Kisumu in which the cost of contraceptives and HIV tests accessed by women aged 20-24 was subsidized. This pilot proved popular, with 723 young adults accessing 749 SRH services between June and December 2020.

Shifting from t-safe to the Tiko brand
The consumer-facing brand was shifted from “t-safe” to “Tiko” to maintain a consistent global brand.

(A Tiko provider serving a young woman at a Tiko clinic)
PSI-Europe received continued funding through PSI from the Maverick Collective Menstrual Health Project. This project is funded by The Case for Her, a philanthropic investment portfolio addressing the key women’s health issues of menstruation and female sexual health through grants, investments, convenings, and advocacy.

2020 was a successful year for PSI Europe’s work to shift policies and priorities of European donors and stakeholders towards Menstrual Health & Hygiene (MHH), which culminated at the end of the year in the launch of a guide, *Making the Case for Investing in Menstrual Health & Hygiene*. This guide is the product of a joint initiative by PSI-Europe and Simavi, and co-developed with PSI, The Case for Her and WASH United. The document is now used by the Global Menstrual Collective, its partners, the Menstrual Health Hub, and other international partners to move the needle on under-represented and under-funded areas of MHH. The development of the guide was preceded by a stakeholder and donor consultation to identify the funding gaps in MHH and to better understand the barriers for donors to fund and invest in MHH.

In May 2020, PSI-Europe, PSI, The Case for Her and the Global Menstrual Collective co-hosted a webinar as part of the #ItsTimeForAction campaign titled, *Making the Case for Menstrual Health: Lessons from the Field*. The webinar was hosted by PSI-Europe’s Odette Hekster and moderated by Margaux Chinal, Water and Sanitation Project Manager of Agence Française de Développement (AfD). PSI-Zimbabwe’s Kumbirai Chatora, alongside Be Girl’s Audrey Anderson Duckett and Thérèse Mahon of WaterAid shared key lessons and best practices by exploring the impact and effectiveness of integrating MHH into their respective WASH and SRHR programmes. The presentations were followed by a moderated discussion and Q&A session with panel members.

PSI-Europe was actively involved in new business development opportunities for MHH. One of them was PSI-Europe’s support of the proposal for a Development Impact Bond on MHH for PSI Ethiopia, of which AfD is one of the outcome investors.

Unfortunately, this proposal was not selected. The above-mentioned guide for investing in MHH will help PSI-Europe and partners to leverage future funding for MHH for the PSI network in the future.
Another highlight of 2020 was the identification of PSI and PSI-Europe as a high-impact partner in the report *A bloody problem: period poverty, why we need to end it and how to do it*, in which the Polish Kulczyk Foundation and the Founders Pledge make recommendations for cost-effective solutions and initiatives.

PSI, with “one of its headquarters in Europe,” was listed as one of the high-impact organisations in the field of MHH, joining Days for Girls, Inua Dada Foundation, Irise International, NFCC, Sesame Workshop, Simavi, and WoMena.

Furthermore, leveraging PSI-Europe’s technical expertise built since the start of its MHH work in 2018, PSI-Europe was invited to provide technical input to various international partners, including UNFPA, for the *Technical Brief on the Integration of Menstrual Health into Sexual and Reproductive Health and Rights Policies and Programmes*, which was published in 2021, and UNICEF, for its document on *Mitigating the Impact of COVID-19 on Menstrual Health & Hygiene*.

PSI-Europe continued to support strengthening capacity for MHH internal among PSI’s network members by actively engaging with members through the internal Menstrual Health Collab by consistently sharing articles, updates, events and new resources with members. PSI-Europe also supported an internal PSI webinar and watch-party for the launch of Aquele Papo *(The Talk)* Season 2, a hugely successful educational drama in Mozambique as an example of successfully embedding MHH into existing programs and how using a user-centered approach often leads to menstrual health.
Forecast for 2021 and beyond

With PSI-Europe’s new strategy 2021-2023 and light-touch internal restructuring, the organisation is of the opinion that, in this manner, it is better placed to step up its European donor engagement efforts. The implementation of PSI-Europe’s strategy requires looking at new, untapped fundraising sources, which leans heavily on creative approaches and innovative partnerships to be successful. PSI-Europe embarked on this journey in the second half of 2020, and already leveraged new funding opportunities.

The fact that PSI-Europe’s development of its new strategy coincided with the launching of PSI’s refreshed strategy, provided the opportunity for PSI-Europe to now be even more readily enabled to re-position PSI among European donors, as a key player in the global health space.

These efforts will however continue to be frustrated by the COVID-19 crisis that currently persists in affecting European economies and donor aid budgets detrimentally. While PSI-Europe’s position in Europe has strengthened considerably thanks to its thought leadership in MHH, caution is therefore of the essence in raising expectations with regard to the realistic possibilities of realising concrete new fundraising opportunities due to PSI-Europe’s limited resources in these current external debilitating economic circumstances.

