



Doctors of the World UK
Report and Financial Statements

For the year ended 31 December 2016

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Trustees' report

The trustees present their report together with the audited financial statements for the year ended 31 December 2016.

Reference and administrative details

Charity name: Doctors of the World UK

The company changed its name from Médecins du Monde UK on 26 April 2010

Company Registration number: 3483008

Charity Registration number: 1067406

Board of trustees / directors

The following individuals are the trustees, also directors, who served during the year and who continue to serve:

Janice Hughes

Lord Rogers of Riverside

Robert Lion

Jill Whitehouse

Mr. Tim Dudderidge

Dr. Alexander Van Hoogenhouck-Tulleken

Appointed March 2016

Dr. Christoffer Van Hoogenhouck-Tulleken

Appointed March 2016

Dr. Serge Lipski

Dr. Fozia Hamid

Registered office

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Auditors

Sayer Vincent LLP
Invicta House
108 – 114 Golden Lane
London EC1Y 0TL

Bank

Lloyds TSB
35 Whitechapel High Street
London E1 7PH

What we do and why we do it

Doctors of the World UK is part of the global Médecins du Monde network, which delivers over 350 projects in more than 80 countries through 3,000 volunteers.

We find and treat vulnerable people around the world – and we won't rest until everyone, everywhere gets the healthcare they need. Our vision is of a world where barriers to health have been overcome, where health is acknowledged as a fundamental right.

Through innovative medical programmes and evidence-based advocacy we empower excluded people and communities to claim their right to health while fighting for universal access to healthcare.

Our four priority areas are:

- **People in crisis**
We provide life-saving humanitarian healthcare in times of war and after natural disasters
- **Vulnerable migrants**
This includes advocating for the right to health across Europe, both in terms of mental and physical health
- **People at risk of harm**
This especially refers to those at risk from HIV or hepatitis C, such as drug users and sex workers
- **Women and girls**
We believe strongly in the right to sexual and reproductive health

In the UK, we run clinics and advocacy programmes in London.

At our clinics, which are staffed by volunteers who provide medical care, information and practical support, we help marginalised people such as asylum seekers, trafficking survivors, undocumented migrants, sex workers and people with no fixed address. We also run a national advice line.

Since opening in the UK in 1998, Doctors of the World UK has raised more than **£20 million** for overseas programmes, helped more than 10,000 people in the UK, and fought for healthcare as a human right for all.

What we achieved in 2016



International actions

In 2016, our international programmes:

- Enabled 84,856 medical and psychosocial consultations
- Distributed 5,069 hygiene or baby kits to refugees in Greece
- Reached 1.2 million people in Burkina Faso through an awareness-raising campaign about how to prevent and treat dengue fever
- Continued to care for survivors of Ebola in Sierra Leone
- Started training 25 village councils in Nepal on how to prepare for and respond to natural disasters, following the devastating 2015 earthquake
- Explored potential projects in Kenya to reach people in remote areas
- Practiced our emergency responses in simulation workshops across Europe

Greece

Greece is at the heart of Europe's refugee crisis, which started to gather momentum in 2014 and remains a pressing humanitarian emergency. There are currently 63,000 refugees in Greece – the country is under huge strain as it also grapples with a severe economic downturn that started over seven years ago. Many EU countries have refused or procrastinated over their agreement to share responsibility for protecting and assisting refugees in Greece by resettling them, leaving the burden to fall disproportionately on Greece.

Doctors of the World continued to find and treat refugees in Greece throughout 2016. In the first quarter of the year refugees were still mostly travelling through Greece to reach western Europe, rather than staying in the country for long periods, and this required a highly mobile response. We ran projects in several locations along the refugee route with funding from UKAID, working through the START network. These projects enabled mobile teams, who ran clinics out of specially-equipped vans, in heated tents, or on ferries between the Greek islands and the mainland, to provide primary healthcare. By the end of this project on 31 March, the teams had conducted 16,658 medical consultations and distributed 5,069 hygiene and baby kits.

However, at the end of March 2016, the EU struck a deal to return many of the refugees arriving in Greece to Turkey – this sparked the establishment of several large-scale refugee camps in Greece, as people had to wait to be assessed and possibly returned. The situation in Greece radically changed to one of static camps and long-term needs, leading to a much larger and more comprehensive health response from Doctors of the World UK. We have contributed to a Médecins du Monde network project funded by the EU in 19 sites across Greece that provides comprehensive primary healthcare, including mental health, dentistry, and sexual and reproductive health. The project conducted 24,856 medical consultations between 1 April and 31 December. Doctors of the World UK has contributed 26 staff to this project, both clinical staff and interpreters.

