

INTERNATIONAL MEDICAL CORPS



ANNUAL
REPORT
2009





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ON THE COVER:

A child is vaccinated at an International Medical Corps clinic in a refugee resettlement camp in Afghanistan

Dear Friends of International Medical Corps:

We are reminded this year of a truth about the work we do, striving to save lives in difficult environments around the world: there is often no way to know in advance the tragedies, natural or man-made, that can suddenly befall vulnerable people.

As 2009 came to a close, International Medical Corps was marking 25 years of delivering critically needed health care and training in some 25 countries throughout Africa, Asia and the Middle East. In places like Afghanistan, Iraq, Indonesia, Darfur and the Democratic Republic of Congo, our staff of nearly 4,000, along with thousands of volunteers, provided emergency relief while distressed communities recover and become self-reliant.

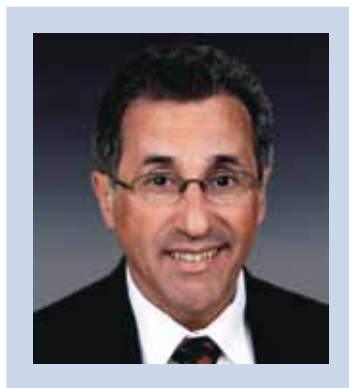
At the very outset of 2010, as we delivered programs serving nearly 12 million people around the world, a new catastrophe struck: an earthquake in Haiti that would last just 45 seconds, but would claim the lives of approximately 230,000 people and displace more than a million others.

As we have during so many other emergencies, International Medical Corps responded immediately and effectively to this disaster - and always maintaining a focus on our mission of training local people, addressing their long-term needs and helping them reclaim their lives with dignity and hope.

The world is an increasingly perilous place. Once again this year the challenges we faced were enormous, whether providing - or training local people to provide - immunizations to children, safe deliveries for pregnant women, or clean drinking water to communities. We are so proud of the tremendous impact we had, the lives we saved and the fact that we helped millions to build healthier futures for their families.

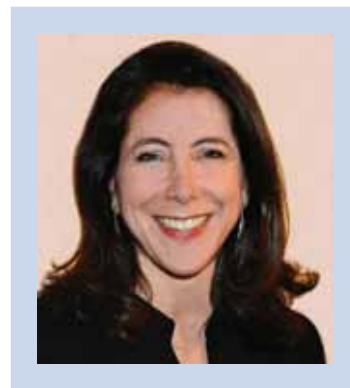
We could not have achieved all of this without the individuals, corporations, foundations, government agencies, and our partners who play a critical role in all of our program activities. We deeply appreciate the confidence and trust that you place in us and look forward to your continued support.

Sincerely,



A handwritten signature in blue ink that reads "Robert Simon".

Robert Simon, MD
Founder & Chairman



A handwritten signature in blue ink that reads "Nancy A. Aosey".

Nancy A. Aosey
President & CEO



From Relief to Self-Reliance

International Medical Corps is a global, humanitarian, nonprofit organization dedicated to saving lives and relieving suffering through health care training and relief and development programs. Established in 1984 by volunteer doctors and nurses, International Medical Corps is a private, voluntary, nonpolitical, nonsectarian organization.

Our mission is to improve the quality of life through health interventions and related activities that build local capacity in areas worldwide. By offering training and health care to local populations and medical assistance to people at highest risk, and with the flexibility to respond rapidly to emergency situations, International Medical Corps rehabilitates devastated health care systems and helps bring them back to self-reliance.





