

# 2020/2021 ANNUAL REPORT

 International  
Medical Corps UK



## INTERNATIONAL MEDICAL CORPS (UK) 2020/2021 ANNUAL REPORT

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*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, and International Medical Corps Croatia, a Croatian non-profit association that share the same mission. Through an Administrative Services Agreement, International Medical Corps (UK) engages International Medical Corps in the delivery and implementation of its programmes in accordance with the terms and conditions of its grants.*

*Throughout the document, where references to "affiliates" (in plural) are made, they refer to International Medical Corps and International Medical Corps Croatia.*

*Unless otherwise stated, projects and their statistics referred to in the first part of this report (pages 1-29) are the results of combined International Medical Corps (UK), International Medical Corps and International Medical Corps Croatia global efforts in calendar year 2020 and do not form part of the statutory annual report. Projects and their statistics referred to in the second part of this report (pages 30-80) represent the work of International Medical Corps (UK) only, and covers the 12-month period to 30 June 2021 and forms part of the statutory financial statements and trustees report.*





PHILIPPINES

## TO OUR SUPPORTERS:

**2020/2021 presented challenges unlike any other year in recent history. But despite a global pandemic—and the movement restrictions, travel bans and fast-closing borders it gave rise to—International Medical Corps (UK) managed to provide lifesaving assistance and training to millions of people in need across five continents.**

Combatting this pandemic has served as a reminder of the critical importance of frontline health workers, and reinforced the critical role that these healthcare heroes play in communities large and small. All over the world, our teams mobilised to fight COVID-19. In places like Juba, South Sudan, we helped set up the country's first infectious disease treatment unit. In Jordan's camps for Syrian refugees, we screened and tested residents for COVID-19, treating those sick with the virus while laying the foundation for a successful vaccination programme. In Yemen, we took part in a groundbreaking project shielding vulnerable populations against the virus. In Somalia, we used toll-free phone lines to fight a different kind of fast-spreading virus: misinformation.

While many colleagues fought COVID-19, staff in 30 countries and territories around the world ensured that our other programmes continued to address longstanding needs for maternal and child healthcare, nutrition, clean water, mental health—and so much more.

International Medical Corps has maintained a presence in Afghanistan since 1984 and we're proud that we continued that work this year—establishing seven first-aid trauma posts that provide 134,605 people with access to emergency, trauma care and ambulance services.

In the Democratic Republic of the Congo (DRC) we helped end two separate Ebola outbreaks in 2020—including the world's second-largest outbreak of the disease. Yet despite this victory, in the early months of 2021, we confronted further outbreaks of the deadly disease in the DRC and in West Africa. Each time, we deploy rapid response teams and minimise cases and deaths—but our job is clearly not done.

In early August 2020, when a massive warehouse explosion at the Port of Beirut ripped through the

Lebanese capital, killing more than 220, injuring thousands and displacing an estimated 300,000, our in-country team responded immediately, bringing help to survivors and support to health facilities. We also sent mobile medical units to neighbourhoods near the blast site, providing care to people affected by the crisis and reducing pressure on overburdened health centres near the explosion.

With the news cycle so often focused on COVID-19, suffering on a massive scale continued unabated in war-torn countries. Throughout the year, we maintained our assistance to thousands of innocent civilians caught up in two seemingly endless tragedies: the wars in Syria and Yemen. Throughout years of armed conflict, we have helped millions of people, saved thousands of lives and eased immeasurable suffering through training and healthcare programmes.

2020 also called upon our emergency teams to respond closer to home. In December, a 6.4-magnitude earthquake hit Croatia, causing multiple fatalities and devastating damage to infrastructure. Drawing on our longstanding presence in the country, our teams quickly deployed, distributing personal protective equipment for healthcare providers and displaced citizens, delivering temporary healthcare facilities to local communities, and even donating an ambulance to a local emergency medicine facility.

Though the year was full of challenges, we are happy to celebrate the extraordinary levels of support we have received. To our donors, supporters, volunteers and staff—whose unwavering commitment during testing times has boosted our efforts and elevated our achievements and spirits—thank you. We remain endlessly grateful.

**Andrew W. Géczy**  
Chairman  
International Medical Corps (UK)



**Ognjen Radosavljevic**  
Managing Director  
International Medical Corps (UK)



INTERNATIONAL MEDICAL CORPS:

# 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.

LEBANON



# BECAUSE SPEED SAVES LIVES

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**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.**



We draw on experience gained in 36 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 that range from mental health and psychosocial support to technical expertise in gender-based violence, nutrition, and water, sanitation and hygiene. We maintain our capacity to respond quickly because speed saves lives in the initial hours following a disaster.

As conditions ease, we stay on and partner with survivors to build a better, more independent future for those we're helping. The key to our approach is training—an essential component of all our programmes, used to transfer the latest knowledge and skills into local hands, to help ensure a brighter future. We strengthen local health systems and work with community leaders, hire and train local staff, develop partnerships and evaluate progress to ensure quality outcomes.

With a staff that numbers more than 7,500 worldwide, more than 90% of whom are recruited locally, the strategy of International Medical Corps, International Medical Corps (UK) and International Medical Corps Croatia 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 their own first responders.



SOUTH SUDAN

Though last year was in many ways an extraordinary 12 months, International Medical Corps (UK)'s dedication to provide quality programming remained unchanged, as did our strategy of working together with leaders of communities hit by disaster to help them chart their journey from relief to self-reliance.



#### EMERGENCY RESPONSE AND PREPAREDNESS

On 4 August 2020, a massive explosion ripped through Beirut, Lebanon. Hundreds of people were killed and approximately 7,000 people injured. Within hours of the explosion, our teams were on the ground supporting survivors.

Over the next hours, days and months, our teams provided more than 15,000 people with health consultations, as well as mental health and psychosocial support to those affected by the devastating event—including the frontline nurses, firefighters and paramedics who dealt with its aftermath.

With clinics in the immediate vicinity of the blast damaged and non-functional, we also set to work rehabilitating four damaged health facilities with a catchment population of 197,771.



#### NUTRITION AND FOOD SECURITY

In Ethiopia, the crisis in Tigray has displaced hundreds of thousands of people and caused thousands of deaths. In response to gaps in health services, we launched 15 mobile medical teams—providing, among other things, 24,385 malnutrition screenings for children under 5.



#### MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

In Pakistan, we organised 19 remote psychological first aid trainings, reaching more than 400 people, and hired 12 psychosocial support workers who provide teleconsultations that reached more than 960 people, as part of a project to improve health services for communities—including Afghan refugees—facing COVID-19.



#### WATER, SANITATION AND HYGIENE

Yemen's ongoing civil war has left residents of the Middle East's poorest country with reduced access to clean water—leading to increased risk of disease. We provided people internally displaced by the conflict, as well as host communities, with 10 water-collection sites and provided emergency water access by trucking in water to remote areas.



#### WOMEN'S AND CHILDREN'S HEALTH

In Sudan, conflict, violence and a lack of essential services severely affects civilians—with women and children particularly vulnerable. As part of projects aimed at addressing this, we provided 13,158 pregnant women with at least one antenatal visit.



#### FAMILY AND COMMUNITY HEALTH

As part of a project aimed at preventing and responding to gender-based violence involving people affected by conflict in South Sudan, we organised community outreach activities to provide information on GBV, people's rights and available services, reaching 137,884 women, 83,909 girls, 70,377 men and 65,564 boys.



#### HEALTH SERVICES SUPPORT

In Afghanistan, remote communities in hard-to-reach areas suffer from gaps in health services. We established seven first-aid trauma posts—including constructing an emergency room/operation theatre—that provide 134,605 people with access to emergency, trauma care and ambulance services.