Doctors of the World UK has also worked with colleagues in the Médecins du Monde network in Diavata and Oreokastro, the locations of two formal Greek camps that were set up as the EU-Turkey deal came into force. This project has provided approximately 15,000 medical consultations since the Diavata camp opened on 24 February 2016. Doctors of the World UK has contributed 11 staff to the project.

Ukraine

Ukraine's humanitarian situation has deteriorated sharply since the start of its unrest and conflict in 2014, when Russia annexed Ukraine's Crimea region. An armed conflict between the Ukrainian government and pro-Russian separatists has led to large areas of the east of the country becoming unreachable. In January 2016, there were around 2.7 million people in need of humanitarian aid in the non-government-controlled parts of Donetsk and Luhansk provinces. There were also around 215,000 displaced people in the government-controlled areas of Luhansk.

Along with our French counterparts, Doctors of the World UK has been jointly managing a project in Luhansk province, in both government-controlled and non-government-controlled areas, since April 2015. The response provided access to quality healthcare for more than 60,000 people in 2016. Primary healthcare services – including mental health, sexual and reproductive health and gender-based violence services – are provided in our mobile clinics. Our doctors and midwives delivered 24,367 consultations during the year, while psychologists delivered 2,789 consultations.

Croatia and Slovenia

During Europe's ongoing refugee crisis, Croatia and Slovenia became transit countries for refugees on their way to western Europe. At the height of the refugee crisis in 2015, some 650,000 people passed through Croatia on the so-called Balkan route, used by people heading mostly towards countries such as Germany and Austria. This route was largely shut down by a series of border closures in spring 2016.

Until March 2016, Doctors of the World ran projects in both countries to provide access to healthcare for refugees passing through. Working primarily with partners or at the request of local authorities to fill gaps, we provided 1,186 medical consultations and distributed 12,000 healthcare information leaflets to refugees. Our leaflets advised refugees on where they could go to access healthcare.

Burkina Faso

In late 2016, the west African country of Burkina Faso was hit by an outbreak of dengue fever. In the last three weeks of October 2016 alone, 587 cases of the life-threatening and mosquito-borne disease were registered in the capital Ouagadougou. In many of these cases, the disease had reached its serious late stages because people did not go to hospital in time.

Doctors of the World found that a lack of information about the disease amongst Ouagadougou's population played a huge role in the outbreak. To enable people to recognise symptoms and seek assistance in good time, we worked with Burkina Faso's health ministry and local partners to put in place an awareness-raising campaign that reached over 1.2 million people in the city.

The campaign included radio and TV spots that were broadcast in markets and villages, film projections in the evenings, and group discussions in around 210 schools. In collaboration with Handicap International, sign language was added to the spots and films to make sure the campaign reached as many people as possible.

Kenya

Many rural Kenyans have to undertake long and hard journeys to see a doctor – some live several days' walk from the nearest hospital, while others even have to take a boat journey to see a specialist. In Lamu County, on Kenya's northern coast, the threat of Al Shabaab also restricts people's movements and the Kenyan government's ability to provide healthcare.

Doctors of the World UK developed a partnership with Safari Doctors, a Kenyan organisation that provides floating clinics on boats for remote and threatened populations along the country's northern coast. We provided Safari Doctors with specialist medical and financial support from June 2016. This helped them refine their clinic management and data collection, allowing for improved health outcomes and patient follow-ups. We also accompanied two floating clinic trips in July and September.

Doctors of the World UK has also formed a partnership with the Northern Rangelands Trust. We are discussing how we can work with them to provide healthcare to the 450,000 people in the remote regions of Kenya where they work. Failing rains in Kenya as a result of El Niño have also caused a major drought, leading to high malnutrition rates.

Nepal

When Nepal was hit by a huge earthquake in April 2015, Sindhupalchok was one of the worst-hit areas. In this district, which is north-east of the capital Kathmandu, the already basic health services were decimated.

Using a grant from the National Lottery and working with our network partners, in 2016 we built a series of health posts in Sindhupalchok's villages, a birthing centre in Thokarpa and started work to repair water supply systems in 39 locations. We started training 23 village councils on how to prepare for and respond to future natural disasters.

The programme also includes implementing an SMS alert system, which alerts district health authorities, other villages and emergency responders when any one of 24 symptoms arise that could signal a disease outbreak. In July 2016, this surveillance system was used to arrange immediate support when a Himalayan lake flooded and the main access to a health post was washed away.

The Médecins du Monde network has been working in Sindhupalchok since 2007. Before the earthquake, the network's projects focused on supporting local women's cooperatives and improving access to sexual and reproductive health services. This remains a vital part of the network's presence in Nepal.

