



**International Medical Corps
(UK)**

**Annual Report and Financial
Statements**

30 June 2019

Company Limited by Guarantee
Registration Number
04474904 (England and Wales)

Charity Registration Number
1093861

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Administrative details of the Charity, the trustees and advisors

Trustees	Andrew W. Géczy Nancy A. Ossey Tim Kirk C. William Sundblad
Managing Director	Ognjen Radosavljevic (from 3 July 2019) Kevin Noone (resigned 3 July 2019)
Finance Director	Fahmida Muhit
Risk & Compliance Committee	Andrew W. Géczy Tim Kirk
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Website	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
Solicitors	Bates, Wells & Braithwaite 10 Queen Street Place London EC4R 1BE

Trustees' report (including strategic report) 30 June 2019

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 2019. The financial statements have been prepared under the accounting policies set out therein and comply with applicable law and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102), effective from accounting periods commencing 1 January 2015 or later.

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

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

STRUCTURE, GOVERNANCE AND MANAGEMENT

Trustees and Organisational Structure

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

International Medical Corps (UK) is an international humanitarian non-governmental organisation (NGO) with its headquarters in London. The Charity is an independent affiliate of International Medical Corps, a US registered non-profit organisation that shares the same mission. 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, over \$153 million of the Charity's programmes were delivered in partnership with International Medical Corps (2018: \$146 million). This represents a 5% increase (2018: 10% decrease compared to 2017) in activities worldwide over the previous year.

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

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

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

STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)

Trustees and Organisational Structure (continued)

International Medical Corps (UK) coordinates its activities with the UK and other Governments, multilateral agencies and other international NGOs in order to ensure that available resources for relief activities are maximised. It adheres to and supports the development of the Sphere Project's Minimum Standards in any disaster response. International Medical Corps (UK) seeks to be informed by the guiding principles in the newly merged 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 is currently comprised of four members who aim to meet several times each year. Additional meetings can be called at the request of the Chairperson. For the 2018-19 financial year, the Board of Trustees met in December 2018 and June 2019. The list of trustees who served in the year is shown on page 1. At least three members, including the Chair, must be present to ensure a quorum.

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

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

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

Statement on Approach to Safeguarding

International Medical Corps (UK) and its US affiliate are committed to the security, safeguarding and safety of their staff, beneficiaries, and the communities in which we work. International Medical Corps (UK)'s Safeguarding governance structure includes a Safeguarding Committee comprised of assigned senior staff members and a Safeguarding Officer who review cases reported to the Charity by its global implementing partners and stakeholders and report to the Charity Commission as required. The Safeguarding Committee receives all reports relevant to the Charity's grants from its US affiliate's Safeguarding Taskforce. As per the Charity's governance structure, the head of International Medical Corps' Safeguarding Taskforce reports to the Managing Director on all safeguarding matters.

The Charity's US affiliate continues to reinforce its safeguarding capacity and capability through an organization wide approach which include incorporation of guidance received from the UK Department for International Development (UK DFID) 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, trafficking in persons prevention
- ◆ Whistle Blowing 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

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

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The Safeguarding Taskforce

The Safeguarding Taskforce was created in 2018 to provide focus, leadership and oversight over all global safeguarding initiatives. The Safeguarding Taskforce is a multi-disciplinary team comprising staff from key departments including Humanitarian Leadership and Partnerships, Legal, Human Resources, Ethics and Compliance, Technical Unit and International Programmes. The Safeguarding Taskforce work-plan covers the development and implementation of safeguarding initiatives, including policy review and updates and 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
- ◆ Trafficking in Persons Prevention

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.

Human Resources

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

Key actions include:

- ◆ 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.

Mandatory Training and Awareness Raising

The existing mandatory training packages for all staff cover:

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

Safeguarding Focal Points

Sixteen Safeguarding Focal Points have been identified at country level, with four initial training sessions covering roles and responsibilities conducted to date. Countries with the highest number of reported safeguarding incidents to date have been prioritised. Additional Safeguarding Focal Points are being identified to cover all countries of operation. Training resources are being finalised to support the development of this cadre of staff.

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 are learnt through this process to inform future safeguarding policy updates and practice as part of an institutional culture of constantly striving to improve.

Additional investigative capacity has been added over the past two years with the appointment of two specialist safeguarding investigators.

Survivor/Victim Support

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

Safeguarding Risks of Downstream Partners

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

Defining Risk Owners

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

Safeguarding - Prevention Measures

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

The Environment

International Medical Corps (UK) actively promotes policies that supports environmental protection. 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 commitment to maintaining environmental standards in its Code of Conduct that is subscribed by all its employees, volunteers, suppliers and sub-partners. On a project by project basis, teams assess the risks associated with relevant aspects such as medical waste and expired medicines disposal.

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

Modern Slavery

In December 2016, International Medical Corps (UK) published its modern slavery statement, committing to prevent modern day slavery and human trafficking within the organisation and its supply chains. We understand that, due to our extensive work in countries where human rights protections may be limited, we may be exposed to the risk of doing business with an entity that facilitates, supports, or engages in modern slavery and/or human trafficking. We actively and continuously work with our affiliate to eliminate the risk to the extent possible. New employees are informed about these organisational policies by the human resources function during their on-boarding orientation. Additionally, all employees are provided with discrete annual trainings about the prevention of both trafficking in persons and sexual exploitation and abuse. Related information is made available to employees on the organisation's intranet, as well as through posters and informational sheets that are displayed in all field and headquarters offices. In addition, International Medical Corps' Global Safeguarding Policy has been updated and is made pursuant to section 54(1) of the Modern Slavery Act 2015 (UK) and constitutes International Medical Corps' Modern Slavery Statement. It is mandated that all allegations are reported and these are reviewed and investigated by Ethics and Compliance Investigation Unit and Safeguarding Case Team.

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Key Management Personnel

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

- ◆ International Medical Corps (UK) contracted staff:
 - ◆ Senior Director of International Programmes;
 - ◆ Senior Director of Finance, Grants and Contracts;
 - ◆ Senior Director of Human Resources and Global Talent Acquisition.

- ◆ International Medical Corps contracted staff
 - ◆ Chief Operating Officer
 - ◆ Vice President, Finance and Administration
 - ◆ Chief Advancement Officer
 - ◆ Vice President, Humanitarian Leadership and Partnership

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

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 Practice - 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.

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Trustees' Responsibilities (continued)

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

- ◆ Select suitable accounting policies and then apply them consistently;
- ◆ Observe the methods and principles in the Statement of Recommended Practice Accounting and Reporting by Charities;
- ◆ Make judgements and estimates that are reasonable and prudent;
- ◆ State whether applicable United Kingdom Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and,
- ◆ Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

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

Each of the trustees confirms that:

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

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

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

OBJECTIVES AND ACTIVITIES

Public Benefit

The trustees have referred to the guidance contained in the Charity Commission's general guidance on public benefit in reviewing the Charity's aims and in planning future activities. 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 health care providers to increase the standards of health care for local communities and enhancing more sustainable systems;
- ◆ Contributing to the UK's agenda for international development and, in particular, the achievement of the Sustainable Development Goals, including the prevention of and response to violence against women and girls;
- ◆ Contributing to the containment and reduction of infectious diseases globally; and,
- ◆ Contributing to an appreciation and technical understanding of the impact of various health issues affecting the vulnerable, through the UK/EU media and other humanitarian networks.

International Medical Corps (UK)'s Goals

- ◆ To mobilise sufficient resources to realise International Medical Corps (UK)'s charitable objects and humanitarian mission.
- ◆ As per International Medical Corps (UK)'s Memorandum of Association, the objects of the organisation are to:
 - a) Relieve suffering, sickness and poverty throughout the world by providing medical aid, health care training and health care programmes and to promote good health and preserve lives by providing medical supplies and trained medical professionals particularly in areas which 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 which may advance the objective set in (a) above.

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

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

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

Monitoring of Activities

International Medical Corps (UK) continuously monitors program activities through effective internal reporting mechanisms. It provides regular programmatic and financial reports on project activities and progress as required by all its institutional donors and other stakeholders. Additional internal programme reports and departmental updates supplement this information for day to day management. The Charity also maintains automated recruitment, financial and programme records to track performance and grant compliance. Staff, in various capacities, visit country programmes during the year to provide relevant technical support. During the reported period countries visited included Jordan, Cameroon, Turkey, Lebanon, Nigeria, South Sudan, Ethiopia, Somalia, Libya, Sudan, Yemen, Indonesia and Mozambique to provide field teams with programmatic and technical support. The Director of the Technical Unit, based in the UK, and supported by a global network of Technical Advisors, ensures support and technical oversight is provided to all projects.

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, logistics and supply chains, human resources and security. The functional specialists provide effective and efficient business support to field programmes as well as facilitate speedy and effective responses to disasters in the respective regions.

International Medical Corps (UK)'s Managing Director is a member of the global executive leadership team and advises and helps evaluate opportunities, challenges, and risks associated with implementation of programs undertaken by the Charity's affiliate. In addition, International Medical Corps (UK) relies on its affiliate's internal audit, compliance and Safeguarding Task Force's independent field reviews, evaluations and reports. Risk assessment and compliance issues are flagged in various functional units' regular reviews and critical issues are reported back to the senior leadership team. International Medical Corps (UK) also engaged an external consultant to conduct a performance review of a country programme delivery. Senior members from International Medical Corps' functional units 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) was assisted at its headquarters by several volunteers over the course of the year who carried out various duties to support the organisation's work. 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 2019, International Medical Corps (UK) provided assistance valued at \$153,636,643 (2018 - \$146,278,574) to vulnerable populations in 23 countries (2018: 28). This included the distribution of donated medical and other supplies valued at \$15,914,785 (2018 - \$16,557,965).

International Medical Corps (UK) supported through its US affiliate 3,204 staff positions in 23 countries (2018: 3,601 staff positions in 28 countries), providing essential services to beneficiaries. Globally, International Medical Corps' activities have served over 7.5 million direct beneficiaries. International Medical Corps (UK) contributed 53% of global institutional funding to this mutual achievement.