PSI Europe operates in a context where grants for projects are issued within time limited periods and there is always uncertainty about the continuation of existing grants and new grants. In 2020, two important subsidies expired in the portfolio of PSI Europe; JeuneS3 and Ignite. For 2021, PSI-Europe succeeded to extend the subsidy for Ignite. In addition, next to current pending proposals, we anticipate new proposals to be developed over the next 6 months that will potentially fund PSI Europe in 2022 and beyond. These applications are made on a competitive basis. It is not certain that PSI- Europe will receive approval for these applications. In the worst-case scenario where we do not receive any new awards, PSI Europe can continue its activities for 12 months up to July 2022 based upon existing secured funding sources and (continuity) reserves.

At the time of writing, when current financial statements were being prepared, for the year 2021, PSI-Europe had secured funding in the amount of 678 715 EUR. Planned income will be mainly received from the Dutch Ministry of Foreign Affairs and PSI.
### Budget 2021 vs Actual costs 2020 and Budget of 2020

(x1€)

<table>
<thead>
<tr>
<th>Income</th>
<th>Budget 2021</th>
<th>Actual 2020</th>
<th>Budget 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income from companies</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Income from government subsidies</td>
<td>263 715</td>
<td>762 592</td>
<td>1 115 700</td>
</tr>
<tr>
<td>Income from affiliated non-profit organisations</td>
<td>415 000</td>
<td>548 722</td>
<td>783 011</td>
</tr>
<tr>
<td>Income from other non-profit organisations</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Income from private individuals</td>
<td>0</td>
<td>2 875</td>
<td>0</td>
</tr>
<tr>
<td>Other income</td>
<td>0</td>
<td>49</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>678 715</td>
<td>1 314 238</td>
<td>1 898 711</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditures</th>
<th>Budget 2021</th>
<th>Actual 2020</th>
<th>Budget 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spent on objectives</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JeuneS3 programme implementation</td>
<td>18 300</td>
<td>550 112</td>
<td>961 700</td>
</tr>
<tr>
<td>PSI Programme Management Support</td>
<td>245 415</td>
<td>212 480</td>
<td>154 000</td>
</tr>
<tr>
<td>Technical Assistance, Representation and Advocacy</td>
<td>415 000</td>
<td>401 234</td>
<td>566 515</td>
</tr>
<tr>
<td>Fundraising expenses</td>
<td>7 638</td>
<td>10 194</td>
<td>18 901</td>
</tr>
<tr>
<td>Management and administration expenses</td>
<td>77 484</td>
<td>118 190</td>
<td>189 013</td>
</tr>
<tr>
<td><strong>Total Expenditures</strong></td>
<td>763 838</td>
<td>1 292 210</td>
<td>1 890 130</td>
</tr>
<tr>
<td><strong>Balance of Income and Expenditures</strong></td>
<td>-/- 85 123</td>
<td>22 028</td>
<td>8 581</td>
</tr>
</tbody>
</table>
Financial results for 2020

Balance Sheet
(After appropriation of year-end surplus)
(x1€)

<table>
<thead>
<tr>
<th></th>
<th>31-Dec-20</th>
<th>31-Dec-19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receivables, prepayments and accrued income</td>
<td>26,982</td>
<td>121,625</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>832,663</td>
<td>628,954</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>859,645</td>
<td>750,579</td>
</tr>
</tbody>
</table>

Reserves and funds
- reserves
  - continuity reserve | 164,464   | 145,312   |
  - appropriated reserves | 2,875     | 0         |
| **Total**            | 167,339   | 145,312   |

**LIABILITIES**

<table>
<thead>
<tr>
<th></th>
<th>31-Dec-20</th>
<th>31-Dec-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current liabilities</td>
<td>692,305</td>
<td>605,267</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>859,645</td>
<td>750,579</td>
</tr>
</tbody>
</table>
Statement of Income and Expenditure

(x1€)

<table>
<thead>
<tr>
<th></th>
<th>Actual year 2020</th>
<th>Budget year 2020</th>
<th>Actual year 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INCOME</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income from companies</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Income from government subsidies</td>
<td>762 592</td>
<td>1 115 700</td>
<td>1 420 593</td>
</tr>
<tr>
<td>Income from affiliated non-profit organisations</td>
<td>548 722</td>
<td>783 011</td>
<td>753 102</td>
</tr>
<tr>
<td>Income from other non-profit organisations</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Income from private individuals</td>
<td>2 875</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total income raised</td>
<td>1 314 189</td>
<td>1 898 711</td>
<td>2 173 695</td>
</tr>
<tr>
<td>Other income</td>
<td>49</td>
<td>0</td>
<td>132</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td>1 314 238</td>
<td>1 898 711</td>
<td>2 173 827</td>
</tr>
<tr>
<td><strong>EXPENSES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spent on objectives</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JeuneS3 programme implementation</td>
<td>550 112</td>
<td>961 700</td>
<td>1 287 847</td>
</tr>
<tr>
<td>PSI Programme Management Support</td>
<td>212 480</td>
<td>154 000</td>
<td>132 747</td>
</tr>
<tr>
<td>Technical Assistance, Representation, Advocacy</td>
<td>401 234</td>
<td>566 515</td>
<td>531 572</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>1 163 826</td>
<td>1 682 215</td>
<td>1 952 166</td>
</tr>
<tr>
<td>Fundraising expenses</td>
<td>10 194</td>
<td>18 901</td>
<td>14 135</td>
</tr>
<tr>
<td>Management and administration expenses</td>
<td>118 190</td>
<td>189 013</td>
<td>189 396</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>1 292 210</td>
<td>1 890 130</td>
<td>2 155 697</td>
</tr>
<tr>
<td>Balance of financial income and expenses</td>
<td>22 028</td>
<td>8 581</td>
<td>18 130</td>
</tr>
<tr>
<td>Surplus (deficit)</td>
<td>22 028</td>
<td>8 581</td>
<td>18 130</td>
</tr>
</tbody>
</table>

