



2021/2022 ANNUAL REPORT



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

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

Unless otherwise stated, projects and their statistics referred to in the first part of this report (pages 1-25) are the results of combined International Medical Corps (UK), International Medical Corps and International Medical Corps Croatia global efforts in calendar year 2021 and do not form part of the statutory annual report. Projects and their statistics referred to in the second part of this report (pages 26-71) represent the work of International Medical Corps (UK) only, and covers the 12-month period to 30 June 2022 and forms part of the statutory financial statements and trustees report.

TO OUR SUPPORTERS

After responding globally to the COVID-19 pandemic in 2020, we have continued our lifesaving work through 2021, responding to major outbreaks of conflict, disease and disaster worldwide. Every time there was an emergency, we deployed to provide healthcare and training services, in spite of the challenges. This was made possible through the experience we have gained responding to crises in more than 80 countries over the years, and through the generous support of our donors.



Though this report focuses on 2021, the recent war in Ukraine has created humanitarian needs on a level not seen since World War II. With our team on the ground providing medical and mental health services in the Donbas region since 2014, we were able to rapidly expand our response throughout the country to provide emergency medical care to the injured and to support the displaced with psychosocial support, child protection, water and sanitation services and gender-based violence support. We are rehabilitating and strengthening primary healthcare centres and hospitals damaged in the war, helping to ensure the continuity of healthcare services. Since February 24, we have reached more than 3 million people in Ukraine with supplies, equipment and services, and have expanded our efforts to the neighbouring countries of Moldova, Poland and Romania. Of course, we have also focused on training, providing healthcare professionals and first responders with the skills and knowledge they need to offer long-term support to their communities.

In 2021, we continued to battle the COVID-19 pandemic, the most widespread healthcare emergency we had encountered. In India, the second wave of COVID-19 peaked in March 2021, with hundreds of thousands of confirmed cases and thousands of deaths reported each day. As the healthcare system collapsed, the country faced an acute shortage of medical oxygen, supplies and hospital beds.

But we have dealt with medical emergencies in the past, and have decades of experience battling outbreaks of infectious diseases—polio and Ebola in Africa, cholera in Yemen and measles in Pakistan. Drawing from this knowledge, we partnered with local organisations in India and provided resources—oxygen and medical supplies,

PPE kits and N95 masks—to strengthen the country's overwhelmed healthcare infrastructure. In addition, we supported vaccination efforts in the country via mobile medical teams.

Meanwhile, globally we have continued to train people on good hygiene practices to prevent the spread of infectious diseases.

Throughout the year, we prepared for and responded to emergencies in different parts of the globe. From conflict in Afghanistan, Ethiopia and Yemen, to flooding in Europe, to hurricanes and tornadoes in the US, our teams were where they were needed the most—healing communities and giving them hope.

In June, International Medical Corps became the only NGO in the world to be classified by the World Health Organization as an Emergency Medical Team (EMT) Type 1 provider in both Fixed and Mobile configurations. This classification was testament to our robust emergency response capacity, which has enabled us to save millions of lives around the world. This classification was put to the test in August 2021, when a devastating 7.2-magnitude earthquake struck Haiti, leaving more than 650,000 people in need of humanitarian assistance. We deployed our EMT facility, set up primary health clinics, trained volunteers, distributed food and provided vaccinations against diseases like tetanus and measles.

The generosity of our donors has enabled our 7,500+ staff members and many volunteers across some 30 countries to reach more than 18 million people in 2021. We are forever grateful to you for helping us accomplish so many milestones in the past year. No matter what 2022 has in store for us, we know we will overcome them with your support.

Andrew W. Géczy
Chairman
International Medical Corps (UK)



Ognjen Radosavljevic
Managing Director
International Medical Corps (UK)



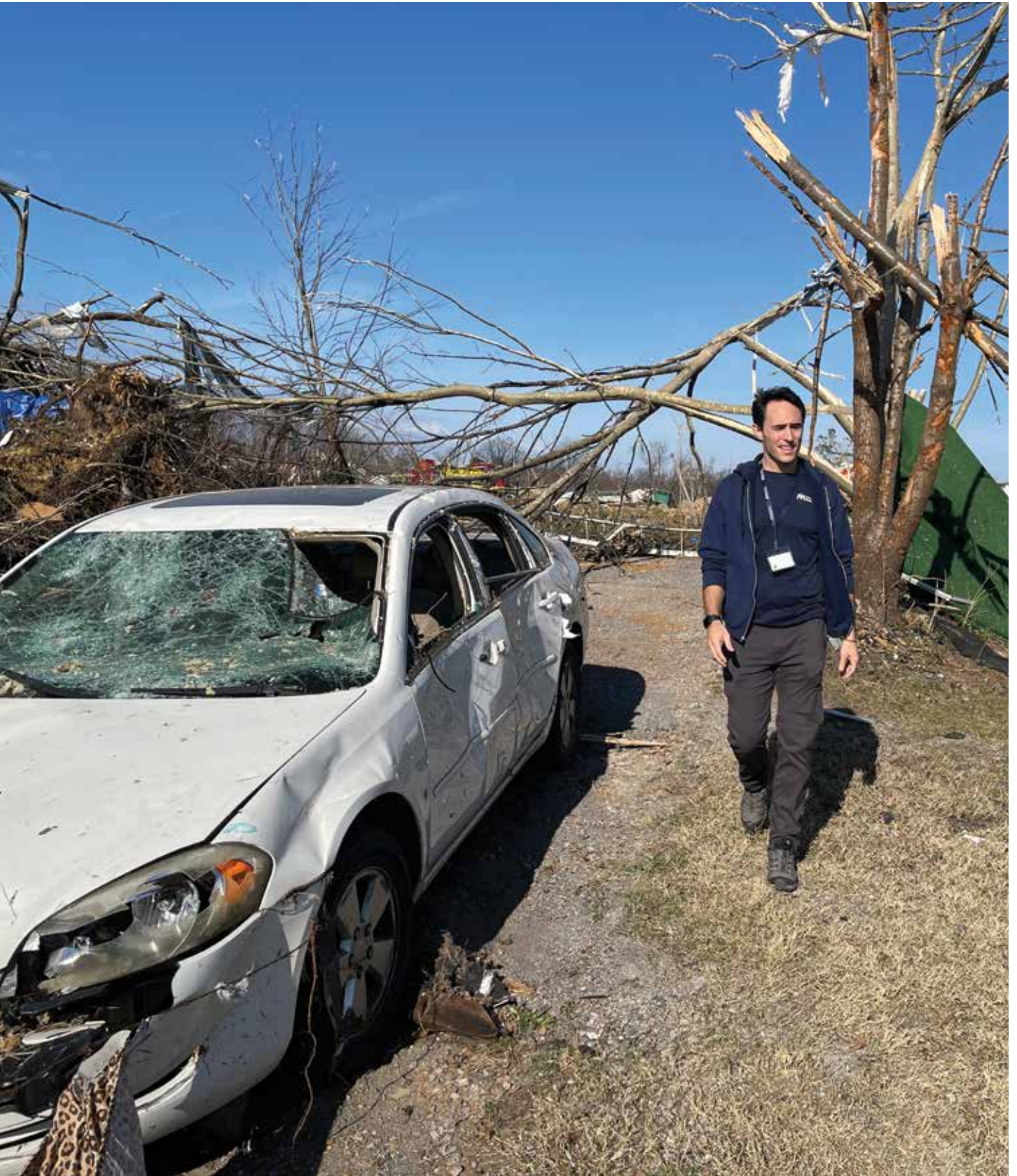
OUR MISSION

WE ARE A GLOBAL FIRST RESPONDER



JORDAN

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



OUR APPROACH

SPEED SAVES LIVES



Our emergency response teams deploy fast to assist those in great need—often arriving within hours to reach those even in the most remote, challenging environments.

We draw on experience gained in 37 years of responding to disasters in more than 80 countries on six continents. Our surge capacity includes physicians and nurses trained in emergency medicine, supported by specialists in essential healthcare services that range from mental health and psychosocial support to technical expertise in gender-based violence, nutrition, and water, sanitation and hygiene. We maintain our capacity to respond quickly because speed saves lives in the initial hours following a disaster.

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

With a staff that numbers more than 7,500 worldwide, 97% of whom are recruited locally, our strategy ensures that the knowledge and tools required to prepare for—and respond to—future emergencies are culturally compatible and remain available in the community. We work to ensure that if disaster strikes again, residents can themselves be their own first responders.



HAITI



LEBANON

OUR PROGRAMMES

Though the last year presented many challenges, we continued to provide valuable services and training for those who needed it most. We worked with communities worldwide to help millions of people chart their journey from relief to self-reliance.



EMERGENCY RESPONSE AND PREPAREDNESS

While we continued our COVID-19 response around the world, we responded to a number of rapid-onset emergencies. When war broke out in Ukraine, we quickly expanded our relief efforts—supporting mobile medical and mental health services, providing medicines and medical equipment and supplies, rehabilitating health facilities and conducting a range of other activities inside Ukraine and in neighbouring countries. When conflict escalated in Afghanistan, we launched mobile teams in Kabul to provide emergency services to displaced people. And in India and Nepal, we responded to a devastating surge in COVID-19, providing much-needed equipment and medicines.



NUTRITION AND FOOD SECURITY

Over recent years, Lebanon has witnessed economic and political unrest, leaving many of the most vulnerable unable to meet their basic needs. International Medical Corps addressed this dangerous combination of lack of food and inability to access healthcare by providing malnutrition screening services and follow-up care.



MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

As part of a programme to strengthen and promote access to MHPSS services in Jordan, International Medical Corps provided case-management services, workshops, training sessions and other activities aimed at building the country's capacity—reaching 1,024 people in refugee and host communities across four governorates.