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

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

Financials: 'Transparently and efficiently raising and spending donor money'

Goal	Comment
Timely and efficient delivery of programme activities	The Charity successfully delivered activities of the value of \$153M (2018: \$146M) which exceeded the Charity's annual budget.
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. Additional resources were committed to provide adequate support for growth in charitable activities and to ensure compliance with growing donor regulations.
Diversification of income	The Charity continued to be funded by a wide range of government agencies and foundations.

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Risk: 'Minimise risk whilst anticipating threats'

Goal	Comment
<p>Strengthened systems for identifying and raising areas of concern in a timely manner to the senior management team</p>	<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 has made substantial progress in implementing the Supply Chain Excellence Programme (SCEP): a multiyear programme consisting of several transformation and change initiatives in the logistics and supply chain domain. Initiatives focussed on improving the procurement capacity at country level, logistics and supply chain reporting through use of key performance indicators (KPIs) and increasing the use of structured framework agreements.</p> <p>In addition, the Charity has worked with its US affiliate to administer and reinforce its safeguarding mechanisms.</p>
<p>Mitigate financial loss through strict control</p>	<p>Strict controls were maintained and updated as necessary to ensure adherence to internal procedures, requirements of donors and the requirements of the UK Charity Commission.</p> <p>Procurement policies and procedures have been strengthened and systems automated to ensure donor funds are spent in accordance with donor regulation and value for money principles.</p>

People: 'Always supporting its people to develop professionally whilst delivering the Charity's mission.'

Goal	Comments
<p>Staff are motivated to achieve and exceed performance expectations</p>	<p>Staff undertook in-house and external training on donor regulations and industry best practices to ensure pertinent oversight.</p> <p>Staff wellness and engagement activities are regularly organised.</p>

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Goal	Comments
<p>Improve on the creation of opportunities for effective intercompany collaboration and improved quality of programmes</p>	<p>Intercompany and interdepartmental collaborations were enhanced to consider opportunities and challenges in wider contexts.</p> <p>International programmes team are working closely with International Medical Corps' counterparts. To this extent a joint programmes teams meeting was held in Washington, D.C, to discuss improved operational support.</p> <p>Some key programme management and safeguarding positions were recruited to provide oversight to field operations.</p>

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

Goal	Comments
<p>Regular review of programme performance seeking value added to field operations across all donor funded programmes.</p>	<p>Programme staff at all levels identify and address challenges faced during implementation on an ongoing basis to ensure effective programme implementation and delivery.</p> <p>The Charity's affiliate established a system of three cross functional platforms to improve the effectiveness and efficiency of operational support to International Medical Corps' field programs as well as facilitate speedy and effective responses to disasters in the respective regions.</p>
<p>Increased monitoring and evaluation activities, training and programme development</p>	<p>A programme audit visit by an independent consultant was undertaken.</p> <p>Programme staff now work together with other functional expertise within the cross-functional platforms for prompt decision making on country programme issues.</p> <p>During the reporting period, the Charity in collaboration with its US affiliate, submitted 104 proposals (107 submitted in 2018).</p> <p>76 (73%) proposals were approved (2018: 82) whilst 22 (21%) were rejected (2018: 25 or 23%). 6 proposals are still being considered by the relevant donors for funding purposes.</p> <p>In collaboration with its US affiliate, 10 internal audits were conducted at the country level during the year, as well as several cross-organizational audits at the headquarters level.</p>
<p>Secure multi-year grants from donors</p>	<p>Several multi-year grants are in place with UK government's Department for International Development (DFID), EU Regional Trust Fund - MADAD, Global Affairs Canada.</p>

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Donors: 'Accountable to a growing group of donors'

Global Programme Unit continued to provide enhanced due diligence on the Charity's grants and contracts for compliance with the standards and regulations specified by its donors with support from the US affiliate's compliance and by making use of reports issued by the internal audit department. Additionally, International Medical Corps continues to be a member of the Core Humanitarian Standard (CHS) Alliance and it 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 DFID were prioritised to ensure full participation in UK Government's assurance policy in the event of Brexit.
Compliance with reporting deadlines and improved performance on complementary information requests	The Charity remains compliant with donor reporting requirements.

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

Goal	Comment
Encouraging a culture of creativity and problem solving	Organisation wide management information systems are being used to obtain real time reports integrating key indicators across finance, programme delivery, human resources and logistics to ensure effective implementation of programmes. Systems improvement projects were implemented in 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.

STRATEGIC REPORT (continued)

Achievements and performance (continued)

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 made contribution 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 Director of Procurement and Logistics based in the London office participated in the UN Global Logistics Cluster general meeting.

The Senior Director of International Programmes attended the Syria global conference in Brussels and continues to actively participate in regular Humanitarian Directors meetings with DFID. The WASH advisor also attended the Yemen WASH Regional Stakeholders roundtable conference that evaluated the emergency situation and donor commitment.

International Medical Corps (UK)'s Humanitarian Assistance for the Financial Year 2018/2019

Emergency Response & Building Health Sector Capacity

- ***Emergency WASH support to internally displaced and host communities in districts at risk of acute watery diarrhoea and cholera in Yemen***

Since the start of 2019, in Yemen a total of 278,584 suspected cholera cases have been reported, with 561 associated deaths. To prevent a recurrence on the scale of a 2017 outbreak when more than one million cases were reported, through United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA), International Medical Corps began providing WASH support to internally displaced people (IDPs) and host communities residing in key priority districts at risk of Acute Water Diarrhoea (AWD) and cholera. The response focused on increasing access to safe water, sanitation facilities, hygiene promotion, safe disposal of solid waste and Cholera. Over six months, 121,320 people will be reached.

International Medical Corps is the lead implementing agency in three priority districts at risk for AWD and cholera: Ibb district (in Ibb Governorate), Ma'ain district (Amanat Al Asimah Governorate) and Al Haymah Al Kharijiyah district (Sana'a Governorate). The dense concentration of the population exacerbated by poor hygiene practices make these areas especially susceptible to the spread of cholera. To combat this, International Medical Corps expanded access to safe water through the chlorination of a water supply network and its distribution points, repairing water supplies and the construction of sanitation facilities. In addition, International Medical Corps also uses Community Health Volunteers (CHVs) to mobilize hygiene promotion awareness campaigns that actively promote and educate the community about safe sanitary practices to prevent the spread of cholera.

- ***Ebola Preparedness in South Sudan***

This programme funded under the United Nations Development Programme – South Sudan Humanitarian Fund began in December 2018 and although initially scheduled to end in June 2019 was extended until August 2019. The aim of the project is to support the implementation of the South Sudan Ebola preparedness and response plan for which International Medical Corps supporting 18 health facilities in Juba State and running an Infection Disease Unit (IDU), a facility dedicated to manage suspected and confirmed Ebola cases. As part of the Ebola preparedness plan and response, International Medical Corps includes four pillars: case management, Infection Prevention and Control (IPC)/WASH, surveillance and laboratory management and risk communication.

International Medical Corps (UK) operated an isolation unit in Juba and trained 518 health workers in case management, IPC and Ebola surveillance. Surveillance of new arrivals and the protection of civilian camps has been carried out at specific locations named Points of Care in Juba, and screened 3,180 new arrivals from the Democratic Republic of Congo (DRC), Kenya and Uganda. Eighteen health facilities in Juba received support on IPC and WASH. International Medical Corp provided equipment for handwashing, cleaning, waste segregation and increased water storage) and training organized for staff. Three holding units have been established in three major hospitals in Juba to ensure the safe isolation of suspected cases until the arrival of a Rapid Response Team (RRT). Twelve radio talk shows were broadcast on Juba's most popular radio channel and expert question and answer sessions addressed rumours about Ebola. Training on Ebola sensitization reached 170 community leaders, religious leaders, youth and women in Juba.

International Medical Corps has responded to eight Ebola alerts in Juba in support to the Rapid Response Team. Provision of technical support to National and State Task Forces has been given by drafting standard operating procedures and guidelines, as well as by participating in joint assessments and supervision at health facilities.

- ***Improving access to health care, hygiene and sanitation, protection and registration in Libya***

The United Nations High Commissioner for Refugees (UNHCR) has funded two projects overlapping the 2018/19 Financial Year in Tripoli, Gharyan, Zintan, Kufra, Zawiyah, Misurata and Khums. As part of this action, International Medical Corps has provided regular medical assistance and services in 11 detention centres managed by the Department for Combating Migration (DCIM). International Medical Corps also conducts protection monitoring activities and provides primary health care and referrals to secondary health care facilities for Points of Care (PoCs) as part of its management of Community Day Centre activities. We delivered outreach activities for urban based migrants in Salah AlDeen and Gorji neighbourhoods of Tripoli. As part of the support to Rescue at Sea health posts, International Medical Corps supports health posts and Libyan Coast Guards at Khoms, Tajoura, two locations in Tripoli and Zawiyah.

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- ***Improving access to health care, hygiene and sanitation, protection and registration in Libya (continued)***

In detention centres, medical teams monitor and treat chronic diseases and provide basic reproductive health services, including antenatal care, and referring pregnancies and deliveries to secondary level facilities. Cases with tuberculosis, HIV and hepatitis are monitored and referred for treatment. Ambulance support is available around the clock for emergency interventions. Between July 2018 and June 2019, International Medical Corps provided 16,182 medical consultations in the Detention Centres.

Moreover, protection monitoring teams conducted regular protection monitoring visits in the detention centres to identify detained migrants and refer them to UNHCR for further assistance. Protection monitoring teams also participate in the distribution of hygiene kits and other non-food items within the detention centres. International Medical Corps protection monitoring teams organized a total number of 969 visits to the detention centres. The total number of individuals who received core relief items in the detention centres was 9,985.