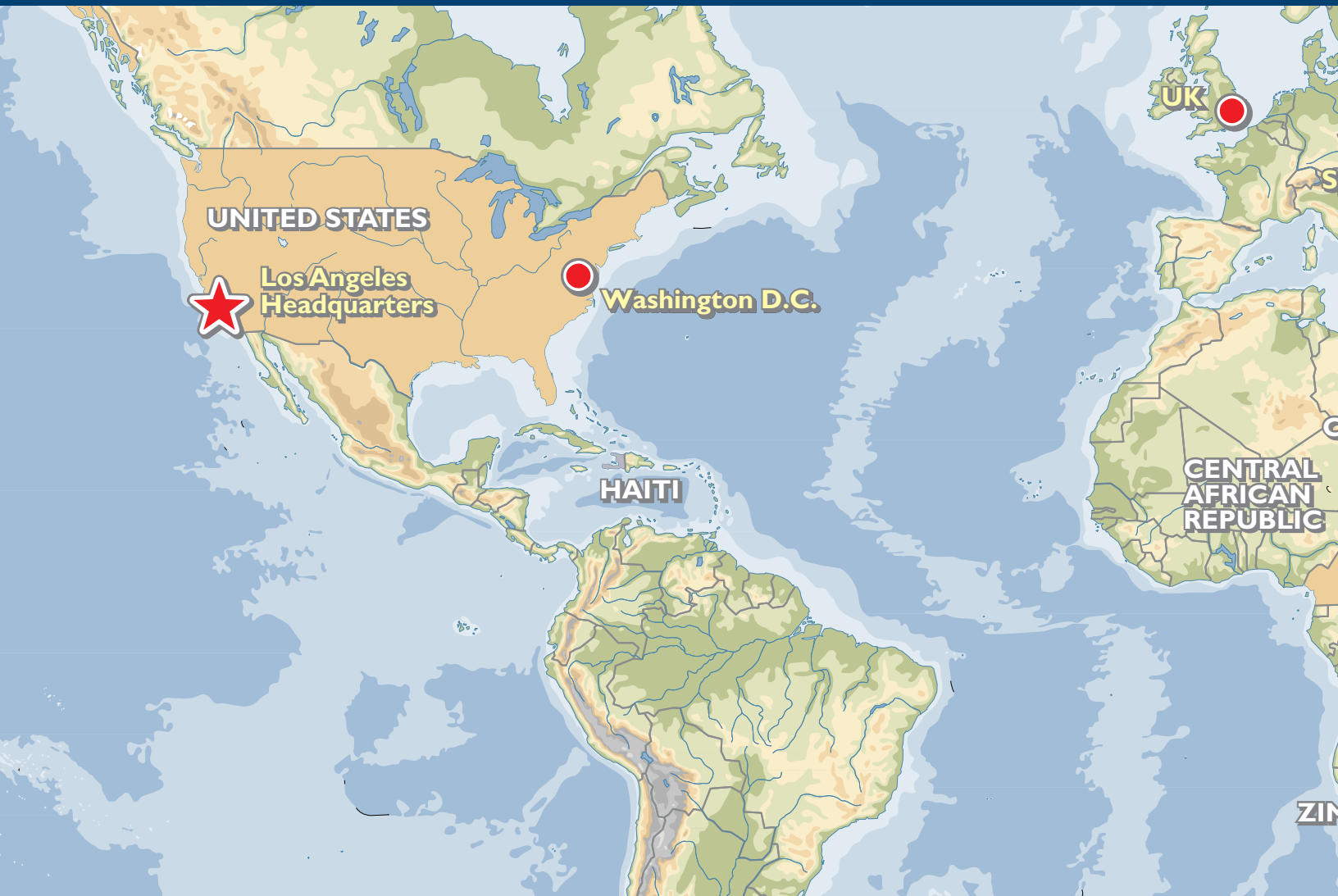
AFGHANISTAN

Primary and secondary health care, medical training, maternal/child health care, nutritional support, health capacity building, health education, water and sanitation, returnee assistance, sexual and gender-based violence care and awareness

BURUNDI

Primary health care, health capacity building, nutritional support, sexual and gender-based violence care and awareness, health education, returnee assistance

2009 ACTIVITIES MAP



ETHIOPIA

Sexual and gender-based violence care and awareness, nutritional support and training, water and sanitation, reproductive and maternal health care

GAZA

Mental health and community psychiatric support

HAITI

Emergency response, primary and secondary health care, health capacity building, psychosocial services, nutritional support, sexual and gender-based violence care and awareness, water/sanitation/hygiene education

INDONESIA

Primary health care, maternal/child health care, tsunami recovery, emergency preparedness and response, mental health and psychosocial support, local NGO capacity building and training

IRAQ

Medical education, emergency medicine, health capacity building, health and mental health policy reforms, capacity building of Ministries, mental health and psychosocial services, water and sanitation, assistance to returnees and displaced, economic livelihoods

JORDAN

Primary health care, mental health and psychosocial assistance, health capacity building, refugee assistance

KENYA

Primary and mental health care, nutritional support, HIV/AIDS and TB prevention, care and treatment, water and sanitation

LEBANON

Primary health care, mental health and psychosocial assistance, health capacity building, clinic construction, conflict resolution, vocational trainings, refugee assistance

LIBERIA

Hospital management, health capacity building, health education, sexual and gender based violence care and awareness, HIV/AIDS care and awareness

CAMEROON

Primary health care, nutritional support, sexual and gender-based violence care and awareness

CENTRAL AFRICAN REPUBLIC

Primary and secondary health care, nutritional support, HIV/AIDS awareness, protection (child, sexual and gender-based violence), health capacity building

CHAD

Primary and secondary health care, health capacity building, nutritional support, HIV/AIDS care and awareness, health education, medical training, psychosocial services, child protection

DARFUR

Primary and secondary health care, health capacity building, nutritional support, HIV/AIDS awareness, water and sanitation

DEMOCRATIC REPUBLIC OF CONGO

Emergency response, primary and secondary health care, nutritional support, health capacity building, sexual and gender-based violence care and awareness, HIV/AIDS care and awareness, water and sanitation, agricultural livelihoods, health education, psychosocial services, assistance to returnees and displaced

**MOZAMBIQUE**

Primary health care, nutritional support, water and sanitation, HIV/AIDS awareness

MYANMAR

Emergency response to Cyclone Nargis, primary health care, agricultural livelihoods

PAKISTAN

Primary health care, health capacity building, health education, economic livelihoods, reproductive health, water and sanitation, refugee and IDP assistance, sexual and gender-based violence care and awareness

RUSSIAN FEDERATION

Primary health care, psychosocial assistance, mental health care, livelihoods training, community development, sexual and gender-based violence care and awareness, vocational training for youth

SOMALIA

Primary health care, nutritional support, water and sanitation, agricultural and economic livelihoods

SOUTH SUDAN

Primary and secondary health care, medical training and education, health capacity building, HIV/AIDS care and awareness, water and sanitation, returnee assistance

SYRIA

Primary health care and capacity building, mental health and psychosocial assistance, refugee assistance

UGANDA

Mental health care, nutritional support, HIV/AIDS care and awareness, sexual and gender-based violence care, substance abuse counseling, water, sanitation and hygiene

YEMEN

Distribution of relief items and medical supplies

ZIMBABWE

Emergency response to cholera outbreak, water and sanitation

WHAT WE DO

We help people build a better, healthier future, wherever they are, whatever the conditions. In emergencies, we deploy immediately to assist victims of natural and man-made disasters. In fragile states and nations striving to recover and progress, we bring the tools and knowledge for long-term development. Whatever our task, we teach skills that empower local communities and promote self-reliance.





OUR PHILOSOPHY

We believe self-reliance is only possible through lasting solutions anchored in local culture, affirmed by local decision-making and carried out by local residents trained with the necessary skills that then become a community asset. That is why we draw over 90 percent of our staff from local communities and place key decisions in local hands, offering a unique focus that lifts people to their fullest potential.