TRAINING UNDERPINS ALL THAT WE DO

# THE HEART OF WHAT WE DO



Since our first response in 1984, training has been at the centre of our work. We consider it essential to our mission of helping communities recover from adversity and take greater control of their destiny as they move toward self-reliance. In 2020 and 2021, training was more important than ever, as International Medical Corps (UK) provided those we serve with the skills and knowledge needed to prevent and control COVID-19 infections in addition to other, longstanding healthcare challenges.

## PAKISTAN



## PAKISTAN

As the COVID-19 pandemic grew, health systems struggled to keep up—including those in many of the countries where we work. We knew that training was key to quickly build the capacity needed to contain and respond to the virus.

Working in Pakistan as part of Alliance 2015, we set to work running 49 COVID-19 training sessions for 961 people on the frontlines. Covering everything from COVID-19 infection prevention and control to psychological first aid, the sessions—sometimes delivered remotely, due to restrictions imposed because of the virus—put knowledge into the hands of those with a role to play in defeating COVID-19, from frontline responders such as doctors and paramedics, to outreach workers and janitorial staff.



## SUDAN

A year of civil unrest and devastating floods left Sudan in critical need. Almost two-thirds of the population were without basic sanitation, and 40% had no access to clean drinking water. When unprecedented rains hit, areas of the country were susceptible to disease. Cases of malaria rose to 1.1 million—reaching epidemic levels in 15 of Sudan's 18 states.

Tackling that emergency and getting people the sanitation facilities and clean water that they needed required expertise on the ground.

Working in local health facilities, we rolled out training for 810 clinical staff in regions across Sudan. Covering topics from infection prevention and control to water, sanitation and hygiene, we helped impart the skills needed to battle the malaria epidemic and support access to clean water and sanitation.



## JORDAN

The war in Syria has inflicted unimaginable levels of suffering on its civilian population—many of whom have fled to Jordan, which hosts more than 650,000 Syrian refugees.

In the Jordanian refugee camps of Azraq and Za'atari, where we work, parents strive in difficult circumstances to give their newborns, infants and children the best start in life. That starts with nutrition.

By establishing mother groups, training nutrition volunteers and providing remote training sessions, International Medical Corps (UK) was able to give mothers direct access to dietary information for their children while providing support and advice on breastfeeding.

IN 2020

# INTERNATIONAL MEDICAL CORPS TRAINED



## 1,576

community health volunteers on the basics of administering psychological first aid.



## 13,290

people on communicable disease management and control.



## 6,265

members of our clinical and non-clinical staff, as well as government and other non-government staff and community health workers, on the principles of treating and preventing gender-based violence, and how to make confidential referrals.





In 2020, International Medical Corps responded directly to the needs of more than 18.5 million people in 30 countries on five continents.

Among the results of the work of International Medical Corps, International Medical Corps (UK) and International Medical Corps Croatia:



**18.5 MILLION** DIRECT BENEFICIARIES

Of these, nearly 3 MILLION were children under 5. Our work also reached more than 93 MILLION others who benefited indirectly from our programmes and work.



**5 MILLION** MEDICAL CONSULTATIONS

Of these, more than 1.4 MILLION were children under 5.



**117,452 PARTICIPANTS TRAINED**

This included International Medical Corps clinical and non-clinical staff, government and non-government staff, community health workers and volunteers.



**113,116 DOSES OF MEASLES AND DPT/PENTA ADMINISTERED**

Vaccinating children protects future generations from the dangers of measles and five other diseases: diphtheria, tetanus, pertussis, hepatitis B and Haemophilus influenza type B.



**1,317 HEALTH FACILITIES SUPPORTED**

In 2020, we supported 162 hospitals, more than 40 of them in the United States. To reach those in underserved, often remote areas, we operated 117 mobile clinics and provided vital assistance to 1,038 smaller clinics, health centres and health posts.



## WOMEN'S AND CHILDREN'S HEALTH

The key to our future

**47,389** births aided by the presence of a trained birth attendant.



## NUTRITION

The foundation of life

Treated **120,492** children and **17,778** pregnant or nursing women for malnutrition.



## WATER, SANITATION AND HYGIENE

The essence of good health

Enabled more than **2.5 million** people to meet their water, sanitation and hygiene needs.



## MENTAL HEALTHCARE AND PSYCHOSOCIAL SUPPORT

The invisible wounds

Provided MHPSS services to **735,000** people, including 201,882 individual consultations.



## GENDER-BASED VIOLENCE

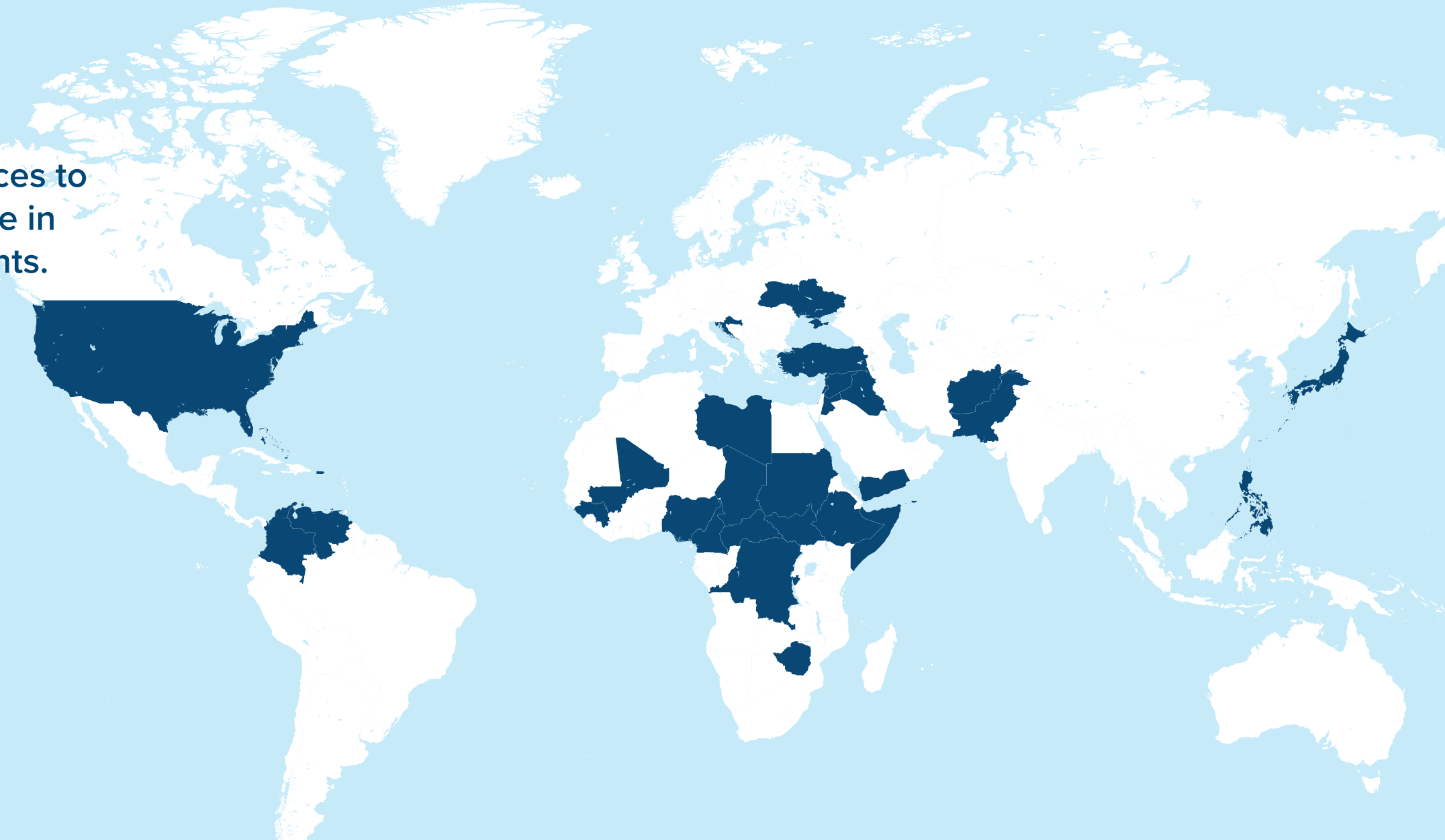
A violation of fundamental human rights

Offered protection and support to **993,067** people who lived with the threat—or the reality—of gender-based violence.