In addition to the detention centres, through the CDCs established in Gorji and Salah alDeen in Tripoli, International Medical Corps provides health services to the refugees, migrants and asylum seekers through medical consultations for adults and children, including acute and chronic conditions, reproductive health services, and psychiatric services if needed, provision of essential medications and referral to higher level health facilities in the case of life saving and disability prone conditions. International Medical Corps outreach workers organizes regular home visits to beneficiaries to identify and assess the most vulnerable cases and refer them to available services, as well as to provide information and increase awareness on the important health topics. A total number of 12,547 medical consultations were delivered by our medical teams.

Finally, IMC supports Libyan Coast Guard operations and provides emergency health and life saving services to PoCs at sea through established health posts in five locations (Khoms, Tajoura, two in Tripoli and Zawiyah). In line with the protocol established in 2015, after Coast Guard calls to UNHCR, IMC medical staff provide on call service to Coast Guard operations. International Medical Corps' presence with containers and medications in the ports enables better communication with responding authorities and their crews, and ensures timely deployment of its teams to the point of disembarkation to provide medical and material support immediately upon the arrival of rescue team. In this way, International Medical Corps assisted 67 operations and assisted 688 individuals through primary health care and distributed sea rescue kits to 5,761 individuals.

- ◆ ***Tackling Gender-based Violence and Improving WASH in Afghanistan***

In collaboration with United Nations Population Fund (UNFPA) and the Ministry of Public Health (MoPH), International Medical Corps has been implementing the Health Sector Response to Gender-based Violence (GBV) programme in four provinces of Afghanistan. During 2018-2019, International Medical Corps operated five Family Protection Centres (FPCs) and one Comprehensive Family Protection Centre (C-FPC) in Kabul, Balkh, Jawzan and Samangan Provinces, to provide medical, legal and psychosocial support to 4,857 GBV survivors.

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- ◆ ***Tackling Gender-based Violence and Improving WASH in Afghanistan (continued)***
The programme built the knowledge and skills of health professionals, social workers and key actors related to GBV information management and psychosocial support interventions. It also supported the establishment of standard operating procedures and effective health referral pathways. International Medical Corps trained more than 500 health service providers and provided support for hosting an online GBV database. International Medical Corps worked with communities to spread awareness about GBV through dialogues with religious leaders, women shura and local health committees. International Medical Corps also co-organised a joint commemoration of International Women's Day and 16 Days of Activism Violence Against Women with the Provincial Public Health Directorates.

With financial support from UNICEF, International Medical Corps provided emergency WASH services to 13,297 returnees, IDPs and vulnerable community members in the eastern region of Afghanistan. Eligible families and groups with emergency WASH needs identified through a rapid assessment and responded by providing drinking water through the construction and rehabilitation of 48 borehole wells, ensuring sanitation through building 16 latrines and holding 725 hygiene promotion sessions. International Medical Corps also established and trained two Community WASH Committees and identified two mechanics from the community to maintain the WASH infrastructure.

- ◆ ***Emergency WASH and skills transfers for conflict affected communities in Syria***

With funding from the United Nations, International Medical Corps provides emergency WASH assistance and capacity building support to save lives and alleviate the suffering of the conflict affected populations in Al Hole camp in Hasake, Syria. The proposed programme targets 55,000 beneficiaries, including recent arrivals from Hajin and other conflict areas. International Medical Corps works closely with the Syrian Arab Red Crescent (SARC) branch in Al Hasakeh and with WASH sector partners to deliver lifesaving assistance to the most vulnerable individuals.

International Medical Corps activities include the distribution of 11,000 kits of cleaning materials to cover 2,750 latrines for 55,000 beneficiaries in Al Hole camp in Hasake. These materials are distributed as an integral part of hygiene promotion campaigns and clean up activities. Moreover, the cleaning materials will complement hygiene kits distributed by WASH partners in the camp. We also distributed 25,000 bars of soap for children during youth related activities.

International Medical Corps is among the few organizations in the area with a comprehensive and consistent plan for hygiene promotion, including rapid needs assessments, hygiene awareness campaigns, baseline and endline data analysis and reporting, emergency provision of WASH supplies with hygiene-related items and non-food items, and clean-up activities. Moreover, International Medical Corps remains the only NGO in Syria who implements a community-based approach to transfer these methodologies to implementing partners.

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◆ *Nutrition for conflict-affected and vulnerable people in Yemen*

International Medical Corps receives nutrition commodities and supplements from the World Food Programme (WFP) to respond to the food crisis in Yemen that has left 15.9 million people or 53% of the population food insecure. WFP's Provision of Targeted Supplementary Feeding Programme (TSFP) supplies enable treatment for Moderately Acute Malnourished (MAM) children aged 6-59 months and Pregnant and Lactating Women (PLW) with acute malnutrition. Through TSFP interventions, MAM cases are prevented from progressing to Severe Acute Malnutrition (SAM).

International Medical Corps supports 28 primary health care facilities and 2 stabilization centres in hospitals by providing curative and preventive nutrition services (Community-based Management of Acute Malnutrition (CMAM) - OTP/TSFP/SC and IYCF/nutrition education) in Sana'a and Taiz governorates. Health facilities are provided with a supply of essential medicines and supplies. Health workers receive training on correct anthropometric measurements so they may accurately identify malnourished children, as well as build their skills in applying Yemen CMAM protocols, conducting appetite tests, and managing their nutrition stocks.

The nutrition programme is designed to integrate WASH, food security and health services into a comprehensive package. Outreach activities in the community complement facility based services. Community health volunteers conduct active case identification using colour-coded mid-upper arm circumference tapes and refer children and PLWs to health facility service points.

◆ *Lifesaving health and nutrition in Somalia*

This 2019 ECHO funded action from January 2019 builds on the 2018 action, to provide 24-7 Comprehensive Emergency Obstetric and Newborn Care (CEmONC); integrated emergency rapid response, isolation of outbreak prone diseases; emergency surgery; Tuberculosis diagnosis and treatment; medical and psychosocial support for GBV survivors at Jowhar Maternity Unit and IYCF nutrition services.

Facility activities are complemented by community health and nutrition interventions funded by other donors that support improved healthcare access and optimal nutrition during the first 1000 days of a child's life through pregnancy and infancy. The adoption of good hygiene and nutrition practices are prioritized through targeted home, community, and facility-based approaches. Sustainable health outcomes require strengthening of household and community activities, to complement therapeutic interventions at health facilities. This approach ensures a stronger continuum of care between health facilities and communities and increases community involvement as co-producers of quality health outcomes.

Since 2013, the European Commission's Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO) has funded International Medical Corps to provide support to life saving interventions and nutrition services for vulnerable and IDPs in Somalia's regions of Galkayo/Mudug, Jowhar/Middle Shabelle and Abudwak/Galgaduud. In 2018, International Medical Corps continued the provision of services to these areas and, following a cost modification in June 2018, scaled up interventions in Jowhar /Middle Shabelle and Abudwak/Galgaduud regions.

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◆ ***Lifesaving health and nutrition in Somalia (continued)***

Additional services included a neonatal unit at Jowhar Maternity Unit, an inpatient paediatric ward and stabilization centre (SC) at Kulmis health centre in Jowhar, and a stabilisation centre in Abudwak. IMC UK, through ECHO funding, reached 67,254 people with health and nutrition services.

At Galkacyo South Hospital, 6,339 beneficiaries were reached through facility-based primary and secondary health care and 31,435 beneficiaries were reached through community-based health, hygiene and nutrition education. In Jowhar, 3,718 women and neonates received comprehensive emergency obstetric and neonatal care (CEmONC) at JMU and 1,262 children were reached with paediatric care at Kulmis inpatient pediatric unit. In Abudwak, International Medical Corps reached 9,463 beneficiaries through mobile outreach-based primary healthcare services. IMC UK has since closed out of this area due to a loss of funding. Health officers and medical Doctors, across the three regions (Galkacyo, Abudwak and Jowhar), conducted trainings for 67 clinical staff to build capacity on key topics and practices. IMC UK also trained 169 staff on Integrated Management of Acute Malnutrition and IYCF/Baby friendly hospital initiative. 3,942 children and 938 pregnant and lactating women were admitted and treated for acute malnutrition. 10,157 mothers/caretakers of children <24 months were reached through IYCF counseling sessions at facility and community level. 1,371 mothers/caregivers of children <5 years were sensitized on Mother MUAC initiative. Mothers are best placed to identify early signs of malnutrition in nutrition screening activities, acting to reduce mortality and reinforce their role in promoting their child's health.

◆ ***Humanitarian health and nutrition assistance in Darfur, Sudan***

Through support from DG ECHO, International Medical Corps provided integrated health and nutrition intervention to 260,072 beneficiaries in six different localities Bilel, Um Dukhun, Bindisi, West Jebel Mara, Central Jebel Mara, Wadesaleh. Of the beneficiaries, 54% were females and 39% were children aged under five years.

International Medical Corps supported the State Ministry of Health in South Darfur and Central Darfur states to mobilise communities and conduct Expanded Programme for Immunization (EPI) campaigns. A total of 4,977 children with Severe Acute Malnutrition (SAM) and 9,361 with MAM were treated. IYCF counselling was provided to 31,122 mothers at health facilities and in communities. To ensure accountability, IMC established community feedback mechanisms so that service provision would reflect beneficiaries' requirements. The programme was implemented with four local partners (namely, National Initiative For Development Organization, Trust Rehabilitation And Development Organization, Jabal Mara Charitable Organisation for Rural Development and Mubadiroon Organisation for Prevention of Disaster War Impacts).

◆ ***Psychosocial services for youth and caregivers near the contact line in Donetsk oblast, Ukraine***

Children and adolescents continue to remain one of the most vulnerable groups among the conflict-affected populations in Eastern Ukraine. There is a disparity in access and availability to psychosocial services in schools in rural versus urban areas. As shelling remains a high concern for the safety of children and adolescents, its impact on the psychosocial health remains evident. Feedback from previous International Medical Corps' projects found that children suffer from anxiety, stress, and poor social connectedness and concentration. They have difficulties managing their emotions, often channelling it through aggressive behaviours. The 2018 Humanitarian Needs Overview for Ukraine recommended the provision of psychosocial support services tailored toward youth and an increase in family friendly spaces and the strengthening of referral pathways.