WATER, SANITATION AND HYGIENE

Conflict, population displacement and the collapse of the previous administration in Afghanistan caused a humanitarian crisis that is further compounded by drought. International Medical Corps stepped in to protect at-risk refugees and returnees with WASH services.



WOMEN'S AND CHILDREN'S HEALTH

A cycle of violence has left the Central African Republic facing one of the most serious humanitarian crises in the world. As part of our work to help those affected by the conflict, we provided emergency protection and gender-based violence prevention and support services for women and girls.



FAMILY AND COMMUNITY HEALTH

In South Sudan, we played a key role in the country's COVID-19 response, serving as co-lead of the national Case Management and Infection Protection and Control Working Group and managing the country's largest infectious disease unit. We also supported the national COVID-19 vaccine deployment plan—our team vaccinated 1,871 people in Malakal, 2,286 in Wau and 773 in the Juba camp for internally displaced persons (IDPs).



HEALTH SERVICES SUPPORT

Since the start of the pandemic, India has recorded more than 44 million confirmed cases of COVID-19 and more than 528,000 confirmed deaths. In response to this emergency, International Medical Corps (UK) worked with partners to support 72 healthcare facilities with equipment and supplies to provide treatment and vaccinations.



TRAINING

SOUTH SUDAN

MORE THAN

37 YEARS OF TRAINING

Since 1984, when we embarked on our first response in Afghanistan, training has been an essential part of our work. We provide training to help communities move from recovery to self-reliance, and gain greater control of their future. In 2021, we continued to provide lifesaving training in first aid and basic life support, and trained health workers on COVID-19 protocols, including preventive measures and vaccine delivery. We also expanded the reach of our programming by making more of our programmes accessible online.



IN 2021

WE TRAINED



77,625

people through 3,902 training sessions covering a range of health-related issues.



5,657

people on communicable disease management and control.



3,459

people in the basics of administering psychological first aid.

BY THE NUMBERS

In 2021, International Medical Corps responded directly to the needs of more than 18 million people in 30 countries on five continents, including more than 1 million people in the United States.



AMONG THE RESULTS OF THE WORK OF INTERNATIONAL MEDICAL CORPS,
INTERNATIONAL MEDICAL CORPS (UK) AND INTERNATIONAL MEDICAL CORPS CROATIA:



18 MILLION DIRECT
BENEFICIARIES

Of these, nearly 3 MILLION were children under 5. Our work also reached more than 88 MILLION others who benefited indirectly from our programmes and work.



6 MILLION MEDICAL
CONSULTATIONS

Of these, more than 1.7 MILLION were children under 5.



255,417 CHILDREN VACCINATED
AGAINST MEASLES

Vaccinating children protects future generations from the dangers of measles and builds more resilient immune systems.



77,625 PARTICIPANTS
TRAINED

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



1,615 HEALTH FACILITIES
SUPPORTED

In 2021, we supported 218 hospitals, more than 40 of them in the United States. To reach people in underserved, often remote areas, we operated 147 mobile clinics and provided vital assistance to 1,136 primary health facilities, including smaller clinics and health centers.



WOMEN'S AND CHILDREN'S HEALTH

The key to our future

Ensured that 98,020 births were assisted by a trained birth attendant.



NUTRITION

The foundation of life

Provided 1,479,847 people with critical nutrition support, and 411,010 people with infant and young-child feeding services.



WATER, SANITATION AND HYGIENE

The essence of good health

Helped more than 3.8 million people with water, sanitation and hygiene needs.



MENTAL HEALTH CARE AND PSYCHOSOCIAL SUPPORT

The invisible wounds

Provided MHPSS services to 930,687 people through hundreds of service delivery points, mobile teams and other means of delivery.



GENDER-BASED VIOLENCE

A violation of fundamental human rights

Offered protection and support to 1,579,510 people living with the threat—or reality—of gender-based violence.



WHERE WE WORK

In calendar year 2021, we provided urgently needed healthcare and related services to more than 18 million people in 30 countries on five continents.

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



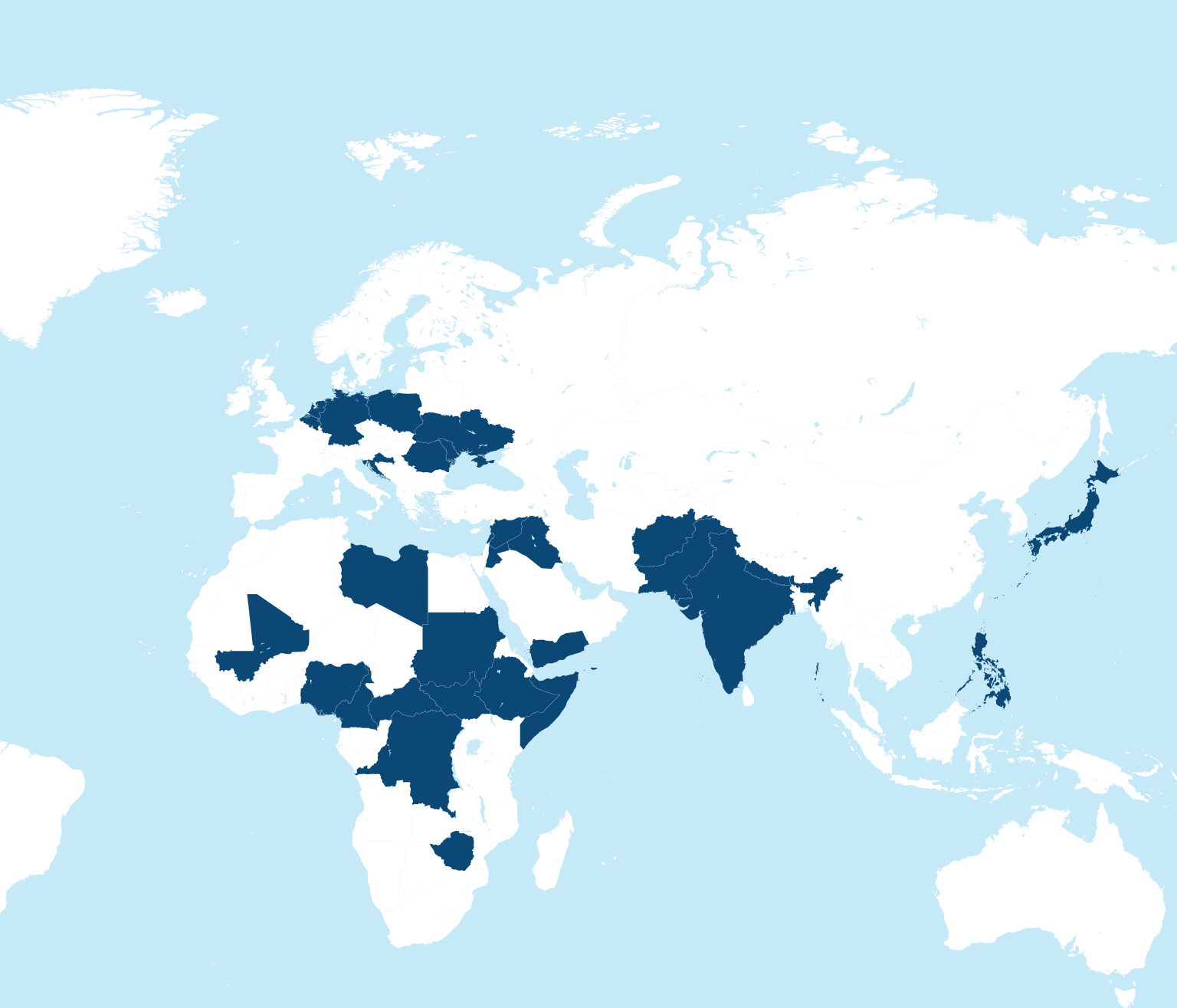
AMERICAS

Colombia
Haiti
Puerto Rico
Continental United States
Venezuela*



AFRICA

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



EUROPE

Belgium
Croatia
Germany
Moldova
The Netherlands
Poland*
Romania
Ukraine*



MIDDLE EAST

Gaza*
Iraq*
Jordan*
Lebanon*
Syria*
Yemen*



ASIA

Afghanistan*
India*
Japan
Nepal
Pakistan*
Philippines*

**Countries where International Medical Corps (UK) programmes were funded during the 12 months to 30 June 2022.*

PARTNERSHIPS





WORLD HEALTH ORGANIZATION EMT CLASSIFICATION

When the World Health Organization (WHO) classified International Medical Corps in June as an Emergency Medical Team (EMT) Type 1 provider for both Fixed and Mobile configurations, we became the **only non-governmental organisation (NGO) in the world** with these capabilities. The classification—the result of two years of work and partnership with the WHO—recognizes our ability to deploy and set up a field hospital capable of providing outpatient services to a minimum of 100 patients per day (Fixed) and a minimum of 50 patients per day (Mobile) within 48 hours of a rapid-onset emergency anywhere in the world.



