



2020 TRUSTEES ANNUAL REPORT AND
AUDITED FINANCIAL STATEMENTS





INTERNATIONAL MEDICAL CORPS UK 2020 TRUSTEES ANNUAL REPORT AND AUDITED FINANCIAL STATEMENTS

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TO OUR SUPPORTERS:

In the face of enormous challenges in 2019 and 2020, our 35th year as a global humanitarian and relief organisation, we reaffirmed our reputation for taking on the toughest, long-running humanitarian missions, wherever they are, no matter what the conditions. As the year drew to a close, our teams operating in Africa, the Middle East, Asia and the Americas had reached more than 8 million people in 30 countries affected by conflict, disaster and disease.



USA

During the year, we carried out most of our work in demanding, difficult and often dangerous environments. Our team in Yemen continued to provide direct assistance to more than a quarter of a million civilians trapped by a bitter civil war dragging into its fifth year. The people of Yemen continue to struggle with extreme hunger and disease in what the United Nations has called the world’s worst humanitarian crisis, with no end in sight.

In the Democratic Republic of the Congo, our teams battling to contain the second-largest Ebola outbreak on record also had to conduct their lifesaving work in environments that included ongoing armed conflict. And in South Sudan—a war-torn country where we have provided relief and contributed to essential self-reliance for 25 years—three International Medical Corps-run schools in 2019 graduated 87 midwives and nurses, each one desperately needed in a country with one of the world’s highest maternal mortality rates.

Last September, we responded in the Bahamas to support survivors of Hurricane Dorian, one of the most powerful storms ever recorded in the region. Originally forecast to make

landfall in Florida, the storm changed course and stalled over the Bahamas, devastating the northernmost islands. We quickly changed course with it and—working with local authorities—were able to provide medical care, psychological first aid, and water, sanitation and hygiene services to thousands of survivors.

All of our responses in 2019 and 2020 included training, helping to fulfil our mission to build resilience in the communities we serve. As we help them rebuild, we also pass along the knowledge and skills they need to shape their own future in ways that foster pride, confidence and hope for a better future. Training, which also has been key to our response in dealing with 2020’s COVID-19 pandemic, remains the foundational element in everything we do.

As we carry out our mission to respond to conflict, disaster and disease, we know that our lifesaving work is due to the profound generosity of our donors. We give you our heartfelt thanks for all that you helped us accomplish in 2019. Once again, we were first there, no matter where—and for that, you have our enduring gratitude.

Andrew W. Géczy
Chairman
International Medical Corps UK



Ognjen Radosavljevic
Managing Director
International Medical Corps UK







OUR MISSION

INTERNATIONAL MEDICAL CORPS UK:

A GLOBAL FIRST RESPONDER

We provide training and deliver emergency healthcare, along with related services, to those affected by conflict, natural disaster or disease. We do this no matter where they may be in the world or what the conditions. We also train people in their own communities, providing them with the skills they need to recover, to chart their own path to self-reliance and to shape their own future as they become effective first responders themselves.



SPEED SAVES LIVES

OUR APPROACH



Our Emergency Response Teams deploy fast to assist those in great need—often arriving within hours to reach those even in the most remote, challenging environments.

Drawing on experience gained in 35 years of responding to disasters in more than 80 countries on six continents, our surge capacity includes physicians and nurses trained in emergency medicine, supported by specialists in essential healthcare services ranging from mental health and psychosocial support to technical expertise in gender-based violence, nutrition, water, sanitation and hygiene—all of it to assist those in need. We do this because speed saves lives in the initial hours following a disaster. As conditions ease, we stay and partner with survivors to

build a better future through training. We strengthen local health systems and work with community leaders, hire and train staff locally, develop partnerships and evaluate progress to ensure quality outcomes. With a staff that numbers about 7,000 worldwide, more than 90% of whom are recruited locally, our strategy ensures that the knowledge and tools required to prepare for—and respond to—future emergencies are culturally compatible and remain available in the community. We work to ensure that if disaster strikes again, residents can themselves be effective first responders.

OUR PROGRAMMES

In 2019 and 2020 we once again provided programmes designed to help communities hit by disasters onto a path from relief to self-reliance. In the process we saved thousands of lives, eased the plight of countless others and brought hope for a better future to those who have lost so much.





EMERGENCY RESPONSE AND PREPAREDNESS

In March 2020, the war in Syria entered its tenth year. We continued to respond to the urgent emergency needs of families affected by or fleeing from conflict.

Our emergency, primary and secondary healthcare services saved and changed lives. Services ranged from physical rehabilitation for people with war-related injuries and other disabilities, to providing hearing aids for children and adults, to preventing and managing common diseases.

Our teams also provided mental health and psychosocial support to those suffering from psychological distress and mental health conditions amidst the chaos of the conflict. We mobilised psychological first-aid teams, provided treatment through psychiatrists and doctors, trained caregivers and deployed in-community services for those unable to visit facilities.

We also worked in some of the most difficult circumstances in the world to provide nutrition for mothers, infants and young children, improve hygiene in the camps, run community awareness sessions to empower women and girls, and support survivors and those at risk of gender-based violence.



NUTRITION AND FOOD SECURITY

Working in communities, in homes and at our facilities, our Somalia teams have improved access to lifesaving nutrition services for vulnerable populations, including those displaced by war, with a focus on pregnant women, infants and young children. More specifically, we provided beneficiaries with nutrition screening, growth monitoring for children under five, and inpatient and outpatient management of severe acute malnutrition, all integrated with health, WASH and protection services.



MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

In Jordan's Azraq Refugee camp, our teams supported 1,883 vulnerable Syrian refugees with comprehensive mental health services. Our psychologists and psychiatrists provided a total of 25,589 mental health consultations.



HEALTH SERVICES SUPPORT

In Yemen, our teams worked to fight death and disease amongst 186,150 people in vulnerable communities in Lahj and Taiz governorates. By supporting five primary healthcare clinics in Lahj and one hospital in Taiz, and deploying two Health and Nutrition Mobile Teams to reach remote populations, we provided help for pregnant women, vital child health services and treatment for diseases.



WOMEN'S AND CHILDREN'S HEALTH

In Somalia, we worked through the Jowhar Maternity Unit and communities to provide around-the-clock emergency obstetric and neonatal care, as well as lifesaving feeding services for infants and young children. We also supported vulnerable women and children during the vital first thousand days from a child's conception through 23 months of age.



FAMILY AND COMMUNITY HEALTH

In Iraq, our community health workers have worked with our Mobile Medical Units to support vulnerable internally displaced people and host communities. Our teams raised awareness around health and hygiene, and supported referrals to primary health centres and other facilities, reaching 28,328 individuals.



WATER, SANITATION AND HYGIENE

In Ethiopia, our teams supported vulnerable and internally displaced people at desperate risk from disease, poor sanitation and inadequate access to water as a result of drought and conflict. Communities are now benefiting from five rehabilitated shallow wells that provide a safe supply of drinking water. We also provided 2,850 dignity kits to adolescent girls and 3,000 hygiene kits to vulnerable women.

TRAINING UNDERPINS ALL THAT WE DO

FOCUSING ON TRAINING FOR 35 YEARS

Beginning in 1984 with our first programme, training has been key to fulfilling our mission—not just helping communities recover from adversity, but helping them become stronger on their journey toward self-reliance. We continued in 2019 to emphasise training in all of our programmes.





COVID-19

In a few short months, COVID-19 the disease caused by the novel coronavirus SARS-CoV-2 spread from a single city in East Asia to countries across the globe, disrupting everyday life and exacting a staggering death toll as it catapulted the world into an unsettled future.

International Medical Corps UK was quick to develop training programmes for general practitioners, nurses and other health workers, focusing on increasing capacity to respond to COVID-19 outbreaks, maintaining essential health services during the outbreak and supporting the mental health of beneficiaries and health workers during the crisis.

For example, in Libya International Medical Corps UK's medical teams were quick to train 314 healthcare staff in seven health facilities in Misrata, Sabha and Tripoli on how to prevent the spread of the virus and refer suspected cases to the National Centre for Disease Control. Thanks to the National Centre's support, International Medical Corps UK managed to train more healthcare personnel than originally forecast. In Pakistan, we trained 251 health professionals on different aspects of COVID-19 response and case management.



WE TRAINED

314

healthcare staff
on how to prevent
the spread of
COVID-19.

PAKISTAN

We have a long history of training in Pakistan. In 1985, we began training young Afghan refugees to return to their communities to provide basic healthcare. In 1999, we extended our training to the Afghan refugee population in Pakistan's northwest frontier, where we still work today.

In Khyber Pakhtunkhwa Province, our teams trained staff at health facilities about sexual and reproductive health, family planning and gender-based violence, resulting in improved services and a significant increase in the use of the services by women and young girls.

Over the last year, we've trained government and non-government healthcare providers in infection control, and in supporting the physical and mental needs of survivors of violence.



WE TRAINED

251

health professionals
on COVID-19
response and case
management.





WHERE WE WORK

In 2019, International Medical Corps and International Medical Corps UK provided urgently needed healthcare and related services to more than 8.3 million people in 30 countries across five continents.

-  EMERGENCY RESPONSE & PREPAREDNESS
-  HEALTH SERVICES SUPPORT
-  FAMILY & COMMUNITY HEALTH
-  WOMEN'S & CHILDREN'S HEALTH
-  NUTRITION, FOOD SECURITY & LIVELIHOODS
-  WATER, SANITATION & HYGIENE
-  MENTAL HEALTH & PSYCHOSOCIAL SUPPORT



AMERICAS

Continental United States (Florida, North Carolina)
Puerto Rico
Mexico

Bahamas
Venezuela

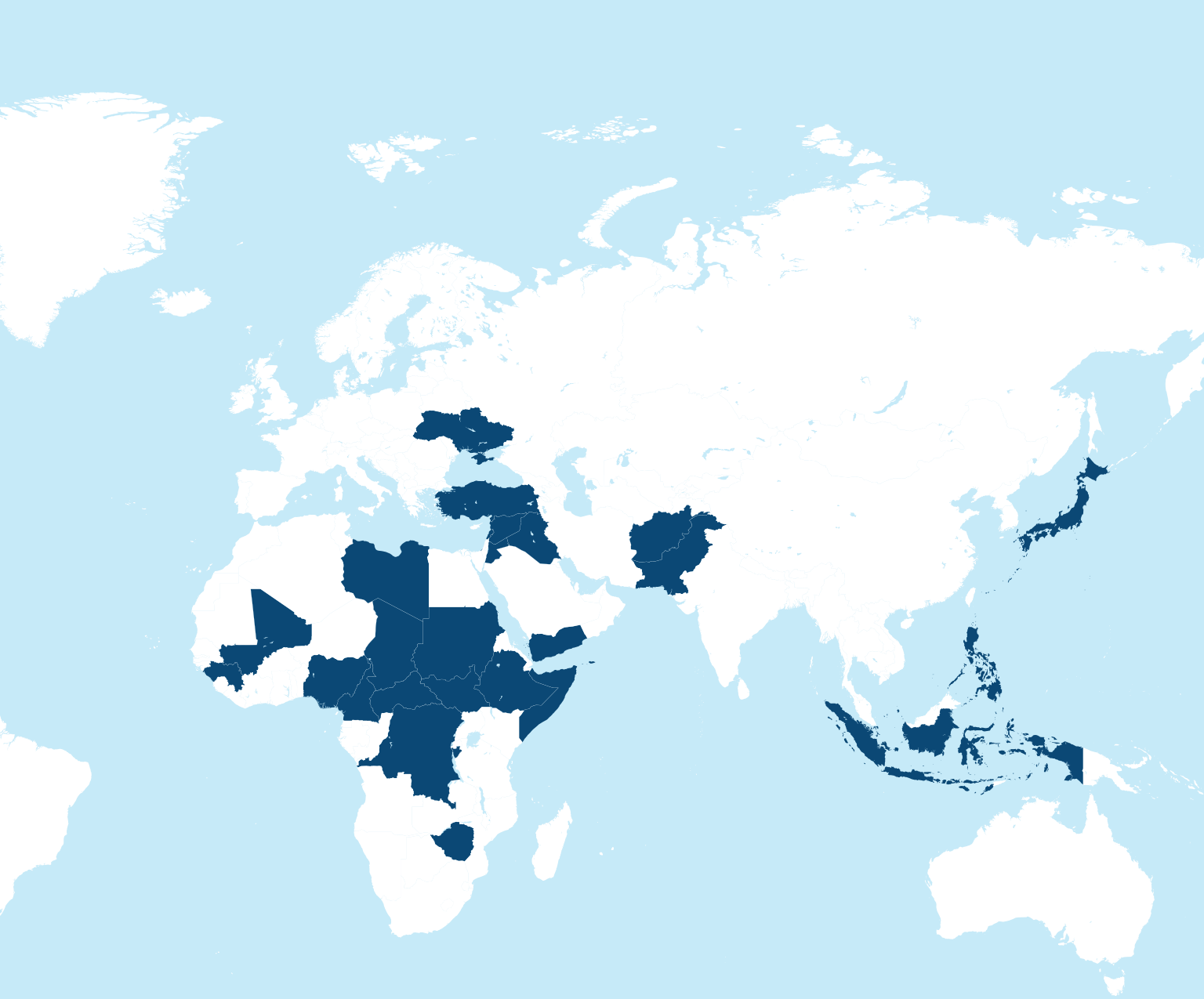


AFRICA

Burundi
Cameroon
Central African Republic
Chad

Democratic Republic of the Congo
Ethiopia
Guinea
Libya

Mali
Nigeria
Somalia
South Sudan
Sudan
Zimbabwe



EUROPE

Ukraine



MIDDLE EAST

Iraq

Jordan

Lebanon

Syria

Turkey

Yemen



ASIA

Afghanistan

Indonesia

Japan

Pakistan

Philippines

LEADERSHIP

International Medical Corps Worldwide is a global humanitarian alliance that comprises the resources and capabilities of two independent affiliate organisations: International Medical Corps and International Medical Corps (UK). Together, our mission is to save lives and relieve suffering by providing healthcare and training. With headquarters in the United States and the United Kingdom respectively, we collaborate to maximise resources for the delivery of appropriate relief and development activities.