In response to these needs, in partnership with UNICEF International Medical Corps Ukraine implemented a project to further develop the wellbeing, life skills and capacities of communities. Complementing a project financed by the USAID Office of Foreign Disaster Assistance (OFDA), the programme aims to increase social cohesion through discussions, planning and implementation of collaborative community-initiated projects. Parents and caregivers are engaged in psycho-educational sessions to support their children through a 'Positive Parenting' curriculum. Lastly, children and adolescents build upon their life skills through the implementation of a Youth Empowerment Programme and Healthy Habits for Happy Children Psycho-Social Support curricula. In the life skills oriented curriculum, adolescents discuss issues they face and identify positive coping strategies.

During the project period, 535 children and youth were engaged in psycho-educational group activities. Awareness Raising Activities engaged 1,305 beneficiaries in topics including self-esteem, suicide and self-harm, anti-bullying and the connection between physical and emotional health. A total of 170 parents and caregivers participated in group-based interventions and/or were engaged in individual psychological interventions and 384 community professionals (including teachers, school administration, social workers and village librarians) participated Child Protection trainings and capacity building activities. Topics included Child Protection Minimum Standards and Psychological First Aid for Children and Adults. A total of 12 youth-initiated community projects and nine large-scale community projects were actualized during the project.

◆ ***Integrated health, protection and mental health and psychosocial support services for conflict-affected populations in Iraq***

Through support from DG ECHO, International Medical Corps provides an integrated package of primary health care, mental health and psychosocial support services (MHPSS), and support and referrals for GBV survivors through a combination of static and mobile facilities and outreach and training activities.

◆ ***Integrated health, protection and mental health and psychosocial support services for conflict-affected populations in Iraq (continued)***

International Medical Corps provides critical health, MHPSS and GBV services through two mobile medical units (MMUs) that support four static Primary Health Centres. Community health workers work in association with the MMUs to raise awareness on health and hygiene messages and refer cases for care. International Medical Corps will revitalize four Primary Health Centres and build capacity in MHPSS, health and GBV to provide comprehensive health services. The programme will reach 44,800 (30%) of the most vulnerable conflict-affected populations in the governorate of Baghdad.

◆ ***Strengthening resilience for internally displaced persons, returnees and host communities in West Darfur, Sudan***

This 42-month programme began in March 2017 and is funded by European Commission grant through the European Trust Fund. The project supports 22 health facilities in West Darfur state, focusing on primary health care and capacity building of staff.

The clinics have received training on various health and nutrition topics such as the management of acute respiratory infections; malaria; diarrhoea; eye, ear and skin infection management; communicable disease, Basic Emergency Obstetric and Neonatal Care (BEmOC); in-service training for ante- and postnatal care (ANC and PNC); Clean and Safe Delivery; family planning and sexual health management.

Humanitarian support includes the payment of incentives to 384 staff seconded from the State Ministry of Health (SMOH) to work in 22 health facilities. Local Health Management Teams and SMOH staff have received training on operational planning, district Health Management Information System (HMIS), monitoring and evaluation (M&E), health budgeting and financing.

◆ ***Gender-Based Violence prevention in South Sudan***

DFID began supporting GBV prevention in South Sudan in 2016. At the end of 2018, International Medical Corps organized outreach campaigns in all programme locations as part of the global 16 Days of Activism to End Gender-Based Violence. In Jonglei, Unity, Western Bahr El Ghazal and Upper Nile states, 1,459 women engaged in livelihood activities including income generation.

Friendly spaces were provided to 116,507 women and girls. Sex and age-appropriate case management services have been provided to 2,281 survivors of GBV including individualized psychosocial support and safe referrals. Material assistance and dignity kits were distributed to 13,822 of vulnerable and at risk women and girls.

International Medical Corps prioritizes gender sensitivity in its response and emphasizes the need to raise women's voices for meaningful participation in decision making within their households, communities, civil society. It also seeks to include them in regular Accountability to Affected Population (AAP) meetings and discussions. We held 138 AAP meetings to review programme plans and solicit feedback from different stakeholders and beneficiaries.

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- ◆ ***Gender-Based Violence prevention in South Sudan (continued)***
An Age, Gender and Diversity lens is integrated through all programme activities to ensure that the activities are delivered in a safe and appropriate manner to facilitate the participation and engagement of all age, gender and community groups. IMC has worked with men and boys as allies for gender equality and included them in activities to increase women's empowerment and awareness of HIV/AIDS and GBV.

- ◆ ***Ensuring Syrian refugee youth and vulnerable Jordanian children access to protection case management in Jordan***

Since April 2019, International Medical Corps has been working in cooperation with UNICEF and UNHCR to provide specialized child protection case management that is vital to the safety and wellbeing of children at risk. International Medical Corps remains the largest provider of this service, covering the whole of Jordan. In urban locations of Zarqa, Irbid, Mafraq and Amman, International Medical Corps provides specialized child protection case management services in UNICEF supported Makani centres and child friendly spaces. Child Protection Managers are also allocated to all four villages of Azraq camp and in all 12 districts of Za'atari camp.

International Medical Corps is reaching 3,000 children at risk, including unidentified unaccompanied or separated children. A total of 8,276 home and follow up visits for child protection cases will be carried out. International Medical Corps will also conduct child protection sessions to 300 staff from other service providers and a total of 460 community members. Moreover, Child Protection Counsellors will carry out individual sessions with children and group based psychosocial support groups targeting specific concerns such as child labour, children with behavioural concerns, child marriage and early pregnancy.

International Medical Corps is taking a holistic approach to protection programming in Jordan, offering therapeutic counselling focused on protection concerns and supporting the wellbeing of the engaged family members. Where children are found unaccompanied or separated, International Medical Corps will facilitate their placement into care whilst fully addressing their protection concerns.

- ◆ ***Minimum Initial Service Package provision and Life-Saving Reproductive Health services in Pakistan***

Pakistan has one of the highest maternal mortality ratios in South Asia. The last maternal mortality ratio (MMR) reported was 276 per 100,000 live births (2006-07) but has declined to 178/100,000 in the last decade owing to wide outreach of a national Lady Health Worker (LHW) programme and better skilled birth attendance availability. Similarly, infant and under 5 mortality rates have improved from 72/1,000 to 66/1,000 live births; but the neonatal mortality rate has almost been stagnant at 43/1,000 live births.

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◆ ***Minimum Initial Service Package provision and Life-Saving Reproductive Health services in Pakistan (continued)***

In response, in March 2019, International Medical Corps received its first ever United Nations Population Fund (UNFPA) funding in Pakistan to deliver lifesaving maternal and reproductive health services in health facilities and through medical outreach services in Khyber Pakhtunkhwa (Peshawar) and Merged Districts (Khyber). These areas have been notoriously conflict ridden for almost a decade. They have seen massive displacement and damage to infrastructure, including health facilities, due to military operations against militants. This project aims to improve the reproductive health of communities, particularly women and girls, to reduce preventable morbidity and mortality. This project is strengthening the health system by constructing labour rooms, building the capacity of health care providers, providing reproductive health commodities and supplies and enhancing communities' knowledge about SRH, GBV and HIV/STIs. During the first year of project implementation, the project established the groundwork for delivering lifesaving SRH, psychosocial support services and MISP provision through five health facilities in Peshawar and Khyber districts of Khyber Pakhtunkhwa province.

The project aims to reach 25,000 direct beneficiaries (of which 13,170 will be Afghan refugees) and 325,847 indirect beneficiaries by end of December 2019. As of 30 June, International Medical Corps had reached a total of 6,549 direct beneficiaries. The Government of Pakistan has renewed International Medical Corps' No-Objection Certificate, allowing the agency to continue implementation in the specified areas until the end of the project.

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STRATEGIC REPORT (continued)

Achievements and Performance (continued)

Review of International Medical Corps (UK)'s Humanitarian Assistance for the Financial Year 2018/2019 (continued)

Private donor support of International Medical Corps (UK) programmes

Andor Charitable Trust
D M & J Wood Charitable Trust
UBM
Nexia International
The Bryan Guinness Charitable Trust
GM Morrison Charitable Trust
Fulmers Charitable Trust
Bryan Cave Leighton Paisner LLP

Fundraising, Communications and Marketing activities

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

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

STRATEGIC REPORT (continued)

Investment Policy

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

Risk Management

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

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

- ◆ Organisational risk
- ◆ Strategic and Management risk
- ◆ Operational risk
- ◆ People
- ◆ Financial risk

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

The key business risks to the Charity continue to include the unexpected loss of funding from key donor organisations, a breakdown in its relationship with International Medical Corps 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 business risks including the review of the reserves policy, the introduction of new technology to ensure that assets are safeguarded to the extent possible, the continued reference to a balanced business scorecard and aggressive reviews into the Charity's funding base. These are further summarised in the table below:

Trustees' report (including strategic report) 30 June 2019

STRATEGIC REPORT (continued)

Risk Management (continued)

Key Risks	Trustees' plans to mitigate the risk
Insufficient unrestricted reserves	The Charity recognises that developing a supporter base will take time and sustained efforts from both its own team and from its affiliate. In the meantime, the Charity intends to continue to work with its institutional donors in order to continue delivering activities in the most hard to reach areas, thereby receiving contributions towards its corporate costs and work with its US affiliate to keep effective control on its cost structure.
Unfeasible partnership framework with affiliate International Medical Corps	Ongoing efforts are in place to review the scope of the existing Administrative Services Agreement between the two organisations.
Adverse payment terms offered by donors affecting liquidity of the Charity	The trustees have agreed that the Charity's affiliate under the leadership of the VP Finance and Admin will oversee the global treasury function. Under the direction of the Los Angeles based Finance Controller the Charity's US affiliate's treasury team continues to implement improved practices in working capital management. Senior Director of Finance of International Medical Corps (UK) participates in Treasury Governance meetings and Managing Director is part of global Treasury Stakeholders group.
Future funding opportunities affected by Brexit negotiations.	International Medical Corps (UK) continues to closely monitor the discussions between the UK government and the European Union. At the same time the Charity continues to engage with DFID on the donor's role in supporting UK civil society organisations in the scenario of a no deal Brexit. (https://www.gov.uk/government/publications/delivering-overseas-aid-programmes-if-theres-no-brexite-deal)
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.