UNITED STATES

LEADERSHIP

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

INTERNATIONAL MEDICAL CORPS (UK) BOARD OF DIRECTORS

Andrew W. Géczy
CHAIRMAN
London

Nancy A. Aossey
TREASURER
Los Angeles, CA

Reto Braun
Switzerland

Hendrick Cornelis
SECRETARY
London

C. William Sundblad
Santa Monica, CA









▲ Celebrity First Responders Judy Greer (left) and Tara Summers in Puerto Rico

GLOBAL AMBASSADORS

- Sanaa Lathan**
Actress, Humanitarian
- Sienna Miller**
Actress, Activist
- Inanna Sarkis**
Actress, Activist
- Stacy Twilley**
Founder and CEO
iVolunteer.org
- Robin Wright**
Actress, Humanitarian

CELEBRITY FIRST RESPONDERS

- Muna AbuSulayman
- Sasha Alexander
- Genevieve Angelson
- Bob Crawford
- Lily Donaldson
- Nikki Glaser
- Judy Greer
- Ben Harper
- Jaclyn Harper
- Jihae
- Maz Jobrani
- David Koechner
- Heidi Murkoff
- Yvonne Orji
- Robert Pattinson
- Jeff Probst
- Hannah Simone
- Tom Sturridge
- Tara Summers
- Anne Vyalitsyna
- Benjamin Watson

ADMINISTRATIVE DETAILS OF THE CHARITY, THE TRUSTEES AND ADVISORS

TRUSTEES

Andrew W. Géczy
CHAIRMAN

Nancy A. Aossey

Reto Braun

Hendrick Cornelis
SECRETARY

C. William Sundblad

MANAGING DIRECTOR

Ognjen Radosavljevic

FINANCE DIRECTOR

Fahmida Muhit

REGISTERED OFFICE

**Workspace 4, Mode, 1-6 Centric
Close, Oval Road, Camden
London, NW1 7EP**

TELEPHONE WEBSITE

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

COMPANY REGISTRATION NUMBER

04474904 (England and Wales)

CHARITY REGISTRATION NUMBER

1093861

AUDITOR

Buzzacott LLP
130 Wood Street London
EC2V 6DL

BANKERS

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

TRUSTEES' REPORT (INCLUDING STRATEGIC REPORT)

30 JUNE 2022

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 2022. The financial statements have been prepared under the accounting policies set out therein and comply with applicable law and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102).

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

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

STRUCTURE, GOVERNANCE AND MANAGEMENT

TRUSTEES AND ORGANISATIONAL STRUCTURE

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

International Medical Corps (UK) is an international humanitarian non-governmental organisation (NGO) with its headquarters in London. The Charity is an independent affiliate of International Medical Corps, a US-registered non-profit organisation that shares the same mission, and International Medical Corps Croatia, an association registered in Croatia. Through an Administrative Services Agreement, International Medical Corps (UK) engages International Medical Corps in the delivery and implementation of its programmes on the

ground in accordance with the terms and conditions of its grants. During the year, more than \$110 million of the Charity's programmes were delivered in partnership with International Medical Corps (2021: \$116 million). This represents a 5% decrease (2021: 11% decrease compared to 2020) in activities worldwide over the previous year. International Medical Corps (UK) also maintains an Administrative Services Agreement with International Medical Corps Croatia to share certain services in connection with its operation.

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

The trustees govern in accordance with the Memorandum and Articles of Association of International Medical Corps (UK) and all subsequent amendments.

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

International Medical Corps (UK) adheres to and supports the development of the Sphere Project's Minimum Standards in any disaster response. International Medical Corps (UK) is also informed by the guiding principles of CHS Alliance's Code of Good Practice for the Management and Support of Field Staff.

The Board of Trustees is the governing body for International Medical Corps (UK) and currently comprises five members who aim to meet several times each year. Additional meetings can be called at the request of the Chair. For the 2021–22 financial year, the board of trustees met in December 2021 and June 2022. The list of trustees who served in the year is shown on page 26.

Risk, compliance and external audit functions sit with the board.

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

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

STATEMENT ON APPROACH TO SAFEGUARDING

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

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

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

- Code of Conduct
- Safeguarding Policy, encompassing child safeguarding, protection from sexual exploitation and abuse, safeguarding adults at risk, prevention of trafficking in persons
- Whistleblowing Policy
- Guidance on Sub-Recipient Safeguarding and Ethical Conduct requirements
- Anti-Harassment and Bullying Policy

- Conflict of Interest Policy
- Disciplinary Rules, including grievance procedures
- Recruitment and Selection Process
- Health and Safety Policy
- Modern-Day Slavery Statement

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

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

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

The Charity's US affiliate continues to reinforce the following key safeguarding actions taken during the recent years.

THE SAFEGUARDING TASKFORCE

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

POLICY DEVELOPMENT AND IMPLEMENTATION

The umbrella Safeguarding Policy encompasses:

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

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

SAFEGUARDING POLICY IMPLEMENTATION GUIDE AND TOOLKIT

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

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

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

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

TALENT ACQUISITION

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

Key actions include the following steps.

- Safeguarding risks are considered for each role.
- Behavioural-based safeguarding questions are included in the headquarters level interview process for all positions, including field recruitments.
- Managers' responsibilities for ensuring safeguarding measures for volunteers, employees and partners are now routinely included in job descriptions for international staff and are part of the management and staff performance-appraisal process.

SAFEGUARDING FOCAL POINTS

More than 120 Safeguarding Focal Points are identified at the country level. Safeguarding Focal Points are nominated by the Country Director. Training resources, materials and support include regular orientation sessions, terms of reference, extensive trainings and a resource library on our intranet—are available.

Safeguarding Focal Points' responsibilities include training, programme support as related to Safeguarding (e.g. proposal development), coordinating with the Headquarters

Safeguarding Taskforce, and liaising with other focal points from partner agencies and working groups.

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

SAFEGUARDING VIOLATIONS—CASE MANAGEMENT

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

SURVIVOR/VICTIM SUPPORT

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

SAFEGUARDING RISKS OF DOWNSTREAM PARTNERS

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

DEFINING RISK OWNERS

Ownership of safeguarding risks is documented in the organisational risk register of the Charity and its US affiliate, explicitly stating that the risks are owned by executive staff. The Charity's trustees are updated at least twice a year.

SAFEGUARDING—PREVENTION MEASURES

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

THE ENVIRONMENT

International Medical Corps (UK) actively promotes policies that support the inclusion of safe environmental protection at HQ and country levels. International Medical Corps, the Charity's US affiliate, is working towards integrating a commitment to maintaining environmental standards in its Code of Conduct, which is subscribed to by all its employees, volunteers, suppliers and sub-partners. Moreover, at country-level programme implementation, the Charity aims to reduce excess morbidity and mortality associated with potential exposure to environmental factors. The agency coordinates at the global level with other actors' integrated approaches to delivering environmental, social, public health-related and climate-resilient interventions.

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

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

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

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

In 2022, International Medical Corps has calculated CO2 emissions generated globally by transport (international shipment and vehicles) and power production in 2021. The results were presented to Senior Management and Country team highlighting opportunities for improvements.

As a first step, International Medical Corps has developed and disseminated an eLearning on Reducing Carbon emissions generated by the fleet, to improve awareness and provide solutions for emissions reduction. In 2023, the Charity's implementing affiliate will further implement and monitor actions with positive impact to the environment and analyse results against baseline.

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

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

STATEMENT ON MODERN SLAVERY

In December 2016, International Medical Corps (UK) published its modern slavery statement, committing to prevent modern-day slavery and human trafficking within the organisation and its supply chains. The Charity actively and continuously works with its affiliates to reduce and eliminate this risk. New employees are informed about organisational policies that contributes towards eliminating modern day slavery by the Human Resources function during staff onboarding orientation. Additionally, all employees are provided with annual

training about the prevention of trafficking in persons, sexual exploitation and abuse, and child labour. Related information is made available to employees on the organisation's intranet, as well as through posters displayed in all field and headquarters offices. In addition, International Medical Corps' Global Safeguarding Policy has been updated, made pursuant to section 54(1) of the Modern Slavery Act 2015 (UK). It mandates that all suspicions are reported and are then reviewed and investigated by the Ethics and Compliance Investigation Unit and the Safeguarding Case Team.

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

KEY MANAGEMENT PERSONNEL

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

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

For the purposes of setting employee remuneration, delegation has been given to the Charity's Managing Director, who is also the Administrative Director for this purpose. In setting the pay and benefits of the UK-contracted senior management team, the Managing Director refers to the company's pay policy, which is periodically reviewed. Salaries and benefits are benchmarked against reliable industry data. The salary

scale, including the pay policy, is approved by the Managing Director and in line with the Charity's pay policy.

The remuneration of the Managing Director is set by the trustees and in line with the Charity's pay policy and scale.

TRUSTEES' RESPONSIBILITIES

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

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

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

- select suitable accounting policies and apply them consistently;
- observe the methods and principles in the Statement of Recommended Practice Accounting and Reporting by Charities;
- make judgements and estimates that are reasonable and prudent; state whether applicable United Kingdom Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going-concern basis unless it is inappropriate to presume that the charity will continue in operation.

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

Each trustee confirms that:

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

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

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

OBJECTIVES AND ACTIVITIES

PUBLIC BENEFIT

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

- providing timely and appropriate humanitarian aid to vulnerable victims of wars and disasters;
- building the capacity of local healthcare providers to increase the standards of healthcare for local communities and create more sustainable systems;
- contributing to the UK's agenda for international development and, in particular, the achievement of the Sustainable Development Goals, including the prevention of and response to violence against women and girls;
- contributing to the containment and reduction of infectious diseases globally; and
- contributing to the understanding of the impact of various health issues affecting the vulnerable, through the UK/EU media and humanitarian networks.

INTERNATIONAL MEDICAL CORPS (UK)'S GOALS

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

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

During the reporting period, the Charity continued to report on six main areas of work:

- Strengthening health capacity
- Emergency response and preparedness
- Mental health and psychosocial support
- Woman and children's health
- Clean water, sanitation and hygiene
- Nutrition and food security

MONITORING OF ACTIVITIES

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

The International Programmes team reinforces supportive monitoring and communications systems and procedures to track results. International Programmes collaborates with the Monitoring, Evaluation and Learning (MEAL) department in the collection and analysis of programme achievements and addresses issues to progress in real time through visits, calls and written communications. Monthly calls with country teams also review the achievement of project targets, spending and procurement, as presented by project managers and their technical, financial and logistics colleagues. Monthly reviews aggregate and track results for all COVID projects and integrates them into organisation-wide DHIS2 reporting and mapping software. In addition, International Programme Senior Directors, Deputy Directors Programme Managers and Programme Officers maintain regular communications with country teams to identify and address risks and provide support, working with regional platform department focal points.