In calendar year 2020, we provided urgently needed healthcare and related services to more than 18.5 million people in 30 countries on five continents.

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



AMERICAS

- Continental United States
- Puerto Rico
- Bahamas
- Venezuela
- Colombia



AFRICA

- |                           |                                   |              |
|---------------------------|-----------------------------------|--------------|
| Burundi*                  | Democratic Republic of the Congo* | Nigeria*     |
| Cameroon*                 | Ethiopia*                         | Somalia*     |
| Central African Republic* | Libya*                            | South Sudan* |
| Chad*                     | Mali*                             | Sudan*       |
|                           |                                   | Zimbabwe*    |



EUROPE

- Croatia
- Ukraine



MIDDLE EAST

- |         |          |
|---------|----------|
| Gaza*   | Lebanon* |
| Iraq*   | Syria*   |
| Jordan* | Turkey*  |
|         | Yemen*   |



ASIA

- |              |              |
|--------------|--------------|
| Afghanistan* | Philippines* |
| Indonesia    | Japan        |
| Pakistan*    |              |

\* Countries where International Medical Corps UK programmes were funded during the 12 months to 30 June 2021



JORDAN

# RESPONDING TO COVID-19

The biggest emergency in 2020 was caused by something tiny: SARS-CoV-2, the virus that causes COVID-19. By year's end, the disease had affected virtually every nation on Earth, and—despite vaccines developed in record time—continues to affect people and societies everywhere. With decades of experience treating infectious diseases, International Medical Corps quickly recognised the virus for the global threat it was. In January 2020, we began activating emergency protocols, building training programmes and releasing stocks of personal protective equipment (PPE) while urgently working to source new supplies of PPE and medical equipment in an increasingly competitive market. Our strategy of supporting hospitals and other healthcare facilities with medical equipment, supplies and staff ultimately helped millions of people worldwide.

## GLOBAL RESPONSE

Throughout 2020, International Medical Corps focused on ensuring continuity of operations in the countries where we operate, while taking decisive action to respond to COVID-19, including screening patients, raising awareness and fighting misinformation, distributing PPE and infection prevention and control (IPC) items, and providing training and support to health staff. We continue to work with global, regional and local coordination bodies to support their COVID-19 responses, including vaccination efforts.



**DISTRIBUTED 23,400,000 PPE AND IPC ITEMS**



**SCREENED 4,631,476 PATIENTS** for COVID-19



**IDENTIFIED 89,048 PATIENTS** as suspected COVID-positive



**SUPPORTED 1,388 FACILITIES** with COVID-related response, supplies and training



**TRAINED 22,090 FRONTLINE HEALTHCARE PROFESSIONALS** on COVID-19 prevention and control measures



**REACHED 5,462,026 PEOPLE** with information and education on COVID-19 prevention, good hygiene and community wellness



## RENEWING OUR OFFICIAL STATUS WITH THE WHO, EARNING EMT CLASSIFICATION

The Executive Board of the World Health Organization (WHO) decides to maintain its “official relationship status” with International Medical Corps, a classification we have enjoyed since 2009. The designation, which requires WHO approval every three years, is a recognition of our collaborative efforts to support the work of WHO in addressing global health needs.

In June 2021, the WHO classifies International Medical Corps as an Emergency Medical Team (EMT) Type 1 provider, capable of deploying anywhere in the world within 48 hours to respond to a rapid-onset emergency. With this classification, we become the only non-governmental organisation (NGO) in the world to offer both Fixed and Mobile EMT Type 1 capabilities. The achievement is the result of years of work and preparation by teams across our organisation, and confirms our ability to respond wherever and whenever needed.

International Medical Corps (UK) is an international humanitarian nongovernmental organisation (NGO) with its headquarters in London. The Charity is an independent affiliate of International Medical Corps, a non-profit organisation, and International Medical Corps Croatia, a Croatian non-profit association that share the same mission. Through an Administrative Services Agreement, International Medical Corps (UK) engages International Medical Corps in the delivery and implementation of its programmes in accordance with the terms and conditions of its grants.

#### INTERNATIONAL MEDICAL CORPS (UK) BOARD OF DIRECTORS

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**Andrew W. Geczy**  
CHAIRMAN  
London

**Nancy A. Aossey**  
TREASURER  
Los Angeles, CA

**Reto Braun**  
Switzerland

**Hendrick Cornelis**  
London

**C. William Sundblad**  
Santa Monica, CA





#### GLOBAL AMBASSADORS

**Sanaa Lathan**  
Actress, Humanitarian

**Sienna Miller**  
Actress, Activist

**Inanna Sarkis**  
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  
Ben Foster  
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  
Yvonne Orji  
Robert Pattinson  
Jeff Probst  
Eddie Redmayne  
Andre Reed  
Tony Richardson  
Tim Roth  
Nina Senicar  
Hannah Simone  
Tom Sturridge  
Tara Summers  
Anne Vyalitsyna  
Benjamin Watson  
Avery Williamson  
Anna Wintour  
Usama Young

## ADMINISTRATIVE DETAILS OF THE CHARITY, THE TRUSTEES AND ADVISORS

### TRUSTEES

Andrew W. Géczy      Nancy A. Ossey      Reto Braun      C. William Sundblad

Hendrik Jan Cornelis  
(appointed 30.03.2021)

### 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>

### COMPANY REGISTRATION NUMBER

04474904 (England and Wales)

### 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 2021

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 2021. 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).

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 \$116 million of the Charity's programmes were delivered in partnership with International Medical Corps (2020: \$131 million).

This represents an 11% decrease (2020: 15% decrease compared to 2019) 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 the 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 its 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 five members who aim to meet several times each year. Additional meetings can be called at the request of the Chair. For the 2020–21 financial year, the board of trustees met in December 2020 and June 2021. 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 and external audit functions sit with the board.

As the 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 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.** Review 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 relevant reports from its US affiliate. 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 organisation-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 Domestic and International Affairs, 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 programme/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 80 Safeguarding Focal Points are identified at the country level. Safeguarding Focal Points are nominated by the Country Director. Training resources, materials and support include regular orientation sessions, terms of reference, extensive trainings and a resource library on our intranet—are available.

Safeguarding Focal Points' responsibilities include training, programme 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.

## 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 included in the downstream partner risk-assessment guidelines.

### **DEFINING RISK OWNERS**

Ownership of safeguarding risks is documented in the organisational 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.

### **SAFEGUARDING—PREVENTION MEASURES**

A comprehensive approach to maintaining and strengthening prevention measures, includes further incorporating protection mainstreaming into programme design, and implementation and training of staff to enhance this approach, as well as the introduction of a risk mitigation approach to dealing with safeguarding violations.

### **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 healthcare 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, solarisation 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 has developed 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. The charity is also developing and piloting tool to measure emission generated by transport and power production to determine a baseline enabling analysis and implementation of improvement measures.

IMC UK offers to staff environmentally friendly initiative such as the Cycle to Work Scheme which is about promoting an alternative way to travel to work and allowing staff to work from home on some days as part of its flexible working policy contributing to staff welfare and less pollution due to reduced daily commute to work.

The Charity was a low energy user during the reported period and therefore is not reporting under UK Government's Streamlined Energy and Carbon Reporting (SECR) requirements.