Trustees' report (including strategic report) 30 June 2019

STRATEGIC REPORT (continued)

Risk Management (continued)

Key Risks	Trustees' plans to mitigate the risk
<p>Exposure to movement in foreign currency rates affecting international operations</p>	<p>The Charity's principal currency exposures arise from translations of European donor monies received into US dollars which is the main operational currency advanced to its field missions overseas. The continued fall in the value of pound sterling against USD has continued to adversely affect International Medical Corps (UK)'s ability to deliver programmes sustainably. Within this context the charity's affiliate has taken responsibility of global treasury management as of July 2018 to ensure effective use of donor funds.</p> <p>Donors are being consulted on the required amendment of programme objectives where this risk affects programme budgets considerably.</p>
<p>Operations in sanctioned countries through the Charity's US affiliate</p>	<p>Donors and stakeholders are kept up to date with developments and emerging risks affecting programme implementation in sanctioned countries.</p> <p>The Charity continues to collaborate with stakeholders and other INGOs to seek longer term solutions.</p>

Trustees' report (including strategic report) 30 June 2019

STRATEGIC REPORT (continued)

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 management systems and programmes through its US affiliate, to continuously improve financial operations and systems and to identify more efficient methods of budgeting, accounting, financial reporting and auditing and thereby be responsive to management needs at the various levels of the organisation. Additionally, International Medical Corps (UK) through its US affiliate seeks to be responsive to the financial reporting and other requirements of its donors, as well as to the restrictions imposed by the governments under whose rule of law it operates.

This year, International Medical Corps (UK)'s total income was \$155,260,005 (2018 - \$152,284,447). Of this, the total income received from institutional donors was \$139,330,052 (2018 - \$133,904,812). International Medical Corps (UK) was able to secure \$15,929,953 (2018 - \$17,911,044) of gifts-in-kind that comprised food, medicines, and supplies.

During the reporting period, International Medical Corps (UK) supported training and assistance programmes in 23 (2017: 28) countries through its US affiliate. The Charity's programme expenditures can be disaggregated into the following humanitarian contexts.

	FY 2019	FY 2018
Building health capacity	28.37%	31.74%
Emergency response	24.72%	22.98%
Mental health	5.91%	6.22%
Women & children's health	20.86%	17.84%
Water & sanitation	5.58%	3.16%
Nutrition	14.55%	18.06%

Financial Position

The Charity had restricted funds of **\$25,662,721** at 30 June 2019 (2018 - \$23,100,824) and unrestricted funds of **\$653,866** at the same date (2018 - **\$1,828,890**). International Medical Corps (UK) receives relevant institutional funding in meeting its restricted charitable expenditure. The balance of free reserves as at 30 June 2019 is \$565,101 (2018 - \$1,692,646). Free reserves are unrestricted funds less the net book value of the fixed assets.

International Medical Corps (UK) committed resources from unrestricted reserves to provide adequate support for growth in charitable activities and to ensure compliance with growing donor regulations. International Medical Corps (UK) continues to rely on its affiliate's commitment to meet shortfalls in programmes covered by the affiliate's unrestricted funds.

STRATEGIC REPORT (continued)

Financial Review (continued)

Reserves Policy

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

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

1. The Charity's income streams and the associated risk profile.
2. The ability of the Charity to meet its commitments and to deliver its expenditure obligations through its US affiliate.
3. The overall risk environment in which the Charity operates.

Overall, International Medical Corps (UK) requires reserves for the following purposes:

- ◆ To fund working capital requirements in the event of unexpected delays in receiving donor funds to ensure continuity in implementation in the field.
- ◆ To fund unplanned expenditure arising from programme related contingencies such as unforeseen events delaying implementation leading to no-cost-extensions and to manage exposure to exchange rate fluctuations.
- ◆ To finance any gap in funding for projects of strategic importance to the Charity and its US affiliate.
- ◆ To fund requirements for additional corporate costs to maintain high quality assurance over the organisation's programmes.

As explained elsewhere in the report the Charity's US affiliate continues to assume, in large part, risks associated with implementation of its charitable activities around the world. An overall reserves policy has been considered by the Board of Trustees that aims to maintain a level of unrestricted reserves equivalent to six month's operating expenditure of the Charity's HQ offices which is \$550,000 for FY 2019-20 and is currently being achieved. Available unrestricted funds balances in excess of the operational reserves requirements will be utilised, as required, to meet the other purposes outlined above. Operating expenditure considered for reserves excludes transfers made for overseas programmes.

STRATEGIC REPORT (continued)

Financial Review (continued)

Reserves Policy (continued)

International Medical Corps (UK), due to the fluidity of its reserves, cannot consider projects that do not fully cover its costs. However, through its affiliate, which covers any gap in funding, it continues to accept projects assessed by its affiliate as feasible. International Medical Corps (UK) continues to apply more rigorous assessment of new projects and will accept projects that support its overhead costs required in maintaining acceptable oversight of programme implementation, therefore mitigating the risk of insufficiently resourced projects. The Charity accepts that there are situations where, to meet the Charity's missions and objectives, there is an inevitable need to take on more challenging and strategic global roles, which requires the need to pursue other funding sources. In these instances, the Charity relies on coverage of its risks by its US affiliate. International Medical Corps (UK) seeks to take on programmes that are assessed as break-even, however, circumstances may occur where, in a bid to fulfil its same objectives and mission, recourse to unrestricted funds or restricted funds that are country designated is put into effect. As of 30 June 2019, the Charity held restricted reserves of \$25,662,721 (2018: \$23,100,824). This represents the total funds received for specific projects that are yet to be spent at 30 June 2019. These funds have been excluded from specific reserves policy as they are not for the purposes of general working capital.

As of June 2019, the balance of free reserves was \$565,101 (2018: \$1,692,646). 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 above identified risks as follows:

- ◆ In collaboration with its affiliate, the Charity will profile the pipeline income streams and undertake projects with acceptable terms. Also, it will be looking to its affiliate to cover programme funding gaps which the affiliate has reviewed and has considered as acceptable. The Charity continues dialogues with the donor community who value the difference made by its work and negotiate feasible terms for implementing activities;
- ◆ The Charity and its affiliate continue to closely monitor the implementation context of quality programmes around the world and resolve operational challenges with its supporters and partners;
- ◆ The Charity relies on its affiliate's treasury management, shortfall approval, programme go-no-go decision making processes to minimise risks to an acceptable level; and
- ◆ The Charity accepts that recent political changes around the world, including Brexit, will necessitate it to review its plans. Along with its affiliate, the Charity continues to forge new partnerships that will enable it to fulfil its mission and objectives.

INTERNATIONAL MEDICAL CORPS (UK) FUTURE PLANS FOR 2019/2020

International Medical Corps (UK) plans are as below:

Aim/Objective	Operational area	Measurable Objectives
To increase International Medical Corps (UK)'s engagement with existing donors to manage the potential impacts of different Brexit outcomes	International Programme	On-going engagement with donors to ensure additional sustained funding streams; Revenue obtained to enable the Charity's sustained operations
Constructive oversight of the Charity's projects being implemented by its US affiliate to ensure optimum quality control	International Programme and Technical	Regular reports by the Charity's US affiliate to indicate progress in implementation of programme activities; Cross functional platforms coordinate monitoring of implementation through regular communications, donor liaison, country visits and reports on implementation plans reflective of commitments undertaken by its US affiliate; The Charity's affiliate provides independent assurance over projects implementation through the extensive work and reporting by the Field Compliance and the Internal Audit functions and the work is shared with the Charity
Exploring joint strategic approaches to fundraising for International Medical Corps (UK) with its US affiliate	Fundraising	To raise \$25,000 (£19,250) in specific support
Applying enhanced techniques to ensure maximum visibility, donor and supporter engagement.	Marketing and Communications	An increase in supporter base of the Charity
Build increased awareness of International Medical Corps UK's operations through media outreach and placements	Communications	Secure coverage of operations in media outlets

Trustees' report (including strategic report) 30 June 2019

Aim/Objective	Operational area	Measurable Objectives
Continue to build International Medical Corps UK's brand through robust website and social media presence	Communications	Website and social media is active and updated regularly, resulting in increased awareness of our work
To ensure an enhanced culture of Compliance and Accountability within International Medical Corps (UK) to both donors and beneficiaries	Compliance & Internal Audit	Timely implementation of audit recommendations.
To drive efficiency through effective finance business partnering and leveraging of financial information to improve business performance and stakeholder value	Finance	<p>Periodic management accounts and management analysis reports are completed in a timely manner</p> <p>Strict control on International Medical Corps (UK) corporate costs</p> <p>Use of Enterprise Resource Management (ERM), budgeting and forecasting systems for efficiency</p>
To provide a framework for people management practices that are legally compliant, reflect best practice and enable International Medical Corps (UK) to achieve its strategic and operational goals effectively and efficiently	Human Resources	<p>Retention of high performing staff based on performance management system</p> <p>Surveys to determine staff engagement</p> <p>Availability of up to date relevant HR policies and procedures which support positive working relationship</p>

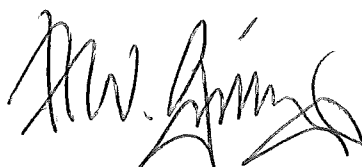
Trustees' report (including strategic report) 30 June 2019

INTERNATIONAL MEDICAL CORPS (UK) FUTURE PLANS FOR 2019/2020 (continued)

In addition, the Charity aims to:

1. Expand opportunities for applied research to improve impact of healthcare for vulnerable communities, in line with its mission;
2. Achieve institutional income of \$150m during the 12-month period to 30 June 2020;
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 the 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:

31 January 2020

Independent auditor's report 30 June 2019

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 2019 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 2019 and of its income and expenditure for the year then ended;
- ◆ have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- ◆ have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

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

Conclusions relating to going concern

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

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

Independent auditor's report 30 June 2019

Other information

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

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

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

Matters on which we are required to report by exception

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

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

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

Responsibilities of trustees

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

Use of our report

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



Edward Finch (Senior Statutory Auditor)
For and on behalf of Buzzacott LLP, Statutory Auditor
130 Wood Street
London
EC2V 6DL

17 February 2020

Independent auditor's report 30 June 2019

	Notes	Unrestricted funds \$	Restricted funds \$	2019 Total funds \$	Unrestricted funds \$	Restricted funds \$	2018 Total funds \$
Income and expenditure							
Income from:							
Donations and legacies	1	55,984	15,873,969	15,929,953	86,309	18,293,326	18,379,635
Charitable activities	2	-	139,330,052	139,330,052	-	133,904,812	133,904,812
Total income		55,984	155,204,021	155,260,005	86,309	152,198,138	152,284,447
Expenditure on:							
Raising funds	3	3,279	-	3,279	30,171	-	30,171
Charitable activities	4	1,590,050	152,279,803	153,869,853	257,084	146,021,490	146,278,574
Total expenditure		1,593,329	152,279,803	153,873,132	287,255	146,021,490	146,308,745
Net (expenditure)/ income		(1,537,346)	2,924,219	1,386,873	(200,946)	6,176,648	5,975,702
Transfer between funds		362,322	(362,322)	-	1,689,528	(1,689,528)	-
Net movement in funds		(1,175,024)	2,561,897	1,386,873	1,488,582	4,487,120	5,975,702
Fund balances brought forward at 1 July 2018		1,828,890	23,100,824	24,929,714	340,308	18,613,704	18,954,012
Fund balances carried forward at 30 June 2019		653,866	25,662,721	26,316,587	1,828,890	23,100,824	24,929,714

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 2019

	Notes	2019 \$	2019 \$	2018 \$	2018 \$
Fixed Assets					
Tangible assets	8		88,765		136,244
Current assets					
Stock	9	692,700		1,353,078	
Debtors	10	11,607,749		10,564,889	
Cash at bank and in hand		32,072,260		30,453,488	
		<u>44,372,709</u>		<u>42,371,455</u>	
Creditors: amounts falling due within one year	11	<u>(18,144,886)</u>		<u>(17,577,985)</u>	
Net current assets			26,227,822		24,793,470
Total net assets			<u>26,316,587</u>		<u>24,929,714</u>
The funds of the charity					
Restricted funds	12	25,662,720		23,100,824	
Unrestricted funds		653,867		1,828,890	
			<u>26,316,587</u>		<u>24,929,714</u>

Approved by the trustees and signed on their behalf by:



Approved on: 31 January 2020

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

Statement of cash flows Year to 30 June 2019

	Notes	2019 \$	2018 \$
Cash flows from operating activities:			
Net cash provided by (used in) operating activities	A	1,618,772	20,148,325
Cash flows from investing activities:			
Purchase of tangible fixed assets		-	(21,239)
Net cash used in investing activities		-	(21,239)
Change in cash and cash equivalents in the year		1,618,772	20,127,086
Cash and cash equivalents at 1 July 2018	B	30,453,488	10,326,402
Cash and cash equivalents at 30 June 2019	B	32,072,260	30,453,488

Notes to the statement of cash flows for the year to 30 June 2019

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

	2019 \$	2018 \$
Net movement in funds (as per the statement of financial activities)	1,386,873	5,975,702
Adjustments for:		
Depreciation charge	47,479	76,852
Loss on disposal of fixed assets	-	-
(Increase)/ decrease in stocks	660,378	(229,354)
Decrease (increase) in debtors	(1,042,860)	7,867,886
(Decrease) increase in creditors	566,901	6,457,239
Net cash provided by (used in) operating activities	1,618,771	20,148,325

B Analysis of cash and cash equivalents

	2019 \$	2018 \$
Cash at bank and in hand	32,072,260	30,453,488
Total cash and cash equivalents	32,072,260	30,453,488

Principal accounting policies 30 June 2019

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 2019.

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

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

The accounts are presented in US dollars and rounded to the nearest dollar.

The charity constitutes a public benefit entity as defined by FRS 102.

Critical accounting estimates and areas of judgement

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

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

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

Assessment of going concern

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

The Charity has free reserves of \$ 565,101 (2018 - \$1,692,646) 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.

Principal accounting policies 30 June 2019

Income (continued)

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.

Principal accounting policies 30 June 2019

Tangible fixed assets (continued)

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.

Principal accounting policies 30 June 2019

Creditors and provisions

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

Financial instruments

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

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

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

Basic financial assets

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

Classification of financial liabilities

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

Basic financial liabilities

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

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

Notes to the financial statements Year to 30 June 2019

1 Donations and legacies

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

	Unrestricted funds \$	Restricted funds \$	2018 Total \$
<i>Donation from International Medical Corps</i>	-	362,542	362,542
<i>Private grants for projects</i>	-	19,740	19,740
<i>Other Unrestricted Donations</i>	30,626	-	30,626
<i>Donated supplies</i>	-	17,911,044	17,911,044
<i>Other income</i>	55,683	-	55,683
2018 Total funds	86,309	18,293,326	18,379,635

2 Income from charitable activities

	Unrestricted funds \$	Restricted funds \$	2019 Total \$
Building health capacity	-	46,304,925	46,304,925
Emergency response	-	35,181,418	35,181,418
Mental health	-	11,246,392	11,246,392
Women & children's health	-	27,973,344	27,973,344
Water and sanitation	-	6,605,771	6,605,771
Nutrition	-	12,018,202	12,018,203
2019 Total funds	-	139,330,052	139,330,052

	Unrestricted funds \$	Restricted funds \$	2018 Total \$
<i>Building health capacity</i>	-	46,137,607	46,137,607
<i>Emergency response</i>	-	33,528,299	33,528,299
<i>Mental health</i>	-	8,399,563	8,399,563
<i>Women & children's health</i>	-	28,523,789	28,523,789
<i>Water and sanitation</i>	-	6,239,388	6,239,388
<i>Nutrition</i>	-	11,076,166	11,076,166
2018 Total funds	-	133,904,812	133,904,812

Notes to the financial statements Year to 30 June 2019

3 Expenditure on raising funds

	Unrestricted funds \$	Restricted funds \$	2019 Total \$
Fundraising staff costs	-	-	-
Other fundraising costs	3,279	-	3,279
2019 Total funds	3,279	-	3,279

	Unrestricted funds \$	Restricted funds \$	2018 Total \$
Fundraising staff costs	12,200	-	12,200
Other fundraising costs	17,971	-	17,971
2018 Total funds	30,171	-	30,171

4 Charitable activities

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

	Activities undertaken directly \$	Support costs \$	2018 Total \$
Building health capacity	43,358,584	3,073,083	46,431,667
Emergency response	31,396,066	2,225,228	33,621,294
Mental health	8,490,625	601,782	9,092,407
Women & children's health	24,369,825	1,727,236	26,097,061
Water and sanitation	4,309,797	305,461	4,615,258
Nutrition	24,672,219	1,748,668	26,420,887
2018 Total funds	136,597,116	9,681,458	146,278,574

Notes to the financial statements Year to 30 June 2019

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

	Activities undertaken directly \$	Support costs \$	2018 Total \$
Staff costs	52,586,497	1,497,125	54,083,622
Donated supplies and services	16,557,965	-	16,557,965
Auditor's remuneration			
. Statutory audit	-	39,609	39,609
. Other auditors	-	21,792	21,792
Other costs	67,452,654	8,122,932	75,575,586
	136,597,116	9,681,458	146,278,574

Notes to the financial statements Year to 30 June 2019

4 Charitable activities (continued)

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

	Unrestricted funds \$	Restricted funds \$	2018 Total \$
<i>Building health capacity</i>	<i>81,604</i>	<i>46,250,063</i>	<i>46,431,667</i>
<i>Emergency response</i>	<i>59,980</i>	<i>33,562,205</i>	<i>33,621,294</i>
<i>Mental health</i>	<i>15,780</i>	<i>9,076,427</i>	<i>9,092,407</i>
<i>Women & children's health</i>	<i>45,866</i>	<i>26,051,195</i>	<i>26,097,061</i>
<i>Water and sanitation</i>	<i>8,111</i>	<i>4,607,147</i>	<i>4,615,258</i>
<i>Nutrition</i>	<i>46,434</i>	<i>26,374,453</i>	<i>26,420,887</i>
<i>2018 Total funds</i>	<i>257,084</i>	<i>146,021,490</i>	<i>146,278,574</i>

5 Employees and staff costs

Staff costs during the year were as follows:

	2019 Total \$	2018 Total \$
Wages and salaries	1,279,304	1,319,022
Social security costs	123,027	120,257
Other pension costs	57,866	57,846
Total UK staff costs	1,460,197	1,497,125
International Medical Corps Worldwide on International Medical Corps (UK) projects	54,288,619	52,586,497
Total staff costs	55,748,816	54,083,622

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

	2019 No	2018 No
UK staff	25	26

Notes to the financial statements Year to 30 June 2019

5 Employees and staff costs (continued)

International Medical Corps (UK) pays the salaries of a number of staff overseas and on local projects. Such staff may have only part of their salaries charged to projects; however, it is not meaningful to provide a full time equivalent figure. The estimated number of such staff employed in the year was 3,204 (2018 - 3,601).

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

	2019 No	2018 No
£60,000 – £70,000	3	6
£70,001 – £80,000	1	-
£80,001 – £90,000	-	-

Key management personnel comprise those set out on page 4. The total remuneration paid to key management personnel in the year was \$312,131 (2018 - \$309,070).

	2019 \$	2018 \$
Wages and salaries	262,363	259,928
Social security costs	31,403	30,962
Employer pension costs	18,365	18,180
Total costs	312,131	309,070

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 (2018- £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.