Appropriation of balance of income and expenses:
Addition to / withdrawal from:
- continuity reserve | 19 153 | 8 581 | 18 130 |
- appropriated reserve | 2 875 | 0 | 0 |
| **Total**             | 22 028 | 8 581 | 18 130 |
Statement of Cash Flow  
(_January through December 2020_)  
(x1€)

<table>
<thead>
<tr>
<th></th>
<th>Jan - Dec 20</th>
<th>Jan - Dec 19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash at beginning of period</strong></td>
<td>628 954</td>
<td>810 680</td>
</tr>
<tr>
<td>Funds received during the year</td>
<td>1 314 238</td>
<td>2 173 827</td>
</tr>
<tr>
<td>Funds Needed to cover cost of the year</td>
<td>-1 292 210</td>
<td>-2 155 695</td>
</tr>
<tr>
<td>Change in Account Receivables and Advance account</td>
<td>1 240</td>
<td>13 121</td>
</tr>
<tr>
<td>Change in Accounts Payable and Accrued Expenditures and Reporting Obligations</td>
<td>180 441</td>
<td>-212 979</td>
</tr>
<tr>
<td><strong>Net cash decrease (-) or increase for period</strong></td>
<td>203 709</td>
<td>-181 726</td>
</tr>
<tr>
<td><strong>Cash at end of period</strong></td>
<td>832 663</td>
<td>628 954</td>
</tr>
</tbody>
</table>
Notes to Financial statements

Accounting Policies and determination of the result

The statutory name of PSI-Europe is Stichting PSI-Europe. The legal form is Foundation (Stichting). The registered office is in Amsterdam. The registration number of the Chamber of Commerce is 34310776.

General
Stichting PSI Europe was founded on the 28th of August 2008. The objectives of PSI Europe are:
Design, promote and implement better health-oriented programmes to promote better health focusing on poor, disadvantaged and vulnerable populations in developing countries. Raise awareness among the public in the Netherlands and other European countries for the health needs of vulnerable populations in the developing countries. Support the work of organizations linked to Population Services International.

Dutch Guideline for Financial Reporting by Fundraising Institutions
The Annual Report has been drawn up in accordance with the format set out in Guideline C1 ‘Kleine organisaties zonder winststreven’ for financial reporting published by the Dutch Accounting Standards Board.
The financial statements are based on the reporting period of one year, coinciding with the calendar year.
The numbers shown are in Euro, the currency in which all general ledger transactions are booked. Periodic financial reports submitted to the donors in 2020 are prepared in Euro.

Accounting principles for the balance sheet
Unless stated otherwise, the balance sheet items are carried at face value. Income and expenditure are based on historical cost and revenues are allocated to the year to which they relate, unless stated otherwise. To the extent anticipated, account has been taken of receivables net of a provision for doubtful debts.

Accounting principles for the statement of income and expenditures
Grant income
Grant income amounts are allocated on the basis of the realised direct and indirect spending on the organisation’s objective within the guidelines established in the grant decision.

Allocation of costs
Management and administration costs, the costs of the organisation’s fundraising activities and costs of various objectives have been calculated based on an apportionment formula in accordance with the revised Dutch Accounting Standards for Fundraising Institutions (Richtlijn 650, revised in 2016).

Going concern / Continuity
In the context in which organizations such as PSI Europe operate, subsidies for projects have a fixed duration and there is uncertainty about the follow-up of subsidies and new subsidies.
PSI-Europe succeeded to extend the subsidy for Ignite for 2021 and we submitted new applications to implement the strategy for PSI-Europe for 2021, 2022 and beyond. Various organizations are competing for these subsidies. It is not certain that PSI Europe will receive approval of these applications. In the most negative case, if we do not receive any new subsidies, PSI Europe can continue its activities for 12 months up to July 2022 on the basis of resources available.
**Notes to Balance Sheet**

Unless stated otherwise assets and liabilities are presented in their face value.

**Assets**

Balance in receivables, prepayments and accrued income consists of:

(x1€)

<table>
<thead>
<tr>
<th></th>
<th>December 31, 2020</th>
<th>December 31, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receivables from PSI</td>
<td>0</td>
<td>4 897</td>
</tr>
<tr>
<td>Project receivables</td>
<td>2 106</td>
<td>91 510</td>
</tr>
<tr>
<td>Other receivables</td>
<td>907</td>
<td>0</td>
</tr>
<tr>
<td>Deposit for office rent</td>
<td>11 452</td>
<td>11 452</td>
</tr>
<tr>
<td>Rent paid in advance</td>
<td>9 521</td>
<td>10 839</td>
</tr>
<tr>
<td>Advances to sub-awardees</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other advances (Pension)</td>
<td>2 996</td>
<td>2 927</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>26 982</td>
<td>121 625</td>
</tr>
</tbody>
</table>

Liquid assets are represented by cash held on the current and savings account at ABN AMRO Bank. As of 31 December 2020, closing balance on PSI-Europe current account was 680 931 EUR, and on savings account 151 732 EUR.