INTERNATIONAL MEDICAL CORPS (UK) BOARD OF DIRECTORS

Andrew W. Geczy
CHAIRMAN
London

Nancy A. Aossey
TREASURER
Los Angeles, CA

C. William Sundblad
Santa Monica, CA

Reto Braun
Switzerland









GLOBAL AMBASSADORS

Sanaa Lathan
Actress, Humanitarian

Sienna Miller
Actress, Activist

Robin Wright
Actress, Humanitarian

Jerrold D. Green
President and CEO
Pacific Council on
International Policy

Stacy Twilley
Founder and CEO
iVolunteer.org

CELEBRITY FIRST RESPONDERS

Muna AbuSulayman
Sasha Alexander
Genevieve Angelson
Jamie Bell
Danny Clark
Mary Crosby
Lily Donaldson
Jay Ellis
Cary Elwes
Nikki Glaser
Judy Greer
Jon Hamm
Chelsea Handler
Ben Harper
Jaclyn Harper
Jihae
Maz Jobrani
Keira Knightley
David Koehnner

Jude Law
Kate Mara
Heidi Murkoff
Robert Pattinson
Jeff Probst
Eddie Redmayne
Andre Reed
Tony Richardson
Tim Roth
Inanna Sarkis
Nina Senicar
Hannah Simone
Tom Sturridge
Tara Summers
Anne Vyalitsyna
Benjamin Watson
Avery Williamson
Anna Wintour
Usama Young



IRAQ

ANNUAL SUPPORT

PARTNERS, SUPPORTERS & COLLABORATORS

Action Against Hunger, Canada	King Salman Humanitarian Aid and Relief Center
Action Against Hunger, Spain	Latter Day Saints
Action Against Hunger, US	MENTOR Initiative
Andor Charitable Trust	Ministry of Foreign Affairs Netherlands
BUPA	Misereor
Bloomberg LP	NPT Transatlantic Limited
Bill & Melinda Gates Foundation	Plan International Australia
Columbia University	Première Urgence Internationale
Deutsche Lepra- und Tuberkulosehilfe e.V.	Relief International UK
Department of Foreign Affairs and Trade Australia	Start Network
D M & J Wood Charitable Trust	T&C Foundation
Foreign, Commonwealth & Development Office (formerly- Department for International Development UK)	United Nations Development Fund
Danish Refugee Council	United Nations Population Fund
European Commission	United Nations High Commissioner for Refugees
European Commission Humanitarian Aid & Civil Protection	United Nations International Children's Emergency Fund
France Ministry of Europe and Foreign Affairs	United Nations Office for the Coordination of Humanitarian Affairs
Fulmers Charitable Trust	University of New South Wales
Global Affairs Canada	Vrije Universiteit
GM Morrison Charitable Trust	World Food Programme
The Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH	World Health Organisation
INTERSOS	Women's Refugee Commission
International Organization for Migration	World Vision
Irish Aid	Stichting ZOA



JAPAN



IMAGE CREDITS

COVER	Crystal Wells
2	Anggi Frisca
4	Jonah Sargent
6	Patrick Meinhardt
8	Lambert Coleman
10	Patrick Meinhardt
12	Laurence Deroches
15	International Medical Corps
19	Patrick Meinhardt
20	Margaret Traub
22	Crystal Wells
24	Crystal Wells

ADMINISTRATIVE DETAILS OF THE CHARITY, THE TRUSTEES AND ADVISORS

TRUSTEES

Andrew W. Géczy

Nancy A. Ossey

Reto Braun

C. William Sundblad

MANAGING DIRECTOR

Ognjen Radosavljevic

FINANCE DIRECTOR

Fahmida Muhit

REGISTERED OFFICE

161 Marsh Wall
London
E14 9SJ

TELEPHONE WEBSITE

0207 253 0001
<http://www.internationalmedicalcorps.org.uk>

CHARITY REGISTRATION NUMBER

1093861

AUDITOR

Buzzacott LLP
130 Wood Street London
EC2V 6DL

BANKERS

Barclays Bank
PLC 5th Floor
Level 27
1 Churchill Place London
E14 5HP

TRUSTEES' REPORT (INCLUDING STRATEGIC REPORT) 30 JUNE 2020

The trustees, who are also directors of the company for the purposes of the Companies Act 2006, present their report along with the financial statements of the charity for the year ended 30 June 2020. The financial statements have been prepared under the accounting policies set out therein and comply with applicable law and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102), effective from accounting periods commencing 1 January 2015 or later.

The report as a whole has been prepared in accordance with Part 8 of the Charities Act 2011. The information in the sections headed 'Strategic Report' constitutes the strategic report as required by the Companies Act 2006 (strategic report and directors' report) Regulations 2013.

The required information to be presented in a directors' report under the Companies Act 2006 is incorporated in the remaining sections of the report.

STRUCTURE, GOVERNANCE AND MANAGEMENT

TRUSTEES AND ORGANISATIONAL STRUCTURE

International Medical Corps (UK) ('the Charity') was incorporated as a company limited by guarantee in England and Wales on July 2, 2002, and registered as a charitable organisation with the Charity Commission on September 19, 2002. Activities commenced on November 1, 2002.

International Medical Corps (UK) is an international humanitarian non-governmental organisation (NGO) with its headquarters in London. The Charity is an independent affiliate of International Medical Corps, a US-registered non-profit organisation that shares the same mission, and International Medical Corps Croatia, an association registered in Croatia. Through an Administrative Services Agreement, International Medical Corps (UK) engages International Medical Corps in the delivery and implementation of its programmes on the ground in accordance with the terms and conditions of its grants. During the year, more than \$131 million of the Charity's programmes were delivered in partnership with

International Medical Corps (2019: \$153 million). This represents a 15% decrease (2019: 5% increase compared to 2018) in activities worldwide over the previous year. International Medical Corps (UK) also maintains an Administrative Services Agreement with International Medical Corps Croatia to share certain services in connection with its operation.

For ease of reference, International Medical Corps (the non-profit organisation registered in California) will be referred to as International Medical Corps. The UK charity will be referred to as International Medical Corps (UK).

The trustees govern in accordance with the Memorandum and Articles of Association of International Medical Corps (UK) as amended by Special Resolution passed on October 25, 2002. In addition, the trustees refer to a governance document setting out clear Terms of Reference for their roles and responsibilities. The trustees are kept up to date on recent changes in legislations and sector good practice through trustees' pack provided during board meetings.

The trustees of the Charity have the powers to appoint and remove a trustee. The Board of Directors of International Medical Corps has the right to appoint one trustee (and any successor) by notice in writing addressed to the Secretary of the Charity, and any person so appointed shall become a trustee immediately upon receipt by the Secretary of such notice.

International Medical Corps (UK) coordinates its activities with the UK and other governments, multilateral agencies and other international NGOs in order to ensure that available resources for relief activities are maximised. It adheres to and supports the development of the Sphere Project's Minimum Standards in any disaster response. International Medical Corps (UK) seeks to be informed by the guiding principles of CHS Alliance's Code of Good Practice for the Management and Support of Field Staff.

The Board of Trustees is the governing body for International Medical Corps (UK) and currently comprises four members who aim to meet several times each year. Additional meetings can be called at the request of the Chair. For the 2019–20 financial year, the Board of Trustees met in December 2019 and June 2020. The list of trustees who served in the year is shown on page 1. At

least three members, including the Chair, must be present to ensure a quorum.

Risk and Compliance Committee members monitor the risks and compliance issues of the Charity. Oversight of the external audit function remains with the main Board of Trustees members.

As a governing body for the Charity, the trustees take decisions and approvals on a broad level regarding strategic and operational risks, as follows:

- **Strategy.** Determine and approve International Medical Corps (UK)'s strategic direction and annual business plan, scrutinising the extent to which the Charity has been able to meet its charitable objectives.
- **Management.** Review the relationships with the Charity's affiliates, review the Administrative Services Agreements and provide oversight of the implementation of the Charity's country programmes.
- **Financial Management and Compliance Requirements.** Review and approve annual budgets, statutory statements and ensure full compliance with all constitutional, legal, regulatory and statutory requirements.
- **Risk.** Consider and approve International Medical Corps (UK)'s procedures for risk management, and ensure there is a framework of structures, policies and processes in place for the organisation and the Board of Trustees.

STATEMENT ON APPROACH TO SAFEGUARDING

International Medical Corps (UK) and its affiliates are committed to the security, safeguarding and safety of their staff, the people we serve and the communities in which we work. International Medical Corps (UK) receives all reports relevant to the Charity's grants from its US affiliate's Safeguarding Taskforce. As per the Charity's governance structure, the Managing Director and senior staff manage all safeguarding matters.

The Charity's US affiliate continues to reinforce its safeguarding capacity and capability through an organization-wide approach, which includes incorporation of guidance received from the Foreign, Commonwealth & Development Office (FCDO) of UK Government (formerly Department for International Development (DfID)), other donors and the Charity Commission.

The following policies of International Medical Corps (UK) outline the Charity's approach to managing safeguarding matters. The policies are reviewed and updated periodically.

- Code of Conduct
- Safeguarding Policy, encompassing child safeguarding, protection from sexual exploitation and abuse, safeguarding adults at risk, prevention of trafficking in persons
- Whistleblowing Policy
- Guidance on Sub-Recipient Safeguarding and Ethical Conduct requirements
- Anti-Harassment and Bullying Policy
- Disciplinary Rules, including grievance procedures
- Recruitment and Selection Process
- Health and Safety Policy
- Modern-Day Slavery Statement

In addition to the policies, staff are also required to complete mandatory training and awareness-raising courses that include:

- Code of Conduct and Ethics
- Prevention of Trafficking in Persons
- Child Safeguarding
- Preventing Harassment in the Workplace
- Prevention of Sexual Exploitation and Abuse

This training is completed at induction, and refresher training is completed on an annual basis.

Key safeguarding actions taken during the reported period by the Charity's US affiliate include the following.

THE SAFEGUARDING TASKFORCE

The Safeguarding Taskforce was created in 2018 to provide focus, leadership and oversight over all global safeguarding initiatives. The Safeguarding Taskforce is a multi-disciplinary team comprising staff from key departments, including Humanitarian Leadership and Partnerships, Legal, Human Resources, Ethics and Compliance, Technical Unit and International Programmes. The Safeguarding Taskforce workplan covers the development and implementation of safeguarding initiatives, including policy review and updates, prevention and protection, survivor assistance guidance, capacity strengthening, training and country support.

POLICY DEVELOPMENT AND IMPLEMENTATION

The umbrella Safeguarding Policy encompasses:

- Child Safeguarding
- Protection from Sexual Exploitation and Abuse
- Safeguarding Adults at Risk
- Prevention of Trafficking in Persons

Sexual harassment in the workplace is covered under the revised Policy for Protection from Harassment, Bullying and Sexual Misconduct. All policies are reviewed and updated periodically.

SAFEGUARDING POLICY IMPLEMENTATION GUIDE AND TOOLKIT

The Safeguarding Task Force has developed a guide to support understanding and implementation of the International Medical Corps Safeguarding Policy. The guide describes priority actions that need to be undertaken by country teams to ensure the full implementation of the Safeguarding Policy at the country and program/project level.

Each priority action has a brief explanation of its importance, an overview of the action itself, how to document or demonstrate that an action has been completed, and guidance on where further tools and information can be found within the accompanying Safeguarding Implementation Toolkit, in order to implement the actions.

The accompanying Toolkit contains tools, information and guidance to support the implementation of the Safeguarding Policy. Examples of the tools include a Safeguarding Action Plan Template, the Terms of Reference for the Safeguarding Focal Points and the Survivor Assistance Guidelines.

The Safeguarding Policy Implementation Guide and Toolkit were distributed to Country Offices at the end of June 2020.

TALENT ACQUISITION

Safeguarding is now included in the corporate staff-recruitment process, from advertisement to hiring.

Key actions include the following steps.

- Safeguarding risks are considered for each role.
- Behavioural-based safeguarding questions are included in the headquarters level interview process for all positions, including field recruitments.

- Managers' responsibilities for ensuring safeguarding measures for volunteers, employees and partners are now routinely included in job descriptions for international staff and are part of the management and staff performance-appraisal process.

SAFEGUARDING FOCAL POINTS

More than 50 Safeguarding Focal Points are identified at the country level. Safeguarding Focal Points are nominated by the Country Director and approved by members from the Safeguarding Taskforce. Training resources, materials and support—including regular orientation calls, expanded terms of reference, planned extensive trainings and a resource library on our intranet—have been implemented and acted upon over the past six months.

Safeguarding Focal Points responsibilities include training, program support as related to Safeguarding (e.g. proposal development), coordinating with the Headquarters Safeguarding Taskforce, and liaising with other focal points from partner agencies and working groups.

Staff globally receive an annual refresher training that covers Safeguarding. Our Safeguarding Focal Points are responsible for ensuring that this training is completed, in coordination with our Learning & Development team at Headquarters.

SAFEGUARDING VIOLATIONS—CASE MANAGEMENT

Reports of violations of International Medical Corps' safeguarding policies are referred to the Ethics and Compliance Department, which conducts investigations in consultation with the Safeguarding Case Team, an interdisciplinary group of senior leaders. Individuals who are found to have violated International Medical Corps' policies are subject to disciplinary action, up to and including termination. As well as considering individual cases, the Safeguarding Case Team analyses safeguarding data over time to identify risks and emerging themes. Key lessons learned through this process inform future safeguarding policy updates and practice, as part of an institutional culture of constantly striving to improve. Additional investigative capacity has been added over the past two years with the appointment of two safeguarding investigators.

SURVIVOR/VICTIM SUPPORT

International Medical Corps works to ensure that survivors/victims of safeguarding violations receive

appropriate and timely support, including medical, psychosocial and other services, according to their needs and wishes. Survivors/victims are also informed of their rights to report incidents to police and/or other relevant authorities. In contexts where reporting to authorities may be indicated, International Medical Corps' Safeguarding Case Team advises victims and consults with Legal Counsel to determine the best course of action. To the extent possible, survivors/victims' wishes guide decisions about the types of support received, and survivors/victims are fully informed of their options and rights.