### **STATEMENT ON 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. The Charity actively and continuously works with its affiliates to reduce and eliminate this risk. New employees are informed about organisational policies that contributes towards eliminating modern day slavery by the Human Resources function during staff 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). 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. It 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 consists 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, Domestic and International Affairs

For the purposes of setting employee remuneration, 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 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 charity 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 trustee 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 they ought to have taken as a trustee to make themselves 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 the understanding of the impact of various health issues affecting the vulnerable, through the UK/EU media and 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:

1. Strengthening health capacity
2. Emergency response and preparedness
3. Mental health and psychosocial support
4. Woman and children's health
5. Clean water, sanitation and hygiene
6. Nutrition and food security

### MONITORING OF ACTIVITIES

International Medical Corps (UK) continuously monitors programme 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. International Programmes collaborates with the Monitoring, Evaluation and Learning (MEAL) department in the collecting and analysis of programme achievements and addresses issues to progress in real time through visits, calls and written communications. Monthly calls with country teams also review the achievement of project targets, spending and procurement, as presented by project managers and their technical, financial and logistics colleagues. Bi-weekly reviews aggregate and track results for all COVID projects and integrates them into organisation-wide DHIS2 reporting and mapping software. In addition, International Programme Senior Directors, Deputy 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 Ethiopia, South Sudan and Sudan, 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 programmes undertaken by the Charity's US affiliate. In addition, International Medical Corps (UK) relies on its US 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 2021, International Medical Corps (UK) provided assistance valued at \$116,684,953 (2020: \$131,466,324) to vulnerable populations in 21 countries (2020: 22). This included the distribution of donated medical and other supplies valued at \$14,995,867 (2020: \$14,831,337).

International Medical Corps (UK) supported, through its US affiliate, 2,764 staff positions in 21 countries (2020: 2,774 staff positions in 22 countries), providing essential services to beneficiaries. Globally, International Medical Corps' activities served 5.4 million and 6.0 million direct beneficiaries in the final two quarters of 2020, respectively, and 5.0 million and 5.4 million in first two quarters of 2021.\* International Medical Corps (UK) contributed 37% 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.

\*Each quarter represents direct beneficiaries within that time period only. Please note that beneficiary totals may overlap across quarters.

GOAL	COMMENT
Timely and efficient delivery of programme activities	The Charity successfully delivered activities of the value of \$117M (2020: \$131M), The major driver for the reduction is the ineligibility for some European Union funding mechanisms due to Brexit.
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 and UN agencies, as well as private sector donors.

**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 implement, at field and HQ levels, Logistics Management Software to strengthen assets, procurement and inventory management and controls. Systems enable the creation of exception reports highlighting any potential gaps or risks to be addressed.</p> <p>In addition, HQ Logistics &amp; Supply Chain team is maintaining, in collaboration with the field teams, a register to anticipate, map potential risks and determine / implement mitigation measures. Risks identified as major are elevated to the appropriate management group. 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>Automation and strict control over the treasury platform has ensured minimisation of foreign exchange and currency exposure risks;</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 were provided with in-house and external trainings on donor regulations and industry best practices to ensure appropriate oversight.</p> <p>Flexible working and specifically remote working arrangements were put in place to ensure staff safety and wellbeing during the pandemic.</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 where appropriate.</p>

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

GOAL	COMMENT
Regular review of programme performance	<p>Programme staff at all levels monitor risks to implementation on an ongoing basis, to ensure effective programme delivery.</p> <p>The Charity's affiliate's cross-functional platforms continue to improve the effectiveness and efficiency of operational support to field programmes, 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 collaborate with other departments within the cross-functional platforms in decision making related to country programme issues.</p> <p>During the reporting period, the Charity, in collaboration with its US affiliate, submitted 149 proposals</p> <p>US affiliate's Internal Audit team conducted a comprehensive remote audit of country operations in COVID – 19 pandemic context, covering all countries as well as several cross-organisational 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 due diligence on the Charity's grants and contracts to ensure compliance with the standards and regulations specified by its donors, with support from the US affiliate's Compliance team and the Internal Audit. 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	Regular communications with donor agencies were maintained, to ensure that relevant opportunities were pursued.  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.
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 information management 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.

**INTERNATIONAL MEDICAL CORPS (UK)'S HUMANITARIAN ASSISTANCE FOR THE FINANCIAL YEAR 2020/2021**

**EMERGENCY RESPONSE AND PREPAREDNESS**

On 4 August 2020, a massive explosion ripped through Beirut, Lebanon. Hundreds of people were killed and approximately 7,000 people injured. Within hours of the explosion, our teams were on the ground supporting survivors.

Over the next hours, days and months, our teams provided more than 15,000 people with health consultations, as well as mental health and psychosocial support to those affected by the devastating event—including the frontline nurses, firefighters and paramedics who dealt with its aftermath.

With clinics in the immediate vicinity of the blast damaged and non-functional, we also set to work rehabilitating four damaged health facilities with a catchment population of 197,771.

**NUTRITION AND FOOD SECURITY**

In Ethiopia, the crisis in Tigray has displaced hundreds of thousands of people and caused thousands of deaths. In response to gaps in health services, we launched 15 mobile medical teams—providing, among other things, 24,385 malnutrition screenings for children under 5.

**MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT**

In Pakistan, we organised 19 remote psychological first aid training, reaching more than 400 people, and hired 12 psychosocial support workers who provide teleconsultations that reached more than 960 people, as part of a project to improve health services for communities—including Afghan refugees—facing COVID-19.

**WATER, SANITATION AND HYGIENE**

Yemen's ongoing civil war has left residents of the Middle East's poorest country with reduced access to clean water—leading to increased risk of disease. We provided people internally displaced by the conflict, as well as host communities, with 10 water-collection sites and provided emergency water access by trucking in water to remote areas.

**WOMEN'S AND CHILDREN'S HEALTH**

In Sudan, conflict, violence and a lack of essential services severely affects civilians—with women and children particularly vulnerable. As part of projects aimed at addressing this, we provided 13,158 pregnant women with at least one antenatal visit.

**FAMILY AND COMMUNITY HEALTH**

As part of a project aimed at preventing and responding to gender-based violence involving people affected by conflict in South Sudan, we organised community outreach activities to provide information on GBV, people's rights and available services, reaching 137,884 women, 83,909 girls, 70,377 men and 65,564 boys.

**HEALTH SERVICES SUPPORT**

In Afghanistan, remote communities in hard-to-reach areas suffer from gaps in health services. We established seven first-aid trauma posts—including constructing an emergency room/operation theatre—that provide 134,605 people with access to emergency, trauma care and ambulance services.

## 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
AVAAZ	Avaaz
CESVI	Cooperazione E Sviluppo Italy
Columbia University	Columbia University
Concern Worldwide	Concern Worldwide
Crown Agents	Crown Agents
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
IRC	The International Rescue Committee
Irish Aid	Irish Aid
King Salman Humanit. Aid	King Salman Humanitarian Aid and Relief Center
LDS	Latter Day Saints
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
Start Network	Start Network
The Inflexion Foundation	The Inflexion Foundation
The Volant Trust	The Volant Charitable Trust
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

UNMISS	United Nations Mission in South Sudan
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNSW	University of New South Wales
UNWOMEN	The United Nations Entity for Gender Equality and the Empowerment of Women
Vrije Universiteit	Vrije Universiteit
WFP	World Food Programme
WHO	World Health Organisation
WV	World Vision
ZOA Netherlands	Stichting ZOA

## PRIVATE DONOR SUPPORT OF INTERNATIONAL MEDICAL CORPS (UK) PROGRAMMES

Andor Charitable Trust
GM Morrison Charitable Trust
Hamish Morrison
Fulmers Charitable Trust
Maurice Heaster OBE
Souter Charitable Trust
Zak Nunns

## 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 programmes across all countries where they work, as well as funds to fill gaps, support immediate emergency responses and implement innovative programmes.

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 programmes. International Medical Corps (UK) undertakes due diligence on both the financial and reputational dealings of potential partners before accepting donations.