**Reserve**

PSI-Europe builds its own reserve in order to ensure the organisation can continue its operation and pay upon obligations should it experience a sudden drop in funding. In 2016 it was agreed by the PSI-Europe Board to start to increase its sustainability by forming a Continuity Reserve. Therefore, the PSI-Europe Board decided that the Year-end result of 2020 in amount of 19 153 EUR is added to the Continuity Reserve. 2 875 EUR is added to the Appropriated Reserve (income from Private Individuals).

(x1€)

<table>
<thead>
<tr>
<th></th>
<th>Continuity Reserve</th>
<th>Appropriated Reserve</th>
<th>Total Reserves</th>
</tr>
</thead>
<tbody>
<tr>
<td>As at December 31, 2019</td>
<td>145 311</td>
<td>0</td>
<td>145 311</td>
</tr>
<tr>
<td>Result appropriation 2020</td>
<td>19 153</td>
<td>2 875</td>
<td>22 028</td>
</tr>
<tr>
<td>Reclassification</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>As at December 31, 2020</td>
<td>164 464</td>
<td>2 875</td>
<td>167 339</td>
</tr>
</tbody>
</table>
Liabilities

All current liabilities are payable within one year.

Balance in current liabilities includes:

1 - Accounts payable and accrued expenditures related to 2020 financial year in amount of 568 271 EUR, from which:

(x1€)

<table>
<thead>
<tr>
<th>Description</th>
<th>December 31, 2020</th>
<th>December 31, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wage taxes obligations, not paid as of 31 December</td>
<td>15 580</td>
<td>26 576</td>
</tr>
<tr>
<td>Vacation allowance accrual</td>
<td>17 204</td>
<td>27 291</td>
</tr>
<tr>
<td>Unused vacation accrual</td>
<td>34 800</td>
<td>36 401</td>
</tr>
<tr>
<td>Salaries and Wages other</td>
<td>36 000</td>
<td>0</td>
</tr>
<tr>
<td>Audit costs (Organization and Projects)</td>
<td>21 750</td>
<td>13 342</td>
</tr>
<tr>
<td>ACMS</td>
<td>271 327</td>
<td>350 366</td>
</tr>
<tr>
<td>ABMS</td>
<td>63 410</td>
<td>39 676</td>
</tr>
<tr>
<td>Other Liabilities</td>
<td>78 546</td>
<td>26 455</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>538 617</strong></td>
<td><strong>520 107</strong></td>
</tr>
</tbody>
</table>

Other liabilities of Euro 78 546 at 31/12/2020 are mainly payables and accruals regarding consultants (30 578 EUR), relocation office, equipment and ICT (15 000 EUR), legal advice (9 141 EUR), overhead (7 417 EUR), JS3 (6 162 EUR) and other (10 248 EUR).

2 - Reporting obligations towards donors, in the amount of 153 688 EUR, representing funds received in advance and not disbursed as of 31st December 2020. PSI-Europe reports those reporting obligations as short-term liabilities, as they are expected to be spent in the following financial year. Most of the related commitments from the donors have a long-term nature and are extended on annual basis. At 31/12/2020 PSI-Europe has reporting obligations to PSI for an amount of Euro 102 307 (PSI Representation Technical Assistance & Advocacy (91 964 EUR) and Ignite (10 343 EUR) and to MoFA for JS3 (51 381 EUR).

(x1€)

<table>
<thead>
<tr>
<th>Description</th>
<th>December 31, 2020</th>
<th>December 31, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding received in advance for</td>
<td></td>
<td></td>
</tr>
<tr>
<td>JeuneS3 programme implementation</td>
<td>51 381</td>
<td>0</td>
</tr>
<tr>
<td>PSI Programme Management Support for Ignite project</td>
<td>10 343</td>
<td>0</td>
</tr>
<tr>
<td>PSI Technical Assistance, Representation, Advocacy</td>
<td>91 964</td>
<td>85 159</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>130 138</strong></td>
<td><strong>85 159</strong></td>
</tr>
</tbody>
</table>

Off-balance sheet liabilities

PSI-Europe strives wherever possible to avoid long-term contracts with suppliers that include fixed commitments. Most of the contracts with vendors can be terminated within 1 year or amounts payable are based on actual usage. Contract for office rent (Herengracht 124 – 128, 1015 BT Amsterdam, contract for 12 months which will be automatically renewed after the laps of a period of 12 months, terms of notice of 3 months, yearly before the 16th of April (in case of termination PSI-Europe has to submit a written notice before the 16th of January), monthly rent 3 613 EUR, deposit 11 452 EUR) and contract with company pension fund are among the few exceptions. Due to COVID-19 employees of PSI-Europe worked in 2020
mainly from home. To reduce costs and because we expect to continue to work more from home in the future we adjusted the contract for office rent. Starting the 17th of April 2021 we will continue to use the office facilities of our office at the Herengracht 124 – 128 but in a limited and flexible way. Monthly costs Euro 1088 EUR.
Notes to Statement of Income and Expenditure

Income

PSI-Europe recognises the incoming resources from financing contracts and grant decisions in accordance with Dutch Accounting Standard 274. This means that income is recognized at the time resources are expended, and actual costs reported and approved by the donors.