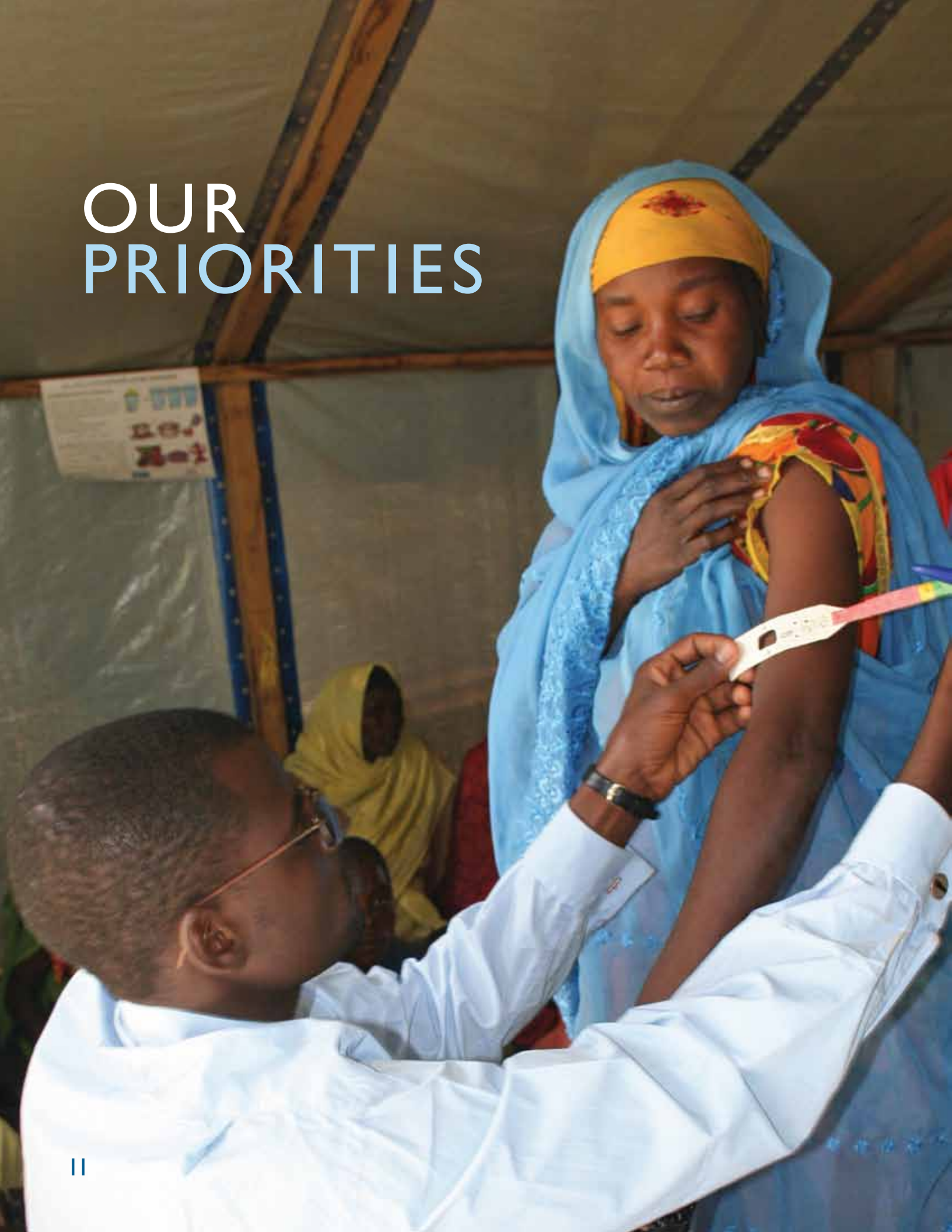
2009 BY THE NUMBERS

Despite deteriorating security conditions in many parts of the world in 2009, our local staff of nearly 4,000 delivered assistance to a target population of 12.5 million people and conducted 3.6 million patient consultations to those in need. One-third of our patients were children under 5, suffering mainly from malaria, diarrhea or acute respiratory infections.

In our ongoing effort to foster greater self-reliance in developing societies, we trained over 1.1 million men and women in functions ranging from basic community-level health care to sophisticated teaching of health systems management to key members of central government ministries. We supported over 1,700 health care centers, mobile clinics and hospitals. We reached nearly 775,000 individuals with messages of how to avoid HIV/AIDS, and admitted over 167,000 individuals to our feeding centers.



OUR PRIORITIES



CAPACITY BUILDING

Supporting communities to meet their own needs is our central goal. It is how our work began 25 years ago and is where our present and future successes lie. As both a training organization and emergency relief and development group, in 2009 we continued our tradition in some of the world's most challenging working environments.

- In Afghanistan, we launched programs to strengthen hospital management and administrative capacity at two of the country's leading medical facilities in Kabul. At Rabia Balkhi Hospital for Women, the upgrade focuses on services that support cesarean section deliveries, including a new electronic procurement system to better track inventories of key medicines and supplies. At the Wazir Akbar Khan Hospital, we are upgrading basic maintenance, hospital infrastructure, and clinical standards at Afghanistan's top orthopedic and trauma center. We implemented midwifery programs in the rugged eastern provinces of Khost and Paktika, drawing national acclaim because of their low dropout rates and 100 percent student success rate at passing the required national exam.





- In South Sudan, the nurse training school we established and operate adjacent to the Kajo Keji Hospital graduated a class of 21 certified midwives following an 18-month training course, and 23 certified nurses graduate at the end of 2010 after two years of training. The graduates added to a critically short supply of skilled resident health professionals in the region.
- In Chad, International Medical Corps strengthened the Ministry of Health's local capacity, working with the ministry to train selected residents as community health workers, peer educators, local health committee members, midwives and paramedics.
- In Iraq, we provided continuing education to physicians, nurses and other health professionals from 14 of the country's 18 governorates. As Iraq's medical profession strives to make up for over a decade of learning lost to sanctions and war, we established telemedicine training facilities in five urban centers.