SAFEGUARDING RISKS OF DOWNSTREAM PARTNERS

Downstream partners are required to conduct all activities under sub-agreements in a manner consistent with international laws, humanitarian principles and donor regulations. Subrecipients are prohibited from engaging in any type of harmful misconduct, including but not limited to sexual exploitation, abuse, harassment and trafficking. Subrecipients are required to inform International Medical Corps of any safeguarding issues that arise under the sub-agreement. Safeguarding-specific requirements are also being refreshed in the downstream partner risk-assessment guidelines.

DEFINING RISK OWNERS

Ownership of safeguarding risks is documented in the organizational risk register of the Charity and its US affiliate, explicitly stating that the risks are owned by executive staff. The Charity's Trustees are updated at least twice a year. The Compliance, Audit and Risk Committee of the Board of International Medical Corps are updated on the risk register annually.

SAFEGUARDING—PREVENTION MEASURES

A comprehensive approach to maintaining and strengthening prevention measures is currently under development, including further incorporating protection mainstreaming into programme design, and implementation and training of staff to enhance this approach. This will be accompanied by a Safeguarding toolkit and the identification of appropriate tools and technical inputs to support the action.

THE ENVIRONMENT

International Medical Corps (UK) actively promotes policies that support the inclusion of safe environmental protection at HQ and country levels. The Charity has received assurance from its office-management company that the office premises in London use renewable energy sources. International Medical Corps, the Charity's US

affiliate, is working towards integrating a commitment to maintaining environmental standards in its Code of Conduct, which is subscribed to by all its employees, volunteers, suppliers and sub-partners. Moreover, at country-level programme implementation, the Charity aims to reduce excess morbidity and mortality associated with potential exposure to environmental factors. The agency coordinates at the global level with other actors' integrated approaches to delivering environmental, social, public health-related and climate-resilient interventions.

On a project-by-project basis, teams assess the risks associated with relevant aspects such as medical waste and expired medicines disposal, making recommendations for controlling and mitigating these impacts through individually tailored interventions. These include capacity building, use of alternative energies, prevention of environmental degradation through sustainable groundwater use, solarization of groundwater resources, health facility-based cold chains, soaking water, open defecations and environmental health (safe domestic- and medical-waste management at the health facility and community levels). These actions aim to achieve positive changes in knowledge, attitude and behaviour of the targeted communities.

The Charity is cosignatory to the global pledge on Energy and Infrastructure, to adopting cost-efficient, environmentally sustainable solutions. We support resilient and sustainable WASH systems that address water scarcity and climate change, and that leverage renewable energy options.

The Charity is committed to maintaining high environmental standards and will continue to work and support a precautionary approach to environmental challenges, undertaking initiatives to promote greater environmental responsibility, and encouraging the development and dissemination of environmentally friendly technologies.

In addition, International Medical Corps is currently developing guidance on reduction of its negative impact on the environment due to factors linked to logistics and the supply chain (transportation of goods and staff, sourcing, packaging, power supply, etc.), with the aim of implementing best practices and providing recommendations based on studies and recommendations of agencies such as Groupe URD (Environmental Footprint of Humanitarian Assistance—Scoping Review, May 2020), IFRC, WHO and WFP.

MODERN SLAVERY

In December 2016, International Medical Corps (UK) published its modern slavery statement, committing

to prevent modern-day slavery and human trafficking within the organisation and its supply chains. We actively and continuously work with our affiliates to reduce and eliminate the risk. New employees are informed about these organisational policies by the Human Resources function during their onboarding orientation. Additionally, all employees are provided with annual training about the prevention of trafficking in persons, sexual exploitation and abuse, and child labour. Related information is made available to employees on the organisation's intranet, as well as through posters displayed in all field and headquarters offices. In addition, International Medical Corps' Global Safeguarding Policy has been updated, made pursuant to section 54(1) of the Modern Slavery Act 2015 (UK) and constitutes International Medical Corps' Modern Slavery Statement. It mandates that all suspicions are reported and are then reviewed and investigated by the Ethics and Compliance Investigation Unit and the Safeguarding Case Team.

In 2017 International Medical Corps revised the vendor Code of Conduct (which must be signed by any supplier before entering into business with International Medical Corps), which includes a chapter on the prohibition of human trafficking. Provisions are also inserted in procurement Master Terms and Conditions; failure to comply constitutes a breach of an essential term of the Contract, leading to revoking the vendor's registration with International Medical Corps and inclusion of the company on the watch list maintained by our Compliance & Ethics department. To further mitigate the risk of doing business with vendors engaged in any way with modern slavery, International Medical Corps is currently reviewing vendor-assessment processes, to ensure that this aspect is integrated during evaluation process.

KEY MANAGEMENT PERSONNEL

The key management team of the Charity consist of the Trustees, the Managing Director and the senior management team. The trustees have delegated management of the Charity's operations to the Managing Director, who is supported by the senior management team as follows:

- International Medical Corps (UK)-contracted staff:
 - Senior Director of International Programmes
 - Senior Director of Finance, Grants and Contracts
 - Senior Director of Human Resources and Global Talent Acquisition
- International Medical Corps-contracted staff:
 - Chief Operating Officer
 - Vice President, Finance and Administration

- Chief Advancement Officer
- Vice President, Humanitarian Leadership and Partnership

For the purposes of setting employee remuneration, the trustees have not deemed it fit within the current structure to require a separate remuneration committee. Appropriate delegation has been given to the Charity's Managing Director, who is also the Administrative Director for this purpose. In setting the pay and benefits of the UK-contracted senior management team, the Managing Director refers to the company's pay policy, which is periodically reviewed. Salaries and benefits are benchmarked against reliable industry data. The salary scale, including the pay policy, is approved by the Managing Director and in line with the Charity's pay policy.

The remuneration of the Managing Director is set by the trustees.

TRUSTEES' RESPONSIBILITIES

The trustees—who are also directors of International Medical Corps (UK) for the purposes of company law—are responsible for preparing the trustees' report and financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practices, or GAAP).

Company law requires the trustees to prepare financial statements for each financial year that give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of such resources, including the income and expenditure of the charitable company for that period. Under company law, the trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure of the charitable company for that period.

In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Statement of Recommended Practice Accounting and Reporting by Charities;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable United Kingdom Accounting Standards have been followed, subject

to any material departures disclosed and explained in the financial statements; and

- prepare the financial statements on the going-concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

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

Each of the trustees confirms that:

- so far as the trustee is aware, there is no relevant audit information of which the charitable company's auditor is unaware; and,
- the trustee has taken all the steps that he/she ought to have taken as a trustee to make himself/herself aware of any relevant audit information, and to establish that the charitable company's auditor is aware of that information.

This confirmation is given and should be interpreted in accordance with the provisions of S418 of the Companies Act 2006.

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

OBJECTIVES AND ACTIVITIES

PUBLIC BENEFIT

In reviewing the Charity's aims and in planning future activities, the trustees have referred to the guidance contained in the Charity Commission's general guidance on public benefit. The trustees believe that the Charity benefits the public through the achievement of its goals and objectives by:

- providing timely and appropriate humanitarian aid to vulnerable victims of wars and disasters;
- building the capacity of local healthcare providers to increase the standards of healthcare for local

communities and create more sustainable systems;

- contributing to the UK's agenda for international development and, in particular, the achievement of the Sustainable Development Goals, including the prevention of and response to violence against women and girls;
- contributing to the containment and reduction of infectious diseases globally; and
- contributing to an appreciation and technical understanding of the impact of various health issues affecting the vulnerable, through the UK/EU media and other humanitarian networks.

INTERNATIONAL MEDICAL CORPS (UK)'S GOALS

- To mobilise sufficient resources to realise International Medical Corps (UK)'s charitable objects and humanitarian mission.
- As per International Medical Corps (UK)'s Memorandum of Association, the objects of the organisation are to:
 - a) relieve suffering, sickness and poverty throughout the world by providing medical aid, healthcare training and programmes, and to promote good health and preserve lives by providing medical supplies and trained medical professionals particularly, in areas that have suffered through war and conflict; and
 - b) further the activities of International Medical Corps, a non-profit corporation registered in California USA, as are exclusively charitable and that may advance the objective set in (a) above.

International Medical Corps (UK)'s mission is to provide humanitarian assistance, healthcare and training to communities affected by disasters, conflict and poverty, so they can return to self-reliance.

During the reporting period, the Charity continued to report on six main areas of work, which are referred to as flagships:

1. Building health capacity
2. Emergency response
3. Mental health
4. Woman and children's health
5. Clean water, sanitation and hygiene
6. Nutrition

MONITORING OF ACTIVITIES

International Medical Corps (UK) continuously monitors program activities through effective internal reporting mechanisms. It provides regular programmatic and financial reports on project activities and progress as required by all its institutional donors and other stakeholders. Additional internal programme reports and departmental updates supplement this information for day-to-day management. The Charity also maintains automated recruitment, financial and programme records to track performance and grant compliance.

The International Programmes team reinforces supportive monitoring and communications systems and procedures to track results despite COVID-related constraints on international travel to countries. Monthly calls with country teams track the achievement of project targets, spending and procurement, as presented by project managers and their technical, financial and logistics colleagues. We have established a bi-weekly review to aggregate and track results for all COVID projects, and have integrated it into organization-wide DHIS2 reporting and mapping software. In addition, International Programme Senior Directors, Programme Managers and Programme Officers maintain regular communications with country teams to identify and address risks and provide support, working with regional platform department focal points.

Staff, in various capacities, visited country programmes during the year to provide relevant technical support. During the reported period, countries visited included Jordan, Afghanistan, South Sudan, Ethiopia, and the Bahamas, where we provided field teams with programmatic and technical support. The Director of the Technical Unit, based in the UK, supported by a global network of Technical Advisors, ensures that support and technical oversight is provided to all projects. Remote oversight and support were put in place with the outbreak of COVID-19.

The Charity's affiliate delivers programmes through three geographical, cross-functional platforms (Middle East; Central & Southern Africa; North & East Africa, Asia and Europe), which include dedicated interdisciplinary teams of specialists in programmes, technical, finance, resource development, communications, logistics and supply chains, human resources and security. Functional specialists provide effective and efficient business support to field programmes, and facilitate speedy and effective responses to disasters in the respective regions.

International Medical Corps (UK)'s Managing Director is a member of the global executive leadership team, and advises and helps evaluate opportunities, challenges and risks associated with implementation of programs undertaken by the Charity's affiliate. In addition, International Medical Corps (UK) relies on its affiliate's internal audit, compliance and Safeguarding Task Force's independent field reviews, evaluations and reports. Risk assessment and compliance issues are flagged in various functional units' regular reviews, and critical issues are reported back to the senior leadership team. Senior International Medical Corps' staff brief the trustees during board meetings on key developments and on risk mitigation measures that have been put in place.

STATEMENT ON CONTRIBUTIONS BY VOLUNTEERS

International Medical Corps (UK) continues to actively encourage members of the public to become involved in its work, both in the UK, to raise awareness of international development issues, and overseas, to support its operations.

STRATEGIC REPORT

ACHIEVEMENTS AND PERFORMANCE

Organisational Performance

Over the course of the financial year to June 2020, International Medical Corps (UK) provided assistance valued at \$131,466,324 (2019: \$153,869,853) to vulnerable populations in 22 countries (2019: 23). This included the distribution of donated medical and other supplies valued at \$14,831,337 (2019: \$16,015,536).

International Medical Corps (UK) supported, through its US affiliate, 2,774 staff positions in 22 countries (2019: 3,204 staff positions in 23 countries), providing essential services to beneficiaries. Globally, International Medical Corps' activities have served more than 8.6 million direct beneficiaries. International Medical Corps (UK) contributed 40% of global funding to this mutual achievement.

Summary of Measures Used to Assess International Medical Corps (UK)'s Performance

International Medical Corps (UK) continues to use a Balanced Business Scorecard specifying the following main objectives.

FINANCIALS: ‘Transparently and efficiently raising and spending donor money’

GOAL	COMMENT
Timely and efficient delivery of programme activities	The Charity successfully delivered activities of the value of \$131M (2019: \$153M), The major driver for the reduction is transfer of some programmes funded by European Trust Funds to International Medical Corps Croatia to meet funding eligibility requirements;
Control over corporate costs	The Charity has managed corporate expenditure within the provisions of its annual budget and according to the terms specified by its donors.
Diversification of income	The Charity continued to be funded by a wide range of government agencies and foundations.

RISK: ‘Minimise risk whilst anticipating threats’

GOAL	COMMENT
Strengthened systems for identifying and raising areas of concern in a timely manner to the senior management team	<p>The Charity continued to maintain its risk register and controlled the field operations through regular reviews, cross-team participation and reference to the Charity’s scorecard mechanism.</p> <p>The Charity’s US affiliate continues to make substantial progress in implementing the Supply Chain Excellence Programme (SCEP): a multiyear programme consisting of several transformation and change initiatives in the logistics and supply-chain domain. Initiatives focus on improvement of the procurement capacity at the country level, logistics and supply-chain reporting through use of key performance indicators (KPIs) and increasing the use of structured framework agreements.</p> <p>In addition, the Charity has worked with its US affiliate to administer and reinforce its safeguarding mechanisms.</p>
Mitigate financial loss through strict controls	<p>Strict controls were maintained and updated as necessary to ensure adherence to internal procedures, requirements of donors and the requirements of the Charity Commission.</p> <p>Procurement policies and procedures have been strengthened and systems automated to ensure that donor funds are spent in accordance with donor regulation and value-for-money principles.</p>

PEOPLE: 'Always supporting its people to develop professionally while delivering the Charity's mission.'