The intention of PSI-Europe is to limit the dependency on PSI channelled funds. 42,1% of income recognized in 2020 was earned by means of collaboration with third party organisations (in particular Cordaid), whereas 57,9% remained channelled through PSI (in comparison to 40,8% in 2019, 49,3% in 2018, 50% in 2017, 71% in 2016 and 100% in 2015).

The total income for the year 2020 can be broken down into the following components:

(x1€)

<table>
<thead>
<tr>
<th>Income from companies</th>
<th>Jan - Dec 20</th>
<th>Jan - Dec 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income from government subsidies represents funding originated from the Dutch Ministry of Foreign affairs, received by PSI-Europe via sub-award relationship with PSI and Cordaid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>JeuneS3 programme (Cordaid)</td>
<td>550 112</td>
<td>1 287 847</td>
</tr>
<tr>
<td>Funding for programme management of Ignite project (PSI)</td>
<td>212 480</td>
<td>132 746</td>
</tr>
<tr>
<td>Income from affiliated non-profit organisations represent funding received from PSI for the following tasks:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funding for generating resources for PSI network and liaison with European donor organisations</td>
<td>453 646</td>
<td>610 483</td>
</tr>
<tr>
<td>Funding for seconded employees and consultants arrangements</td>
<td>95 076</td>
<td>142 619</td>
</tr>
<tr>
<td>Income from private individuals</td>
<td>2 875</td>
<td>0</td>
</tr>
<tr>
<td>Other income is interest earned on savings account</td>
<td>49</td>
<td>132</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>1 314 238</strong></td>
<td><strong>2 173 827</strong></td>
</tr>
</tbody>
</table>

Total income realized by PSI-Europe in 2020 was 1 314 238 EUR, which is 39,5 % lower than income for 2019 (2 173 827 EUR).
Expenditures

The main cost allocation principles, used by PSI-Europe are:
- costs are accounted for the year to which they relate;
- costs are taken into account as long as they are foreseeable;
- IT equipment and furniture purchased at a value smaller than 5,000 EUR is accounted for as an expense on a payment date.

Costs listed in this report include expenditures related to fulfilling of the organisation’s core objectives; costs of own fundraising, general management and administration costs. For 2020 financial statements expense division, PSI-Europe adopted the following core objectives classification in line with main activities;
- JeuneS3 programme
- PSI Programme Management
- Technical Assistance, Representation and Advocacy

Based on recommendation of the Guideline for Annual Reporting, total costs of the year are divided into following categories:
- Directly attributable expenditure are those directly allocated to one of the main. These costs may consist of direct programme costs, incurred directly by a specific project, and common costs, incurred as part of sustaining operations that benefit multiple projects; the later ones are allocated to the projects by means of quarterly allocations as per PSI-Europe Finance policy;
- Costs associated with general management and administration;
- Cost of own fundraising.

Total expenditures in 2020 accounted 1,292,210 EUR, reflecting a 40.1% decrease in comparison to total 2019 costs (2,155,697 EUR).

PSI-Europe closed financial year 2020 with a positive balance of Income and Expenditures. Year-end result in amount of 22,028 EUR is added for 19,153 EUR added to the continuity reserve and for 2,875 EUR added to the appropriated reserve.