International Medical Corps UK also utilises multiple fundraising channels, with the goal of raising funds from as diversified a base of supporters as possible. These channels include annual giving programmes and online appeals, in addition to outreach through social media, the website and other reputable online platforms that display clear terms and conditions, including General Data Privacy Regulations (GDPR) compliance. International Medical Corps (UK) and its affiliate did not employ any commercial fundraising firm to solicit individuals via telephone or door to door during the reported period. Protecting vulnerable people and other members of public is a key consideration in cultivating a supporter base for the Charity's work. The Charity and its US affiliate actively monitor all efforts to raise funds from the public, in particular vulnerable people. International Medical Corps (UK) did not receive any complaints about its fundraising activities during the reported period.

Although International Medical Corps (UK) is not registered with the UK Fundraising Regulator the Charity

has regard for and adheres to the principles and practices set out in the Code of Fundraising Practices. International Medical Corps (UK) and its affiliate are in compliance with GDPR and protect individuals' personal information. International Medical Corps (UK) communications team monitors and moderates our email and social media accounts and any complaints or concerns regarding fundraising activities are reviewed and responded to by senior management. Fundraising activities also are monitored by the senior leadership of International Medical Corps (UK), which shares regular reporting with the trustees.

### 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

A culture of risk management and mitigation is embedded in the organisation. 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 and the level of impact it would have on the organisation and outlines 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 which are reviewed periodically. It is also recognised that the nature of the Charity's work requires active acceptance and management of 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 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 continues to make sustained efforts to expand its supporter base. 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 of its cost structure.
Adverse payment terms offered by donors affecting the liquidity of the Charity	Charity's liquidity position is closely monitored, and close collaborations are maintained with donor stakeholders to ensure life-saving activities are not impacted by liquidity issues;
Future funding opportunities affected by Brexit and developments in the UK's Foreign and Development policies.	International Medical Corps (UK) continues to pursue European Union funding streams where eligible. At the same time the Charity continues to engage with FCDO (formerly DfID) & other institutional donors 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 fluctuations of currencies against USD can 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 organisation, 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 \$116,105,525 (2020: \$121,777,026). Of this, the total cash income received from institutional donors was \$100,322,529 (2020: \$106,027,214). International Medical Corps (UK) was able to secure \$14,747,030 (2020: \$14,622,440) of gifts-in-kind, comprising food, medicines and supplies.

During the reporting period, International Medical Corps (UK) supported training and assistance programmes in 21 (2020: 22) countries through its US affiliate. The Charity's programme expenditures can be disaggregated into the following humanitarian contexts.

	FY 2021	FY 2020
Strengthening health capacity	34%	35%
Emergency response and preparedness	26%	22%
Mental health and psychosocial support	1%	6%
Women & children's health	20%	14%
Water, sanitation and hygiene	2%	3%
Nutrition & food security	17%	20%

## Financial Position

The Charity had restricted funds of \$15,456,039 as of 30 June 2021 (2020: \$15,982,576) and unrestricted funds of \$580,381 as of the same date (2020: \$641,167). International Medical Corps (UK) receives relevant institutional funding in meeting its restricted charitable expenditure. The balance of free reserves as of 30 June 2021 is \$565,481 (2020: \$575,932). 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 US affiliate's commitment to meet shortfalls in programmes that do not provide full overhead cost recovery.

## Reserves Policy

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.

The Charity 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 2021–22 and this is currently being achieved. Available unrestricted-fund balances in excess of the operational reserves' requirements are utilised to meet the other purposes as outlined above. Operating expenditure considered for reserves excludes transfers made for overseas programmes.

International Medical Corps (UK) continues to apply rigorous assessment of new opportunities and accepts projects that support its overhead costs required to maintain acceptable oversight of programme implementation, therefore mitigating the risk of insufficiently resourced projects. International Medical Corps (UK) considers accepting projects that do not fully

cover its costs with its US affiliate to ensure sustainability of coverage of any gap in funding. As of 30 June 2021, the Charity held restricted reserves of \$15,456,039 (2020: \$15,982,576). This represents the total funds received for specific projects that are yet to be spent at 30 June 2021. These funds have been excluded from specific reserves policy, as they are not for the purposes of general working capital.

As of June 2021, the balance of free reserves was \$565,481 (2020: \$575,932). 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 profiles income streams and undertakes projects with acceptable terms. Also, it looks to its affiliate to cover programme funding gaps that the affiliate has reviewed and considered as acceptable.
- 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 is part of global treasury platform.
- The Charity's operational flexibility has enabled it to address risks caused by political changes, including Brexit and the effects of the pandemic.

## Section 172 Statement

International Medical Corps (UK) complies with section 172 under the Companies Act 2006, which requires our Board of Trustees act in the way that they consider, in good faith, what would be most likely to promote the International Medical Corps (UK)'s impact for our beneficiaries, while considering the long-term effect of decisions on International Medical Corps (UK)'s stakeholders, which includes its beneficiaries, employees, suppliers, partners, the communities it works in and the environment.

### Engagement with employees.

International Medical Corps (UK)'s internal stakeholders are its employees. Enhancing employee engagement is an integral part of the culture of the Charity and its implementing affiliates. Senior management are actively involved in the engagement of colleagues through regular electronic communications, staff meetings and periodic Town Hall meetings that include employees

working across the world. The trustees receive updates on employee matters from the Managing Director during board meetings. During the COVID-19 pandemic, enhanced support has been provided to our employees. International Medical Corps (UK) undertakes regular salary reviews to ensure that salaries for the UK contracted staff are competitive within the sector in the UK.

### Engagement with Other Stakeholders

- Our beneficiaries. As a recognised first responder, we provide emergency relief, often within hours, to those hit by disaster, disease and conflict, no matter where they are, no matter what the conditions. International Medical Corps (UK) continuously monitors programme activities through effective internal reporting. We have a strict Code of Conduct and safeguarding processes in place to ensure the security and safety of our beneficiaries.
- Our partners in project delivery. Our partnerships are critical to ensuring that we deliver programmes in the most hard-to-reach locations. We collaborate with other international and local NGOs when these partnerships bring greater benefits to the people we serve.
- Our supporters and donors. Our donors are primarily institutional, including the UK Foreign, Commonwealth and Development Office (FCDO), UN agencies, Global Affairs Canada and many others. We are committed to delivering timely, high-quality, lifesaving humanitarian assistance, and to reporting on the impact of our work. We report to our donors, and publicise our work on our website, social media and other platforms.
- Our suppliers. We are committed to eradicating modern slavery and trafficking in persons, and engage with our suppliers to promote the highest standards.
- Our wider communities and the environment. Our policies and procedures includes safe environmental protection in the different countries where we work. Our programmes aim to reduce excess morbidity and mortality associated with potential exposure to environmental factors. For example, on a project-by-project basis, our teams assess the risks associated with healthcare waste and with the disposal of expired medicines.

## INTERNATIONAL MEDICAL CORPS (UK) PLANS FOR 2021/2022

International Medical Corps (UK) plans are 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 \$101million during the 12-month period to 30 June 2022;
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:

10 December 2021



## INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF INTERNATIONAL MEDICAL CORPS (UK)

### OPINION

We have audited the financial statements of International Medical Corps (UK) (the 'charitable company') for the year ended 30 June 2021 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 2021 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

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

### OTHER INFORMATION

The trustees are responsible for the other information. The other information comprises the impact report for International Medical Corps and its affiliates worldwide included in pages 2 to 29, together with 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.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below:

### How the audit was considered capable of detecting irregularities including fraud

Our approach to identifying and assessing the risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, was as follows:

- The engagement partner ensured that the engagement team collectively had the appropriate competence, capabilities, and skills to identify or recognise non-compliance with applicable laws and regulations;
- We identified the laws and regulations applicable to the charitable company through discussions with management and from our knowledge and experience of the charity sector;
- We focused on specific laws and regulations in both the UK and overseas, which we considered may have a direct material effect on the financial statements or the activities of the charitable company. These included but were not limited to the Charities Act 2011, the Companies Act 2006, Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their financial statements in accordance with the Financial Reporting Standard applicable to the United Kingdom and Republic of Ireland (FRS 102) (effective 1 January 2019);
- We have assessed the processes in place to ensure that the implementors of programmes are aware of and comply with UK laws and regulations;
- We have assessed the processes in place to ensure that that in country laws and regulations are followed; and
- We assessed the extent of compliance with the laws and regulations identified above through making enquiries of management and review of minutes of trustees' meetings.