Sierra Leone

We stayed in Sierra Leone well beyond the Ebola outbreak in 2014, to help rebuild the country's healthcare infrastructure.

In 2016, with UK AID funding, Doctors of the World UK delivered a project for Ebola survivors in the districts of Moyamba and Koinadugu. The Comprehensive Package for Ebola Survivors (CPES) provides improved access to healthcare for all Ebola survivors, while also providing training at local health facilities to help staff provide care. The project has reduced the risk of a fresh Ebola outbreak due to sexual transmission, an area where the virus has been shown to be more persistent.

However, our other work in Sierra Leone has been challenged in 2016 by the lack of sustained large-scale funding.

Triplex

In September, Doctors of the World UK took part in a large-scale simulation of a rapid onset natural disaster. A team of four travelled to Norway to be part of a UN-led emergency response to a simulated typhoon. Here we simulated three days of rapid assessment and response planning, presenting successful proposals to donors.

Haiti

Hurricane Matthew struck Haiti on 3 October 2016, leaving more 1.4 million people in urgent need of humanitarian aid and more than 175,500 people displaced. Boats, planes and helicopters were the only way to reach some remote areas, and many people in these areas had to wait several days to receive aid. As a result, cholera, due to unclean water supplies, and tetanus, due to untreated wounds, were major threats.

In the UK we launched a fundraising appeal that raised £32,515. These funds meant we could support the 52 mobile clinics the network sent to Haiti's most remote areas. These clinics treated people with cholera and distributed much-needed medical equipment and medicines.



UK actions

UK clinics

The then Home Secretary of the UK, Theresa May, stated in 2013 that she aimed to create a “hostile environment” for undocumented migrants. The government continued to use healthcare to pursue this aim in 2016, by making further plans for ID checks and stricter charging at hospitals, as well as making requests to NHS bodies and doctors themselves to share migrant patients’ private data. At our clinics, we see first-hand how this climate affects vulnerable and sick people.

In 2016, with the help of 170 volunteers, we provided help to 1,924 people across our UK clinics, a 20 per cent increase from 2015.

Our volunteer doctors and nurses provide consultations on the day for our service-users, while our caseworkers help them register to see a GP so that they have future access to a doctor. Everyone in the UK has the right to see a GP for free, regardless of immigration status.

In 2016, 89 per cent of our service-users were not registered with a GP when they first came to us, even though they had been in the UK for 5.9 years on average. In addition, 87 per cent were living in poverty.

After coming to our clinic, 91 per cent of those service-users are now accessing healthcare. Of those we asked, nine out of ten felt more confident about going to their GP and seven out of ten had seen an improvement in their health.

East London clinic

Our flagship clinic in Bethnal Green, east London, continued to work at capacity and conducted social and medical consultations for 1,446 people. 723 people had an STI test on the day they visited and 147 had a chest x-ray to screen for tuberculosis. This clinic marked its 10-year anniversary in September 2016 with an exhibition called ‘Undocumented: Healthcare for the Hidden’, where portraits of service-users and volunteers were displayed alongside stories of how the clinic had had an impact on their lives. The exhibition received widespread media coverage from the BBC, the Guardian, the BMJ, and others.

Women and Children’s Clinic

Our Women and Children’s Clinic, also in Bethnal Green, continued to run twice a month throughout 2016 to address the health needs of children and pregnant women. We saw 132 pregnant service users during the year, mostly at this specialist clinic. We continued to see women coming to the clinic in the late stages of pregnancy; they had avoided seeking care until that point because they feared being asked for immigration documents or charged unaffordable sums. We helped victims of human trafficking both to access antenatal care and to make referrals to the national referral mechanism for victims of modern slavery.

Hackney clinic

We carried out a weekly clinic in the London borough of Hackney until July, which served 101 patients in 2016. This clinic was funded until April by City and Hackney Clinical Commissioning Group (CCG). Doctors of the World UK’s own funding enabled us to continue the project for a further three months, before the decision was taken to end the service due to a lack of sustainable funding prospects. While the number of people using the service was increasing every month, many of those attending were not Hackney residents, which was problematic in terms of continued CCG funding.

Fortunately, towards the end of 2016 we successfully proposed a new structure for this project to City and Hackney CCG, after assessing how we could increase the number of Hackney residents using the service. We submitted this proposal in partnership with Hackney CVS, who coordinate the Hackney Refugee Forum. Funding will be awarded from April 2017.