Under expenditure of in total 597,920 EUR (2020 actual expenditures versus 2020 budget) occurred mainly due to lower expenditures on JeuneS3 project (416 k EUR) and lower travel costs than budgeted (59 k EUR), both due to COVID-19, lower personnel costs than budgeted (191 k EUR) mainly due to the resignation of the Managing Director (per 1/7/2020) and the Deputy Director, New Business Development and European Donor Engagement (per 1/9/2020) and the delay in the recruitment of a Program Manager. Professional Services were higher than budgeted (92k EUR), mainly due to the hiring of a consultancy firm for the end-line JeuneS3 by PSI-Europe instead of our partner in Cameroon ACMS (45k EUR) and hiring temporarily staff (47 EUR) and other expenditures, by example for Rent & Utilities, Office and General Expenses and Communication were lower than budgeted (30 k EUR).
<table>
<thead>
<tr>
<th>Provided (project) subsidies and (project) contributions</th>
<th>JeuneS3 Program Management</th>
<th>PSI Program Management</th>
<th>Technical Assist., Repres. &amp; Advocacy</th>
<th>Spent on objectives</th>
<th>Own Fundraising</th>
<th>Management &amp; admin</th>
<th>Total actual year 2020</th>
<th>Budget year 2020</th>
<th>Total actual year 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchases and acquisitions</td>
<td>...</td>
<td>...</td>
<td>7 941</td>
<td>...</td>
<td>...</td>
<td>7 941</td>
<td>7 788</td>
<td>1 947</td>
<td></td>
</tr>
<tr>
<td>Outsourced work</td>
<td>68 691</td>
<td>10 134</td>
<td>60 808</td>
<td>...</td>
<td>5 360</td>
<td>144 993</td>
<td>52 635</td>
<td>69 647</td>
<td></td>
</tr>
<tr>
<td>Communication expenses, Conferences</td>
<td>...</td>
<td>...</td>
<td>490</td>
<td>...</td>
<td>...</td>
<td>490</td>
<td>3 000</td>
<td>4 629</td>
<td></td>
</tr>
<tr>
<td>Personnel costs</td>
<td>102 450</td>
<td>191 833</td>
<td>304 663</td>
<td>10 194</td>
<td>105 728</td>
<td>714 868</td>
<td>906 027</td>
<td>853 636</td>
<td></td>
</tr>
<tr>
<td>Travel &amp; Accommodation expenses</td>
<td>...</td>
<td>...</td>
<td>3 516</td>
<td>...</td>
<td>...</td>
<td>3 516</td>
<td>62 628</td>
<td>46 857</td>
<td></td>
</tr>
<tr>
<td>Rent &amp; Utilities</td>
<td>9 118</td>
<td>9 747</td>
<td>22 949</td>
<td>...</td>
<td>5 518</td>
<td>47 332</td>
<td>54 107</td>
<td>47 373</td>
<td></td>
</tr>
<tr>
<td>Office and general expenses</td>
<td>716</td>
<td>766</td>
<td>867</td>
<td>...</td>
<td>1 584</td>
<td>3 933</td>
<td>19 181</td>
<td>11 957</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>550 112</td>
<td>212 480</td>
<td>401 234</td>
<td>10 194</td>
<td>118 190</td>
<td>1 292 210</td>
<td>1 890 130</td>
<td>2 155 696</td>
<td></td>
</tr>
</tbody>
</table>

Jeune S3 programme costs represent around 42.6% of total expenditures for 2020, and relate to JeuneS3 programme activities that take place under SRHR Strategic Partnership of Dutch Ministry of Foreign Affairs with Cordaid as alliance lead and PSI-Europe as one of alliance partners. Under this project PSI-Europe issues sub-awards to its local partner in Cameroon - Association Camerounaise pour le Marketing Social (ACMS) and its local partner in Benin – Association Béninoise de Marketing Social (ABMS).

PSI programme management costs represent around 16.4% of total expenditures for 2020 and relates to the programme management and implementation support of the International SRHR Strategic Partnership programme (Ignite) between PSI and Dutch Ministry of Foreign Affairs.

Technical assistance, representation and advocacy costs represent 31.1% of total expenditures for 2020, and relate to the technical assistance provided to PSI network members in terms of liaison with European donor organisations and promoting PSI network core values among European stakeholders, Global Fund grants application and support, costs associated to new business development support, as well hiring staff seconded from PSI. Our technical assistance, representation and advocacy for Menstrual Health is also part of this category.

Cost of own fundraising represents 0.8% of total expenditures for 2020, are the costs incurred in seeking new sources of funding and comprise of relevant staff costs. For 2020 the focus was on the implementation
of the institutional funding sources and technical assistance, representation and advocacy to PSI network members in term of liaison with European Donor organisations as mentioned above.

Costs of general management and administration, represents 9.1% of total expenditures for 2020 (8.8% in 2019, 9.0% in 2018, 9.2% in 2017), and the costs are primarily related to the governance of the organisation to fulfil constitutional and statutory requirements, executive management, finance and human resources management, and general office costs.

**Specification of Staff Cost**

Due to the nature of PSI-Europe’s work, staff costs represent a relatively big portion of its total costs. Breakdown of staff costs is shown in the following table:

(x1€)

<table>
<thead>
<tr>
<th></th>
<th>Jan - Dec 20</th>
<th>Jan - Dec 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Salary</td>
<td>569 865</td>
<td>681 479</td>
</tr>
<tr>
<td>Social charges / taxes</td>
<td>55 959</td>
<td>73 294</td>
</tr>
<tr>
<td>Pension plan</td>
<td>34 799</td>
<td>36 570</td>
</tr>
<tr>
<td>Other benefits</td>
<td>54 245</td>
<td>62 293</td>
</tr>
<tr>
<td><strong>Total staff costs</strong></td>
<td><strong>714 868</strong></td>
<td><strong>853 636</strong></td>
</tr>
</tbody>
</table>

Average number of staff count in 2020 was 5.0 FTE, in comparison to 6.8 FTE in 2019.
Total staff costs decreased by 16.3% (2020 compared to 2019).
Two employees resigned in 2020: Douglas Call (Managing Director) (per 1/7/2020) and Marie-Alix Valensi (Deputy Director, New Business Development and European Donor Engagement) (per 1/9/2020).
Executive remuneration (WNT accountability)

Since the 1st of January 2013, the law for executive remuneration (WNT) is in place. Starting 2017 the WNT is applicable for Stichting PSI-Europe. For Stichting PSI-Europe the individual maximum for the remuneration is Euro 189 000 in 2020. This individual maximum is applicable for Development Cooperations.

No employees or temporary staff of PSI-Europe received remuneration above the WNT-maximum in 2020. Remuneration of the Managing Director is presented below.