Staff, in various capacities, visited country programmes during the year to provide relevant technical support. During the reported period, countries visited included Ethiopia, India, Iraq, Jordan, Kenya, Libya, Pakistan, Poland, Somalia, South Sudan, Sudan, Syria, and Ukraine where we provided field teams with programmatic and technical support.

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

International Medical Corps (UK)'s Managing Director is a member of the global executive leadership team, and advises and helps evaluate opportunities, challenges and risks associated with implementation of programmes undertaken by the Charity's US affiliate. In addition, International Medical Corps (UK) relies on its US affiliate's

Internal Audit, Compliance and Safeguarding Task Force's independent field reviews, evaluations and reports. Risk assessment and compliance issues are flagged in various functional units' regular reviews, and critical issues are reported back to the senior leadership team. Senior International Medical Corps' staff brief the trustees during board meetings on key developments and on risk mitigation measures that have been put in place.

STATEMENT ON CONTRIBUTIONS BY VOLUNTEERS

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

STRATEGIC REPORT

ACHIEVEMENTS AND PERFORMANCE

Organisational Performance

Over the course of the financial year to June 2022, International Medical Corps (UK) provided assistance valued at \$110,578,457 (2021: \$116,684,953) to vulnerable populations in 23 countries (2021: 21). This included the distribution of donated medical and other supplies valued at \$16,090,353 (2021: \$14,995,867).

International Medical Corps (UK) supported, through its US affiliate, 2,546 staff positions in 23 countries (2021: 2,764 staff positions in 21), providing essential services to beneficiaries. Globally, International Medical Corps' activities served 7.2 million and 5.3 million direct beneficiaries in the final two quarters of 2021, respectively, and 5.4 million and 6.1 million in first two quarters of 2022.* International Medical Corps (UK) contributed 34% of global funding to this mutual achievement.

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

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

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

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.

GOAL	COMMENT
Timely and efficient delivery of programme activities	The Charity successfully delivered activities of the value of \$111M (2021: \$117M).
Control over corporate costs	The Charity has managed corporate expenditure within the provisions of its annual budget and according to the terms specified by its donors.
Diversification of income	The Charity continued to be funded by a wide range of government and UN agencies, as well as private sector donors.

RISK: 'Minimise risk whilst anticipating threats'

GOAL	COMMENT
Strengthened systems for identifying and raising areas of concern in a timely manner to the senior management team	<p>The Charity continued to maintain its risk register and controlled the field operations through regular reviews, cross-team participation and reference to the Charity's scorecard mechanism.</p> <p>The Charity's US affiliate continues to implement, at field and HQ levels, Logistics Management Software to strengthen assets, procurement and inventory management and controls. Systems enable the creation of exception reports highlighting any potential gaps or risks to be addressed.</p> <p>In addition, HQ Logistics & Supply Chain team is maintaining, in collaboration with the field teams, a register to anticipate, map potential risks and determine / implement mitigation measures. Risks identified as major are elevated to the appropriate management group. In addition, the Charity has worked with its US affiliate to administer and reinforce its safeguarding mechanisms.</p> <p>The Charity's implementing affiliate also implemented a Human Resources System (HRIS) used currently for talent acquisition, staff performance management and training. The HRIS is a global integrated platform used to streamline recruitment, learning, performance management and compensation process and management.</p>
Mitigate financial loss through strict controls	<p>Strict controls were maintained and updated as necessary to ensure adherence to internal procedures, requirements of donors and the requirements of the Charity Commission.</p> <p>Automation and strict control over the treasury platform have ensured minimisation of foreign exchange and currency exposure risks during turbulent global economic environment;</p>

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

GOAL	COMMENT
Staff are motivated to achieve and exceed performance expectations	<p>Charity introduced performance management and development system which provides platform for managers and their employees to engage in goal setting, performance discussions and provide feedback. The Charity believes that managing employee performance effectively is fundamental to staff motivation, engagement and helping them realise their full potential.</p> <p>Staff continue to receive in-house and external trainings on donor regulations and industry best practices to ensure appropriate oversight.</p> <p>Flexible working and specifically remote working arrangements were put in place to ensure staff safety and wellbeing.</p>
Improve on the creation of opportunities for effective intercompany collaboration and improved quality of programmes	<p>Intercompany, interdepartmental, HQ and field collaborations were enhanced to consider opportunities and challenges in wider contexts.</p> <p>Each International Medical Corps (UK) team worked closely with its peers in the US to ensure alignment where appropriate.</p>

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

GOAL	COMMENT
Regular review of programme performance	<p>Programme staff at all levels monitor risks to implementation on an ongoing basis, to ensure effective programme delivery.</p> <p>The Charity's affiliate's cross-functional platforms continue to improve the effectiveness and efficiency of operational support to field programmes, as well as facilitate speedy and effective responses to disasters in the respective regions.</p>
Increased monitoring and evaluation activities, training and programme development	<p>Programme staff collaborate with other departments within the cross-functional platforms in decision making related to country programme issues.</p> <p>During the reporting period, the Charity, in collaboration with its US affiliate, submitted 171 proposals.</p> <p>The Charity's US affiliate's Internal Audit finalized a comprehensive audit of country operations in COVID -19 pandemic context, and conducted in-country audits in Ukraine, Nigeria, Iraq, the Democratic Republic of the Congo, Sudan and South Sudan.</p>
Secure multi-year grants from donors	<p>Ongoing discussions were had with FCDO, Global Affairs Canada (GAC), Ministry of Foreign Affairs France on multi-year grants.</p>

DONORS: 'Accountable to a growing group of donors'

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

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

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

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

External representation and engagement

International Medical Corps (UK)'s Technical Unit members continued to represent the Charity in forums both within the UK and abroad, and make contributions to global discussions on sectoral issues.

INTERNATIONAL MEDICAL CORPS (UK)'S HUMANITARIAN ASSISTANCE FOR THE FINANCIAL YEAR 2021/2022

EMERGENCY RESPONSE AND PREPAREDNESS

While we continued our COVID-19 response around the world, we responded to a number of rapid-onset emergencies. When war broke out in Ukraine, we quickly expanded our relief efforts—supporting mobile medical and mental health services, providing medicines and medical equipment and supplies, rehabilitating health facilities and conducting a range of other activities inside Ukraine and in neighbouring countries. When conflict escalated in Afghanistan, we launched mobile teams in Kabul to provide emergency services to displaced people. And in India and Nepal, we responded to a devastating surge in COVID-19, providing much-needed equipment and medicines.

NUTRITION AND FOOD SECURITY

Over recent years, Lebanon has witnessed economic and political unrest, leaving many of the most vulnerable unable to meet their basic needs. International Medical Corps addressed this dangerous combination of lack of food and inability to access healthcare by providing malnutrition screening services and follow-up care.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

As part of a programme to strengthen and promote access to MHPSS services in Jordan, International Medical Corps provided case-management services,

workshops, training sessions and other activities aimed at building the country's capacity—reaching 1,024 people in refugee and host communities across four governorates.

WATER, SANITATION AND HYGIENE (WASH)

Conflict, population displacement and the collapse of the previous administration in Afghanistan caused a humanitarian crisis that is further compounded by drought. International Medical Corps stepped in to protect at-risk refugees and returnees with WASH services.

WOMEN'S AND CHILDREN'S HEALTH

A cycle of violence has left the Central African Republic facing one of the most serious humanitarian crises in the world. As part of our work to help those affected by the conflict, we provided emergency protection and gender-based violence prevention and support services for women and girls.

HEALTH SERVICES SUPPORT

Since the start of the pandemic, India has recorded more than 44 million confirmed cases of COVID-19 and more than 528,000 confirmed deaths. In response to this emergency, International Medical Corps (UK) worked with partners to support 72 healthcare facilities with equipment and supplies to provide treatment and vaccinations.

INSTITUTIONAL DONOR SUPPORT FOR INTERNATIONAL MEDICAL CORPS (UK) PROGRAMMES

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

ACF Canada	Action Against Hunger, Canada
ACF Spain	Action Against Hunger, Spain
ACF US	Action Against Hunger, US
AVAAZ	Avaaz
AstraZeneca	AstraZeneca UK Limited
CESVI	Cooperazione E Sviluppo Italy
DAHW	Deutsche Lepra- und Tuberkulosehilfe e.V.
DFAT Australia	Department of Foreign Affairs and Trade Australia
FCDO (formerly DFID)	Foreign, Commonwealth & Development Office (formerly- Department for International Development UK)
EC	European Commission
ECHO	European Commission Humanitarian Aid & Civil Protection
France MOFA	France Ministry of Europe and Foreign Affairs
GAC	Global Affairs Canada
GIZ	The Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH
IOM	International Organization for Migration
IRC	The International Rescue Committee
Irish Aid	Irish Aid
King Salman Humanit. Aid	King Salman Humanitarian Aid and Relief Center
LDS	Latter Day Saints
MENTOR	MENTOR Initiative
MINBUZA	Ministry of Foreign Affairs Netherlands
MOFAIC UAE	Ministry of Foreign Affairs and International Cooperation, UAE
Misereor	Misereor
NPT UK	NPT Transatlantic Limited
Plan Int. Australia	Plan International Australia
PUI	Première Urgence Internationale
Start Network	Start Network
Swiss FDFA	Swiss Federal Department of Foreign Affairs
The Inflexion Foundation	The Inflexion Foundation
The Volant Trust	The Volant Charitable Trust
UNDP	United Nations Development Fund
UNFPA	United Nations Population Fund

UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
United Group BV	United Group BV
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
Vitol Foundation	Vitol Foundation
WFP	World Food Programme
WHO	World Health Organisation
WV	World Vision
ZOA Netherlands	Stichting ZOA

PRIVATE DONOR SUPPORT OF INTERNATIONAL MEDICAL CORPS (UK) PROGRAMMES

Alex Glennon	Inner Wheel
Andor Charitable Trust	Mercers
Azets	RKT Charitable Trust
Bloomberg	Sopra Steria
Cello Health	Springer Nature
Charities Trust	Take Two Software
Fulmer Trusts' donation	Thomas Lloyd Group
GM Morrison Charitable Trust	Triple Dot Studio
Hitachi Group	

FUNDRAISING, COMMUNICATIONS AND MARKETING ACTIVITIES

During the year, International Medical Corps (UK) has received donations from institutional donors, corporates, trusts and foundations, as well as private individuals. International Medical Corps (UK) and its US affiliate seek to raise funds to sustain its programmes across all countries where they work, as well as funds to fill gaps, support immediate emergency responses and implement innovative programmes.