EMERGENCY RESPONSE AND PREPAREDNESS

Whatever the conditions, we respond to crises around the world and immediately deploy to assist victims of disaster and communities in peril. In 2009 we continued our well-respected legacy of working closely with local and national authorities to prevent and prepare for emergencies.

- In Indonesia, our emergency response teams were on the scene within 24 hours of the deadly Sept 30th earthquake that rocked Western Sumatra, killing more than a thousand people and causing widespread displacement and damage. After the initial emergency and other international relief groups pulled back, we stayed, expanding into areas left underserved.
- In Pakistan's Northwest Frontier Province, we responded to one of the largest internal displacements of civilians since the 1947 partition of Imperial India as an estimated 2.5 million Pakistanis fled a major military operation in the Swat Valley region. International Medical Corps teams first provided comprehensive primary health care services to displaced families, then, once the fighting ended, relocated our medical teams into the Swat Valley region, rehabilitated clinics that had been destroyed, and offered lifesaving medical services to those returning home.
- In Ethiopia, Kenya and Somalia, we operated emergency nutrition programs to combat hunger and malnutrition for tens of thousands of recipients - many of them children under 5 - as seasonal rains failed for the fifth straight year across much of the Horn of Africa.



- In Iraq, we trained over 350 emergency medical care technicians and worked with the Ministry of Health to design a national five-year strategy for emergency care - the first of its kind in Iraq. In conjunction with the newly developed ambulance services, these technicians responded to bombings of civilians in Baghdad within minutes, thereby saving many lives.
- In northern Syria, we delivered food and hygiene supplies to thousands of families stranded without income in remote agricultural villages by a third consecutive year of drought. We also brought assistance to thousands of vulnerable families who joined a large-scale migration off the land to the fringes of large urban areas, including the capital, Damascus.
- Closer to home, we were selected by the U.S. Agency for International Development to lead a distinguished group of organizations in a three-year program, called PREPARE, that will help countries better prepare for handling infectious diseases with pandemic potential.



WOMEN AND CHILDREN

In emergencies, 80 percent of those who bear the burden caused by conflict and disaster are women and children. Yet they are the key stakeholders in promoting good health and building stable, self-reliant communities. We believe focusing programs on the well-being of mothers and children—as well as strengthening the roles of men and boys—is both the right thing and the smart thing to do. In 2009 we again delivered important maternal/child health services, providing: lifesaving antenatal and postnatal care; improved child-feeding and immunization programs; income-generating job programs that enable mothers to earn money by working from home; and programs to heal and comfort victims of sexual and gender-based violence.

- In the Democratic Republic of Congo, we worked amid deteriorating security conditions to launch a program in South Kivu Province that provides medical and psychosocial support to the victims of widespread sexual and gender-based violence that has accompanied military operations in the region. Directly and indirectly, an estimated 30 percent of the South Kivu population - or nearly 890,000 people - benefited from our programs during the year.
- In the Central African Republic, we remain one of the few international relief organizations operating in the unsettled northeastern provinces to prevent the recruitment of child soldiers. Additionally we run protection and rehabilitation programs to reintegrate hundreds of former child soldiers back into their communities.





- In neighboring Chad, we also began a child soldier recruitment prevention program and upgraded maternity services at hospitals in the remote eastern part of the country, installing General Electric-donated ultrasound machines at hospitals in Abeche and Guereda. At a third hospital, in An Dam, we implemented emergency obstetric and surgical services, a step that eliminated a difficult, dangerous, six-hour drive for expectant mothers to the nearest available facility.
- In southern Iraq, we addressed women's literacy training and empowerment issues as part of a village renewal project in the historic Marshlands area.
- In Chechnya and Ingushetia, we trained health professionals, law enforcement officers, teachers and youth community members to identify sexual and gender-based violence and to undertake proper response strategies.



MENTAL HEALTH

Although mental illness draws less public attention and donor awareness than widely feared communicable diseases, it quietly saps the strength of developing societies. As a core part of our work to build strong, stable communities, we train local staff to recognize and treat those with symptoms of this often-overlooked disease. In 2009, we continued to implement innovative treatments in development settings.

- In Jordan, Lebanon and Syria, we successfully concluded an ambitious year-long Regional Middle East Iraqi Refugee Mental Health, Psychosocial Support and Medical Training Initiative that boosted the capacity of primary health care providers in three Middle Eastern countries to identify, treat and refer both Iraqi refugee and local host population patients suffering from mental illness. The initiative, which provided training to practicing physicians on mental health-related issues including post-traumatic stress disorder, reached more than 2.5 million people either directly or indirectly in the three nations. A follow-on psychosocial program targeted at the same three countries began in the fall of 2009.
- In Ethiopia, we replicated a groundbreaking child nutrition program first developed in Uganda that combines nutrition with psychosocial help for mothers as an effective way to balance and strengthen overall child development.
- In Gaza, we integrated mental health services into our mobile medical units, trained local health care workers to identify both common and severe mental health disorders, and introduced psychosocial and mental health interventions at the community and primary health care levels. We are currently working to integrate mental health into the system's basic package of services.



WATER, SANITATION AND HYGIENE

Because clean water, adequate sanitation and good hygiene practices are essential components of good public health, we assisted households, communities and local governments on three continents with these services in 2009.

- In Zimbabwe, where roughly half the country's 12 million people have limited or no access to safe water and sanitation, we deployed emergency response teams to deal with a major cholera outbreak in March that affected nearly 100,000 people and claimed over 4,000 lives before it was officially declared contained. We then trained village health workers in cholera preparedness and hygiene promotion, distributed hygiene kits, installed bio-sand water filters, built latrines, protected wells from contamination and worked to strengthen village water and sanitation committees.
- In Chechnya and Ingushetia, we improved local potable water systems as part of a series of micro-projects.
- In Pakistan, we constructed latrines, washrooms and water tanks for those displaced by fighting along the Northwest Frontier, then provided them with hygiene education and hygiene kits.
- In Somalia, we constructed latrines and rehabilitated a dozen wells that today provide safe water to more than 7,000 internally displaced people in the country's Bakool region.