<table>
<thead>
<tr>
<th>(x1EUR)</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Douglas F. Call</td>
<td>Odette Hekster</td>
</tr>
<tr>
<td>Function</td>
<td>Managing Director</td>
<td>Managing Director</td>
</tr>
<tr>
<td>Duration employment</td>
<td>1/1/2020 - 30/6/2020</td>
<td>1/7/2020 -31/12/2020</td>
</tr>
<tr>
<td>Full time equivalent during the year</td>
<td>1,0</td>
<td>1,0</td>
</tr>
<tr>
<td>Employment</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Remuneration plus taxable expense allowances</td>
<td>85.116</td>
<td>50.257</td>
</tr>
<tr>
<td>Remuneration affordable over time (Pension)</td>
<td>5.430</td>
<td>3.592</td>
</tr>
<tr>
<td>Total Remuneration for WNT</td>
<td>90.546</td>
<td>53.850</td>
</tr>
<tr>
<td>Individual WNT-maximum</td>
<td>93.984</td>
<td>95.016</td>
</tr>
<tr>
<td>minus unduly paid and amount not yet received back</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Total Remuneration</td>
<td>90.546</td>
<td>53.850</td>
</tr>
<tr>
<td>The amount of overrun and the reason why the overrun is permitted or not</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Explanation of the claim for undue payment</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Board members do not receive monetary remuneration for their services; but are entitled to expense compensation.

<table>
<thead>
<tr>
<th>Function</th>
<th>2020 Name Board member</th>
<th>2019 Name Board member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairman</td>
<td>Mirella Visser</td>
<td>Mirella Visser</td>
</tr>
<tr>
<td>Secretary</td>
<td>Karen Hoehn</td>
<td>Karen Hoehn</td>
</tr>
<tr>
<td>Board member</td>
<td>Dr Joerg F Maas</td>
<td>Dr Joerg F Maas</td>
</tr>
<tr>
<td>Board member</td>
<td>Michael Allen Holscher</td>
<td>Michael Allen Holscher</td>
</tr>
</tbody>
</table>

Specification of Travel Cost

In its function of providing Technical Assistance, Representation and Advocacy support to PSI network members, PSI-Europe conducts normally number of country visits, as well as attends various events and meetings with donor organisations. It also conducts monitoring visits and programme related trips in line with sub-award management and other aspects of programme management. Due to COVID-19 travel costs were in 2020 nihil. Relevant travel costs are detailed below:

<table>
<thead>
<tr>
<th>(x1€)</th>
<th>Jan - Dec 20</th>
<th>Jan - Dec 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airfare International Travel</td>
<td>0</td>
<td>16 585</td>
</tr>
<tr>
<td>Accommodation/Per Diem International Travel</td>
<td>0</td>
<td>10 780</td>
</tr>
<tr>
<td>Category</td>
<td>Jan - Dec 20</td>
<td>Jan - Dec 19</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>--------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Airfare European travel</td>
<td>1 615</td>
<td>5 681</td>
</tr>
<tr>
<td>Accommodation/Per Diem European Travel</td>
<td>791</td>
<td>9 920</td>
</tr>
<tr>
<td>Visas/Travel Fees/Baggage/Vaccinations</td>
<td>0</td>
<td>1 623</td>
</tr>
<tr>
<td>Ground transportation</td>
<td>1 110</td>
<td>2 267</td>
</tr>
<tr>
<td><strong>Total travel costs</strong></td>
<td><strong>3 516</strong></td>
<td><strong>46 857</strong></td>
</tr>
</tbody>
</table>

### Specification of General Office Cost

(x1€)

<table>
<thead>
<tr>
<th>Category</th>
<th>Jan - Dec 20</th>
<th>Jan - Dec 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent &amp; Utilities</td>
<td>47 333</td>
<td>47 373</td>
</tr>
<tr>
<td>Office Supplies</td>
<td>1 111</td>
<td>2 029</td>
</tr>
<tr>
<td>Insurances</td>
<td>1 929</td>
<td>2 817</td>
</tr>
<tr>
<td>Professional Development</td>
<td>0</td>
<td>3 538</td>
</tr>
<tr>
<td>Meeting Expenses and Employee Morale</td>
<td>2 060</td>
<td>6 169</td>
</tr>
<tr>
<td>Bank Charges/Fees</td>
<td>390</td>
<td>799</td>
</tr>
<tr>
<td>Dues, Fees, Subscriptions</td>
<td>397</td>
<td>611</td>
</tr>
<tr>
<td>Other</td>
<td>-26</td>
<td>-1 188</td>
</tr>
<tr>
<td><strong>Total general office cost costs</strong></td>
<td><strong>53 194</strong></td>
<td><strong>62 148</strong></td>
</tr>
</tbody>
</table>

### After balance sheet date information

There have been no material post-balance-sheet events, which would require adjustment to financial statements for the 2020 financial year.

### Adoption of the Annual Accounts and appropriation of year-end result

According to PSI-Europe Articles of Association, the Board adopts the annual accounts drawn up by the Director of Finance. Included in the annual accounts is the proposal for the appropriation of positive or negative result of the fiscal year concerned. The appropriation of the balance takes into account the imposed restrictions on spending by third parties.