Notes to the financial statements Year to 30 June 2019

8 Tangible fixed assets

	Office equipment \$
Cost	
Cost at 1 July 2018	405,116
Additions	-
Disposals	-
Total cost at 30 June 2019	<u>405,116</u>
Depreciation	
Aggregate depreciation as at 1 July 2018	268,872
Charge for the year	47,479
Aggregate depreciation as at 30 June 2019	<u>316,351</u>
Net book values	
As at 30 June 2019	<u>88,765</u>
As at 30 June 2018	<u>136,244</u>

9 Stocks

	2019 \$	2018 \$
Donated goods received but not distributed	<u>692,700</u>	<u>1,353,078</u>

10 Debtors

	2019 \$	2018 \$
Due within one year		
Prepayments and deposits	1,259,199	958,148
Accrued income	9,796,573	9,463,086
Other debtors – Accounts Receivable	540,453	132,130
Emergency response stock	11,524	11,524
	<u>11,607,749</u>	<u>10,564,888</u>

11 Creditors: amounts falling due within one year

	2019 \$	2018 \$
Trade creditors	3,156,204	4,305,479
Amounts owed to International Medical Corps	645,240	1,906,037
Accruals	8,503,033	6,237,503
Payable to Madad Fund Sub-partners	5,840,409	5,128,966
	<u>18,144,886</u>	<u>17,577,985</u>

Notes to the financial statements Year to 30 June 2019

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 2018 \$	Income \$	Expenditure \$	Transfers \$	At 30 June 2019 \$
Building health capacity	11,455,330	47,237,221	43,002,714	-	15,689,837
Emergency response	4,194,307	36,137,368	37,652,138	-	2,679,536
Mental health	1,207,304	11,246,392	8,960,658	-	3,493,038
Women & children's health	4,097,530	28,692,579	31,621,948	-	1,168,161
Water, sanitation and hygiene	1,824,273	7,018,797	8,463,961	-	379,109
Nutrition	136,576	24,352,853	22,055,654	(362,322)	2,071,453
Restricted by country	185,504	518,811	522,730	-	181,586
	23,100,824	155,204,021	152,279,803	(362,322)	25,662,720

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 2019 \$
<i>Fund balances at 30 June 2019 are represented by:</i>			
Fixed assets	88,765	-	88,765
Current assets	565,102	43,807,606	43,372,708
Creditors: amounts falling due within one year		(18,144,886)	(18,144,886)
2019 Total net assets	653,867	25,662,720	26,316,587
	<i>Unrestricted funds \$</i>	<i>Restricted funds \$</i>	<i>Total 2018 \$</i>
<i>Fund balances at 30 June 2018 are represented by:</i>			
Fixed assets	136,244	-	136,244
Current assets	1,692,646	40,678,809	42,371,455
Creditors: amounts falling due within one year	-	(17,577,985)	(17,577,985)
Total net assets	1,828,890	23,100,824	24,929,714

14 International Medical Corps (UK) Flagship areas

International Medical Corps (UK) continued to operate during the financial year to 30 June 2019 under the main flagship areas of Building health capacity, Emergency response, Mental Health and psychosocial support, Women and children's health, Water and sanitation (WASH) and Nutrition.

Notes to the financial statements Year to 30 June 2019

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.

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 also 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 2019, International Medical Corps billed International Medical Corps (UK) \$9,548,611 (2018: \$7,922,254) 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 \$510,699 (2018: \$576,872).

During the year ended 30 June 2019 Kevin Noone was a trustee of Start Network and International Medical Corps (UK) received grant income of \$218,781 from the Start Network to implement project activities in Cameroon.

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 expenditure that does not fall within the terms of the grant agreements, and so the Charity would be required to repay the monies received. Trustees are not aware of any material instances of donor repayment since year-end.

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 2019
	\$	\$	\$	\$	\$
Due within one year	166,934	(97,302)	69,632	1,322	70,954
Due between 2 and 5 years	103,362	(60,294)	43,068	-	43,068
	<u>270,296</u>	<u>157,596</u>	<u>112,700</u>	<u>1,322</u>	<u>114,022</u>

Notes to the financial statements Year to 30 June 2019

18 Operating leases (continued)

	<i>Land and buildings</i> \$	<i>Equipment</i> \$	<i>Total 2018</i> \$
<i>Due within one year</i>	173,210	1,646	174,856
<i>Due between 2 and 5 years</i>	281,466	1,235	282,701
	<u>454,676</u>	<u>2,881</u>	<u>457,557</u>

19 Agency Arrangements

During the year ended 30 June 2019, International Medical Corps (UK) received \$20,534,371 (2018- \$16,182,482) pre-financing from European Union's Madad Trust Fund to implement a two-year health programme in Lebanon. Of these pre-financed funds \$7,088,868 (2018 - \$6,337,358) was paid to International Medical Corps (UK) on behalf of sub-partners who will be implementing components of the programme. International Medical Corps (UK) holds the pre-financing received on behalf of the implementing partners in a separate bank account. During the reported period International Medical Corps (UK) has made payments of \$6,792,736 (2018 - \$880,664) to the sub-partners. As at 30 June 2019, International Medical Corps (UK) carried forward \$5,840,409 (2018- 5,128,966) to be disbursed to the sub-partners in the following financial periods.

Charitable activities detailed analysis for the year ended 30 June 2019

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

Projects categorised under Building Capacity

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

Country	Donor	Project ID	Total Charitable Income (USD)	Total Charitable Expenditure (USD)
Afghanistan	Columbia University	203426	39,239	39,239
Afghanistan	MoPH Afghanistan	202835	(7,277)	(7,277)
Afghanistan	MoPH Afghanistan	203603	371,273	418,386
Afghanistan	UNDP	203108	(1,753)	-
Afghanistan	UNFPA	203320	(2)	-
Cameroon	Plan UK	203660	89,701	89,701
Cameroon	UNHCR	203317	-	5,132
Cameroon	UNHCR	203318	(2,554)	(2,554)
Central African Republic	EC	203210	23,888	23,888
Central African Republic	EC	203593	3,022,926	2,759,383
Central African Republic	ECHO	203766	3,223	3,223
Central African Republic	MENTOR	203734	294,023	209,088
Chad	ECHO	203547	1,171,006	1,568,597
Chad	PUI	203759	87,966	87,966
Chad	Equip Africa	203405	-	257
Democratic Rep of Congo	UNDP	203609	296,996	339,231
Ethiopia	UNOCHA	203100	(12,825)	-
Iraq	ECHO	203420	(169)	331
Iraq	ECHO	203575	1,467,283	1,467,283
Iraq	ECHO	203753	71,411	71,411
Iraq	French MOFA	203670	3,774,406	1,388,074
Iraq	Global Affairs Canada	203297	1,933,241	2,410,214
Iraq	UNFPA	203439	(6,252)	-
Iraq	UNHCR	200695	(16,898)	(16,898)
Iraq	UNHCR	200793	(2,076)	(2,076)
Iraq	UNICEF	200453	(13,052)	(13,052)
Iraq	UNOCHA	203272	(16)	-
Jordan	DFAT Australia	203721	2,041,472	598,923
Jordan	ECHO	203275	-	30
Jordan	ECHO	203467	587,217	602,091
Jordan	ECHO	203596	3,246,738	3,255,691
Jordan	ECHO	203750	1,068,731	26,020
Jordan	Suliman S. Olayan Found.	202836	(747)	-
Jordan	The TNC Foundation	203589	-	159,170
Jordan	UNHCR	203309	-	7,622
Jordan	UNHCR	203691	4,341,045	4,451,108
Jordan	UNICEF	203720	732,347	719,893
Kenya	UNICEF	202969	-	874
Lebanon	EC	203528	11,230,089	11,240,655
Lebanon	EC	203696	2,215,414	467,962
Lebanon	Global Affairs Canada	203298	2,506,970	2,806,253
Lebanon	Suliman S. Olayan Found.	203235	(5,336)	-
Lebanon	Suliman S. Olayan Found.	203469	(3,577)	-
Lebanon	Suliman S. Olayan Found.	203641	306,226	306,226
Lebanon	UNOCHA	203270	(1,901)	-
Libya	GIZ	203680	570,850	270,678
Libya	UNHCR	203335	(15,766)	-

Charitable activities detailed analysis for the year ended 30 June 2019

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

Projects categorised under Building Capacity (continued)

Country	Donor	Project ID	Total Charitable Income (USD)	Total Charitable Expenditure (USD)
Mali	ECHO	203549	532,237	788,513
Mali	ECHO	203730	572,474	120,262
Middle East	UNOCHA	203505	(30,714)	66,520
Republic of Guinea	IOM	203560	278,245	248,813
Somalia	ECHO	203072	(54)	-
Somalia	ECHO	203529	1,168,309	1,267,498
Somalia	WHO	202893	(38)	-
Somalia	WV	203561	13,898	14,109
Somalia	WV	203748	4,919	7,029
South Sudan	Columbia University	203426	72,662	72,662
South Sudan	UNDP	203555	153,148	153,148
South Sudan	UNDP	203684	603,784	436,150
South Sudan	UNDP	203713	80,577	80,577
South Sudan	UNFPA	203060	(9,218)	-
South Sudan	UNICEF	203432	(6,998)	-
Sudan	EC	203408	-	1,100,110
Sudan	ECHO	203099	-	12,557
Sudan	ECHO	203563	980,986	1,832,984
Sudan	UNDP	203567	95,305	231,600
Sudan	UNDP	203573	155,868	306,109
Turkey	ECHO	203410	(101,536)	-
Turkey	UNOCHA	203505	30,714	30,714
Yemen	UNOCHA	203659	306,877	306,877
Total for Building Health Capacity			46,304,925	42,828,975