Brighton clinic

Our weekly Brighton clinic became an established voice on healthcare access for the city’s vulnerable groups in 2016. We conducted social and medical consultations for 91 people and we established referral pathways with local social services, homelessness organisations and gypsy/traveller groups, as well as building on our existing relationships with refugee and migrant support groups. This project was funded by the Brighton and Hove Clinical Commissioning Group until the end of March 2017.

Pop-up clinics

We extended our pop-up clinic pilot in different sites across London throughout the year, with 81 individuals having social and medical consultations in these sessions. We have partnered with the Latin American Women's Rights Service, Notre Dame Refugee Centre, and Justice for Domestic Workers to hold monthly sessions that help us reach their existing service-users. We run these clinics because allied organisations have told us that many vulnerable people do not make it to our regular clinic because of the location and timings, or issues around trust.

Right to Care

Now in its second year, our Right to Care project, funded by Trust for London, uses research, training and advocacy to improve access to healthcare for vulnerable migrants in the UK. In 2016 we trained more than 900 medical students in refugee and migrant healthcare rights at five universities. On completing the training, 80 per cent of students reported an increase in their knowledge and 73 per cent said they felt more confident to advocate on behalf of patients to ensure they received healthcare.

In April 2016, we also published "Registration Refused: A study on access to GP registration in England", a review of our attempts to register our patients with NHS GPs. Our report received extensive media coverage including a special feature on Sky News, as well as articles in The Guardian, The Independent and BuzzFeed.

Advocacy work

We remained engaged with the Department of Health throughout 2016, advising on how UK government policies impact vulnerable people's access to healthcare. We submitted evidence to the department's consultation on extending NHS charges for migrants and we briefed parliamentarians on how the Immigration Bill 2015 affects refused asylum seekers. We also gave evidence to the "Refugees Welcome?" parliamentary inquiry.

In April, Doctors of the World UK provided evidence about how refugees, asylum seekers and undocumented migrants often struggle to access healthcare in the UK to the UN Economic, Social and Cultural Rights Committee.

2016 Christmas campaign

In late November, we launched a series of daring Christmas cards that juxtaposed vintage Biblical nativity scenes with photographs of conflict zones in the Middle East today. We ran a month-long Christmas campaign that centred on the cards, involving videos, petitions, interviews and blog posts to keep the momentum going. McCann, a global advertising agency, designed the cards for us and provided support throughout the campaign pro bono.

The campaign was a huge success in terms of raising our profile. Our cards received media coverage from outlets including the BBC, CNN, TIME and Al Jazeera, as well as large European newspapers such as Bild. In the UK, we received positive coverage from outlets that do not normally cover our work – such as The Sun, The Daily Mail, and The Telegraph – thus helping us reach new audiences.

Our Facebook posts during the campaign period reached 326,000 people – the Facebook post in which we launched the campaign reached almost 93,000 people. The tweet we used to launch the campaign on Twitter reached over 38,000 people.

Numbers for Good

With the support of Big Potential, we hired Numbers for Good, a social investment consultancy, to deliver an analysis of our 'investment readiness'. The project, which ran September–December 2016, aimed to help us to understand and articulate the value of our services, particularly when interacting with statutory funders. It also aimed to assess the potential for social investment into our services.

Numbers for Good produced a series of reports that will greatly strengthen our future planning, particularly in our ambition to secure statutory funding for further clinics around the UK. These included a market and competitor analysis, an analysis of the broader economic benefits of our work, a detailed financial model for our clinic services, and an assessment of potential revenue models.

Our organisation

Office move

In June 2016 we moved office from the 34th floor of One Canada Square to a bigger office on the 29th floor. Canary Wharf Group continue to provide the organisation with rent-free accommodation. The increased office space we now occupy provides capacity to grow our organisation over the coming years.

Customer relationship management

In September we completed the migration of our customer relationship database from the Blackbaud eTapestry to their Raisers Edge NXT platform. This provides scope to maintain a larger supporter base, automate reconciliations and Gift Aid claims as well as facilitating supporter engagement.

Improved website

In October our new website went live, providing a clearer, crisper branding to the organisation. It provides improved donation forms and functionality for supporters and is mobile responsive.

Mobile clinic

In October we took delivery of Doctors of the World UK's first mobile clinic. We were able to purchase and fit out the vehicle thanks to a donation of £55,000 from Help Refugees. The mobile clinic was deployed to Greece, supporting the actions of our sister chapters in their work with refugees and migrants.

Theory of Change

Commencing in September 2016 the organisation embarked on developing its new three-year plan in conjunction with the Centre for Charity Effectiveness at the Cass Business School. Holding workshops which included trustees, supporters, service users, volunteers and staff, the organisation has finalised its three-year plan so that all its activities are aligned and evaluated against goals, outputs and impact.