The Charity responds to requests for proposals issued by institutional donors such as FCDO, UN agencies and by private sector donors. The Charity works closely with its affiliate to raise funds from corporations and foundations for emergency response activities and ongoing programmes. International Medical Corps (UK) undertakes due diligence on both the financial and reputational dealings of potential partners before accepting donations.

International Medical Corps (UK) also utilises multiple fundraising channels, with the goal of raising funds from

as diversified a base of supporters as possible. These channels include annual giving programmes and online appeals, in addition to outreach through social media, the website and other reputable online platforms that display clear terms and conditions, including General Data Privacy Regulations (GDPR) compliance.

International Medical Corps (UK) and its affiliate did not employ any commercial fundraising firm to solicit individuals via telephone or door to door during the reported period. Protecting vulnerable people and other members of public is a key consideration in cultivating a supporter base for the Charity's work. The Charity and its US affiliate actively monitor all efforts to raise funds from the public, in particular vulnerable people. International Medical Corps (UK) did not receive any complaints about its fundraising activities during the reported period.

Although International Medical Corps (UK) is not registered with the UK Fundraising Regulator, the Charity has regard for and adheres to the principles and practices set out in the Code of Fundraising Practices.

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

INVESTMENT POLICY

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

RISK MANAGEMENT

A culture of risk management and mitigation is embedded in the organisation. A risk register is used by management and the trustees to examine and monitor risks to the organisation.

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

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

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

The key business risks to the Charity continue to include the unexpected loss of funding from key donor organisations and major disruptions to programmes in countries resulting from factors either within or beyond the organisation's control. The Board of Trustees for International Medical Corps (UK) continues to implement measures to mitigate these risks, including review of the reserves policy, the introduction of new technology to ensure that assets are safeguarded to the extent possible, the continued reference to a balanced business scorecard and reviews into the Charity's funding base. These are further summarised in the table below:

KEY RISKS	TRUSTEES' PLANS TO MITIGATE THE RISK
Insufficient unrestricted reserves	The Charity continues to make sustained efforts to expand its supporter base. The Charity intends to continue to work with its institutional donors to continue delivering activities in the most hard-to-reach areas, thereby receiving contributions towards its corporate costs, and work with its US affiliate to keep effective control of its cost structure.
Adverse payment terms offered by donors affecting the liquidity of the Charity	Charity's liquidity position is closely monitored, and close collaborations are maintained with donor stakeholders to ensure life-saving activities are not impacted by liquidity issues.
Future funding opportunities affected by Brexit and developments in the UK's Foreign and Development policies	International Medical Corps (UK) continues to pursue European Union funding streams where eligible. At the same time the Charity continues to engage with FCDO & other institutional donors on existing and potential portfolios.
Inadequate assessment, resulting in poor programming decisions and implementations	International Medical Corps continues to invest in country-specific assessments, to ensure a relevant and quality orientated programme design.

Exposure to movement in foreign currency rates, affecting international operations	The Charity's principal currency exposures arise from translations of European and other donor monies received into US dollars, the main operational currency advanced to its field missions overseas. The continued fluctuations of currencies against USD can adversely affect International Medical Corps (UK)'s ability to deliver programmes sustainably. Within this context, global treasury management, consisting of International Medical Corps' and International Medical Corps (UK)'s senior staff, created in July 2018, continues to ensure effective use of donor funds.
Operations in sanctioned countries through the Charity's US affiliate	Donors and stakeholders are kept up to date with developments and emerging risks affecting programme implementation in sanctioned countries.

FINANCIAL REVIEW

Statement of Principal Financial Management Policies Adopted in the Year

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

This year, International Medical Corps (UK)'s total income was \$121,164,472 (2021: \$116,105,525). Of this, the total cash income received from institutional donors and supporter base was \$102,485,905 (2021: \$100,404,175). International Medical Corps (UK) was able to secure \$16,385,054 (2021: \$14,747,030) of gifts-in-kind, comprising food, medicines and supplies.

During the reporting period, International Medical Corps (UK) supported training and assistance programmes in 23 (2021: 21) countries through its US affiliate. The Charity's programme expenditures can be disaggregated into the following humanitarian contexts.

	FY 2022	FY 2021
Strengthening health capacity	37%	34%
Emergency response and preparedness	23%	26%
Mental health and psychosocial support	1%	1%
Women & children's health	13%	20%
Water, sanitation and hygiene	3%	2%
Nutrition & food security	23%	17%

Financial Position

The Charity had restricted funds of \$25,841,751 as of 30 June 2022 (2021:\$15,456,039) and unrestricted funds of \$749,981 as of the same date (2021: \$580,381). International Medical Corps (UK) receives relevant institutional funding in meeting its restricted charitable expenditure. The balance of free reserves as of 30 June 2022 is \$693,819 (2021: \$565,481). Free reserves are unrestricted funds less the net book value of the fixed assets.

International Medical Corps (UK) committed resources from unrestricted reserves to provide adequate support for growth in charitable activities and to ensure compliance with growing donor regulations. International Medical Corps (UK) continues to rely on its US affiliate's commitment to meet shortfalls in programmes that do not provide full overhead cost recovery.

Reserves Policy

International Medical Corps (UK) requires reserves to:

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

The Charity aims to maintain a level of unrestricted reserves equivalent to six month's operating expenditure of the Charity's HQ offices, which is \$685,000 for FY 2022–23 and this is currently being achieved. Available unrestricted-fund balances in excess of the operational reserves' requirements are utilised to meet the other purposes as outlined above. Operating expenditure considered for reserves excludes transfers made for overseas programmes.

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

its US affiliate to ensure sustainability of coverage of any gap in funding. As of 30 June 2022, the Charity held restricted reserves of \$25,841,751 (2021: \$15,456,039). This represents the total funds received for specific projects that are yet to be spent at 30 June 2022, including projects responding to Ukraine crisis. The increase in restricted funds in the reported period is due to a number of projects starting in the last months of the reported period. These funds have been excluded from specific reserves policy, as they are not for the purposes of general working capital.

As of June 2022, the balance of free reserves was \$693,819 (2021: \$565,481). The Charity is resolved to maintain an adequate level of reserves and is working with its affiliate to implement a feasible strategy for marketing and public awareness of its work, to cultivate support, but accepts that in the current economic climate this may be difficult. The Charity will respond to the risks identified above as follows.

- In collaboration with its affiliate, the Charity profiles income streams and undertakes projects with acceptable terms. Also, it looks to its affiliate to cover programme funding gaps that the affiliate has reviewed and considered as acceptable.
- The Charity and its affiliate continue to closely monitor the implementation context of quality programmes around the world and resolve operational challenges with its supporters and partners.
- The Charity is part of global treasury platform.
- The Charity's operational flexibility has enabled it to address risks caused by political changes, including Brexit and the effects of the pandemic.

Section 172 Statement

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

Engagement with employees.

International Medical Corps (UK)'s internal stakeholders are its employees. Enhancing employee engagement is an integral part of the culture of the Charity and its implementing affiliates. Senior management are actively involved in the engagement of colleagues through

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

Engagement with Other Stakeholders

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

INTERNATIONAL MEDICAL CORPS (UK) PLANS FOR 2022/2023

International Medical Corps (UK) plans are to:

1. expand opportunities for applied research to improve the impact of providing healthcare for vulnerable communities, in line with its mission;
2. achieve institutional income of \$122million during the 12-month period to 30 June 2023;
3. continue to expand the organisation's number of partnerships and non-traditional donors;
4. expand the organisation's global profile through increased awareness of its activities;
5. review and strengthen current internal processes employed by its US affiliate, with a view to increasing organisational efficiency; and
6. continue to work with its US affiliate to apply new technology and systems that mitigate risks specific to the sector in general.