GOAL	COMMENT
Staff are motivated to achieve and exceed performance expectations	<p>Staff undertook in-house and external training on donor regulations and industry best practices to ensure appropriate oversight.</p> <p>Remote working arrangements were put in place to ensure staff safety during the pandemic.</p> <p>Regular staff welfare requirements were reviewed, and support provided during remote working.</p>
Improve on the creation of opportunities for effective intercompany collaboration and improved quality of programmes	<p>Intercompany and interdepartmental collaborations were enhanced to consider opportunities and challenges in wider contexts.</p> <p>Each International Medical Corps UK team worked closely with its peers in the US to ensure alignment.</p>

OPERATIONS: 'Delivering the mission efficiently, through discipline and thoroughness.'

GOAL	COMMENT
Regular review of programme performance, seeking value added to field operations across all donor funded programmes.	<p>Programme staff at all levels identify and address challenges faced during implementation on an ongoing basis, to ensure effective programme implementation and delivery.</p> <p>The Charity's affiliate's cross-functional platforms continued to improve the effectiveness and efficiency of operational support to International Medical Corps' field programs, as well as facilitate speedy and effective responses to disasters in the respective regions.</p>
Increased monitoring and evaluation activities, training and programme development	<p>Programme staff now work together with other staff within the cross-functional platforms for prompt decision making on country programme issues.</p> <p>During the reporting period, the Charity, in collaboration with its US affiliate, submitted 146 proposals (2019: 104 submitted).</p> <p>88 (60%) proposals were approved (2019: 76) while 37 (25%) were rejected (2019: 22, or 21%). Twenty-one proposals are still being considered by the relevant donors for funding purposes.</p> <p>In collaboration with its US affiliate, four internal audits were conducted at the country level during the year, as well as several cross-organizational audits at the headquarters level.</p>
Secure multi-year grants from donors	Ongoing discussions were had with FCDO (formerly DfID) and Global Affairs Canada (GAC) on multi-year grants.

DONORS: 'Accountable to a growing group of donors'

The Global Programme Unit continued to provide enhanced due diligence on the Charity's grants and contracts, for compliance with the standards and regulations specified by its donors, with support from the US affiliate's Compliance team, and by making use of reports issued by the internal audit department. Additionally, International Medical Corps continues to be a member of the Core Humanitarian Standard (CHS) Alliance and continues to monitor its compliance with the Humanitarian Accountability Framework.

GOAL	COMMENT
Improve high-level donor interaction	Robust interaction with International Medical Corps (UK)'s donors continued at all levels throughout the year.
To improve on effective donor intelligence	<p>Regular communications with donor agencies were maintained, to ensure that relevant opportunities were pursued.</p> <p>Active participation in UK NGO forums and direct communication with FCDO (formerly DfID) were prioritised, to ensure that humanitarian relief is prioritised following the UK's exit from the European Union and other governmental efforts to shape the sector.</p>
Compliance with reporting deadlines and improved performance on complementary information requests	The Charity remains compliant with donor reporting requirements.

INNOVATION: 'Challenging the norm to minimise inefficiency and maximise impact'

GOAL	COMMENT
Encouraging a culture of creativity and problem solving	Organisation-wide management information systems are being used to obtain real-time reports integrating key indicators across finance, programme delivery, human resources and logistics, to ensure effective implementation of programmes. A variety of projects continue, with the aim of improving the efficiency of key areas affecting delivery of programme activities. Cross-functional platforms also ensure that real-time information is available and applied in decision making and operations.

External representation and engagement

International Medical Corps (UK)'s Technical Unit members continued to represent the Charity in forums both within the UK and abroad, and make contributions to global discussions on sectoral issues. The Charity's Water, Sanitation and Hygiene (WASH) advisor participated in the 24th Global WASH Cluster meeting in Geneva, which considered recommendations from an Emergency WASH capacity study.

The Senior Director for International Programmes and Programme Manager attended the DG ECHO partners' conference in December 2019, to better understand ECHO's evolving priorities and requirements for partnership, especially in expectation of Brexit. The Managing Director and Senior Director also attended BOND Humanitarian Network meetings. Throughout this year, the Senior Director and Programme Managers for the East and Mideast regions participated in Start Network "rota" meetings to review and allocate emergency alerts and funding as requested by Start.

The Managing Director maintained contact with ECHO's leadership to ensure compliance with funding eligibility in the context of Brexit.

INTERNATIONAL MEDICAL CORPS (UK)'S HUMANITARIAN ASSISTANCE FOR THE FINANCIAL YEAR 2019/2020

Our Programs

During the reported period, International Medical Corps provided programmes designed to help communities hit by disasters towards a path from relief to self-reliance. In the process, we saved thousands of lives, eased the plight of countless others and brought hope for a better future to those affected by disease, disaster or conflict.

Emergency Response and Preparedness

In March 2020, the war in Syria entered its tenth year. We continued to respond to the urgent emergency needs of families affected by or fleeing from conflict.

Our emergency, primary and secondary healthcare services saved and changed lives. Services ranged from physical rehabilitation for people with war-related injuries and other disabilities, to providing hearing aids for children and adults, to preventing and managing common diseases.

Our teams also provided mental health and psychosocial support to those suffering from psychological distress and mental health conditions amidst the chaos of the conflict. We mobilised psychological first-aid teams, provided treatment through psychiatrists and doctors, trained caregivers and deployed in-community services for those unable to visit facilities.

We also worked in some of the most difficult circumstances in the world to provide nutrition for mothers, infants and young children, improve hygiene in the camps, run community awareness sessions to empower women and girls, and support survivors and those at risk of gender-based violence.

Nutrition and Food Security

Working in communities, in homes and at our facilities, our Somalia teams have improved access to lifesaving nutrition services for vulnerable populations, including those displaced by war, with a focus on pregnant women, infants and young children. More specifically, we provided beneficiaries with nutrition screening, growth monitoring for children under five, and inpatient and outpatient management of severe acute malnutrition, all integrated with health, WASH and protection services.

Mental Health and Psychosocial Support

In Jordan's Azraq Refugee camp, our teams supported 1,883 vulnerable Syrian refugees with comprehensive mental health services. Our psychologists and psychiatrists provided a total of 25,589 mental health consultations.

Health Services Support

In Yemen, our teams worked to fight death and disease amongst 186,150 people in vulnerable communities in Lahj and Taiz governorates. By supporting five primary healthcare clinics in Lahj and one hospital in Taiz, and deploying two Health and Nutrition Mobile Teams to reach remote populations, we provided help for pregnant women, vital child health services and treatment for diseases.

Women's and Children's Health

In Somalia, we worked through the Jowhar Maternity Unit and communities to provide around-the-clock emergency obstetric and neonatal care, as well as lifesaving feeding services for infants and young children. We also supported vulnerable women and children during the vital first thousand days from a child's conception through 23 months of age.

Family and Community Health

In Iraq, our community health workers have worked with our Mobile Medical Units to support vulnerable internally displaced people and host communities. Our teams raised awareness around health and hygiene, and supported referrals to primary health centres and other facilities, reaching 28,328 individuals.

Water, Sanitation and Hygiene

In Ethiopia, our teams supported vulnerable and internally displaced people at desperate risk from disease, poor

sanitation and inadequate access to water as a result of drought and conflict. Communities are now benefiting from five rehabilitated shallow wells that provide a safe supply of drinking water. We also provided 2,850 dignity kits to adolescent girls and 3,000 hygiene kits to vulnerable women.

Focusing on Training for More Than 35 Years

Beginning in 1984 with our first program, training has been key to fulfilling our mission—not just helping communities recover from adversity but helping them become stronger on their journey towards self-reliance. We continued to emphasise training in all of our programs.

COVID-19

In a few short months, COVID-19 the disease caused by the novel coronavirus SARS-CoV-2 spread from a single city in East Asia to countries across the globe, disrupting everyday life and exacting a staggering death toll as it catapulted the world into an unsettled future.

International Medical Corps UK was quick to develop training programs for general practitioners, nurses and other health workers, focusing on increasing capacity to respond to COVID-19 outbreaks, maintaining essential health services during the outbreak and supporting the mental health of beneficiaries and health workers during the crisis.

For example, in Libya International Medical Corps UK's medical teams were quick to train 314 healthcare staff in seven health facilities in Misrata, Sabha and Tripoli on how to prevent the spread of the virus and refer suspected cases to the National Centre for Disease Control. Thanks to the National Centre's support, International Medical Corps UK managed to train more healthcare personnel than originally forecast. In Pakistan, we trained 251 health professionals on different aspects of COVID-19 response and case management.

In Iraq, we are implementing a coronavirus emergency response by supporting 14 primary healthcare centres (PHCCs) and one maternity unit. We have also established a triage system to separate patients with respiratory symptoms from the rest of the patients, isolate them and manage and/or refer them to a hospital, in line with guidelines developed by Iraq's Ministry of Health and the World Health Organization. Dedicated spaces within PHCCs have been created and equipped as isolation spaces, to protect other beneficiaries attending PHCCs for essential health services. Moreover, we are supporting health facilities with medical staff surge capacity. We are also conducting training on risk communication and health promotion for all community workers to create awareness about COVID-19 infection and steps to prevent the spread of infection, while maintaining social distancing and other precautions to prevent transmission. Through the COVID emergency response, we have targeted 116,454 beneficiaries, including 39,591 internally displaced persons.

Pakistan

We have a long history of training in Pakistan. In 1985, we began training young Afghan refugees to return to their communities to provide basic healthcare. In 1999, we extended our training to the Afghan refugee population in Pakistan's northwest frontier, where we still work today.

In Khyber Pakhtunkhwa Province, our teams trained staff at health facilities about sexual and reproductive health, family planning and gender-based violence, resulting in improved services and a significant increase in the use of the services by women and young girls.

Over the last year, we've trained government and non-government healthcare providers in infection control, and in supporting the physical and mental needs of survivors of violence.

INSTITUTIONAL DONOR SUPPORT FOR INTERNATIONAL MEDICAL CORPS (UK) PROGRAMMES

To fulfil its mission and to undertake the abovementioned activities, International Medical Corps (UK) received grants from the following private and international donor agencies during the year. The Charity gratefully acknowledges their support.

ACF Canada	Action Against Hunger, Canada
ACF Spain	Action Against Hunger, Spain
ACF US	Action Against Hunger, US
Columbia University	Columbia University
DAHW	Deutsche Lepra- und Tuberkulosehilfe e.V.
DFAT Australia	Department of Foreign Affairs and Trade Australia
FCDO (formerly DFID)	Foreign, Commonwealth & Development Office (formerly- Department for International Development UK)
DRC	Danish Refugee Council
EC	European Commission
ECHO	European Commission Humanitarian Aid & Civil Protection
France MOFA	France Ministry of Europe and Foreign Affairs
GAC	Global Affairs Canada
GIZ	The Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH
INTERSOS	INTERSOS
IOM	International Organization for Migration
Irish Aid	Irish Aid
King Salman Humanit. Aid	King Salman Humanitarian Aid and Relief Center
MENTOR	MENTOR Initiative
MINBUZA	Ministry of Foreign Affairs Netherlands
Misereor	Misereor
NPT UK	NPT Transatlantic Limited
Plan Int. Australia	Plan International Australia
PUI	Première Urgence Internationale
Relief International UK	Relief International UK
Start Network	Start Network
The TNC Foundation	T&C Foundation
UNDP	United Nations Development Fund
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNSW	University of New South Wales
Vrije Universiteit	Vrije Universiteit
WFP	World Food Programme
WHO	World Health Organisation
WRC	Women's Refugee Commission
WV	World Vision
ZOA Netherlands	Stichting ZOA

PRIVATE DONOR SUPPORT OF INTERNATIONAL MEDICAL CORPS (UK) PROGRAMMES

Andor Charitable Trust

D M & J Wood Charitable Trust

BUPA

Bloomberg LP

Bill & Melinda Gates Foundation

GM Morrison Charitable Trust

Fulmers Charitable Trust

Latter Day Saints

FUNDRAISING, COMMUNICATIONS AND MARKETING ACTIVITIES

During the year, International Medical Corps (UK) has received donations from institutional donors, corporates, trusts and foundations, as well as private individuals. International Medical Corps (UK) and its US affiliate seek to raise funds to sustain its programs across all countries where they work, as well as funds to fill gaps, support immediate emergency responses and implement innovative programs. The Charity responds to requests for proposals issued by institutional donors such as FCDO (formerly DfID), UN agencies and by private-sector donors. The Charity works closely with its affiliate to raise funds from corporations and foundations for emergency response activities and ongoing programs. International Medical Corps utilizes multiple fundraising channels, with the goal of raising funds from as diversified a base of supporters as possible. These channels include events, annual giving programs, direct mail and online appeals, in addition to outreach through social media, the website and other online platforms. International Medical Corps (UK) and its affiliate do not employ any commercial fundraising firm to solicit individuals via telephone or door to door.

Although International Medical Corps (UK) is not registered with the UK Fundraising Regulator and does not formally follow the Regulator's Code of Practice, the Charity has regard for the principles and practices set out in the Code. International Medical Corps (UK) and its affiliate are in compliance with the General Data Privacy Regulations and protect individuals' personal information. Fundraising activities are monitored by the senior leadership of International Medical Corps (UK), which shares regular reporting with the trustees. Over the past year, International Medical Corps (UK) has not received any complaints about its fundraising practices from donors or potential donors. International Medical Corps (UK) undertakes due diligence on both the financial

and reputational dealings of potential partners before accepting donations.

INVESTMENT POLICY

Due to the nature of the Charity's programmes and funding cycles of its major donors, the Charity keeps its financial assets liquid.

RISK MANAGEMENT

Risk assessment is used to drive the activity of International Medical Corps (UK) and focus its resources. A culture of risk management and mitigation is embedded in the organisation and senior management, and the trustees are involved in the management of high-risk areas. A risk register is used by management and the trustees to examine and monitor risks to the organisation.

The register identifies and prioritises risk in relation to the likelihood of the risk emerging and the level of impact it would have on the organisation, and outlines the measures in place to safeguard the company's assets against such risk. The risk categories are defined below:

- Organisational risk
- Strategic and management risk
- Operational risk
- People
- Financial risk

The Board of Trustees seeks to ensure that systems are in place to monitor, manage and mitigate International Medical Corps (UK)'s exposure to major risks; these are reviewed periodically. It is also recognised that the nature of some of the Charity's work requires active acceptance and management of some risks when undertaking activities, in order to achieve the objectives of the Charity.