Staff development

During the year the organisation reinforced its commitment to staff development by ensuring staff had the opportunity to undertake relevant training. The senior management team in particular engaged in both team and individual development programmes, assisted by Cass Business School, Harvard Business School and engagement in relevant sector-wide workshops.

What 2017 holds for us



International

Europe's refugee crisis

In Greece, our network's intervention across the country is planned to continue until at least the end of 2017, as the country's refugees continue to be housed in sub-standard accommodation and moved around with limited regard for their health needs.

Doctors of the World UK will continue to support the running of mobile primary clinics and mental health support as the situation evolves. While refugees continue to be a political bargaining chip across Europe, the mental and chronic health needs of this population will continue to require consistent access to primary health services.

In January 2017 we also received a grant from the Migration Emergency Response Fund, which is run by the Start Network and financed by UK AID, for our network to conduct a two-month intervention in Bulgaria's refugee camps during the harsh winter. This emergency intervention, due to end in late March, has already set up a clinic in Harmanli, Bulgaria's largest refugee camp and home to 2,500 people. It also runs clinics in three refugee camps in the capital Sofia. Our network has decided to continue these projects in Bulgaria beyond the two-month emergency phase.

Kenya

As warnings of famine become more common in Kenya, Doctors of the World UK will invest heavily in building a response for people in some of the country's most remote areas. Malnutrition rates in Kenya's northern counties are already well above emergency levels, and nutrition interventions are increasingly important to prevent death or long-term consequences for children.

The partnership that Doctors of the World UK is forming with the Northern Rangelands Trust (NRT) provides access to over 450,000 people in some of Kenya's most remote areas. Doctors of the World UK plans to use the NRT's established community links and presence to provide medical and nutritional assistance to areas that the Kenyan government cannot afford to reach. We also plan to make a long-term investment in boosting the health workforce in northern Kenya, by working with county hospitals to establish certified training facilities that can train local health staff to work in remote areas.

Ukraine

The Ukraine programme, which has been jointly managed with our French counterparts since 2015, will be fully handed over to Doctors of the World UK management, after funding was secured from the Canadian government, the European Union Humanitarian Aid and the World Health Organisation.

Ukraine is fast becoming a forgotten emergency. With over 2.7 million people in need of humanitarian aid, as well as a recent intensification of the conflict, the consequences of withdrawing aid from the country would be catastrophic. Populations living near the conflict's frontlines have little, if any, access to healthcare. It is vital that Doctors of the World UK continues to run a mobile primary healthcare service for these communities as an efficient and life-saving intervention.

Russia

Around one million people in Russia are HIV-positive – this is a figure that has doubled since 2010, and that is expected to rise to 1.3 million by the end of 2017. This is partly because it is hard for the country's at-risk groups, such as sex workers, to access healthcare. Sex work is illegal and stigmatised in Russia, and there is virtually no HIV prevention strategy or targeted healthcare initiative for sex workers.

Doctors of the World, working with our network, advocacy group Shagi, and community NGO Silver Rose, has been piloting HIV/STI services for Moscow's sex workers since 2016. The pilot delivered services such as mobile clinics, rapid HIV testing, and contraception. The pilot was successful and a two-year project, funded in part by the Elton John Aids Foundation, will now scale up these services and develop new services. By the end of the project we expect to have supported more than 20,000 sex workers.

Nepal

We will continue the projects launched in 2016, by developing our training programme and continuing to repair water supplies. We have been able to increase the scope of water-supply repairs in the Khartali and Maneshwora village communities and to support households with technical advice, using project-funded water, sanitation and hygiene supervisors in these villages. The programme's wider impacts include improvements to communities' general health through access to clean water and to local health workers.

Global emergencies

Doctors of the World UK will be investing in its ability to respond to global emergencies. We plan to build a pool of clinicians, co-ordinators and logistics professionals whom we can deploy to emergencies at short notice when needed.

UK clinics

We will continue to offer a range of services at our successful clinics across London. Our new structure for our Hackney project, which will start to receive its CCG funding in April, will equip and support volunteer advocates from the Hackney Refugee Forum to carry out health advocacy on behalf of their communities. Additionally, Doctors of the World UK will provide a monthly 'pop-up' clinic to support these advocates with more complex cases.

We also aim to establish a new clinic elsewhere in the UK by the end of 2017, as we continue to encounter individuals and organisations outside of the capital showing a high demand for our services. We will commission a needs assessment in 2017 to identify areas where our services could be expanded outside of London.