We assessed the susceptibility of the charitable company's financial statements to material misstatement, including obtaining an understanding of how fraud might occur, by:

- Making enquiries of management as to where they considered there was susceptibility to fraud, their knowledge of actual, suspected, and alleged fraud; and
- Considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations.

To address the risk of fraud through management bias and override of controls, we:

- Performed analytical procedures to identify any unusual or unexpected relationships;
- Tested and reviewed journal entries to identify unusual transactions;
- Tested the authorisation of expenditure;
- Assessed whether judgements and assumptions made in determining the accounting estimates were indicative of potential bias; and
- Investigated the rationale behind significant or unusual transactions.

In response to the risk of irregularities and non-compliance with laws and regulations, we designed procedures which included, but were not limited to:

- Agreeing financial statements disclosures to underlying supporting documentation;
- Reading the minutes of meetings of trustees; and
- Enquiring of management as to actual and potential litigation and claims.

There are inherent limitations in our audit procedures described above. The more removed that laws and regulations are from financial transactions, the less likely it is that we would become aware of non-compliance. Auditing standards also limit the audit procedures required to identify non-compliance with laws and regulations to enquiry of the trustees and other management and the inspection of regulatory and legal correspondence, if any.

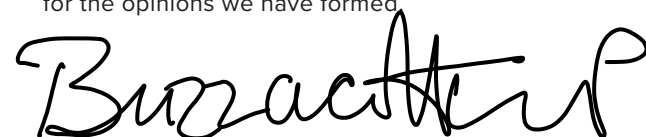
Material misstatements that arise due to fraud can be harder to detect than those that arise from error as they may involve deliberate concealment or collusion.

We did not identify any irregularities, including fraud.

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](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

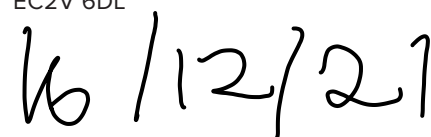
#### USE OF OUR REPORT

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 2021

	Notes	Unrestricted funds \$	Restricted funds \$	2021 Total funds \$	Unrestricted funds \$	Restricted funds \$	2020 Total funds \$
Income and expenditure							
<b>Income from:</b>							
Donations and legacies	1	208,461	15,574,535	<b>15,782,996</b>	703,492	15,046,320	15,749,812
Charitable activities	2	-	100,322,529	<b>100,322,529</b>	-	106,027,214	106,027,214
<b>Total income</b>		<b>208,461</b>	<b>115,897,064</b>	<b>116,105,525</b>	703,492	121,073,534	121,777,026
<b>Expenditure on:</b>							
Raising funds	3	7,895	-	<b>7,895</b>	3,546	-	3,546
Charitable activities	4	274,765	116,410,188	<b>116,684,953</b>	1,085,303	130,381,021	131,466,324
<b>Total expenditure</b>		<b>282,660</b>	<b>116,410,188</b>	<b>116,692,848</b>	1,088,849	130,381,021	131,469,870
Net (expenditure)		(74,199)	(513,124)	<b>(587,323)</b>	(385,357)	(9,307,487)	(9,692,844)
Transfer between funds		13,413	(13,413)	-	372,658	(372,658)	-
Net movement in funds		(60,786)	(526,537)	<b>(587,323)</b>	(12,699)	(9,680,145)	(9,692,844)
Fund balances brought forward							
at 1 July 2020		641,167	15,982,576	<b>16,623,743</b>	653,866	25,662,721	26,316,587
Fund balances carried forward							
at 30 June 2021		580,381	15,456,039	<b>16,036,420</b>	641,167	15,982,576	16,623,743

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 2021**

	Notes	2021 \$	2021 \$	Reclassified (note 19) 2020 \$	Reclassified (note 19) 2020 \$
<b>Fixed Assets</b>					
Tangible assets	8		30,307		91,168
<b>Current assets</b>					
Stock	9	234,967		483,803	
Debtors	10	7,716,348		12,880,834	
Cash at bank and in hand		8,284,126		17,612,022	
		16,235,441		30,976,659	
Creditors: amounts falling due within one year	11	(229,328)		(14,444,084)	
<b>Net current assets</b>			16,006,113		16,532,575
<b>Total net assets</b>			16,036,420		16,623,743
<b>The funds of the charity</b>					
Restricted funds	12		15,456,039		15,982,576
Unrestricted funds			580,381		641,167
			16,036,420		16,623,743

Approved by the trustees and signed on their behalf by:

**Andrew Geczy, Chair**

Approved on: 10 December 2021

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

**STATEMENT OF CASH FLOWS**  
**YEAR TO 30 JUNE 2021**

	Notes	2021 \$	2020 \$
<b>Cash flows from operating activities:</b>			
Net cash used in operating activities	A	(9,327,896)	(14,401,568)
<b>Cash flows from investing activities:</b>			
Purchase of tangible fixed assets		-	(58,670)
<b>Net cash used in investing activities</b>		(9,327,896)	(14,460,238)
<b>Change in cash and cash equivalents in the year</b>		<b>(9,327,896)</b>	(14,460,238)
<b>Cash and cash equivalents at 1 July 2020</b>	B	<b>17,612,022</b>	32,072,260
<b>Cash and cash equivalents at 30 June 2021</b>	B	<b>8,284,126</b>	17,612,022

Notes to the statement of cash flows for the year to 30 June 2021

**A Reconciliation of net movement in funds to net cash used in operating activities**

	2021 \$	2020 \$
<b>Net movement in funds (as per the statement of financial activities)</b>	(587,323)	(9,692,844)
<b>Adjustments for:</b>		
Depreciation charge	60,861	56,267
Decrease in stocks	248,837	208,897
Decrease (increase) in debtors	5,164,486	(2,400,230)
Decrease in creditors	(14,214,757)	(2,573,658)
<b>Net cash used in operating activities</b>	<b>(9,327,896)</b>	(14,401,568)

**B Analysis of cash and cash equivalents**

	2021 \$	2020 \$
Cash at bank and in hand	<b>8,284,126</b>	17,612,022
<b>Total cash and cash equivalents</b>	<b>8,284,126</b>	17,612,022

## PRINCIPAL ACCOUNTING POLICIES 30 JUNE 2021

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 2021.

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) (effective 1 January 2020), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

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:

- The estimation of the value of donated goods distributed in the year and undistributed at the year-end.
- The estimation of the recoverability of accrued income balances.
- The estimation of unrealised foreign exchange difference.
- The treatment of intercompany balances with the charity's implementing affiliates.

### 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 of a period of one year from the date of approval of these financial statements.

The Charity has free reserves of \$565,481 (2020: \$575,932), 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:

- Computers – three years
- Furnitures, fixtures and fittings – five years
- Servers – five years

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.

## BASIC FINANCIAL LIABILITIES

Basic financial liabilities, including creditors, bank loans, loans from fellow group companies. 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.

## RECLASSIFICATION OF PRIOR YEAR BALANCES

International Medical Corps (UK) previously accounted for funds held and liabilities incurred by International Medical Corps on its behalf gross in its own balance sheet. Following a change in the inter entity arrangements during FY 2021, International Medical Corps (UK) is now accounting only for the net asset or liability from/to International Medical Corps. Prior year comparative amounts have been restated for consistency.