The key business risks to the Charity continue to include the unexpected loss of funding from key donor

organisations and major disruptions to programmes in countries resulting from factors either within or beyond the organisation's control. The Board of Trustees for International Medical Corps (UK) continues to implement measures to mitigate these risks, including review of the

reserves policy, the introduction of new technology to ensure that assets are safeguarded to the extent possible, the continued reference to a balanced business scorecard and aggressive reviews into the Charity's funding base. These are further summarised in the table below:

KEY RISKS	TRUSTEES' PLANS TO MITIGATE THE RISK
Insufficient unrestricted reserves	The Charity recognises that developing a supporter base will take time and sustained efforts from both its own team and from its affiliate. In the meantime, the Charity intends to continue to work with its institutional donors to continue delivering activities in the most hard-to-reach areas, thereby receiving contributions towards its corporate costs, and work with its US affiliate to keep effective control on its cost structure.
Adverse payment terms offered by donors affecting the liquidity of the Charity	The trustees have agreed that the Charity's affiliate, under the leadership of the VP Finance and Administration, will oversee the global treasury function. Under the direction of the Los Angeles-based Finance Controller, the Charity's US affiliate's treasury team continues to implement improved practices in working-capital management. The Senior Director of Finance of International Medical Corps (UK) participates in treasury governance meetings, and the Managing Director is part of the global treasury stakeholders group.
Future funding opportunities affected by Brexit and developments in the UK's Foreign and Development policies.	International Medical Corps (UK) is working with other International Medical Corps affiliates to avail itself of suitable opportunities from the European Union. At the same time the Charity continued to engage with FCDO (formerly DfID) on existing and potential portfolios.
Inadequate assessment, resulting in poor programming decisions and implementations.	International Medical Corps continues to invest in country-specific assessments, to ensure a relevant and quality orientated programme design.
Exposure to movement in foreign currency rates, affecting international operations	The Charity's principal currency exposures arise from translations of European and other donor monies received into US dollars, the main operational currency advanced to its field missions overseas. The continued fall in the value of pound sterling against the dollar has continued to adversely affect International Medical Corps (UK)'s ability to deliver programmes sustainably. Within this context, global treasury management, consisting of International Medical Corps UK's and International Medical Corps' senior staff, created in July 2018, continues to ensure effective use of donor funds.
Operations in sanctioned countries through the Charity's US affiliate	Donors and stakeholders are kept up to date with developments and emerging risks affecting programme implementation in sanctioned countries.

FINANCIAL REVIEW

Statement of Principal Financial Management Policies Adopted in the Year

It is the policy of International Medical Corps (UK) to maintain effective financial and other programmatic management systems with its US affiliate. Efficient budgeting, accounting, financial reporting and auditing systems are employed throughout the organization, to meet the management and programmatic needs at various levels, and to be accountable to its donors and supporters.

This year, International Medical Corps (UK)'s total income was \$121,777,026 (2019: \$155,260,005). Of this, the total cash income received from institutional donors was \$106,027,214 (2019: \$139,330,052). International Medical Corps (UK) was able to secure \$14,622,440 (2019: \$15,355,158) of gifts-in-kind, comprising food, medicines and supplies.

During the reporting period, International Medical Corps (UK) supported training and assistance programmes in 22 (2019: 23) countries through its US affiliate. The Charity's programme expenditures can be disaggregated into the following humanitarian contexts.

	FY 2020	FY 2019
Building health capacity	35%	28%
Emergency response	22%	25%
Mental health	6%	6%
Women & children's health	14%	21%
Water & sanitation	3%	5%
Nutrition	20%	15%

Financial Position

The Charity had restricted funds of \$15,982,576 as of 30 June 2020 (2019: \$25,662,721) and unrestricted funds of \$641,167 as of the same date (2019: \$653,866). International Medical Corps (UK) receives relevant institutional funding in meeting its restricted charitable expenditure. The balance of free reserves as of 30 June 2020 is \$575,932 (2019: \$565,101). Free reserves are unrestricted funds less the net book value of the fixed assets.

International Medical Corps (UK) committed resources from unrestricted reserves to provide adequate support for growth in charitable activities and to ensure

compliance with growing donor regulations. International Medical Corps (UK) continues to rely on its affiliate's commitment to meet shortfalls in programmes covered by the affiliate's unrestricted and other funds.

Reserves Policy

The Charity continues to rely on its US affiliate's policy to cover shortfalls incurred as a result of its affiliate's strategy to pursue non-federal funds that do not provide full overhead cost recovery. After considering the risks identified, the trustees revisited the reserves policy for the financial year 2019, to assess varied needs for reserves.

The policy also seeks to incorporate emerging donor approaches in financing humanitarian initiatives and the ability of International Medical Corps (UK), through its US affiliate, to continue to deliver high-quality projects with maximum impact. The policy has taken a risk-based approach, with special emphasis on:

- the Charity's income streams and the associated risk profile;
- the ability of the Charity to meet its commitments and to deliver its expenditure obligations through its US affiliate; and

- the overall risk environment in which the Charity operates.

Overall, International Medical Corps (UK) requires reserves to:

- fund working capital requirements in the event of unexpected delays in receiving donor funds, to ensure continuity in implementation in the field;
- fund unplanned expenditures arising from programme-related contingencies, such as unforeseen events delaying implementation and leading to no-cost-extensions, and to manage exposure to exchange rate fluctuations;

- finance any gap in funding for projects of strategic importance to the Charity and its US affiliate; and
- fund requirements for additional corporate costs to maintain high-quality assurance over the organisation's programmes.

As explained elsewhere in the report, the Charity's US affiliate continues to assume, in large part, risks associated with implementation of its charitable activities around the world. An overall reserves policy has been considered by the Board of Trustees that aims to maintain a level of unrestricted reserves equivalent to six month's operating expenditure of the Charity's HQ offices, which is \$550,000 for FY 2020–21 and is currently being achieved. Available unrestricted-fund balances in excess of the operational reserves' requirements will be utilised, as required, to meet the other purposes outlined above. Operating expenditure considered for reserves excludes transfers made for overseas programmes.

International Medical Corps (UK) cannot consider projects that do not fully cover its costs. However, through its affiliate, which covers any gap in funding, it continues to accept projects assessed by its affiliate as feasible. International Medical Corps (UK) continues to apply more rigorous assessment of new projects, and will accept projects that support its overhead costs required to maintain acceptable oversight of programme implementation, therefore mitigating the risk of insufficiently resourced projects. The Charity accepts that there are situations where, to meet the Charity's missions and objectives, there is an inevitable need to take on more challenging and strategic global roles, which requires the need to pursue other funding sources. In these instances, the Charity relies on coverage of its risks by its US affiliate. International Medical Corps (UK) seeks to take on programmes that are assessed as break-even; however, circumstances may occur where, in a bid to fulfil its same objectives and mission, recourse to unrestricted funds or restricted funds that are country-designated is put into effect. As of 30 June 2020, the Charity held restricted reserves of \$15,982,576 (2019: \$25,662,721). This represents the total funds received for specific projects that are yet to be spent at 30 June 2020. These funds have been excluded from specific reserves policy, as they are not for the purposes of general working capital.

As of June 2020, the balance of free reserves was \$575,932 (2019: \$565,101). The Charity is resolved to maintain an adequate level of reserves and is working with its affiliate to implement a feasible strategy for marketing and public awareness of its work, to cultivate

support, but accepts that in the current economic climate this may be difficult. The Charity will respond to the risks identified above as follows.

- In collaboration with its affiliate, the Charity will profile the pipeline-income streams and undertake projects with acceptable terms. Also, it will look to its affiliate to cover programme funding gaps that the affiliate has reviewed and considered as acceptable. The Charity continues dialogues with the donor community, which values the difference made by its work, and negotiate feasible terms for implementing activities.
- The Charity and its affiliate continue to closely monitor the implementation context of quality programmes around the world, and resolve operational challenges with its supporters and partners.
- The Charity relies on its affiliate's treasury management and shortfall approval to minimise risk.
- The Charity notes risks caused by political changes, including Brexit and the after-effects of the pandemic, and is ensuring it has the flexibility to address them. Along with its affiliates, the Charity continues to forge new partnerships that will enable it to fulfil its mission and objectives.

INTERNATIONAL MEDICAL CORPS (UK) PLANS FOR 2020/2021

International Medical Corps (UK) plans are as below.

AIM/OBJECTIVE	OPERATIONAL AREA	MEASURABLE OBJECTIVES
Increase International Medical Corps (UK)'s engagement with existing donors, to manage the potential impact post-Brexit	International Programme	Ongoing engagement with donors to ensure additional sustained funding streams. Revenue obtained to enable the Charity's sustained operations.
Ensure constructive oversight of the Charity's projects being implemented by its US affiliate, to ensure optimum quality control	International Programme and Technical Unit	Regular reports by the Charity's US affiliate, to indicate progress in implementation of programme activities. Cross-functional platforms coordinate monitoring of implementation through regular communications, donor liaisons, country visits and reports on implementation plans, reflecting commitments undertaken by its US affiliate. The Charity's affiliate provides independent assurance about projects implementation through extensive work and reporting by the Field Compliance and the Internal Audit functions; that work is shared with the Charity.
Explore joint strategic approaches to fundraising for International Medical Corps (UK) with its US affiliate	Fundraising	To raise \$55,000 (£42,307) in specific support.
Apply enhanced techniques to ensure maximum visibility, and donor and supporter engagement.	Marketing and Communications	An increase in supporter base of the Charity.
Build increased awareness of International Medical Corps UK's operations through media outreach and placements	Communications	Secure coverage of operations in media outlets.
Continue to build International Medical Corps UK's brand through robust website and social media presence	Communications	Website and social media are active and updated regularly, resulting in increased awareness of our work.
Ensure an enhanced culture of Compliance and Accountability within International Medical Corps (UK) to both donors and beneficiaries	Ethics, Compliance and Internal Audit	Timely implementation of applicable audit and donor due-diligence recommendations.

INTERNATIONAL MEDICAL CORPS (UK) PLANS FOR 2020/2021 (CONTINUED)

AIM/OBJECTIVE	OPERATIONAL AREA	MEASURABLE OBJECTIVES
Drive efficiency through effective finance business partnering, and leverage financial information to improve business performance and stakeholder value	Finance	<p>Periodic management accounts and management analysis reports are completed in a timely manner.</p> <p>Strict control of International Medical Corps (UK) corporate costs.</p> <p>Use of enterprise resource management (ERM), budgeting and forecasting systems for efficiency.</p>
Mitigate the effects of the COVID-19 pandemic on activities throughout the world	International Programme Human Resources Logistics & Supply Chain Management	<p>Promote effective remote service delivery mechanism to ensure vulnerable population have access to services.</p> <p>Ongoing communication with donors and supporters about national measures in place to mitigate the effects of COVID-19.</p> <p>Ensure that staff, partners and beneficiaries' safety and health are prioritized through access to timely and suitable personal protective equipment (PPE).</p>
Provide a framework for people-management practices that are legally compliant, reflect best practice and enable International Medical Corps (UK) to achieve its strategic and operational goals effectively and efficiently	Human Resources	<p>Retention of high-performing staff, based on performance management system.</p> <p>Availability of up-to-date relevant HR policies and procedures that support positive working relationships.</p> <p>Introduction of employee wellbeing and engagement initiatives.</p>

In addition, the Charity aims to:

1. expand opportunities for applied research to improve the impact of providing healthcare for vulnerable communities, in line with its mission;
2. achieve institutional income of \$126 million during the 12-month period to 30 June 2021;
3. continue to expand the organisation's number of partnerships and non-traditional donors;
4. expand the organisation's global profile through increased awareness of its activities;
5. review and strengthen current internal processes employed by its US affiliate, with a view to increasing organisational efficiency; and
6. continue to work with its US affiliate to apply new technology and systems that mitigate risks specific to the sector in general.

The Trustees' Report incorporating the strategic report is approved by the trustees and signed on their behalf by:

Approved by the Board of Trustees on: 17 December 2020

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF INTERNATIONAL MEDICAL CORPS (UK) 30 JUNE 2020

OPINION

We have audited the financial statements of International Medical Corps (UK) (the 'charitable company') for the year ended 30 June 2020 which comprise the statement of financial activities, the balance sheet, the statement of cash flows, the principal accounting policies and the notes to the financial statements. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 30 June 2020 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

BASIS FOR OPINION

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

CONCLUSIONS RELATING TO GOING CONCERN

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

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

OTHER INFORMATION

The trustees are responsible for the other information. The other information comprises the information included in the trustees' report including the strategic report other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

OPINIONS ON OTHER MATTERS PRESCRIBED BY THE COMPANIES ACT 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the trustees' report including the strategic report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the trustees' report including the strategic report has been prepared in accordance with applicable legal requirements.

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' report including the strategic report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

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

RESPONSIBILITIES OF TRUSTEES

As explained more fully in the trustees' responsibilities statement, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability

to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

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

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

USE OF OUR REPORT

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Edward Finch (Senior Statutory Auditor)

For and on behalf of Buzzacott LLP, Statutory Auditor
130 Wood Street
London EC2V 6DL

STATEMENT OF FINANCIAL ACTIVITIES

30 JUNE 2020

	Notes	Unrestricted funds \$	Restricted funds \$	2020 Total funds \$	Unrestricted funds \$	Restricted funds \$	2019 Total funds \$
Income and expenditure							
Income from:							
Donations and legacies	1	703,492	15,046,320	15,749,812	55,984	15,873,969	15,929,953
Charitable activities	2	–	106,027,214	106,027,214	–	139,330,052	139,330,052
Total income		703,492	121,073,534	121,777,026	55,984	155,204,021	155,260,005
Expenditure on:							
Raising funds	3	3,546	–	3,546	3,279	–	3,279
Charitable activities	4	1,085,303	130,381,021	131,466,324	1,590,050	152,279,803	153,869,853
Total expenditure		1,088,849	130,381,021	131,469,870	1,593,329	152,279,803	153,873,132
Net (expenditure)/ income		(385,357)	(9,307,487)	(9,692,844)	(1,537,346)	2,924,219	1,386,873
Transfer between funds		372,658	(372,658)	–	362,322	(362,322)	–
Net movement in funds		(12,699)	(9,680,145)	(9,692,844)	(1,175,024)	2,561,897	1,386,873
Fund balances brought forward							
at 1 July 2019		653,866	25,662,721	26,316,587	1,828,890	23,100,824	24,929,714
Fund balances carried forward							
at 30 June 2020		641,167	15,982,576	16,623,743	653,866	25,662,721	26,316,587

The analysis of income and expenditure between funds for the comparative period is shown in the notes to the financial statements.