In 2017 we will review the health needs of sex workers in London and look to develop a response to meet these needs. When the mobile clinic returns from its current deployment in Greece, we plan to utilise this to take health services to vulnerable people across London.

Right to Care

Doctors of the World UK will continue our work with London boroughs to improve access to healthcare services for vulnerable migrants, by producing resources and guidance for GP practices and clinical commissioning groups, as well as sharing examples of best practice and reporting on access to GP registration. As demand for our training on refugees and migrant healthcare rights increases, we will produce online training resources, whilst continuing to deliver face-to-face training in medical schools.

Advocacy work

We will continue to engage with the Department of Health and we will identify opportunities to improve health inequalities and promote public health. Our advocacy work will continue to be driven by the experiences of our service-users, data collected in our clinic, and rigorous research. We are creating a new service-user reference group, which will embed our service-users' voices and ideas in our advocacy and media work.

In 2017, Doctors of the World UK is also proud to be taking a leading role in the publication of the network's annual report on access to healthcare across Europe. The 'Observatory Report' analyses data from our programmes in 17 countries across the continent.

This report gives a voice to the service-users we see such as undocumented migrants or asylum seekers, sex workers, drug users, Roma people, and the homeless, as well as helping us understand the barriers to healthcare they face. The report is a valuable evidence base to contribute to the improvement of systems at an EU and individual country level.

Organisation structure

Médecins du Monde's (MdM) international network head office in Paris is charged with co-ordinating and developing the network. Doctors of the World UK is an independent organisation which shares the values and principles of the MdM network and benefits from its technical and financial support if needed.

The charity Doctors of the World UK is a company limited by guarantee and governed by its Memorandum and Articles. The directors of the company are also trustees for the purposes of charity law and meet on a quarterly basis to review the activities and future plans of Doctors of the World UK, and receive financial updates and forecasts. The day-to-day management of the organisation is delegated to a nominated director who is responsible for implementing the strategic and operational plans agreed by the trustees.

All trustees give their time voluntarily and receive no compensation or benefits from Doctors of the World UK.

An agreed procedure for trustee application and selection is in place (revised December 2008). Candidates are asked to fill out an expression of interest form and to supply a CV supporting their candidature. Trustee candidates can be brought to the attention of the trustees either by a trustee, or by the executive director. Any trustee candidate proposed to the board shall be interviewed by two trustees. If both trustees agree that the candidate is suitable they shall propose him or her to the board. If a majority vote to accept the candidate, he or she shall be invited to join the board.

Médecins du Monde France (Association Reconnue d'Utilité Publique par Decret du 24 01 1989) shall have power to appoint and remove one trustee, who shall not be subject to retirement by rotation.

An induction process for new trustees is also in place (revised November 2009). This includes an invitation to attend one to two board meetings and a one-to-one meeting with the chair to discuss the meetings before deciding whether they wish to accept the invitation to become a trustee. The new trustee will also receive an information pack which introduces the trustee to the workings of the organisation and a PowerPoint presentation on the role of the board. The trustee may be invited to join a relevant subcommittee. Each trustee meets annually with the chair to discuss their contributions to the board and its subcommittees.

An executive team of the senior management has been set up which meets monthly and is responsible for implementing the strategic direction and policy.

Senior Management Team

Executive Director
Head of Finance
Head of Fundraising
Head of Communications
Head of International Programmes
Head of UK Programmes

Remuneration policy

The salaries of Doctors of the World UK staff are periodically benchmarked against comparable organisations, including other charities, with the support of an external consultant. Doctors of the World UK aims to set salaries equivalent to the median for such organisations. All posts are evaluated based on agreed, organisation-wide criteria that determine the grade and salary for the post, the details of which are available to all staff in the staff handbook.

We aim to recruit, subject to experience, at the lower – medium point within a band, providing scope to be rewarded for excellence. The overall goal of a charity's pay policy is to offer fair pay to attract and keep appropriately-qualified staff to lead, manage, support and/or deliver the charity's aims.

Future plans

We review our aims, objectives and activities each year as part of the budget process. This review looks at what we achieved and the outcomes of our work in the previous 12 months. The review also looks at the success of each key activity and the benefits they have brought to those groups of people we are set up to help. This enables us to ensure our aims, objectives and activities remain focused on our stated objectives.

We have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing our aims and objectives and in planning our future activities. In particular, the trustees consider how planned activities will contribute to the aims and objectives they have set.

We achieve these public benefits through aligning our activities to our vision, goal and outcomes. We deliver programmes which empower excluded people to claim their right to health through medical programmes and evidence-based advocacy, whilst campaigning for universal access to healthcare.