## NOTES TO THE FINANCIAL STATEMENTS YEAR TO 30 JUNE 2021

### 1 Donations and legacies

	Unrestricted funds \$	Restricted funds \$	2021 Total \$
Donation from International Medical Corps	157,895	796,173	954,068
Private grants for projects	-	31,332	31,332
Other Unrestricted Donations	50,314	-	50,314
Donated supplies	-	14,747,030	14,747,030
Interest Income	252	-	252
<b>2021 Total funds</b>	<b>208,461</b>	<b>15,574,535</b>	<b>15,782,996</b>

	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
<b>2020 Total funds</b>	<b>703,492</b>	<b>15,046,320</b>	<b>15,749,812</b>

## 2 Income from charitable activities

	Unrestricted funds \$	Restricted funds \$	2021 Total \$
Strengthening health capacity	-	35,968,694	35,968,694
Emergency response and preparedness	-	33,213,909	33,213,909
Mental health and psychosocial support	-	1,157,854	1,157,854
Women & children's health	-	21,245,964	21,245,965
Water, sanitation and hygiene	-	2,092,262	2,092,262
Nutrition and food security	-	6,643,846	6,643,846
<b>2021 Total funds</b>	-	100,322,529	100,322,529

	Unrestricted funds \$	Restricted funds \$	2020 Total \$
Strengthening health capacity	-	35,892,462	35,892,462
Emergency response and preparedness	-	29,832,700	29,832,700
Mental health and psychosocial support	-	5,437,628	5,437,628
Women & children's health	-	19,871,952	19,871,952
Water, sanitation and hygiene	-	3,880,152	3,880,152
Nutrition and food security	-	11,112,320	11,112,320
<b>2020 Total funds</b>	-	106,027,214	106,027,214

## 3 Expenditure on raising funds

	Unrestricted funds \$	Restricted funds \$	2021 Total \$
Fundraising staff costs	2,895	-	2,895
Other fundraising costs	5,000	-	5,000
<b>2021 Total funds</b>	7,895	-	7,895

	Unrestricted funds \$	Restricted funds \$	2020 Total \$
Other fundraising costs	3,546	-	3,546
<b>2020 Total funds</b>	3,546	-	3,546

## 4 Expenditure on charitable activities

	Activities undertaken directly \$	Support costs \$	2021 Total \$
Strengthening health capacity	36,716,175	2,777,137	39,493,312
Emergency response and preparedness	28,432,624	2,150,586	30,583,210
Mental health and psychosocial support	1,202,527	90,957	1,293,484
Women & children's health	21,731,218	1,643,705	23,374,923
Water, sanitation and hygiene	2,236,106	169,135	2,405,241
Nutrition and food security	18,161,113	1,373,670	19,534,783
<b>2021 Total funds</b>	108,479,763	8,205,190	116,684,953

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

#### 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 \$	2021 Total \$
Staff costs	42,223,994	1,831,929	<b>44,055,923</b>
Donated supplies and services	14,995,867	10,529	<b>15,006,396</b>
Auditor's remuneration			
• Statutory audit	-	50,031	<b>50,031</b>
Other costs	51,259,902	6,312,701	<b>57,572,603</b>
<b>2021 Total</b>	<b>108,479,763</b>	<b>8,205,190</b>	<b>116,684,953</b>

	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
<b>2020 Total</b>	<b>122,452,782</b>	<b>9,013,542</b>	<b>131,466,324</b>

#### 4 Charitable activities (continued)

	Unrestricted funds \$	Restricted funds \$	2021 Total \$
Strengthening health capacity	92,997	39,400,315	<b>39,493,312</b>
Emergency response and preparedness	72,016	30,511,194	<b>30,583,210</b>
Mental health and psychosocial support	3,046	1,290,438	<b>1,293,484</b>
Women & children's health	55,042	23,319,881	<b>23,374,923</b>
Water, sanitation and hygiene	5,664	2,399,577	<b>2,405,241</b>
Nutrition and food security	46,000	19,488,783	<b>19,534,783</b>
<b>2021 Total funds</b>	<b>274,765</b>	<b>116,410,188</b>	<b>116,684,953</b>

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

#### 5 Employees and staff costs

Staff costs during the year were as follows:

	2021 Total \$	2020 Total \$
Wages and salaries	<b>1,601,418</b>	1,386,233
Social security costs	<b>142,361</b>	150,757
Other pension costs	<b>88,150</b>	71,666
Severance costs	-	23,161
<b>Total UK staff costs</b>	<b>1,831,929</b>	1,631,817
International Medical Corps Worldwide on International Medical Corps (UK) projects	<b>42,223,994</b>	47,464,651
<b>Total staff costs</b>	<b>44,055,923</b>	49,096,468

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

	2021 No	2020 No
UK Staff	<b>26</b>	23

## 5 Employees and staff costs (continued)

International Medical Corps (UK) contributes towards 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 2,764 (2020: 2,774).

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

	2021 No	2020 No
£60,000 – £70,000	-	2
£70,001 – £80,000	3	2
£100,001- £110,000	1	1

Key management personnel comprise those set out on page 37. The total remuneration paid to key management personnel in the year was \$549,480 (2020: \$477,817).

	2021 \$	2020 \$
Wages and salaries	460,543	400,540
Social security costs	56,699	49,243
Employer pension costs	32,238	28,034
Total costs	549,480	477,817

## 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 (2020- £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 \$
<b>Cost</b>	
Total cost at 1 July 2020 and 30 June 2021	413,610
<b>Depreciation</b>	
Aggregate depreciation as at 1 July 2020	322,442
Charge for the year	60,861
Aggregate depreciation as at 30 June 2021	383,303
<b>Net book values</b>	
As at 30 June 2021	30,307
As at 30 June 2020	91,168

## 9 Stocks

	2021 \$	2020 \$
Donated goods received but not distributed	234,967	483,803

## 10 Debtors

	2021 \$	2020 \$
Due within one year		
Prepayments and deposits	119,618	97,983
Accrued income	6,976,569	12,733,889
Other debtors – Accounts Receivable	45,298	392
Amount receivable from IMC Croatia	7,595	41,850
Amount receivable from IMC	560,548	-
Emergency response stock	6,720	6,720
	7,716,348	12,880,834



### 11 Creditors: amounts falling due within one year

	2021 \$	Reclassified (note 19) 2020 \$
Trade creditors	5,485	85,127
Amounts owed to International Medical Corps	-	14,035,818
Accruals	223,843	129,084
Payable to Madad Fund Sub-partners	-	194,055
	<b>229,328</b>	<b>14,444,084</b>

### 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 2020 \$	Income \$	Expenditure \$	Transfers \$	At 30 June 2021 \$
Strengthening health capacity	7,923,522	36,225,677	39,126,969	-	5,022,230
Emergency response and preparedness	4,758,700	33,893,281	30,299,517	2,122	8,350,342
Mental health & psychosocial support	29,131	1,262,383	1,281,486	-	10,028
Women & children's health	2,429,601	21,637,932	23,158,096	-	909,437
Water, sanitation and hygiene	443,697	2,341,263	2,382,930	-	402,030
Nutrition and food security	263,742	19,709,024	19,353,577	11,291	607,898
Restricted by country	134,183	827,504	807,613	-	154,074
	<b>15,982,576</b>	<b>115,897,064</b>	<b>116,410,188</b>	<b>13,413</b>	<b>15,456,039</b>

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 2021 \$
Fund balances at 30 June 2021 are represented by:			
Fixed assets	14,900	15,407	30,307
Current assets	565,481	15,669,960	16,235,441
Creditors: amounts falling due within one year	-	(229,328)	(229,328)
2021 Total net assets	<b>580,381</b>	<b>15,456,039</b>	<b>16,036,420</b>

	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	<b>641,167</b>	<b>15,982,576</b>	<b>16,623,743</b>

### 14 International Medical Corps (UK) flagship areas

International Medical Corps (UK) continued to operate during the financial year to 30 June 2021 under the main flagship areas of Strengthening health capacity, Emergency response and preparedness, Mental health and psychosocial support, Women and children's health, Water, sanitation and hygiene (WASH) and Nutrition and food security.