Year-end result of 2020 in amount of 22 028 EUR is added for 19 153 EUR to continuity reserve and for 2 875 EUR to the appropriated reserve.
Independent Auditor’s Report
INDEPENDENT AUDITOR’S REPORT

To: the Board of Stichting PSI-Europe based in Amsterdam, The Netherlands.

A. Report on the audit of the financial statements 2020

Our opinion
We have audited the financial statements 2020 of Stichting PSI-Europe based in Amsterdam.

In our opinion the accompanying financial statements give a true and fair view of the financial position of Stichting PSI-Europe as at 31 December 2020 and of its result for 2020 in accordance with the Guidelines for annual reporting C1 “Small not-for-profit organisations” of the Dutch Accounting Standards Board and the Policy rules implementation of the Standards for Remuneration Act (WNT).

The financial statements comprise:
1. the balance sheet as at 31 December 2020;
2. the statement of income and expenditure for 2020; and
3. the notes comprising a summary of the accounting policies and other explanatory information.

Basis for our opinion
We conducted our audit in accordance with Dutch law, including the Dutch Standards on Auditing as well as the Policy rules implementation WNT, including the Audit Protocol WNT. Our responsibilities under those standards are further described in the ‘Our responsibilities for the audit of the financial statements’ section of our report.

We are independent of Stichting PSI-Europe in accordance with the Verordening inzake de onafhankelijkheid van accountants bij assurance-opdrachten (ViO, Code of Ethics for Professional Accountants, a regulation with respect to independence) and other relevant independence regulations in the Netherlands. Furthermore we have complied with the Verordening gedrags- en beroepsregels accountants (VGBA, Dutch Code of Ethics).

We believe the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Compliance with rule against overlapping pursuant to the WNT not audited
In accordance with the Audit Protocol under the Standards for Remuneration Act ("WNT"), we have not audited the rule against overlapping as referred to in Section 1.6a of the WNT and Section 5(1)(j) of the WNT Implementing Regulations. This means that we have not audited whether an executive senior official exceeds the norm as a result of any positions as executive senior official at other institutions subject to the WNT, and whether the explanation required in this context is correct and complete.

Dubois & Co. Registeraccountants is een maatschap van praktijkverenigingen. Op alle opdrachten die aan ons kantoor worden verstrekt zijn onze algemene voorwaarden van toepassing. Deze voorwaarden, waarvan de tekst is opgenomen op de website www.dubois.nl, bevatten een aansprakelijkheidsbeperking.
B. Report on the other information included in the report

In addition to the financial statements and our auditor’s report thereon, the report contains other information that consists of the Board’s report.

Based on the following procedures performed, we conclude that the other information is consistent with the financial statements and does not contain material misstatements.

We have read the other information. Based on our knowledge and understanding obtained through our audit of the financial statements or otherwise, we have considered whether the other information contains material misstatements.

By performing these procedures, we comply with the requirements of the Dutch Standard 720. The scope of the procedures performed is substantially less than the scope of those performed in our audit of the financial statements. Management is responsible for the preparation of the other information, including the Board’s report, in accordance with the Guidelines for annual reporting C1 “Small not-for-profit organisations” of the Dutch Accounting Standards Board.

C. Description of responsibilities regarding the financial statements

Responsibilities of the Board for the financial statements
The Board is responsible for the preparation and fair presentation of the financial statements, in accordance with the Guidelines for reporting C1 “Small not-for-profit organisations” of the Dutch Accounting Standards Board and the Policy rules implementation of the Standards for Remuneration Act (WNT). Furthermore, the Board is responsible for such internal control as the Board determines is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

As part of the preparation of the financial statements, the Board is responsible for assessing the company’s ability to continue as a going concern. Based on the financial reporting framework mentioned, the Board should prepare the financial statements using the going concern basis of accounting unless management either intends to liquidate the company or to cease operations, or has no realistic alternative but to do so.

The Board should disclose events and circumstances that may cast significant doubt on the company’s ability to continue as a going concern in the financial statements.

Our responsibilities for the audit of the financial statements
Our objective is to plan and perform the audit assignment in a manner that allows us to obtain sufficient and appropriate audit evidence for our opinion.

Our audit has been performed with a high, but not absolute, level of assurance, which means we may not detect all material errors and fraud during our audit. 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. The materiality affects the nature, timing and extent of our audit procedures and the evaluation of the effect of identified misstatements on our opinion.
We have exercised professional judgement and have maintained professional scepticism throughout the audit, in accordance with Dutch Standards on Auditing as well as the Policy rules implementation WNT, including the Audit Protocol WNT, ethical requirements and independence requirements.

Our audit included e.g.:

- identifying and assessing the risks of material misstatement of the financial statements, whether due to fraud or error, designing and performing audit procedures responsive to those risks, and obtaining audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtaining an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company’s internal control;
- evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Board;
- concluding on the appropriateness of management’s use of the going concern basis of accounting, and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the company’s ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor’s report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor’s report. However, future events or conditions may cause a company to cease to continue as a going concern;
- evaluating the overall presentation, structure and content of the financial statements, including the disclosures; and
- evaluating whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant findings in internal control that we identify during our audit.

Amsterdam, 29 June 2021

Dubois & Co. Registeraccountants

G. Visser RA