UNPRECEDENTED SUPPORT IN 2009

Secretary of State **Hillary Clinton** visited International Medical Corps operations in eastern Democratic Republic of Congo. At displacement camps outside Goma, International Medical Corps provided medical care and nutrition services to the entire population in the camp, as well as to the host communities. International Medical Corps also offers comprehensive care for rape survivors, including primary health care and counseling to heal the physical and emotional wounds, as well as long-term services aimed at helping survivors generate income.

EVENTS AT HOME

In February 2009, International Medical Corps was honored at a celebrity-packed fundraiser at the House of Blues in Hollywood. Stars who turned out for the event included **Sheryl Crow**, **Jennifer Garner** and speaker **Ben Affleck**, who visited International Medical Corps' programs in the Democratic Republic of Congo and Uganda. He praised our staff, saying, "They are working in the trenches of the trenches. International Medical Corps has a history of success carrying (its work) out on the ground where few others would dare to go."

At the same event, International Medical Corps also presented its Humanitarian of the Year award to CNN's **Anderson Cooper**, who profiled our programs in Somalia, Kosovo, and Haiti.

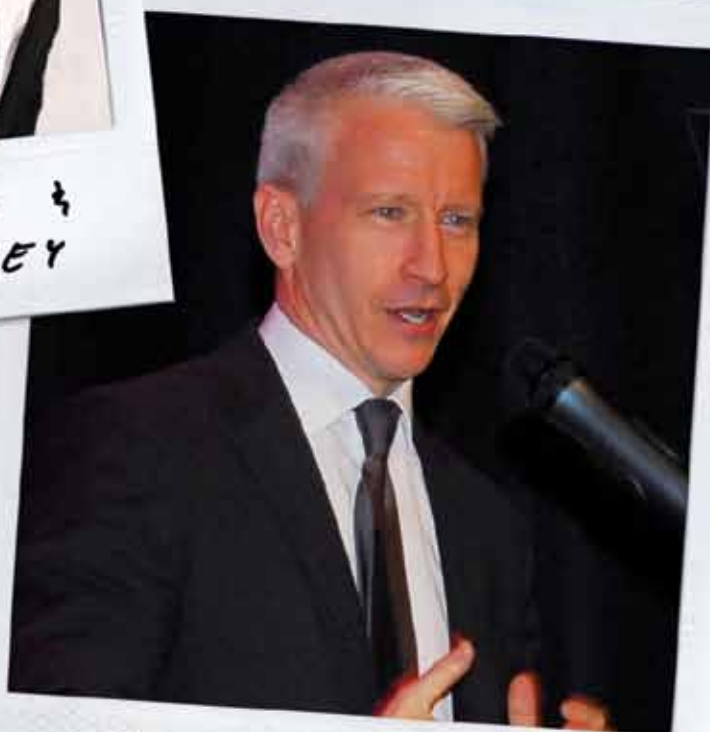
In November 2009, International Medical Corps announced the appointment of actress and activist **Sienna Miller** as Global Ambassador to increase awareness of and support for our programs worldwide. Miller traveled with International Medical Corps to the Democratic Republic of Congo to see first-hand the impact that war has had on women and children. In 2010 she traveled to Haiti and assisted us in highlighting our relief efforts there in the aftermath of the earthquake.



DENZEL WASHINGTON &
NANCY ALLEN



SHERYL CROW



ANDERSON
COOPER

A THOUSAND WORDS

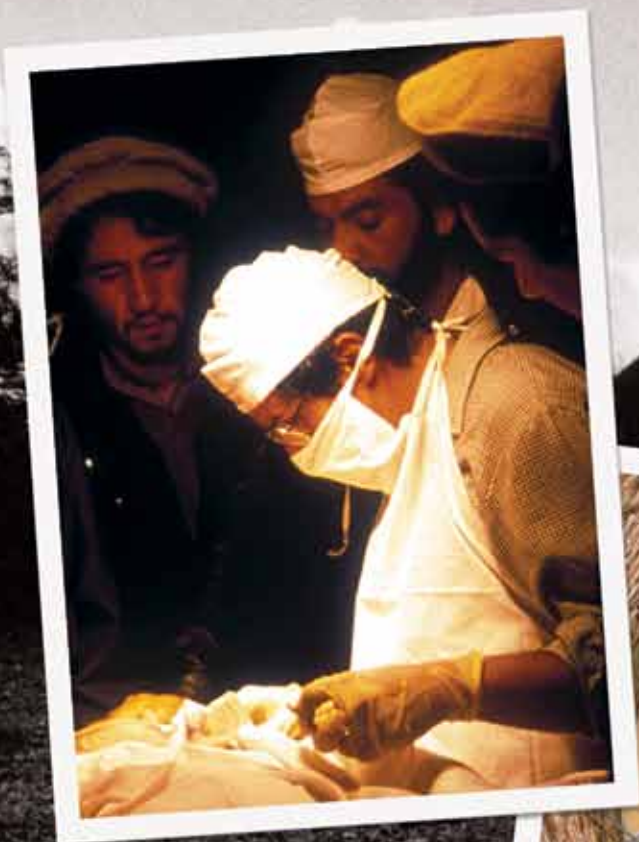
PHOTOS FROM THE FIELD

TWENTY-FIVE YEARS OF **INTERNATIONAL MEDICAL CORPS**

WRITTEN AND EDITED BY **STACY TWILLEY**

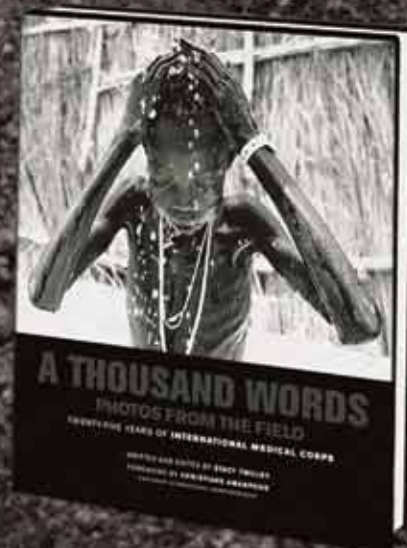
FOREWARD BY CNN CHIEF INTERNATIONAL CORRESPONDENT **CHRISTIANE AMANPOUR**





**A STUNNING COMMEMORATION OF
INTERNATIONAL MEDICAL CORPS' 25 YEARS OF
LIFE-SAVING WORK IN 50 COUNTRIES
ON 5 CONTINENTS**