Doctors of the World UK plans to continue the activities outlined above subject to funding.

Volunteers

Our ability to secure essential care for vulnerable people depends upon support from volunteers. They are at the heart of our organisation.

In the UK, volunteers staff our clinics and help run our administrative office. We ensure our team is fully equipped and supported to face the challenges inherent in this kind of work.

Overseas we depend upon the solidarity and determination of a broad range of volunteers. They work hard to coordinate emergency and long-term programmes in conflict and non-conflict settings to ensure that care gets to those who need it most.

Fundraising

Our achievements would not be possible without raising funds. From sports events to gala dinners our fundraising programme enabled us to obtain vital financial resources to fund our objectives. Doctors of the World UK gets support from generous donors, including government and private trusts, companies and individuals who want to make a difference.

Grant making policy

Part of our charitable activity is undertaken by making grants to organisations within the Médecins du Monde network to facilitate their participation in programmes that meet our objectives. The grants are made to successful chapters who fulfil the agreed criteria for each programme and who are best suited to deliver the objectives of the activity.

Financial review and highlights

2016 saw the unrestricted fund increase to £656,640 (2015: £497,481) mainly due to the organisation being included in the 2015 Guardian Christmas appeal.

Total income for the year was £3,136,246 (2015: £8,119,803), whilst expenditure was £3,090,103 (2015: £7,446,819).

Of these amounts, restricted income during 2016 was £1,830,449 (2015: £7,419,371) and restricted expenditure was £1,981,062 (2015: £7,191,662) reflecting the fact that the work undertaken in 2014 and 2015 on the two DfID grants for work in Sierra Leone and Lebanon and Jordan had been completed.

Other significant grants include securing a grant from the National Lottery through the Big Lottery Fund for a programme in Nepal where we are working with Médecins du Monde France.

The organisation continues to invest in staff and systems to ensure our sustainability.

The Board of Trustees regularly undertakes an assessment of risks including financial ones and ensures that reserves are maintained at a level which will ensure that the organisation's core activities continue. Strategically the organisation employs some staff on fixed-term contracts to control long-term commitments.

In addition to the five-year plan which was approved by the Board of Trustees in March 2013 a budget for 2016 has been submitted and approved by the Board of Trustees.

Reserve policy

The unrestricted reserves at the end of the year under review were £656,640 (2015: £497,481) and restricted reserves were £195,003 (2015: £307,659).

Restricted reserves represent the amount paid by donors to undertake specific programmes which was recognised in the financial year under review; expenditure relating to this fund will be incurred during the first half year of 2017.

Doctors of the World UK does not carry any designated funds, £586,410 of unrestricted reserves are available to meet overheads and/or undertake charitable actions as decided by the trustees and management. The remaining £70,230 being invested in fixed assets.

Doctors of the World UK's reserves policy stipulates that the organisation seeks to hold the equivalent to three months' running costs as an unrestricted fund and that reserves are maintained at a level which will ensure that the organisation's core activity should continue during periods of unforeseen difficulties.

At the end of 2016 the unrestricted reserve represented 4.7 months of these costs (2015: 5.5 months).

The additional unrestricted reserves will allow Doctors of the World UK to undertake its own programme of charitable actions and increase its individual giving fundraising activities during 2017.

Risk management

A risk management register has been established which records the identified risks that Doctors of the World UK is exposed to. It is updated on a regular basis and where appropriate systems and procedures have been adopted in order to mitigate these risks.

Internal controls have been established to ensure that where possible expenditure has been properly authorised and income is properly accounted for and procedures are in place to ensure compliance with the health and safety of staff, volunteers, patients and visitors.

Risk assessments are carried out continuously by the senior management team and the risk register is presented to the Board of Trustees twice a year.

Principal risks and uncertainties	Mitigation
Unrestricted income does not cover overhead costs	Annual budgets set with unrestricted income targets. Progress against target is reported quarterly to the board and forecasts updated monthly.
	Income and expenditure monitored monthly via management accounts and a 'financial pipeline' meeting, flagging any risks/opportunities and identifying any corrective measures needed.
	Review and update five-year plan to determine the longer term prospects of the organisation and budget expenditure accordingly.
	Small deficits can be met from existing reserves.
Failure to deliver quality programmes in line with donor requirements	Donor proposals are co-authored and agreed by Doctors of the World UK and the international programme teams. All grant conditions are shared and agreed by all participating MDM network teams before signing.
	Programme level risk registers are maintained and reviewed on a regular basis.
	Doctors of the World UK submits regular reports to donors and updates on any changes. Internal field monitoring visits are included in the planned activities schedule.
	Due diligence and oversight from Doctors of the World UK over all grants implemented in association with other chapters.
Loss of partners/donor trust/support caused by damage to the organisation reputation	Daily monitoring of media activity.
	Organisational policies in place to ensure best practice governance and media communication protocols.
	Reputational crisis management protocol agreed.