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



Approved by the board of trustees on:

31 January 2023

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 2022 which comprise the statement of financial activities, the balance sheet, and 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 2022 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

BASIS FOR OPINION

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

CONCLUSIONS RELATING TO GOING CONCERN

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

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

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

OTHER INFORMATION

The trustees are responsible for the other information. The other information comprises the impact report for International Medical Corps and its affiliates worldwide included in pages 4 to 26, together with information included in the trustees' report, including the strategic report other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

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 course of 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 this gives rise to a material misstatement in the financial statements themselves. 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, which is also the directors' report for the purposes of

company law and includes the strategic report, for the financial year for which the financial statements are prepared is consistent with the financial statements; and

- the trustees' report, which is also the directors' report for the purposes of company law and includes 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 (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from

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

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

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

We assessed the susceptibility of the charitable company's financial statements to material misstatement,

including obtaining an understanding of how fraud might occur, by:

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

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

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

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

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

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

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


A further description of our responsibilities is available 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



6 February 2023

STATEMENT OF FINANCIAL ACTIVITIES

30 JUNE 2022

	Notes	Unrestricted funds \$	Restricted funds \$	2022 Total funds \$	Unrestricted funds \$	Restricted funds \$	2021 Total funds \$
Income and expenditure							
Income from:							
Donations and legacies	1	3,371,001	17,889,589	21,260,590	208,461	15,574,535	15,782,996
Charitable activities	2	–	99,903,882	99,903,882	–	100,322,529	100,322,529
Total income		3,371,001	117,793,471	121,164,472	208,461	115,897,064	116,105,525
Expenditure on:							
Raising funds	3	9,500	21,203	30,703	7,895	–	7,895
Charitable activities	4	3,191,901	107,386,556	110,578,457	274,765	116,410,188	116,684,953
Total expenditure		3,201,401	107,407,759	110,609,160	282,660	116,410,188	116,692,848
Net income/(expenditure)		169,600	10,385,712	10,555,312	(74,199)	(513,124)	(587,323)
Transfer between funds		–	–	–	13,413	(13,413)	–
Net movement in funds		169,600	10,385,712	10,555,312	(60,786)	(526,537)	(587,323)
Fund balances brought forward at 1 July 2021							
		580,381	15,456,039	16,036,420	641,167	15,982,576	16,623,743
Fund balances carried forward at 30 June 2022							
		749,981	25,841,751	26,591,732	580,381	15,456,039	16,036,420

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 2022

	Notes	2022 \$	2022 \$	2021 \$	2021 \$
Fixed Assets					
Tangible assets	8		61,040		30,307
Current assets					
Stock	9	529,667		234,967	
Debtors	10	14,582,392		7,716,348	
Cash at bank and in hand		11,665,737		8,284,126	
		26,777,796		16,235,441	
Creditors: amounts falling due within one year	11	(247,104)		(229,328)	
Net current assets			26,530,692		16,006,113
Total net assets			26,591,732		16,036,420
The funds of the charity					
Restricted funds	12		25,841,751		15,456,039
Unrestricted funds			749,981		580,381
			26,591,732		16,036,420

Approved by the trustees and signed on their behalf by:

Andrew Géczy, Chair



Approved on: 31 January 2023

International Medical Corps (UK): A company limited by guarantee, Company Registration No. 04474904 (England and Wales)

STATEMENT OF CASH FLOWS

YEAR TO 30 JUNE 2022

	Notes	2022 \$	2021 \$
Cash flows from operating activities:			
Net cash provided by (used in) operating activities	A	3,443,942	(9,327,896)
Cash flows from investing activities:			
Purchase of tangible fixed assets		(62,331)	–
Net cash used in investing activities		3,381,611	(9,327,896)
Change in cash and cash equivalents in the year		3,381,611	(9,327,896)
Cash and cash equivalents at 1 July 2021	B	8,284,126	17,612,022
Cash and cash equivalents at 30 June 2022	B	11,665,737	8,284,126

Notes to the statement of cash flows for the year to 30 June 2022

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

	2022 \$	2021 \$
Net movement in funds (as per the statement of financial activities)	10,555,313	(587,323)
Adjustments for:		
Depreciation charge	21,765	60,861
Loss on disposal of fixed assets	9,835	–
(Increase)/decrease in stocks	(294,700)	248,837
(Increase)/decrease in debtors	(6,866,044)	5,164,486
Increase/(decrease) in creditors	17,773	(14,214,757)
Net cash provided by / (used in) operating activities	3,443,942	(9,327,896)

B Analysis of cash and cash equivalents

	2022 \$	2021 \$
Cash at bank and in hand	11,665,737	8,284,126
Total cash and cash equivalents	11,665,737	8,284,126

PRINCIPAL ACCOUNTING POLICIES

30 JUNE 2022

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 2022.

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

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their financial statements in accordance with the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) (Charities SORP FRS 102) (effective 1 January 2019), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

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

CRITICAL ACCOUNTING ESTIMATES AND AREAS OF JUDGEMENT

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

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

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

ASSESSMENT OF GOING CONCERN

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

The Charity has free reserves of \$693,819 (2021: \$565,481), which is above its target as per the reserves policy. The trustees have continued to use the going-concern assumption based on the relationship with its affiliate to cover programme funding gaps and provide cash-flow bridging. The trustees are of the opinion that the charity will have sufficient resources to meet its liabilities as they fall due.

INCOME

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

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

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

DONATED GOODS AND SERVICES

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

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

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

EXPENDITURE AND THE BASIS OF APPORTIONING COSTS

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

Expenditure comprises the following:

- a) Costs of raising funds include the salaries, direct costs and overheads with generating donated income.
- b) Costs of charitable activities comprise expenditure on the charity's primary charitable purposes as described in the trustees' report. Such costs include:
 - i. Technical advisory services
 - ii. Programme management services
 - iii. Gifts in kind of donated goods and services
The majority of costs are directly attributable to specific activities. Certain shared costs are apportioned to activities in furtherance of the objects of the charity. These costs are allocated in the same proportion as directly attributable expenditure.
- c) Governance costs comprise the costs incurred by finance, human resources, communications and IT departments, and the trustee costs, which are directly attributable to the management of the Charity's assets, organisational procedures and the necessary legal procedures for compliance with statutory requirements.

TANGIBLE FIXED ASSETS

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

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

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

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

FUND ACCOUNTING

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets

these criteria is charged to the fund together with a fair allocation of management and support costs.

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

OTHER OPERATIONAL CURRENCIES

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

LEASED ASSETS

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

PENSION COSTS

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

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

DEBTORS

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

CASH AT BANK AND IN HAND

Cash at bank and in hand represents such accounts and instruments that are available on demand or have a maturity of less than three months from the date of acquisition. Deposits for more than three months but less than one year have been disclosed as short-term deposits. Cash placed on deposit for more than one year is disclosed as a fixed asset investment.

CREDITORS AND PROVISIONS

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

FINANCIAL INSTRUMENTS

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

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

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

BASIC FINANCIAL ASSETS

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

BASIC FINANCIAL LIABILITIES

Basic financial liabilities, including creditors, bank loans, loans from fellow group companies. Financial liabilities classified as payable within one year are not amortised.

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

NOTES TO THE FINANCIAL STATEMENTS

YEAR TO 30 JUNE 2022

1 Donations and legacies

	Unrestricted funds \$	Restricted funds \$	2022 Total \$
Donation from International Medical Corps	1,982,651	308,265	2,290,916
Private grants for projects	–	1,196,270	1,196,270
Other Unrestricted Donations	1,385,753	–	1,385,753
Donated supplies	–	16,385,054	16,385,054
Donated services	1,218	–	1,218
Interest Income	1,379	–	1,379
2022 Total funds	3,371,001	17,889,589	21,260,590

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

2 Income from charitable activities

	Unrestricted funds \$	Restricted funds \$	2022 Total \$
Strengthening health capacity	–	41,438,682	41,438,682
Emergency response and preparedness	–	29,696,109	29,696,109
Mental health and psychosocial support	–	722,114	722,114
Women & children's health	–	14,273,438	14,273,438
Water, sanitation and hygiene	–	4,508,274	4,508,274
Nutrition and food security	–	9,265,265	9,265,265
2022 Total funds	–	99,903,882	99,903,882

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

3 Expenditure on raising funds

	Unrestricted funds \$	Restricted funds \$	2022 Total \$
Fundraising staff costs	2,665	–	2,665
Other fundraising costs	6,835	21,203	28,038
2022 Total funds	9,500	21,203	30,703

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

4 Expenditure on charitable activities

	Activities undertaken directly \$	Support costs \$	2022 Total \$
Strengthening health capacity	37,551,240	3,047,158	40,598,398
Emergency response and preparedness	23,402,253	1,899,015	25,301,268
Mental health and psychosocial support	696,126	56,488	752,614
Women & children's health	3,365,564	273,104	3,638,668
Water, sanitation and hygiene	14,114,434	1,145,339	15,259,773
Nutrition and food security	23,149,251	1,878,485	25,027,736
2022 Total funds	102,278,868	8,299,589	110,578,457

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

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 \$	2022 Total \$
Staff costs	35,693,805	1,909,753	37,603,558
Donated supplies and services	16,090,353	10,529	16,100,882
Auditor's remuneration			
• Statutory audit	–	46,265	46,265
Other costs	50,494,710	6,333,042	56,827,752
2022 Total	102,278,868	8,299,589	110,578,457

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

4 Charitable activities (continued)

	Unrestricted funds \$	Restricted funds \$	2022 Total \$
Strengthening health capacity	1,171,893	39,426,505	40,598,398
Emergency response and preparedness	730,333	24,570,935	25,301,268
Mental health and psychosocial support	21,725	730,889	752,614
Women & children's health	440,481	14,819,292	15,259,773
Water, sanitation and hygiene	105,032	3,533,636	3,638,668
Nutrition and food security	722,437	24,305,299	25,027,736
2022 Total funds	3,191,901	107,386,556	110,578,457

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

5 Employees and staff costs

Staff costs during the year were as follows:

	2022 Total \$	2021 Total \$
Wages and salaries	1,639,323	1,601,418
Social security costs	182,005	142,361
Other pension costs	88,425	88,150
Total UK staff costs	1,909,753	1,831,929
International Medical Corps Worldwide on International Medical Corps (UK) projects	35,693,805	42,223,994
Total staff costs	37,603,558	44,055,923

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

	2022 No	2021 No
UK staff	25	26

5 Employees and staff costs (continued)

International Medical Corps (UK) contributes towards the salaries of a number of staff overseas and on local projects. Such staff may have only part of their salaries charged to projects; however, it is not meaningful to provide a full-time equivalent figure. The estimated number of such staff employed in the year was 2,546 (2021: 2,764).