All of the Charity's activities derived from continuing operations during the above two financial periods.

The Charity has no recognised gains and losses other than those shown above.

BALANCE SHEET

30 JUNE 2020

	Notes	2020 \$	2020 \$	2019 \$	2019 \$
Fixed Assets					
Tangible assets	8		91,168		88,765
Current assets					
Stock	9	483,803		692,700	
Debtors	10	14,007,978		11,607,749	
Cash at bank and in hand		17,612,022		32,072,260	
		32,103,803		44,372,709	
Creditors: amounts falling due within one year	11	15,571,228		(18,144,886)	
Net current assets			16,532,575		26,227,822
Total net assets			16,623,743		26,316,587
The funds of the charity					
Restricted funds	12		15,982,576		25,662,721
Unrestricted funds			641,167		653,866
			16,623,743		26,316,587

Approved by the trustees and signed on their behalf by:

Approved on: 17 December 2020

International Medical Corps (UK): A company limited by guarantee, Company Registration No. 1093861 (England and Wales)

STATEMENT OF CASH FLOWS YEAR TO 30 JUNE 2020

	Notes	2020 \$	2019 \$
Cash flows from operating activities:			
Net cash provided by (used in) operating activities	A	(14,401,568)	1,618,772
Cash flows from investing activities:			
Purchase of tangible fixed assets		(58,670)	–
Net cash used in investing activities		(14,460,238)	1,618,772
Change in cash and cash equivalents in the year		(14,460,238)	1,618,772
Cash and cash equivalents at 1 July 2019	B	32,072,260	30,453,488
Cash and cash equivalents at 30 June 2020	B	17,612,022	32,072,260

Notes to the statement of cash flows for the year to 30 June 2020

A Reconciliation of net movement in funds to net cash provided by (used in) operating activities

	2020 \$	2019 \$
Net movement in funds (as per the statement of financial activities)	(9,692,844)	1,386,873
Adjustments for:		
Depreciation charge	56,267	47,479
Decrease in stocks	208,897	660,378
Increase in debtors	(2,400,230)	(1,042,860)
(Decrease) increase in creditors	(2,573,658)	566,901
Net cash (used in) provided by operating activities	(14,401,568)	1,618,772

B Analysis of cash and cash equivalents

	2020 \$	2019 \$
Cash at bank and in hand	17,612,022	32,072,260
Total cash and cash equivalents	17,612,022	32,072,260

PRINCIPAL ACCOUNTING POLICIES

30 JUNE 2020

The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the financial statements are laid out below.

BASIS OF PREPARATION

These financial statements have been prepared for the year to 30 June 2020.

The financial statements have been prepared under the historical cost convention with items recognised at cost or transaction value unless otherwise stated in the relevant accounting policies below or the notes to these financial statements.

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their financial statements in accordance with the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) (Charities SORP FRS 102) issued on 16 July 2014, the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Charities Act 2011.

The accounts are presented in US dollars and rounded to the nearest dollar. The charity constitutes a public benefit entity as defined by FRS 102.

CRITICAL ACCOUNTING ESTIMATES AND AREAS OF JUDGEMENT

Preparation of the financial statements requires the trustees to make significant judgements and estimates.

The items in the financial statements where these judgements and estimates have been made include:

- estimating the value of donated goods undistributed at year end;
- estimating the recoverability of accrued income balances; and
- estimating unrealised foreign exchange differences.

ASSESSMENT OF GOING CONCERN

The trustees have assessed whether the use of the going-concern assumption is appropriate in preparing these financial statements. The trustees have made this assessment in respect to a period of one year from the date of approval of these financial statements.

The Charity has free reserves of \$575,932 (2019: \$565,101), which is above its target as per the reserves policy. The trustees have continued to use the going-concern assumption based on the relationship with its affiliate to cover programme funding gaps and provide cash-flow bridging. The trustees are of the opinion that the charity will have sufficient resources to meet its liabilities as they fall due.

INCOME

Income is recognised in the statement of financial activities when the charity is entitled to the income, the amount can be measured with accuracy and it is probable that the income will be received.

Donations and gifts in kind are included in full in the statement of financial activities when receivable.

Grants receivable are credited to the statement of financial activities in the year in which they are receivable.

DONATED GOODS AND SERVICES

Donated goods, typically comprising medical and food supplies, are recognised as income when the goods are received. Amounts are included in expenditure when the goods are distributed. The balance of goods received but not distributed are included as a stock balance at the year end.

Food and other non-pharmaceutical stocks are valued according to the value placed on the items by the donor.

Pharmaceutical goods received are accounted for at fair value to the Charity with reference to market sources.

EXPENDITURE AND THE BASIS OF APPORTIONING COSTS

Expenditure is included in the statement of financial activities when incurred and includes attributable VAT, which cannot be recovered.

Expenditure comprises the following:

- a. Costs of raising funds include the salaries, direct costs and overheads with generating donated income.
- b. Costs of charitable activities comprise expenditure on the charity's primary charitable purposes as described in the trustees' report. Such costs include:
 - Technical advisory services
 - Programme management services
 - Gifts in kind of donated goods and services

The majority of costs are directly attributable to specific activities. Certain shared costs are apportioned to activities in furtherance of the objects of the charity. These costs are allocated in the same proportion as directly attributable expenditure.

- c. Governance costs comprise the costs incurred by finance, human resources, communications and IT departments, and the trustee costs, which are directly attributable to the management of the Charity's assets, organisational procedures and the necessary legal procedures for compliance with statutory requirements.

TANGIBLE FIXED ASSETS

Items of equipment are capitalised when the purchase price exceeds \$500. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets capitalised are reviewed for impairment if circumstances indicate that their carrying value may exceed their net realisable value and value in use.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life.

Vehicles and equipment for use in overseas operational programmes are not capitalised but charged in full to expenditure when purchased. This is because the expected useful life is significantly reduced in such programmes and is generally less than one year for the majority of these assets.

FUND ACCOUNTING

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund together with a fair allocation of management and support costs.

Unrestricted funds are donations and other income raised for the objects of the charity.

OTHER OPERATIONAL CURRENCIES

Transactions in US dollars are recorded at transaction value, with no exchange-rate gain or loss. Transactions in other operational currencies are recorded at the calculated monthly average rate. Monetary assets and liabilities are retranslated at the rate of exchange ruling at the balance sheet date. Differences arising on retranslation are charged to the statement of financial activities.

LEASED ASSETS

Rentals payable under operating leases, where substantially all the risks and reward of ownership remain with the lessor, are charged to the statement of financial activities over the period of the lease term.

PENSION COSTS

International Medical Corps (UK) sponsors a group personal pension plan. All eligible employees can participate in the scheme and contributions are based on a percentage of annual gross salary.

International Medical Corps (UK) contributes between 3% and 7% of eligible employees' gross earnings. Employees are immediately fully vested in contributions made on their behalf. The Charity is fully staged in its auto-enrolment obligations. Employees may make additional contributions should they wish to do so. Pension costs represent the employer's contributions payable during the year.

DEBTORS

Debtors are recognised at their settlement amount, less any provision for non-recoverability. Prepayments are valued at the amount prepaid. They have been discounted to the present value of the future cash receipt where such discounting is material.

CASH AT BANK AND IN HAND

Cash at bank and in hand represents such accounts and instruments that are available on demand or have a maturity of less than three months from the date of acquisition. Deposits for more than three months but

less than one year have been disclosed as short-term deposits. Cash placed on deposit for more than one year is disclosed as a fixed asset investment.

CREDITORS AND PROVISIONS

Creditors and provisions are recognised when there is an obligation at the balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Creditors and provisions are recognised at the amount the charity anticipates it will pay to settle the debt. They have been discounted to the present value of the future cash payment where such discounting is material.

FINANCIAL INSTRUMENTS

The Charity has elected to apply the provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS 102 to all of its financial instruments.

Financial instruments are recognised in the charity's balance sheet when the Charity becomes party to the contractual provisions of the instrument.

Financial assets and liabilities are offset, with the net amounts presented in the financial statements, when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

BASIC FINANCIAL ASSETS

Basic financial assets, which include debtors and cash and bank balances, are initially measured at transaction

price, including transaction costs, and are subsequently carried at amortised cost using the effective interest method, unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts, discounted at a market rate of interest, if material. Financial assets classified as receivable within one year are not amortised.

CLASSIFICATION OF FINANCIAL LIABILITIES

Financial liabilities and equity instruments are classified according to the substance of the contractual arrangements entered into. An equity instrument is any contract that evidences a residual interest in the assets of the charity after deducting all of its liabilities.

BASIC FINANCIAL LIABILITIES

Basic financial liabilities, including creditors, bank loans, loans from fellow group companies and preference shares that are classified as debt are initially recognised at transaction price unless the arrangement constitutes a financing transaction, where the debt instrument is measured at the present value of the future payments discounted at a market rate of interest. Financial liabilities classified as payable within one year are not amortised.

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

NOTES TO THE FINANCIAL STATEMENTS YEAR TO 30 JUNE 2020

1 Donations and legacies

	Unrestricted funds \$	Restricted funds \$	2020 Total \$
Donation from International Medical Corps	496,614	375,666	872,280
Private grants for projects	–	16,626	16,626
Other Unrestricted Donations	44,070	–	44,070
Donated supplies	–	14,622,440	14,622,440
Interest Income	4,834	–	4,834
Other income	157,974	31,588	189,562
2020 Total funds	703,492	15,046,320	15,749,812

	Unrestricted funds \$	Restricted funds \$	2019 Total \$
<i>Donation from International Medical Corps</i>	–	506,770	506,770
<i>Private grants for projects</i>	–	12,041	12,041
<i>Other Unrestricted Donations</i>	33,921	–	33,921
<i>Donated supplies</i>	–	15,355,158	15,355,158
<i>Interest Income</i>	22,063	–	22,063
<i>Other income</i>	–	–	–
<i>2019 Total funds</i>	<i>55,984</i>	<i>15,873,969</i>	<i>15,929,953</i>

2 Income from charitable activities

	Unrestricted funds \$	Restricted funds \$	2020 Total \$
Building health capacity	–	35,892,462	35,892,462
Emergency response	–	29,832,700	29,832,700
Mental health	–	5,437,628	5,437,628
Women & children's health	–	19,871,952	19,871,952
Water and sanitation	–	3,880,152	3,880,152
Nutrition	–	11,112,320	11,112,320
2020 Total funds	–	106,027,214	106,027,214

	Unrestricted funds \$	Restricted funds \$	2019 Total \$
<i>Building health capacity</i>	–	46,304,925	46,304,925
<i>Emergency response</i>	–	35,181,418	35,181,418
<i>Mental health</i>	–	11,246,392	11,246,392
<i>Women & children's health</i>	–	27,973,344	27,973,344
<i>Water and sanitation</i>	–	6,605,771	6,605,771
<i>Nutrition</i>	–	12,018,202	12,018,202
<i>2019 Total funds</i>	–	139,330,052	139,330,052

3 Expenditure on raising funds

	Unrestricted funds \$	Restricted funds \$	2020 Total \$
Other fundraising costs	3,546	–	3,546
2020 Total funds	3,546	–	3,546

	Unrestricted funds \$	Restricted funds \$	2020 Total \$
<i>Other fundraising costs</i>	3,279	–	3,279
<i>2019 Total funds</i>	3,279	–	3,279

4 Charitable activities

	Activities undertaken directly \$	Support costs \$	2020 Total \$
Building health capacity	42,490,392	3,127,646	45,618,038
Emergency response	26,820,664	1,974,223	28,794,887
Mental health	7,269,192	535,073	7,804,265
Women & children's health	17,599,810	1,295,492	18,895,302
Water and sanitation	3,665,695	269,826	3,935,521
Nutrition	24,607,029	1,811,282	26,418,311
2020 Total funds	122,452,782	9,013,542	131,466,324

	Activities undertaken directly \$	Support costs \$	2019 Total \$
<i>Building health capacity</i>	<i>40,464,331</i>	<i>3,137,072</i>	<i>43,601,403</i>
<i>Emergency response</i>	<i>35,429,592</i>	<i>2,746,744</i>	<i>38,176,336</i>
<i>Mental health</i>	<i>8,431,724</i>	<i>653,685</i>	<i>9,085,409</i>
<i>Women & children's health</i>	<i>29,755,353</i>	<i>2,306,839</i>	<i>32,062,192</i>
<i>Water and sanitation</i>	<i>7,964,346</i>	<i>617,451</i>	<i>8,581,797</i>
<i>Nutrition</i>	<i>20,753,744</i>	<i>1,608,972</i>	<i>22,362,716</i>
<i>2019 Total funds</i>	<i>142,799,090</i>	<i>11,070,763</i>	<i>153,869,853</i>

4 Charitable activities (continued)

Support costs are allocated to projects in line with the level of direct expenditure as this best reflects the level of support required by each project.