Available by calling: (800) 481-4462
Proceeds go to International Medical Corps



HAITI RESPONSE

It was the worst natural disaster to befall an American neighbor in memory, and International Medical Corps was there, assisting the injured, literally before the dust had settled.

Just 35 minutes after the January 12 earthquake inflicted its horrific toll on Haiti, our Emergency Response Team was on the move. Within 22 hours our first medical team was on the ground in Port-au-Prince treating survivors. We then augmented our relief efforts with hundreds of medical volunteers - including Creole-speaking Haitian-American physicians and critical care nurses - as part of our coordinated response with health partners from across the United States.





The speed and strength of our deployment enabled us not only to treat the injured, but also to take on the important additional role of coordinating the work of all international relief groups that had found their way to Haiti's National University Hospital in downtown Port-au-Prince in the days following the quake.

Our volunteer medical practitioners included respected veterans of earlier disasters, yet all had the same reaction to what they found in Haiti: never had they seen such devastation. Never had they been so overwhelmed by the scope and urgency of the medical needs. Never had they witnessed such courage, compassion, and gratitude as they did during their service in Haiti. One volunteer physician poignantly wrote of the intensity of those first days and weeks:

"I will never forget the young girl I held who reached to touch my face, only to realize that her arm was gone. She cried and said thank you, that she loved me. I will always remember singing to a 2-year-old child to distract her from the compound's tornado of noise, devastation, and tragedy. I sang the same song a dozen times as my arms trembled in our one-mile hike to the pediatric ward - she weighed over 50 lbs in her lower body cast."

Within days of arrival, other International Medical Corps volunteers were working with local doctors and nurses, treating patients at mobile clinics elsewhere in Port-au-Prince as well as in outlying towns and cities. One clinic is accessible only by boat.

As the intensity of the immediate emergency eased, our volunteers conducted training sessions for local health care providers both at the University hospital and at 15 mobile clinics in the wider quake-affected areas to boost skill levels and help fill gaps created by the loss of so many Haitian doctors and nurses. Such training constitutes a core value of International Medical Corps and an essential part of our effort to shift the focus of assistance from relief to achieving self-reliance.

By mid-February, International Medical Corps specialists had developed longer term programs to meet targeted needs. For example, our nutritionist launched a program to deliver high-energy biscuits and high-protein Plumpy'nut food supplements to 13,000 vulnerable children at 187 child residential centers throughout Haiti. To diminish the health risks posed by the spring rains, we launched water and sanitation projects to bring latrines, potable water and hygiene education to thousands of residents living in makeshift tent settlements. That included building 118 latrines (with 154 more under construction), 44 washrooms, and distributing nearly 1,600 hygiene kits and water purification tablets.

In a step to address the country's mental health needs, we developed programs to train health workers to identify and manage mental disorders—a skill vital for a country which has only two psychiatric hospitals. We also developed a psychiatric liaison service for the general hospital, providing support to medical patients admitted there. In addition, we developed early childhood development programs to accompany our nutrition efforts in the residential centers, focusing on improving caregiver support as a way to enhance their practices.

Within six months of the quake, we had performed 110,000 patient consultations; delivered more than \$9 million in donated medicines, supplies and equipment; mobilized 400 volunteers; and employed and trained 270 local Haitians.

Building a more comprehensive and resilient Haitian health care system is something we are already tackling with the Haitian colleagues with whom we work side by side each day. As we have learned over the past quarter century from our operations in other crisis areas around the world, one of Haiti's greatest needs is a broad-based training program in integrated primary health care practice for all health workers and their counterparts in the communities they serve. These workers will help to treat and control tuberculosis, dengue, malaria, HIV, and other diseases, as well as support safe motherhood and child survival, provide nutrition education, and treat mental illness. Health care training, we believe, will be the backbone of Haiti's recovery and will offer Haitians the best chance to restore their lives with dignity and hope.





PARTNERSHIPS FOR HUMANITARIAN ACTION

COLLABORATIVE ACTION IN HEALTH

International Medical Corps continues its collaborative work with key agencies and actors in the international health arena. A member of the **Inter-Agency Standing Committee's Global Health Cluster** since its inception in 2006, our organization served this year as co-chair, together with **World Health Organization (WHO)**, of its **Policy and Strategy Team**. This opportunity provided an avenue for contributing to the strategic vision for the cluster and to the development of position papers on critical issues surrounding health response to emergencies and humanitarian crises. International Medical Corps' Official Relationship Status with the WHO allows for further consultation and collaboration on a broad range of international health interventions, and our membership in the **Global Health Workforce Alliance** reinforces International Medical Corps' commitment to addressing the critical global shortage of health care providers.

GLOBAL AGREEMENT WITH UNITED NATIONS POPULATION FUND

International Medical Corps has formalized its longstanding working relationship with the **United Nations Population Fund (UNFPA)** by entering into a Memorandum of Understanding which establishes a framework for coordination and collaboration in promoting an integrated and holistic approach to reproductive health (RH) and sexual and gender-based violence (SGBV). As part of this agreement the two organizations will respond to acute and chronic emergencies and develop technical capacity, while strengthening best practices through multi-country research and advancing access to and use of RH technologies.