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

	2022 No	2021 No
£60,000 – £70,000	1	–
£70,001 – £80,000	2	3
£80,001 - £90,000	1	–
£100,001- £110,000	–	1
£110,001 - £120,000	1	–

Key management personnel comprise those set out on page 31. The total remuneration paid to key management personnel in the year was \$571,161 (2021: \$549,480).

	2022 \$	2021 \$
Wages and salaries	477,202	460,543
Social security costs	60,587	56,699
Employer pension costs	33,372	32,238
Total costs	571,161	549,480

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 (2021- £nil).

7 Taxation

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

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

8 Tangible fixed assets

	Office equipment \$
Cost	
Total cost at 1 July 2021	413,610
Additions	62,331
Disposals	(37,881)
Total cost and 30 June 2022	438,060
Depreciation	
Aggregate depreciation as at 1 July 2021	383,303
Charge for the year	21,765
Disposals	(28,048)
Aggregate depreciation as at 30 June 2022	377,020
Net book values	
As at 30 June 2022	61,040
As at 30 June 2021	30,307

9 Stocks

	2022 \$	2021 \$
Donated goods received but not distributed	529,667	234,967

10 Debtors

	2022 \$	2021 \$
Due within one year		
Prepayments and deposits	89,184	119,618
Accrued income	10,990,635	6,976,569
Other debtors – Accounts Receivable	2,388	45,298
Amount receivable from IMC Croatia	10,277	7,595
Amount receivable from IMC	3,483,188	560,548
Emergency response stock	6,720	6,720
	14,582,392	7,716,348

11 Creditors: amounts falling due within one year

	2022 \$	2021 \$
Trade creditors	13,292	5,485
Accruals	233,812	223,843
	247,104	229,328

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 2021 \$	Income \$	Expenditure \$	At 30 June 2022 \$
Strengthening health capacity	5,022,230	42,208,128	39,290,851	7,939,507
Emergency response and preparedness	8,350,342	29,812,157	24,486,394	13,676,105
Mental health & psychosocial support	10,028	722,114	728,375	3,767
Women & children's health	909,437	14,734,514	14,768,305	875,646
Water, sanitation and hygiene	402,030	4,876,957	3,521,478	1,757,509
Nutrition and food security	607,898	23,935,066	24,221,671	321,293
Restricted by country	154,074	1,504,535	390,685	1,267,924
	15,456,039	117,793,471	107,407,759	25,841,751

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 2022 \$
Fund balances at 30 June 2022 are represented by:			
Fixed assets	56,162	4,878	61,040
Current assets	693,819	26,083,977	26,777,796
Creditors: amounts falling due within one year	–	(247,104)	(247,104)
2022 Total net assets	749,981	25,841,751	26,591,732

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

14 International Medical Corps (UK) flagship areas

International Medical Corps (UK) continued to operate during the financial year to 30 June 2022 under the main flagship areas of strengthening health capacity, emergency response and preparedness, mental health and psychosocial support, women and children's health, water, sanitation and hygiene (WASH) and nutrition and food security.

15 Related party transactions

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

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

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

During the year ended 30 June 2022, International Medical Corps billed International Medical Corps (UK) \$6,923,408 (2021: \$6,806,743) 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 \$823,601 (2021: \$776,778).

During the year ended 30 June 2022, International Medical Corps Croatia billed International Medical Corps (UK) \$28,415 (2021: \$17,270). During the same period International Medical Corps (UK) has rendered services to International Medical Corps Croatia of \$132,154 (2021: \$68,908).

16 Liability of members

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

17 Contingent liability

Due to the nature of the Charity's agreement with donors, the Charity's expenditure is often subject to audit or other review by representatives of donors in a subsequent accounting period. There is a possibility that these audits or reviews would identify expenditures that do not fall within the terms of the grant agreements, and so the Charity would be required to repay the monies received. The trustees are not aware of any material circumstances in the year to 30 June 2022 that could give rise to such liability (2021: none).

18 Operating leases

International Medical Corps (UK) exited from its former office lease and moved to new office premises during September 2022. The lease obligations for the new office premises are outside the reported period of the audited financial statements and will be reported in future periods. The total of future minimum lease payments under non-cancellable operating leases as at 30 June 2022 is as follows:

	<i>Gross commitment \$</i>	<i>Less sublease \$</i>	<i>Land and buildings Net commitment \$</i>	<i>Equipment \$</i>	Total 2022 \$
Due within one year	39,815	(23,226)	16,589	757	17,346
Due between 2 and 5 years	–	–	–	–	–
Over 5 years	–	–	–	–	–
	39,815	(23,226)	16,589	757	17,346

	<i>Gross commitment \$</i>	<i>Less sublease \$</i>	<i>Land and buildings Net commitment \$</i>	<i>Equipment \$</i>	<i>Total 2020 \$</i>
Due within one year	181,243	(105,725)	75,518	1,723	77,241
Due between 2 and 5 years	654,959	(382,059)	272,900	861	273,761
Over 5 years	–	–	–	–	–
	836,202	(487,784)	348,418	2,584	351,002

CHARITABLE ACTIVITIES DETAILED ANALYSIS FOR THE YEAR ENDED 30 JUNE 2022

The following pages (pages 64-71) do not form part of the statutory financial statements.

PROJECTS CATEGORISED UNDER STRENGTHENING HEALTH CAPACITY

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

Country	Donor	IMC UK Project Number	Total Charitable Income	Total Charitable expenditure
Afghanistan	GAC	204154	633,559	1,027,929
Afghanistan	UNOCHA	204059	–	114,701
Afghanistan	UNOCHA	204365	544,282	251,497
Afghanistan	UNOCHA	204439	13,393	13,393
Cameroon	UNHCR	203318	(1,366)	–
Cameroon	UNHCR	204095	294,834	530,440
Central African Republic	EC	203593	3,133,120	3,147,437
Central African Republic	EC	204406	261,970	261,970
Central African Republic	ECHO	204057	94	94
Central African Republic	LDS	204265	300,025	192,789
Central African Republic	MENTOR	203734	1,036,508	1,036,508
Central African Republic	UNDP	203839	(558)	–
Central African Republic	UNOCHA	204248	320,000	313,134
Central African Republic	UNOCHA	204416	160,000	155,756
Ethiopia	UNOCHA	204001	(1,275)	–
Ethiopia	UNOCHA	204273	480,249	579,841
Ethiopia	UNOCHA	204377	200,000	35,939
Ethiopia	UNWOMEN	204082	164,023	164,023
India	LDS	204207	283,025	283,025
Iraq	French MOFA	203956	(58,156)	421
Iraq	LDS	204183		497,312
Jordan	Anonymous	204155	19,929	80,857
Jordan	UNHCR	204086	9,853,765	10,578,753
Jordan	UNHCR	204316	9,651,628	9,690,489
Lebanon	GAC	203871	1,185,656	2,988,439
Lebanon	GAC	204375	2,347,051	562,208
Lebanon	Anonymous	204277	270,000	185,720
Lebanon	UNOCHA	204256	564,704	417,081
Libya	GIZ	203680	1,100,879	1,416,536
Libya	GIZ	204119	8,569	20,280
Mali	UNICEF	203940	(45,954)	(37,229)

PROJECTS CATEGORISED UNDER STRENGTHENING HEALTH CAPACITY (CONTD.)

Country	Donor	IMC UK Project Number	Total Charitable Income	Total Charitable expenditure
Pakistan	GIZ	204196	145,774	150,806
Palestinian Territory	NPT UK	203957	120,000	484,004
Somalia	WV	204131	13,192	13,192
Somalia	WV	204312	5,731	5,731
Somalia	WV	204423	2,817	3,919
South Sudan	UNOCHA	204243	1,248,818	1,348,474
Sudan	EC	203408	94,690	94,690
Sudan	UNHCR	204430	46,050	38,375
Sudan	UNICEF	204286	302,634	300,312
Syria	DAHAW	204335	24,673	8,620
Syria	Swiss FDFA	204341	831,532	831,532
Venezuela	GAC	204405	963,809	53,356
Venezuela	UNOCHA	204302	303,623	407,473
Yemen	Avaaz	204168	–	199,080
Yemen	Misereor	204122	(4,068)	32,521
Yemen	MOFAIC	204319	3,000,000	154,231
Yemen	The Inflexion Foundation	204136	–	27,469
Yemen	UNOCHA	204109	139,200	312,304
Yemen	UNOCHA	204328	618,333	205,013
Zimbabwe	UNICEF	204428	861,920	110,405
Total Strengthening Health Capacity			41,438,682	39,290,850

PROJECTS CATEGORISED UNDER EMERGENCY RESPONSE AND PREPAREDNESS

Country	Donor	IMC UK Project Number	Total Charitable Income	Total Charitable Expenditure
Afghanistan	UNOCHA	204276	393,449	393,449
Cameroon	KSRelief	204296	28,867	28,867
Central African Republic	IOM	204013	7,967	7,362
Central African Republic	KSRelief	204296	22,317	22,317
Democratic Rep of Congo	KSRelief	204031	–	61,271
Democratic Rep of Congo	KSRelief	204296	44,486	44,486
Democratic Rep of Congo	WHO	203621	(5,242)	–
Democratic Rep of Congo	WHO	203637	(769)	–
Democratic Rep of Congo	WHO	203710	(1,819)	–
Ethiopia	UNICEF	204112	1,060,027	1,108,639
Ethiopia	UNOCHA	204098	100,017	221,558
Ethiopia	UNOCHA	204274	375,370	240,726
Ethiopia	WHO	204068	(9,513)	–
Global	KSRelief	204031	–	128,139
Global ERU	KSRelief	204296	1,029,805	27,170
Iraq	FCDO	203500	1,902,227	1,902,227
Iraq	FCDO	204380	635,358	635,358
Iraq	French MOFA	204173	(4,440)	2,507,069
Iraq	French MOFA	204301	4,512,000	2,099,384
Iraq	GAC	203847	1,283,517	1,283,517
Iraq	GAC	204378	378,397	378,397
Iraq	KSRelief	204296	81,985	81,985
Iraq	The Volant Trust	204171	–	35,115
Iraq	UNOCHA	204317	472,500	410,064
Jordan	KSRelief	204031	–	400,096
Jordan	KSRelief	204296	47,991	47,991
Lebanon	UNOCHA	204024	(78,997)	397,535
Libya	KSRelief	204031	–	32,483
Libya	Start Network	203935	–	(124,167)
Middle East	FCDO	203500	1,062,798	1,523,493
Middle East	FCDO	204380	437,804	439,379
Middle East	GAC	203847	299,991	1,976,731

PROJECTS CATEGORISED UNDER EMERGENCY RESPONSE AND PREPAREDNESS (CONTD.)