Costs of charitable activities can be further analysed as follows:

	Activities undertaken directly \$	Support costs \$	2020 Total \$
Staff costs	47,464,651	1,631,817	49,096,468
Donated supplies and services	14,831,337	5,651	14,836,988
Auditor's remuneration			
- Statutory audit	–	41,964	41,964
- Other auditors	–	25,000	25,000
Other costs	60,156,794	7,309,110	67,465,904
2020 Total	122,452,782	9,013,542	131,466,324

	Activities undertaken directly \$	Support costs \$	2019 Total \$
Staff costs	54,288,619	1,460,197	55,748,816
Donated supplies and services	16,015,536	–	16,015,536
Auditor's remuneration			
- Statutory audit	–	40,017	40,017
- Other auditors	–	25,000	25,000
Other costs	72,494,935	9,545,549	82,040,484
2019 Total	142,799,090	11,070,763	153,869,853

4 Charitable activities (continued)

	Unrestricted funds \$	Restricted funds \$	2020 Total \$
Building health capacity	166,006	45,452,032	45,618,038
Emergency response	555,065	28,239,822	28,794,887
Mental health	49,438	7,754,827	7,804,265
Women & children's health	119,698	18,775,604	18,895,302
Water and sanitation	24,929	3,910,592	3,935,521
Nutrition	170,167	26,248,144	26,418,311
2020 Total funds	1,085,303	130,381,021	131,466,324

	Unrestricted funds \$	Restricted funds \$	2019 Total \$
Building health capacity	450,565	43,150,838	43,601,403
Emergency response	394,504	37,781,832	38,176,336
Mental health	93,886	8,991,523	9,085,409
Women & children's health	331,322	31,730,870	32,062,192
Water and sanitation	88,682	8,493,115	8,581,797
Nutrition	231,091	22,131,625	22,362,716
2019 Total funds	1,590,050	152,279,803	153,869,853

5 Employees and staff costs

Staff costs during the year were as follows:

	2020 Total \$	2019 Total \$
Wages and salaries	1,386,233	1,279,304
Social security costs	150,757	123,027
Other pension costs	71,666	57,866
Severance costs	23,161	–
Total UK staff costs	1,631,817	1,460,197
International Medical Corps Worldwide on International Medical Corps (UK) projects	47,464,651	54,288,619
Total staff costs	49,096,468	55,748,816

The average number of employees during the year, analysed by function, was as follows:

	2020 No	2019 No
UK Staff	23	25

5 Employees and staff costs (continued)

International Medical Corps (UK) pays the salaries of a number of staff overseas and on local projects. Such staff may have only part of their salaries charged to projects; however, it is not meaningful to provide a full-time equivalent figure. The estimated number of such staff employed in the year was 2,774 (2019: 3,204).

The number of employees who earned £60,000 or more (including taxable benefits but excluding employer pension contributions) during the year was as follows:

	2020 No	2019 No
£60,000 – £70,000	2	3
£70,001 – £80,000	2	1
£80,001 – £90,000	–	–
£90,001- £100,000	–	–
£100,001- £110,000	1	–

Key management personnel comprise those set out on page 26. The total remuneration paid to key management personnel in the year was \$477,817 (2019: \$312,131).

	2020 \$	2019 \$
Wages and salaries	400,540	262,363
Social security costs	49,243	31,403
Employer pension costs	28,034	18,365
Total costs	477,817	312,131

6 Trustees' remuneration

None of the trustees received any remuneration in respect of their services during either of the years under review.

No trustee expenses were incurred during the period (2019- £nil).

7 Taxation

International Medical Corps (UK) is a registered charity and therefore is not liable to corporation tax on income or capital gains derived from its charitable activities or use of assets, as it falls within the various exemptions available to registered charities.

The Charity is not registered for VAT and, accordingly, all expenditure is recorded inclusive of any VAT incurred.

8 Tangible fixed assets

	Office equipment \$
Cost	
Cost at 1 July 2019	405,116
Additions	58,670
Disposals	(50,176)
Total cost at 30 June 2020	413,610
Depreciation	
Aggregate depreciation as at 1 July 2019	316,351
Charge for the year	56,267
Disposals	(50,176)
Aggregate depreciation as at 30 June 2020	322,442
Net book values	
As at 30 June 2020	91,168
As at 30 June 2019	88,765

9 Stocks

	2020 \$	2019 \$
Donated goods received but not distributed	483,803	692,700

10 Debtors

	2020 \$	2019 \$
Due within one year		
Prepayments and deposits	986,787	1,259,199
Accrued income	12,733,889	9,796,573
Other debtors – Accounts Receivable	238,732	540,453
Amount receivable from IMC Croatia	41,850	
Emergency response stock	6,720	11,524
	14,007,978	11,607,749

11 Creditors: amounts falling due within one year

	2020 \$	2019 \$
Trade creditors	4,350,792	3,156,204
Amounts owed to International Medical Corps	4,537,928	645,240
Accruals	6,488,453	8,503,033
Payable to Madad Fund Sub-partners	194,055	5,840,409
	15,571,228	18,144,886

12 Restricted funds

The funds of the Charity include restricted funds comprising the following unexpended balances of donations held on trusts to be applied for specific purposes:

	At 1 July 2019 restated \$	Income \$	Expenditure \$	Transfers \$	At 30 June 2020 \$
Building health capacity	16,832,786	36,379,236	45,288,500	–	7,923,522
Emergency response	2,560,300	30,707,656	28,136,598	372,658	4,758,700
Mental health	2,318,188	5,437,793	7,726,850	–	29,131
Women & children's health	974,604	20,162,865	18,707,868	–	2,429,601
Water, sanitation and hygiene	352,914	3,987,267	3,896,484	–	443,697
Nutrition	2,442,342	23,974,839	26,153,439	–	263,742
Restricted by country	181,587	423,878	471,282	–	134,183
	25,662,721	121,073,534	130,381,021	372,658	15,982,576

Restricted funds are analysed by the type of activity to which the funds relate. All restricted funds are held to carry out activities under these headings.

Transfers between funds relate to surplus funds on contracts which have been used for general purposes in line with donor requirements.

13 Analysis of net assets between funds

	Unrestricted funds \$	Restricted funds \$	Total 2020 \$
Fund balances at 30 June 2020 are represented by:			
Fixed assets	65,235	25,933	91,168
Current assets	575,932	31,527,871	32,103,803
Creditors: amounts falling due within one year	-	(15,571,228)	(15,571,228)
2020 Total net assets	641,167	15,982,576	16,623,743

	Unrestricted funds \$	Restricted funds \$	Total 2019 \$
Fund balances at 30 June 2019 are represented by:			
Fixed assets	88,765	-	88,765
Current assets	565,101	43,807,607	43,372,708
Creditors: amounts falling due within one year	-	(18,144,886)	(18,144,886)
2019 Total net assets	653,866	25,662,721	26,316,587

14 International Medical Corps (UK) Flagship areas

International Medical Corps (UK) continued to operate during the financial year to 30 June 2020 under the main flagship areas of Building health capacity, Emergency response, Mental Health and psychosocial support, Women and children's health, Water and sanitation (WASH) and Nutrition.

15 Related party transactions

On 1 November 2002, International Medical Corps (UK) entered into an Administrative Services Agreement with International Medical Corps, a US-based non-profit organisation, to share certain services in connection with its operations. International Medical Corps agreed to assist International Medical Corps (UK) in the achievement of its charitable objectives: to relieve suffering, sickness and poverty throughout the world by providing medical aid, healthcare training and healthcare projects.

On 1 July 2019 International Medical Corps (UK) entered into an Administrative Services Agreement with International Medical Corps Croatia, a Croatian based non-profit organisation, to share certain services in connection with its operations.

Given the close operating relationship between International Medical Corps and International Medical Corps (UK) there are a number of connected persons between the two organisations at management and trustee level. These connected persons include Nancy A Aosse, who is a founding Trustee of International Medical Corps (UK), and the President and CEO of International Medical Corps, as well as a member of its board. C. William Sundblad, a Trustee of International Medical Corps (UK) is also the Chief Knowledge Officer of International Medical Corps.

During the year ended 30 June 2020, International Medical Corps billed International Medical Corps (UK) \$7,815,070 (2019: \$9,548,612) in lieu of service fee as per Article 5 of the Administrative Services Agreement. During the same period, International Medical Corps (UK) has rendered services to International Medical Corps of \$650,682 (2019: \$510,699).

During the year ended 30 June 2020, International Medical Corps Croatia billed International Medical Corps (UK) \$27,465 (2019: nil). During the same period International Medical Corps (UK) has rendered services to International Medical Corps Croatia of \$19,596 (2019: nil).

16 Liability of members

The charity is constituted as a company limited by guarantee. Each member has undertaken to contribute £1 to the assets of the company to meet its liabilities if called on to do so.

17 Contingent liability

Due to the nature of the Charity's agreement with donors, the Charity's expenditure is often subject to audit or other review by representatives of donors in a subsequent accounting period. There is a possibility that these audits or reviews would identify expenditures that do not fall within the terms of the grant agreements, and so the Charity would be required to repay the monies received.

18 Operating leases

The total of future minimum lease payments under non-cancellable operating leases is as follows:

	Gross commitment \$	Less sublease \$	Land and buildings Net commitment \$	Equipment \$	Total 2020 \$
Due within one year	162,095	(94,555)	67,540	1,541	69,081
Due between 2 and 5 years	648,379	(378,221)	270,158	2,311	272,469
Over 5 years	99,477	(58,028)	41,449	–	41,449
	909,951	(530,804)	379,147	3,852	382,999

	Gross commitment \$	Less sublease \$	Land and buildings Net commitment \$	Equipment \$	Total 2020 \$
Due within one year	166,934	(97,302)	69,632	1,322	70,954
Due between 2 and 5 years	103,362	(60,294)	43,068	–	43,068
	270,296	(157,596)	112,700	1,322	114,022

19 Agency Arrangements

On 1 July 2019 International Medical Corps (UK) brought forward \$5,840,409 pre-financing from European Union's Madad Trust Fund on behalf of sub-partners that are implementing components of health programmes in Lebanon. The funds are kept in a separate bank account. During the year ended on 30 June 2020, International Medical Corps (UK) did not receive any further pre-financing from European Union's Madad Trust Fund for the sub-partners, and has made payments of \$5,646,354 (2019: \$6,792,736). As at 30 June 2020, International Medical Corps (UK) carried forward \$194,055 (2019: \$5,840,409) to be disbursed to the sub-partners in the following financial periods.

CHARITABLE ACTIVITIES DETAILED ANALYSIS FOR THE YEAR ENDED 30 JUNE 2020

The following pages do not form part of the statutory financial statements.

PROJECTS CATEGORISED UNDER BUILDING CAPACITY

For certain projects, closeout adjustments have resulted in negative charitable Income and expenditure adjustments.

Country	Donor	Project ID	Total Charitable Income (USD)	Total Charitable Expenditure (USD)
Afghanistan	Columbia University	203426	25,211	25,211
Afghanistan	GAC	203931	1,149,218	56,605
Cameroon	UNHCR	203855	366,167	458,450
Central African Republic	EC	203593	2,803,388	3,093,085
Central African Republic	ECHO	203766	1,099,892	1,099,892
Central African Republic	MENTOR	203734	1,062,394	1,147,329
Central African Republic	UNDP	203839	601,474	601,474
Chad	ECHO	203547	(5,681)	(5,681)
Chad	PUI	203759	794,173	794,173
Chad	UNICEF	203872	41,468	37,099
Democratic Rep of Congo	UNDP	203609	19,088	19,088
Global	ACF Canada	203961	426	426
Global	UNICEF	203857	67,481	67,481
Global	WV	203832	29,812	29,812
Iraq	ECHO	203753	959,712	959,712
Iraq	France MOFA	203670	(245,081)	2,194,436
Iraq	France MOFA	203956	186,188	186,188
Iraq	GAC	203297	-	935,679
Iraq	PUI	203951	298,693	24,190
Jordan	DFAT Australia	203721	894,129	1,951,201
Jordan	ECHO	203750	1,184,257	2,226,968
Jordan	The TNC Foundation	203589	0	55,821
Jordan	UNHCR	203691	4,398,710	5,119,911
Jordan	UNHCR	203843	7,061,014	5,168,388
Jordan	UNICEF	203720	1,432,043	1,493,523
Lebanon	GAC	203298	(55,547)	1,220,872
Lebanon	GAC	203871	2,260,000	639,309
Lebanon	King Salman Humanit. Aid	203771	899,156	899,156
Lebanon	R2HC	203824	-	4,530
Lebanon	Anonymous	203641	(48)	(48)
Libya	GIZ	203680	936,403	1,009,753
Mali	ACF Spain	203973	109,484	109,484
Mali	ECHO	203549	(655)	(655)
Mali	ECHO	203730	321,268	773,480
Mali	UNICEF	203940	330,226	94,019
Middle East	UNOCHA	203505	(12,854)	-

PROJECTS CATEGORISED UNDER BUILDING CAPACITY (CONTINUED)

Country	Donor	Project ID	Total Charitable Income (USD)	Total Charitable Expenditure (USD)
Palestinian Territory	NPT UK	203957	900,000	-
Republic of Guinea	IOM	203560	94,748	154,632
Somalia	ECHO	203072	(5)	-
Somalia	WV	203748	17,760	17,983
South Sudan	Columbia University	203426	49,593	49,592
South Sudan	Crown Agents	202315	(41)	(137)
South Sudan	Crown Agents	202552	(10)	(47)
South Sudan	Crown Agents	202749	(8)	(37)
South Sudan	Crown Agents	202750	(2)	(10)
South Sudan	Crown Agents	203116	(529)	(2,368)
South Sudan	Crown Agents	203117	(13)	(57)
South Sudan	Crown Agents	203118	(6)	(26)
South Sudan	Crown Agents	203119	(6)	(29)
South Sudan	ECHO	202403	(479)	(479)
South Sudan	ECHO	203424	(9,058)	(9,058)
South Sudan	UNDP	202485	(73)	(73)
South Sudan	UNDP	202487	(63)	(63)
South Sudan	UNDP	202630	(21)	(21)
South Sudan	UNDP	202765	(4)	(4)
South Sudan	UNDP	203463	(100)	(100)
South Sudan	UNDP	203555	(41)	(41)
South Sudan	UNDP	203684	(705)	204,813
South Sudan	UNDP	203713	54,145	54,145
South Sudan	UNFPA	200808	(963)	(963)
South Sudan	UNFPA	202484	(64)	(64)
South Sudan	UNFPA	202494	(105)	(105)
South Sudan	UNFPA	203060	(3,820)	(3,820)
South Sudan	UNHCR	203308	(3,184)	(3,184)
South Sudan	UNICEF	202887	(5)	(5)
South Sudan	UNICEF	203432	(1,078)	(1,078)
Sudan	DRC	203912	311,628	311,628
Sudan	EC	203408	2,414,114	1,658,372
Sudan	ECHO	203563	(2,468)	(2,468)
Sudan	UNDP	203567	(5,015)	(145)
Sudan	UNDP	203573	(1,437)	-
Yemen	UNOCHA	203659	213,195	213,195
Iraq	Private Donations	200020	-	19,518
Jordan	Private Donations	200034	-	1,017
Lebanon	EC	203528	2,335,426	7,649,635
Lebanon	EC	203696	519,544	2,254,082
Total Building Health Capacity			35,892,462	45,054,596