A PLATFORM FOR STRATEGIC DIALOGUE

International Medical Corps participated in the fourth convening of the **Global Humanitarian Platform**, a forum which brings together three key pillars of the humanitarian community - NGOs, **the United Nations**, and **the Red Cross and Red Crescent Movement** - to discuss the pressing issues surrounding our work and advance the agenda of humanitarian action. The 2009 discussion focused on the challenges presented by the shrinking of humanitarian space and examined a new business model, designed to strengthen partnerships between international and national actors engaged in humanitarian endeavors.

COLLECTIVE HUMANITARIAN ADVOCACY

Recognizing the benefits of working together around common goals and approaches, International Medical Corps is an active member of NGO coalitions, networks and alliances. As a chair of key committees within **InterAction**, the largest alliance of US-based non-governmental, international development and humanitarian organizations, we help to lead in the development of strategy and action in key areas of humanitarian work. Our membership in the **International Council of Voluntary Agencies (ICVA)**, a global association of NGOs, provides a voice to promote human rights and to advocate a humanitarian perspective in global debates together with our international NGO partners. As co-founder and co-chair of the **Humanitarian Health Caucus of the Global Health Council**, the world's largest membership alliance dedicated to improving health throughout the world, International Medical Corps works to highlight the specific health issues, challenges and concerns that surface in emergency and humanitarian settings.

RESPONDING TO THE HAITI EARTHQUAKE

The devastating earthquake in Haiti resulted in approximately 230,000 deaths, hundreds of thousands of injuries and massive population displacement. It also severely impacted the country's health infrastructure and health workforce. International Medical Corps responded within the first 22 hours of the quake to provide a health surge capacity in support of the Haitian government and Haitian people. Mobilizing expert medical teams comprised of emergency medicine physicians, orthopedic surgeons and nurses, we were able to extend treatment and services to those most impacted by the disaster. Our teams were assisted by hundreds of dedicated volunteers, many of whom were placed through our partnerships with institutions including: **Columbia, Highland Hospital of Oakland California, Johns Hopkins, Northwestern, the Service Employees International Union, Stanford, UCLA, the University of Chicago, Rush University, the University of Connecticut, and the University of Illinois.** International Medical Corps also received generous early support from corporations including Amgen and Oaktree Capital Management, as well as tens of millions of dollars in Gift-in-Kind donations of medicines, supplies and equipment from **AmeriCares, Bridge Foundation, Child First Meds, Heart to Heart International, Henry Schein Cares, International Health Partners, International Relief Teams, Luftfahrt ohne Grenzen/Aviation without Borders, Medicines for Humanity, and Operation USA.**



INTERNATIONAL MEDICAL CORPS WORLDWIDE

International Medical Corps Worldwide is a global humanitarian alliance that comprises the resources and capabilities of two independent affiliate organizations, International Medical Corps and International Medical Corps UK. Together, their mission is to save lives and relieve suffering through the provision of health care through training. With headquarters in the United States and the United Kingdom respectively, they collaborate to maximize resources for the delivery of appropriate relief and development activities.

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INTERNATIONAL MEDICAL CORPS

ANNUAL FINANCIAL STATEMENTS FY 2008-2009

The following is International Medical Corps' Statement of Financial Position and Activities for the years ending June 30, 2009 and 2008.

STATEMENT OF FINANCIAL POSITION

	2009	2008
Assets		
Cash and cash equivalents	\$8,323,100	\$3,520,495
Grants receivable	5,233,141	6,800,033
Other receivables	1,826,117	3,899,740
Investments in equity securities	360,030	464,126
Prepaid expenses	1,384,530	1,071,191
Deposits	135,394	118,890
Inventory of supplies and commodities	360,986	9,624,938
Equipment, net	1,183,682	1,149,681
Other assets	--	--
Total assets	<u>\$18,806,980</u>	<u>\$26,649,094</u>
Liabilities and net assets		
Accounts payable	\$1,955,079	\$1,379,768
Accrued liabilities	4,404,282	7,450,496
Deferred revenue (refundable advances)	7,807,491	4,288,736
Deferred rent	432,645	389,895
Obligation under capital leases	144,809	--
Total liabilities	<u>14,744,306</u>	<u>13,508,895</u>
Total net assets	<u>4,062,674</u>	<u>13,140,199</u>
Total liabilities and net assets	<u><u>\$18,806,980</u></u>	<u><u>\$26,649,094</u></u>

STATEMENT OF ACTIVITIES

Public support and revenue	2009	2008
Public support		
Contract and grant support	\$60,716,065	\$53,213,132
Contributions	3,092,327	3,380,895
Donated medical supplies	51,274,707	37,953,956
Donated medical services	287,087	143,528
Total public support	<u>115,370,186</u>	<u>94,691,511</u>
Revenue		
Interest and dividend income	12,697	40,421
Realized and unrealized gain on investments	(137,740)	(46,083)
Other	--	185,947
Total revenue	<u>(125,043)</u>	<u>180,285</u>
Total public support and revenue	<u>115,245,143</u>	<u>94,871,796</u>
Expenses		
Program Services		
Africa	46,162,015	46,576,326
Asia	10,874,671	5,555,812
Caucasus	890,377	2,301,570
Middle East	54,599,610	20,906,518
South America	6,634	2,991
United States	158,557	--
Total program services	<u>112,691,864</u>	<u>75,343,217</u>
Program management and evaluation	3,542,778	4,314,090
Supporting services		
Management and general	7,365,950	6,809,480
Fundraising	722,076	423,295
Total expenses	<u>124,322,668</u>	<u>86,890,082</u>
Change in net assets	(9,077,525)	7,981,714
Net assets at beginning of the year	<u>13,140,199</u>	<u>5,158,485</u>
Net assets at end of this period	<u><u>\$4,062,674</u></u>	<u><u>\$13,140,199</u></u>

PricewaterhouseCoopers audited financial statements are available on request from International Medical Corps.