### 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 2021, International Medical Corps billed International Medical Corps (UK) \$6,806,743 (2020: \$7,815,070) 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 \$776,778 (2020: \$650,682).

During the year ended 30 June 2021, International Medical Corps Croatia billed International Medical Corps (UK) \$17,270 (2020: \$27,465). During the same period International Medical Corps (UK) has rendered services to International Medical Corps Croatia of \$68,908 (2020: 19,596).

## 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. The trustees are not aware of any material circumstances in the year to 30 June 2021 that could give rise to such liability (2020: none).

## 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 2021 \$
Due within one year	181,243	(105,725)	75,518	1,723	77,241
Due between 2 and 5 years	654,959	(382,059)	272,900	861	273,761
Over 5 years	-	-	-	-	-
	<b>836,202</b>	<b>(487,784)</b>	<b>348,418</b>	<b>2,584</b>	<b>351,002</b>

	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

## 19 Reclassification of prior year balances

International Medical Corps (UK) previously accounted for funds held and liabilities incurred by International Medical Corps on its behalf gross in its own balance sheet. Following a change in the inter entity arrangements during FY 2021, International Medical Corps (UK) is now accounting only for the net asset or liability from/to International Medical Corps. Prior year comparative amounts have been restated for consistency.





**PROJECTS CATEGORISED UNDER MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT**

Country	Donor	IMC UK Project ID	Total Charitable Income USD	Total Charitable Expenditure USD
Afghanistan	EC	202426	(1,644)	(1,644)
Cameroon	UNHCR	203688	-	(7,686)
Cameroon	UNICEF	203799	442	442
Cameroon	UNICEF	203976	170,984	170,984
Ethiopia	UNICEF	203883	199,123	286,255
Ethiopia	UNICEF	204011	121,887	139,284
Jordan	UNSW	203611	12,538	10,806
Jordan	Vrije Universitet	203293	30	30
Nigeria	MINBUZA	203674	64,418	92,939
Turkey	ECHO	203681	590,077	590,077
<b>Total Mental health and psychosocial support</b>			<b>1,157,854</b>	<b>1,281,486</b>

**PROJECTS CATEGORISED UNDER WATER, SANITATION AND HYGIENE**

Country	Donor	IMC UK Project ID	Total Charitable Income USD	Total Charitable Expenditure USD
Afghanistan	UNICEF	203811	207,464	289,627
Afghanistan	UNOCHA	203541	(1,802)	(1,802)
Ethiopia	UNOCHA	203877	233,967	256,394
Somalia	ACF Spain	203852	603,370	653,932
South Sudan	UNMISS	204062	20,029	20,029
Syria	UNOCHA	203850	(70,080)	52,395
Yemen	UNOCHA	203864	388,504	628,626
Yemen	UNOCHA	204117	292,971	76,427
Zimbabwe	UNICEF	203988	362,900	535,754
Zimbabwe	UNICEF	204174	54,939	6,673
<b>Total Water, sanitation and hygiene</b>			<b>2,092,262</b>	<b>2,518,053</b>

PROJECTS CATEGORISED UNDER WOMEN & CHILDREN'S HEALTH

Country	Donor	IMC UK Project ID	Total Charitable Income USD	Total Charitable Expenditure USD
Afghanistan	UNFPA	203845	321,623	340,445
Afghanistan	UNFPA	204088	280,714	304,394
Cameroon	INTERMEDIOS	203950	730,777	730,777
Cameroon	UNHCR	203525	-	(11,617)
Cameroon	UNHCR	203856	428,348	604,573
Cameroon	UNHCR	204094	453,064	281,612
Ethiopia	UNOCHA	204083	270,000	259,156
Ethiopia	ZOA Netherlands	203287	561,778	773,927
Iraq	UNOCHA	203700	(303)	(303)
Iraq	UNOCHA	203818	180,323	180,323
Iraq	UNOCHA	204012	800,000	683,082
Jordan	FCDO	203556	1,619,748	1,596,634
Jordan	INTERMEDIOS	203911	2,165,237	2,165,237
Jordan	UNICEF	203844	2,239,243	2,778,502
Jordan	UNICEF	204093	1,004,062	1,004,062
Kenya	EC	203022	(48,480)	(48,480)
Lebanon	Plan Int. Australia	203448	373	473,274
Libya	UNFPA	203895	1,205,760	1,427,368
Mali	UNICEF	204064	556,164	533,413
Nigeria	MINBUZA	204069	437,427	238,078
Pakistan	UNFPA	203851	165,298	213,697
Pakistan	UNFPA	204084	72,649	75,885
South Sudan	FCDO	203190	5,531,421	6,210,079
South Sudan	UNFPA	203848	1,158,677	1,158,677
South Sudan	UNFPA	204099	1,046,550	1,110,892
South Sudan	UNICEF	204070	65,511	65,511
<b>Total Women &amp; children's health</b>			<b>21,245,965</b>	<b>23,149,199</b>

PROJECTS CATEGORISED UNDER NUTRITION AND FOOD SECURITY

Country	Donor	IMC UK Project ID	Total Charitable Income USD	Total Charitable Expenditure USD
Cameroon	UNICEF	203979	43,612	43,611
Cameroon	WFP	203701	(9,795)	-
Cameroon	WFP	203711	(15,187)	-
Cameroon	WFP	203861	435,923	2,488,150
Chad	ECHO	202803	(38,894)	(38,894)
Democratic Rep of Congo	WFP	203900	107	107
Ethiopia	IMC UK GIK	204074	-	191,949
Ethiopia	UNHCR	203694	-	(4,003)
Ethiopia	UNHCR	204097	1,391,513	1,539,556
Ethiopia	WFP	203703	-	631,210
Ethiopia	WFP	203794	(658)	472,234
Ethiopia	WFP	204030	272,717	3,799,505
Global	Irish Aid	203672	-	76,862
Global	UNICEF	203655	199,010	195,123
Global	UNICEF	204115	9,995	9,995
Global	UNICEF	204120	14,747	14,747
Nigeria	WFP	203806	1,181,034	4,071,326
Nigeria	WFP	204010	84,724	84,724
Nigeria	WFP	204085	794,885	2,852,972
Somalia	ACF US	203735	529,743	529,743
South Sudan	IOM	204151	90,457	90,457
South Sudan	UNHCR	203683	(2,431)	(6,244)
South Sudan	UNICEF	203695	346,677	441,519
South Sudan	UNOCHA	204072	300,000	275,192
South Sudan	WFP	203859	191,173	446,037
South Sudan	WFP	203860	186,470	480,727
Sudan	ECHO	203743	1,108	(15,138)
Sudan	WFP	203890	-	8,669
Sudan	WFP	203891	-	111,008
Sudan	WFP	203892	-	20,573
Sudan	WFP	203893	-	81,629
Sudan	WFP	204102	-	120,019
Sudan	WFP	204103	-	17,266
Sudan	WFP	204105	-	69,026
Sudan	UNDP	203707	(3,084)	(3,084)
Sudan	WFP	204104	-	7,960
Yemen	UNOCHA	204111	640,000	72,382
Yemen	WFP	203747	-	18,238
<b>Total Nutrition and food security</b>			<b>6,643,846</b>	<b>19,195,153</b>



## IMAGE CREDITS

COVER	Shelley Wenk
3	Rebecca Gustafson
4	Carlo Agustin
6	Adeeb Farhat
8	Lambert Coleman
9	Hamit Nassour
10	Patrick Meinhardt
12	Usman Ghani
13	Huma Akram
14	International Medical Corps
15	Nadia Bseiso
16	Jonah Sargent Egermeier
19	Crystal Wells
22	Nadia Bseiso
24	International Medical Corps
26	Crystal Wells
28	Margaret Traub
76	Patrick Meinhardt
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