PROJECTS CATEGORISED UNDER EMERGENCY RESPONSE

Country	Donor	Project ID	Total Charitable Income (USD)	Total Charitable Expenditure (USD)
Afghanistan	UNOCHA	203779	850,000	842,971
Afghanistan	UNOCHA	203830	228,534	220,523
Burundi	Start Fund	203948	214,319	55,739
Cameroon	Start Fund	203780	262,594	262,594
Cameroon	Start Fund	203886	254,961	254,961
Cameroon	Start Network	203921	165,483	164,051
Central African Republic	ECHO	203537	(60)	(60)
Democratic Rep of Congo	WHO	203621	527	(4,715)
Democratic Rep of Congo	WHO	203637	523	(246)
Democratic Rep of Congo	WHO	203710	(548)	(2,367)
Ethiopia	ECHO	203135	(5,805)	-
Ethiopia	UNHCR	203865	1,201,295	1,400,080
Ethiopia	UNOCHA	203652	(12,632)	-
Ethiopia	UNOCHA	203773	845,284	845,284
Ethiopia	WRC	203306	(30)	(30)
Global	ACF Canada	203775	88,771	86,949
Indonesia	Alwaleed Philanthropies – Leba	203663	(273)	(273)
Iraq	FCDO (formerly DfID)	203500	1,573,254	1,573,254
Iraq	France MOFA	203834	2,008,928	1,911,847
Iraq	GAC	203847	506,675	506,675
Lebanon	FCDO (formerly DfID)	203500	(4,061)	(4,061)
Lebanon	Anonymous	203974	300,000	-
Libya	Start Network	203935	308,456	298,609
Libya	UNHCR	203531	(1,193)	(1,193)
Libya	UNHCR	203686	1,610,915	2,523,015
Middle East	FCDO (formerly DfID)	203500	6,029,599	6,206,489
Middle East	GAC	203847	2,739,297	1,172,893
Middle East	UNOCHA	203879	216,672	216,672
Philippines	Relief International UK	203838	17,712	17,712
South Sudan	ECHO	202534	(1,094)	(1,094)
South Sudan	ECHO	202728	(56)	(56)
South Sudan	ECHO	203047	(3,831)	(3,831)
South Sudan	UNDP	202612	(32)	(32)
South Sudan	UNDP	202747	(482)	(482)
South Sudan	UNDP	202938	(5)	(5)
South Sudan	UNDP	203078	(59)	(59)
South Sudan	UNDP	203255	(1,493)	(1,493)
South Sudan	UNDP	203632	(2,894)	(2,894)
South Sudan	UNDP	203810	183,998	183,998
South Sudan	UNFPA	203054	(2,109)	(2,109)
South Sudan	UNHCR	202486	(92)	(92)
South Sudan	UNHCR	203854	80,005	170,048
South Sudan	UNICEF	203760	71,342	71,342
South Sudan	UNICEF	203774	1,909,258	1,939,985
South Sudan	UNICEF	203820	199,835	199,835

PROJECTS CATEGORISED UNDER EMERGENCY RESPONSE (CONTINUED)

Country	Donor	Project ID	Total Charitable Income (USD)	Total Charitable Expenditure (USD)
South Sudan	UNICEF	203823	189,489	189,489
South Sudan	UNICEF	203942	27,064	1,226
South Sudan	UNOCHA	203972	9,695	9,695
South Sudan	WHO	203924	64,292	86,230
Sudan	UNDP	203842	264,424	298,778
Sudan	WV	203887	87,462	96,912
Syria	DAHW	203772	28,500	28,500
Syria	DAHW	203873	56,020	22,184
Syria	FCDO (formerly DfID)	203500	3,943,615	3,943,615
Syria	GAC	203847	474,208	474,208
Syria	UNOCHA	203671	105,144	227,478
Syria	UNOCHA	203717	98,594	198,403
Yemen	ECHO	203558	(653)	(653)
Yemen	ECHO	203784	1,091,679	1,091,679
Yemen	ECHO	203963	686	686
Yemen	GAC	203922	1,212,208	32,383
Yemen	UNOCHA	203739	114,989	549,621
Yemen	UNOCHA	203868	533,352	111,626
Total Emergency Response			30,132,257	28,462,492

PROJECTS CATEGORISED UNDER MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

Country	Donor	Project ID	Total Charitable Income (USD)	Total Charitable Expenditure (USD)
Cameroon	INTERSOS	203736	1,314,200	1,314,200
Cameroon	UNHCR	203688	298,863	407,768
Cameroon	UNICEF	203799	284,013	284,013
Ethiopia	UNICEF	203883	86,515	86,515
Iraq	GAC	203302	(38)	(38)
Jordan	UNSW	203611	84,133	84,133
Jordan	Vrije Universitet	203293	168,909	168,909
Libya	DRC	203749	1,167,779	1,167,779
Mali	UNFPA	203634	608	-
Middle East	GAC	203302	(665,451)	605,014
Nigeria	MINBUZA	203674	581,117	1,080,830
Syria	GAC	203302	596,193	596,193
Turkey	ECHO	203681	1,500,502	1,908,331
Turkey	GAC	203302	23,205	23,205
Ukraine	WHO	203752	(2,920)	-
Total Mental Health and Psychosocial Support			5,437,628	7,726,850

PROJECTS CATEGORISED UNDER WATER AND SANITATION

Country	Donor	Project ID	Total Charitable Income (USD)	Total Charitable Expenditure (USD)
Afghanistan	UNICEF	203206	77,768	81,866
Afghanistan	UNICEF	203811	354,406	314,078
Afghanistan	UNOCHA	203488	(33,611)	321
Afghanistan	UNOCHA	203541	(5,846)	-
Afghanistan	UNOCHA	203622	375,594	552,873
Cameroon	UNHCR	203693	363,558	598,237
Ethiopia	IOM	203782	215,749	215,749
Ethiopia	UNOCHA	203628	(1)	(1)
Ethiopia	UNOCHA	203770	499,644	499,644
Ethiopia	UNOCHA	203877	935,867	913,441
Somalia	ACF Spain	203852	549,511	549,511
South Sudan	UNDP	203230	(861)	(861)
Syria	UNOCHA	203850	302,308	179,833
Syria	UNTF	203523	(1,997)	-
Yemen	King Salman Humanit. Aid	203539	(25,853)	(25,853)
Yemen	NPT UK	203511	(0)	2,197
Yemen	UNOCHA	203864	273,916	36,442
Total Water and Sanitation			3,880,153	3,917,478

PROJECTS CATEGORISED UNDER WOMEN & CHILDREN

Country	Donor	Project ID	Total Charitable Income (USD)	Total Charitable Expenditure (USD)
Afghanistan	UNFPA	203533	0	2
Afghanistan	UNFPA	203690	409,500	409,500
Afghanistan	UNFPA	203845	349,875	349,875
Cameroon	INTERSOS	203950	56,473	56,473
Cameroon	UNHCR	203856	612,393	436,168
Ethiopia	UNFPA	203617	(76)	(76)
Ethiopia	ZOA Netherlands	203287	644,807	612,346
Global	UNICEF	203732	21,241	21,241
Iraq	UNFPA	203697	(28,596)	1,971
Iraq	UNOCHA	203577	(1,985)	-
Iraq	UNOCHA	203700	195,598	429,023
Iraq	UNOCHA	203818	367,765	367,765
Jordan	FCDO (formerly DfID)	203556	2,902,186	2,902,186
Jordan	INTERSOS	203911	305,063	305,063
Jordan	UNICEF	203844	1,660,135	1,357,918
Lebanon	Plan Int. Australia	203448	1,160,633	713,939
Lebanon	Anonymous	203741	309,256	309,256
Libya	UNFPA	203895	751,254	582,624
Mali	UNFPA	203757	242,653	242,653
Pakistan	UNFPA	203724	200,864	343,780
Pakistan	UNFPA	203851	183,083	243,022
South Sudan	FCDO (formerly DfID)	202698	(1,689)	(1,689)
South Sudan	FCDO (formerly DfID)	203190	6,759,979	6,137,808
South Sudan	UNDP	203077	(20)	(20)
South Sudan	UNDP	203461	(323)	(323)
South Sudan	UNFPA	202744	(904)	(904)
South Sudan	UNFPA	203307	(23,762)	(23,762)
South Sudan	UNFPA	203521	(73,974)	(16,281)
South Sudan	UNFPA	203689	1,654,930	1,710,440
South Sudan	UNFPA	203848	1,239,900	1,245,258
South Sudan	UNICEF	202488	(15)	(15)
South Sudan	UNICEF	202751	(10)	(10)
South Sudan	UNICEF	203043	(1,016)	(1,016)
South Sudan	UNICEF	203163	(2,128)	(2,128)
South Sudan	UNICEF	203267	(1,981)	(1,981)
South Sudan	UNICEF	203580	(19,140)	(5,194)
South Sudan	UNICEF	203620	(17)	(17)
Total Women & Children			19,871,952	18,724,896

PROJECTS CATEGORISED UNDER NUTRITION

Country	Donor	Project ID	Total Charitable Income (USD)	Total Charitable Expenditure (USD)
Cameroon	WFP	203701	105,863	643,408
Cameroon	WFP	203711	98,748	234,503
Cameroon	WFP	203861	179,789	997,993
Democratic Rep of Congo	WFP	203719	85,131	1,137,240
Democratic Rep of Congo	WFP	203796	156,647	317,133
Democratic Rep of Congo	WFP	203900	31,356	31,356
Ethiopia	UNHCR	203694	1,115,125	1,642,734
Ethiopia	UNOCHA	203598	(135)	45
Ethiopia	UNOCHA	203705	(17,163)	48,332
Ethiopia	WFP	203703	277,527	3,263,721
Ethiopia	WFP	203794	49,306	697,881
Global	Irish Aid	203672	-	73,979
Global	UNICEF	203655	114,338	127,196
Global	UNICEF	203833	35,117	35,117
Mali	UNICEF	203785	405,927	405,927
Nigeria	WFP	203449	(717)	-
Nigeria	WFP	203587	(0)	9
Nigeria	WFP	203677	706,526	2,965,279
Nigeria	WFP	203806	1,719,555	4,566,867
Pakistan	ECHO	200810	(20)	-
Somalia	ACF US	203735	445,074	445,074
Somalia	ECHO	203685	303,801	499,763
South Sudan	UNDP	202489	(4)	(4)
South Sudan	UNDP	202611	(39)	(39)
South Sudan	UNDP	202746	(4)	(4)
South Sudan	UNDP	202937	(8)	(8)
South Sudan	UNDP	203256	(3,960)	(3,960)
South Sudan	UNDP	203429	(3,860)	(3,860)
South Sudan	UNDP	203635	(5)	(5)
South Sudan	UNDP	203712	88,039	88,039
South Sudan	UNDP	203809	318,633	318,633
South Sudan	UNHCR	202748	(6)	(6)
South Sudan	UNHCR	203035	(5)	(5)
South Sudan	UNHCR	203520	(63,915)	(45,428)
South Sudan	UNHCR	203683	713,241	920,709
South Sudan	UNICEF	203155	(5,302)	(5,302)
South Sudan	UNICEF	203695	331,916	402,008
South Sudan	WFP	203675	83,981	190,254
South Sudan	WFP	203699	69,256	86,984
South Sudan	WFP	203859	77,200	93,254

PROJECTS CATEGORISED UNDER NUTRITION (CONTINUED)

Country	Donor	Project ID	Total Charitable Income (USD)	Total Charitable Expenditure (USD)
South Sudan	WFP	203860	103,766	284,078
Sudan	ECHO	203425	(4,823)	(4,823)
Sudan	ECHO	203743	1,284,975	2,303,685
Sudan	UNDP	202996	(12,391)	-
Sudan	UNDP	203707	1,587,133	1,990,576
Sudan	WV	203726	468,761	468,761
Sudan	WFP	203708	-	133,428
Yemen	Misereor	203602	(1,396)	-
Yemen	Misereor	203768	108,532	108,532
Yemen	WFP	203747	160,806	607,980
Total Nutrition			11,112,320	26,067,033

HOW YOU CAN HELP

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GROUND FLOOR, 161 MARSH WALL, LONDON, E14 9SJ

+44 (0) 207 253 0001

SOMALIA





www.InternationalMedicalCorps.org.uk

**UNITED KINGDOM
INTERNATIONAL MEDICAL CORPS UK**

Ground Floor
161 Marsh Wall
London E14 9SJ
Great Britain
PHONE: +44 (0) 207 253 0001
FAX: +44 207 250 3629

**HEADQUARTERS
INTERNATIONAL MEDICAL CORPS**

12400 Wilshire Boulevard, Suite 1500
Los Angeles, CA 90025
PHONE: 310.826.7800
FAX: 310.442.6622
www.InternationalMedicalCorps.org

**WASHINGTON, DC
INTERNATIONAL MEDICAL CORPS**

1313 L Street NW, Suite 110
Washington, DC 20005
PHONE: 202.828.5155
FAX: 202.828.5156

**CROATIA
INTERNATIONAL MEDICAL CORPS**

Trondheimska 4a
21000 Split, Croatia
PHONE: +385 21 549 965

**DUBAI
INTERNATIONAL MEDICAL CORPS**

International Humanitarian City
Building 1 – 3rd Floor, Suite 313
Dubai Industrial Park Complex
Sheik Mohammed Bin Zayed Rd, Dubai, UA
PHONE: +971 4 277 8012
FAX: +971 4 277 8098