Country	Donor	IMC UK Project Number	Total Charitable Income	Total Charitable Expenditure
Middle East	GAC	204378	3,345,303	291,378
Middle East	UNOCHA	203879	(0)	2,514
Pakistan	CESVI	204042	204,240	204,240
Pakistan	KSRelief	204296	73,212	73,212
Palestinian Territory	KSRelief	204031	–	347,790
Philippines	KSRelief	204031	–	45,327
Philippines	KSRelief	204296	49,115	49,115
Poland	Multi-donor	204388	288,679	39
Somalia	KSRelief	204296	24,594	24,594
South Sudan	UNICEF	203774	344,436	344,436
South Sudan	UNOCHA	203972	(571)	(571)
South Sudan	UNOCHA	204279	296,026	296,026
Sudan	UNOCHA	204066	386	386
Syria	FCDO	203500	1,409,513	1,409,513
Syria	FCDO	204380	352,298	352,298
Syria	GAC	203847	1,177,591	1,177,591
Syria	GAC	204378	187,745	187,745
Syria	UNOCHA	204239	355,179	344,486
Ukraine	AstraZeneca	204389	1,000,000	17
Ukraine	LDS	204390	1,000,025	174,624
Ukraine	Plan Int. Australia	204442	923,390	8
Ukraine	Plan Int. Netherlands	204412	1,429,380	61,736
Ukraine	United Group BV	204394	857,280	306,584
Ukraine	Vitol Foundation	204429	324,380	708
Venezuela	KSRelief	204296	54,129	54,129
Yemen	ECHO	203963	(1,696)	(1,696)
Yemen	GAC	203922	807	1,940,890
Yemen	GAC	204374	1,564,578	299,951
Yemen	UNOCHA	204245	360,000	188,686
Total Emergency Response and Preparedness			29,696,112	24,486,397

PROJECTS CATEGORISED UNDER MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

Country	Donor	IMC UK Project Number	Total Charitable Income	Total Charitable expenditure
Cameroon	UNHCR	203688	(7,686)	1
Cameroon	UNICEF	203976	72,098	72,098
Ethiopia	UNICEF	204011	12,851	12,851
Jordan	GIZ	204282	457,824	457,824
Jordan	UNSW	203611	–	1,732
Libya	DRC	203749	(244)	(3,403)
Libya	GIZ	204369	187,272	187,272
Total Mental Health and Psychosocial Support			722,115	728,375

PROJECTS CATEGORISED UNDER WATER, SANITATION AND HYGIENE

Country	Donor	IMC UK Project Number	Total Charitable Income	Total Charitable expenditure
Afghanistan	UNICEF	203811	207,395	273,400
Afghanistan	UNICEF	204310	860,468	217,644
Afghanistan	UNOCHA	204264	243,658	177,161
Afghanistan	UNOCHA	204368	439,032	46,125
Ethiopia	UNHCR	204326	1,072,570	1,357,672
Ethiopia	UNHCR	204393	302,326	302,326
Ethiopia	UNOCHA	204275	528,110	309,047
Ethiopia	UNOCHA	204376	378,783	98,224
Libya	GIZ	204433	32,628	32,628
Yemen	UNOCHA	204117	439,457	654,951
Zimbabwe	UNICEF	203988	–	188
Zimbabwe	UNICEF	204174	3,846	52,112
Total Water, Sanitation and Hygiene			4,508,273	3,521,478

PROJECTS CATEGORISED UNDER WOMEN & CHILDREN'S HEALTH

Country	Donor	IMC UK Project Number	Total Charitable Income	Total Charitable Expenditure
Afghanistan	UNFPA	204088	279,685	285,427
Afghanistan	UNFPA	204309	317,288	491,184
Afghanistan	UNOCHA	204295	167,362	161,540
Cameroon	UNFPA	204266	62,464	67,579
Cameroon	UNHCR	203525	(11,617)	0
Cameroon	UNHCR	204094	220,447	391,828
Cameroon	UNHCR	204325	206,352	209,982
Central African Republic	IRC	204214	434,315	434,315
Ethiopia	UNHCR	204200	195,798	195,798
Ethiopia	UNHCR	204331	21,881	21,881
Ethiopia	UNHCR	204391	328,155	335,519
Ethiopia	UNOCHA	204083	(10,844)	–
Ethiopia	ZOA Netherlands	203287	330,985	602,737
Iraq	UNOCHA	204012	–	116,918
Jordan	FCDO	203556	(23,114)	–
Jordan	UNICEF	203844	574,112	619,519
Jordan	UNICEF	204093	1,052,965	1,084,659
Jordan	UNICEF	204314	1,036,789	1,036,789
Jordan	UNOCHA	204204	350,000	349,976
Lebanon	Plan Int. Australia	203448	(6,413)	(263)
Lebanon	Plan Int. Australia	204357	185,886	97,746
Lebanon	UNOCHA	204322	227,621	142,593
Libya	UNFPA	203895	3,257	(74,800)
Mali	GAC	204353	727,320	235,781
Mali	UNICEF	204064	310,393	367,585
Nigeria	MINBUZA	204069	603,173	698,122
Nigeria	WFP	204440	3,291	3,291
Pakistan	UNFPA	204084	(622)	–
South Sudan	FCDO	203190	3,761,058	3,764,456
South Sudan	UNFPA	204099	595,864	613,295
South Sudan	UNFPA	204305	583,780	598,759
South Sudan	UNICEF	204260	1,745,807	1,916,087
Total Women and Children's Health			14,273,438	14,768,303

PROJECTS CATEGORISED UNDER NUTRITION AND FOOD SECURITY

Country	Donor	IMC UK Project Number	Total Charitable Income	Total Charitable Expenditure
Cameroon	UNHCR	204324	357,469	393,308
Cameroon	WFP	203861	296,404	2,331,810
Ethiopia	UNHCR	204097	1,995,607	2,159,723
Ethiopia	UNHCR	204392	–	(3,186)
Ethiopia	WFP	204338	–	545,405
Ethiopia	WFP	204030	241,760	5,260,070
Ethiopia	WFP	204285	75,840	319,410
Global	ACF Canada	204284	6,806	6,806
Global	ACF Canada	204404	140	140
Global	UNICEF	203655	95,341	99,228
Global	UNICEF	204195	3,654	3,654
Jordan	UNICEF	204313	667,650	770,874
Nigeria	WFP	204085	1,098,422	4,642,549
Nigeria	WFP	204307	278,639	1,738,526
Somalia	ACF US	203735	79	79
Somalia	UNOCHA	204300	999,474	1,050,106
South Sudan	IOM	204151	128,599	128,599
South Sudan	UNHCR	203683	(3,813)	–
South Sudan	UNICEF	203695	369,175	514,433
South Sudan	UNOCHA	204072	(2,907)	21,900
South Sudan	UNOCHA	204227	937,126	926,051
South Sudan	WFP	204129	–	1,639
South Sudan	WFP	203859	220,828	369,991
South Sudan	WFP	203860	230,361	486,725
South Sudan	WFP	204304	306,185	591,267
Sudan	ECHO	203743	(16,246)	–
Sudan	WFP	204102	–	84,340
Sudan	WFP	204103	–	48,075
Sudan	WFP	204104	–	52,034
Sudan	WFP	204105	–	56,024
Sudan	WFP	204106	–	3,824
Sudan	WFP	204414	1,115	1,115
Sudan	WFP	204415	627	64,068
Sudan	WFP	204419	2,318	2,318
Sudan	WFP	204425	606	15,027
Sudan	WFP	204436	2,553	17,500
Venezuela	WFP	204431	11,453	11,453
Yemen	UNOCHA	204111	960,000	1,506,785
Total Nutrition and Food Security			9,265,265	24,221,670

IMAGE CREDITS

UKRAINE

COVER	Karar Al-Moaed
2	Fati Abubakar
4	International Medical Corps
6	Nadia Bseiso
7	Chris Martin
8	Lambert Coleman
9	Peterson Noel Adeeb Farhat
11	Patrick Meinhardt
12	Crystal Wells
13	Mussa Kachunga Stanis
14	Alex Cauvin
17	Aden SheikhNur Omar
20	Jonah Sargent
21	Todd Bernhardt
22	Lamech Mutava
23	Adriana Parrilla
24	Crystal Wells
25	Margaret Traub
72	Omar Havana Carlo Agustin
73	Mandlenkosi Chinula
75	Huma Akram



PHILIPPINES



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