INTERNATIONAL MEDICAL CORPS (UK)

ANNUAL FINANCIAL STATEMENTS FY 2008-2009

The following is International Medical Corps-UK's Statement of Financial Activities and Balance Sheet for the years ended June 30, 2009 and 2008.

STATEMENT OF FINANCIAL ACTIVITIES	2009	2008
Income and expenditures		
Incoming resources		
Incoming resources from generated funds		
Voluntary income	£3,100,527	£4,340,306
Incoming resources from charitable activities	16,293,634	12,146,297
Total incoming resources	19,394,161	16,486,603
Resources expended		
Cost of generating funds		
Cost of generating voluntary income	78,145	54,184
Charitable activities:		
Africa	10,780,161	11,556,068
Asia	3,116,609	2,202,035
Caucasus	604,651	655,902
Middle East	3,689,839	1,541,905
Total charitable activities	18,191,260	15,955,910
Governance cost	27,504	23,782
Total resources expended	18,296,909	16,033,876
Net movement in funds	1,097,252	452,727
Fund balance brought forward at July 1, 2007	1,254,329	801,602
Fund balance carried forward at June 30, 2008	£2,351,581	£1,254,329
BALANCE SHEET	2009	2008
Fixed assets		
Tangible assets	£5,191	£4,894
Current assets		
Debtors	2,569,349	2,246,716
Cash at bank and in hand	1,415,564	740,937
Total current assets	3,984,913	2,987,653
Creditors: amounts falling due within one year	(1,638,523)	(1,738,218)
Net current assets	2,346,390	1,249,435
Total net assets	2,351,581	1,254,329
Funds and reserves		
Income funds		
Restricted funds	2,258,537	1,217,865
Unrestricted funds: general fund	93,044	36,464
Total funds and reserves	£2,351,581	£1,254,329

The above summary statement of financial activities and balance sheet have been adapted from the full financial statements of International Medical Corps-UK. For a full understanding of the charity's finances, the full International Medical Corps-UK Annual Report and Accounts are available on request from International Medical Corps-UK. The full financial statements were prepared in accordance with applicable law and United Kingdom Accounting Standards and were audited by Buzzacott LLP, who had issued a clean audit report.

GLOBAL FINANCIAL SUMMARY

The resources of International Medical Corps Worldwide global operations - consisting of government and UN grants, private funds, and donated products and services – totaled more than \$140 million in fiscal year 2009. Approximately 94% of these resources went directly to program activities, reflecting International Medical Corps' deep and enduring commitment to fiscal responsibility and efficiency. In addition, as a result of International Medical Corps' longstanding emphasis on leveraging resources, every dollar in private contributions helped generate \$49 in additional cash and in-kind resources.

COMBINED STATEMENT OF ACTIVITIES, INTERNATIONAL MEDICAL CORPS AND INTERNATIONAL MEDICAL CORPS-UK*

	2009		2008	
Support & Revenue				
International Medical Corps-UK	\$25,183,066		\$25,570,556	
International Medical Corps	63,340,999		55,521,704	
	<hr/>		<hr/>	
Total cash revenue	88,524,065		81,092,260	
International Medical Corps-UK	4,601,454		6,536,960	
International Medical Corps	51,561,794		38,097,484	
	<hr/>		<hr/>	
Total donated services and supplies	56,163,248		44,634,444	
Total support and revenue	144,687,313		125,726,704	
Expenses				
International Medical Corps-UK program services	28,454,108		24,295,989	
International Medical Corps program services	115,892,292		78,404,699	
	<hr/>		<hr/>	
Total program expenses	144,346,400	93.9%	108,582,471	92.4%
International Medical Corps-UK management and general	1,202,222		1,087,504	
International Medical Corps-UK fundraising	116,514		93,574	
International Medical Corps management and general	7,365,950		6,809,480	
International Medical Corps fundraising	722,076		423,295	
	<hr/>		<hr/>	
Total supporting services	9,406,762	6.1%	8,944,793	7.6%
Total expenses	153,753,162	100.0%	117,527,264	100.0%
	<hr/>		<hr/>	
Change in net assets	-9,065,849		8,199,440	
Net assets at beginning of the year	13,426,660		5,227,400	
	<hr/>		<hr/>	
Net assets at the end of the year	4,360,811		\$13,426,840	
	<hr/>		<hr/>	

* The combined statement of activities for International Medical Corps and International Medical Corps-UK are based on US accounting principles and presented in US dollars.

PricewaterhouseCoopers audited financial statements for International Medical Corps and Buzzacott LLP audited financial statements for International Medical Corps-UK are available upon request. International Medical Corps is governed by accounting principles generally accepted in the United States of America. International Medical Corps-UK is governed by relevant legal and regulatory requirements of the United Kingdom in accordance with the Companies Act of 1985.

ANNUAL SUPPORT

International Medical Corps would like to thank the following institutions, individuals, and organizations for their support and partnership throughout 2009 and their support of our emergency response in Haiti. This year we were inspired by your unprecedented support for people suffering the effects of war, disease, and disaster – your generosity is truly making a difference in the lives of millions. We also would like to thank our donors who wish to remain anonymous, as well as those who have volunteered their time and expertise to help us achieve our mission. Additionally, we give special thanks to the donors we were not able to list due to space limitations. International Medical Corps also would like to acknowledge those organizations with whom we have partnered during 2009.

Every donor is important to us. If your name is not listed correctly, please accept our apologies and notify the Resource Development Department at (310) 826-7800.

PUBLIC DONORS

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Centers for Disease Control and Prevention
European Commission's
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Government of the Republic of Kenya
The Global Fund to Fight AIDS,
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United Nations Office for the Coordination
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U.S. Department of Health
and Human Services
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We are so grateful for the tremendous outpouring of support we received in the early part of 2010, that we have included here all donations from January 1, 2009 through April 30, 2010.

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