Charitable activities detailed analysis for the year ended 30 June 2019

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

Projects categorised under Emergency Response

Country	Donor	Project ID	Total Charitable Income (USD)	Total Charitable Expenditure (USD)
Afghanistan	UNOCHA	202825	(7,470)	(7,470)
Cameroon	Start Fund	203704	218,781	218,781
Cameroon	UNHCR	203030	(1,486)	(1,486)
Caribbean Islands	PAHO	203518	(16,121)	-
Central African Republic	ECHO	203537	685,396	953,693
Central African Republic	MENTOR	203254	982,561	982,561
Democratic Rep of Congo	IRC	203193	426,928	366,978
Democratic Rep of Congo	UNDP	203311	(1,964)	-
Democratic Rep of Congo	WHO	203592	454,162	509,617
Democratic Rep of Congo	WHO	203621	2,981,596	2,987,151
Democratic Rep of Congo	WHO	203637	1,516,439	1,516,439
Democratic Rep of Congo	WHO	203710	922,942	925,745
Ethiopia	ECHO	203135	(133)	-
Ethiopia	UNOCHA	203652	167,000	154,367
Ethiopia	WRC	203306	25,724	34,153
Indonesia	Alwaleed Bin Talal Found.	203663	330,273	330,273
Iraq	DFID	203500	5,940,993	5,956,783
Jordan	DFID	203500	1,780	1,780
Lebanon	DFID	203500	197,277	197,277
Lebanon	King Salman Humanit. Aid	203553	1,598	1,598
Libya	UNHCR	203531	2,551,081	2,956,424
Libya	UNHCR	203686	2,737,308	2,345,212
Middle East	DFID	203500	7,871,587	7,423,321
Middle East	King Salman Humanit. Aid	203553	(90,753)	161,028
Nigeria	ECHO	203407	13,215	13,215
Somalia	NRC	203458	(492)	-
Somalia	WHO	203184	(108)	-
South Sudan	UNDP	203632	153,677	153,677
South Sudan	UNFPA	203054	(251)	-
Syria	DFID	203500	4,084,006	4,084,006
Syria	Stanley Thomas Johnson	203509	4,368	30,826
Syria	UNHCR	203530	814,464	871,277
Syria	UNOCHA	203671	475,592	357,979
Syria	UNOCHA	203717	394,376	276,875
Syria	UNTF	203568	(53,560)	182,636
Turkey	DFID	203500	227,816	227,816
Yemen	ECHO	203558	699,710	3,096,219
Yemen	UNOCHA	203739	473,108	86,974
Total for Emergency Response			35,181,420	37,395,725

Charitable activities detailed analysis for the year ended 30 June 2019

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

Projects categorised under Mental Health and Psychosocial Support

Country	Donor	Project ID	Total Charitable Income (USD)	Total Charitable Expenditure (USD)
Cameroon	Intersos	203736	364,188	364,188
Cameroon	UNHCR	203688	503,851	394,947
Cameroon	UNICEF	203586	271,545	271,545
Ethiopia	UNICEF	203536	164,507	164,507
Ethiopia	UNWOMEN	203627	203,802	203,802
Iraq	Global Affairs Canada	203302	506,623	506,623
Iraq	Plan Int. Australia	202706	-	57
Iraq	UNICEF	203409	(1)	(1)
Jordan	DFID	203258	-	36,594
Jordan	Global Affairs Canada	203302	12,099	12,099
Jordan	UNSW	203611	116,935	116,935
Jordan	Vurtje University	203293	65,950	66,422
Libya	Danish Refugee Council	203749	60,491	60,491
Mali	SDC	203676	92,216	92,216
Mali	UNFPA	203634	318,615	318,615
Middle East	Global Affairs Canada	203302	4,140,756	2,870,456
Nigeria	MinBuza	203674	1,022,310	494,075
Syria	Global Affairs Canada	203302	1,415,356	1,415,356
Turkey	ECHO	203681	1,139,700	731,871
Turkey	Global Affairs Canada	203302	598,121	598,121
Ukraine	UNICEF	203614	239,457	239,457
Ukraine	WHO	203752	9,871	6,951
Total for Mental Health & Psychosocial Support			11,246,392	8,965,327

Charitable activities detailed analysis for the year ended 30 June 2019

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

Projects categorised under Nutrition

Country	Donor	Project ID	Total Charitable Income (USD)	Total Charitable Expenditure (USD)
Cameroon	ECHO	203416	(16)	(16)
Cameroon	WFP	203534	214,409	820,808
Cameroon	WFP	203701	78,362	211,630
Cameroon	WFP	203711	61,872	123,983
Chad	ECHO	203421	401,185	401,185
Chad	WFP	203519	23,926	67,780
Democratic Rep of Congo	WFP	203719	65,077	65,077
Ethiopia	UNHCR	203694	1,280,793	1,159,260
Ethiopia	UNICEF	203257	213,085	213,085
Ethiopia	UNOCHA	203598	1,345,793	1,345,613
Ethiopia	UNOCHA	203705	95,642	30,147
Ethiopia	WFP	202863	177,273	1,970,765
Ethiopia	WFP	203703	49,828	881,028
Ethiopia	WFP	203667	-	571,975
Global	ACF	203738	1,976	1,976
Global	Irish Aid	203672	170,055	19,214
Global	UNICEF	203655	85,775	72,917
Nigeria	WFP	203449	-	(717)
Nigeria	WFP	203543	187,672	1,410,315
Nigeria	WFP	203587	1,269,141	4,608,631
Nigeria	WFP	203677	1,213,062	2,492,149
Somalia	Action Against Hunger US	203735	25,683	25,683
Somalia	ECHO	203685	814,429	618,467
South Sudan	IMC UK GIK	203559	-	130,129
South Sudan	IOM	203139	(14,949)	-
South Sudan	UNDP	203145	(3,307)	-
South Sudan	UNDP	203635	265,513	265,513
South Sudan	UNDP	203712	142,121	142,121
South Sudan	UNHCR	203520	866,277	943,047
South Sudan	UNHCR	203683	767,109	1,385,980
South Sudan	UNICEF	203695	193,878	247,133
South Sudan	WFP	203540	30,904	104,835
South Sudan	WFP	203544	15,472	80,572
South Sudan	WFP	203545	29,714	140,847
South Sudan	WFP	203675	35,197	134,785
South Sudan	WFP	203699	56,863	311,957
Sudan	ECHO	203425	(12,540)	(12,540)
Sudan	ECHO	203743	1,151,222	180,314
Sudan	IMC UK GIK	203554	-	34,097
Sudan	IMC UK GIK	203566	-	129,723
Sudan	UNDP	203707	556,250	152,807
Sudan	UNICEF	203013	(4,336)	-
Sudan	WV	203726	23,823	23,823
Sudan	WFP	203708	-	59,238
Yemen	Misereor	203602	29,723	28,327
Yemen	UNICEF	202466	(4,505)	(4,505)
Yemen	WFP	203472	25,758	177,653
Yemen	WFP	203666	69,888	277,225
Yemen	WFP	203747	23,107	23,107
Total for Nutrition			12,018,204	22,067,143

Charitable activities detailed analysis for the year ended 30 June 2019

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

Projects categorised under Water and Sanitation

Country	Donor	Project ID	Total Charitable Income (USD)	Total Charitable Expenditure (USD)
Afghanistan	UNICEF	203144	227,412	227,412
Afghanistan	UNICEF	203206	203,998	238,532
Afghanistan	UNOCHA	203488	408,872	374,941
Afghanistan	UNOCHA	203541	372,991	520,771
Afghanistan	UNOCHA	203622	314,345	137,065
Cameroon	UNHCR	203693	553,618	433,433
Ethiopia	IOM	203625	230,393	618,310
Ethiopia	IRC	203283	-	56
Ethiopia	Medi Oliver Foundation	203504	6,264	128,332
Ethiopia	UNOCHA	203628	760,780	760,780
Syria	UNTF	203523	170,170	652,762
Yemen	King Salman Humanit. Aid	203205	(12,146)	-
Yemen	King Salman Humanit. Aid	203539	2,669,076	3,337,927
Yemen	NPT UK	203511	700,000	1,038,049
Total for Water & Sanitation			6,605,773	8,468,370

Charitable activities detailed analysis for the year ended 30 June 2019

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

Projects categorised under Women & Children

Country	Donor	Project ID	Total Charitable Income (USD)	Total Charitable Expenditure (USD)
Afghanistan	UNFPA	203533	218,230	230,298
Afghanistan	UNFPA	203690	315,625	315,625
Cameroon	ECHO	203564	1,050,163	1,635,257
Cameroon	UNHCR	203524	442,550	610,024
Cameroon	UNHCR	203525	1,202,210	1,380,968
Ethiopia	UNFPA	203617	177,889	250,540
Ethiopia	UNHCR	203522	1,561,524	1,706,962
Ethiopia	UNOCHA	203304	(13,337)	-
Ethiopia	WRC	203576	1,865	6,959
Ethiopia	ZOA Netherlands	203287	225,346	394,173
Global	UNICEF	203732	12,198	12,198
Iraq	UNFPA	203535	1,265,743	1,473,815
Iraq	UNFPA	203697	234,640	204,074
Iraq	UNICEF	200603	(2,795)	(2,795)
Iraq	UNICEF	200662	(9,881)	(9,881)
Iraq	UNOCHA	203150	(168)	-
Iraq	UNOCHA	203577	60,000	289,779
Iraq	UNOCHA	203700	420,000	186,575
Jordan	DFID	203556	2,717,470	2,918,657
Jordan	UNHCR	203516	2,695,139	4,029,034
Jordan	UNICEF	203551	2,570,777	2,964,449
Lebanon	Plan Int. Australia	203015	(4,042)	-
Lebanon	Plan Int. Australia	203448	672,417	729,637
Lebanon	UNFPA	203326	(29)	21
Pakistan	UNFPA	203724	94,185	81,187
South Sudan	DFID	203190	6,312,022	6,414,583
South Sudan	UNFPA	203521	2,253,358	2,200,305
South Sudan	UNFPA	203689	1,656,025	1,667,434
South Sudan	UNICEF	203580	1,306,047	1,389,939
South Sudan	UNICEF	203620	380,798	401,231
South Sudan	UNICEF	203636	157,374	157,374
Total for Women & Children			27,973,343	31,638,422