Acknowledgements of support

Donation of rent-free offices

Doctors of the World UK would like to record its thanks for the support of the Canary Wharf Group and its chairman and CEO Sir George Iacobescu CBE.

They have provided the organisation with rent-free office space in the Canary Wharf Estate since 1998 and have committed to do so until June 2019.

Donors and supporters

Aberdeen Asset Management Charitable Foundation

Allen & Overy Foundation

Argus Media

Big Potential

BMJ

Breadsticks Foundation

Brighton and Hove CCG

Elton John Aids Foundation

Hackney and City CCG

Help Refugees

Herbert Smith Freehills LLP

McCann

Mott MacDonald

Smith Group PLC

START Network

The Guardian

The National Lottery through the Big Lottery Fund

The Pickwell Manor Foundation

Trust for London

UK Aid from the British People

Vinison and Elkins LLP

Weil, Gotshal and Manges LLP

We'd like to thank all the donors who helped us in 2016, whose ongoing support makes it possible for us to continue to help vulnerable people both in the UK and internationally.

Statement of trustees' responsibilities

The trustees confirm that they have complied with the duty in section 17 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charity Commission.

The trustees (who are also directors of Doctors of the World UK for the purposes of company law) are responsible for preparing the trustees' report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the trustees to prepare financial statements for each financial year, which 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 the year. In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

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

In so far as the trustees are aware:

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

Approval

This report was approved by the Board of Directors and Trustees on 4th July 2017 and signed on its behalf by:

Janice Hughes
President

Independent auditor's report

Opinion

We have audited the financial statements of Doctors of the World UK (the 'charitable company') for the year ended 31 December 2016 which comprise the statement of financial activities, balance sheet, statement of cash flows and notes to the financial statements, including a summary of significant accounting policies. 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 31 December 2016 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- Have been prepared in accordance with the requirements of the Companies Act 2006

Basis for opinion

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

Conclusions relating to going concern

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

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

Other information

The other information comprises the information included in the trustees' annual report other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- The information given in the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements
- The trustees' annual 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' annual 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; or
- The trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' annual report and from the requirement to prepare a strategic report.

Responsibilities of trustees

As explained more fully in the statement of trustees' responsibilities set out in the trustees' annual report, 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

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.

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.

As part of an audit in accordance with ISAs (UK), we exercise professional judgment and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Noelia Serrano (Senior statutory auditor)

Date: 4th July 2017

for and on behalf of Sayer Vincent LLP, Statutory Auditor, Invicta House, 108-114 Golden Lane, LONDON, EC1Y 0TL

Statement of financial activities
For the year ended 31 December 2016

		Unrestricted	Restricted	2016 Total	Unrestricted	Restricted	2015 Total
	Note	£	£	£	£	£	£
Income from:							
Donations and legacies	2	1,129,362	105,583	1,234,945	619,191	259,802	878,993
Charitable activities							
International actions	3	-	1,294,521	1,294,521	-	6,838,396	6,838,396
National actions	3	176,435	430,345	606,780	81,241	321,173	402,414
Total income		<u>1,305,797</u>	<u>1,830,449</u>	<u>3,136,246</u>	<u>700,432</u>	<u>7,419,371</u>	<u>8,119,803</u>
Expenditure on:							
Raising funds	4	572,235	-	572,235	172,774	-	172,774
Charitable activities							
International actions	4	230,884	1,568,859	1,799,743	37,130	6,853,131	6,890,261
National actions	4	305,922	412,203	718,125	45,253	338,531	383,784
Total expenditure		<u>1,109,041</u>	<u>1,981,062</u>	<u>3,090,103</u>	<u>255,157</u>	<u>7,191,662</u>	<u>7,446,819</u>
Net income / (expenditure) before transfers	6	196,756	(150,613)	46,143	445,275	227,709	672,984
Transfers between funds		<u>(37,957)</u>	<u>37,957</u>	-	<u>(76,884)</u>	<u>76,884</u>	-
Net movement in funds		158,799	(112,656)	46,143	368,391	304,593	672,984
Reconciliation of funds:							
Total funds brought forward		497,841	307,659	805,500	129,450	3,066	132,516
Total funds carried forward		<u>656,640</u>	<u>195,003</u>	<u>851,643</u>	<u>497,841</u>	<u>307,659</u>	<u>805,500</u>

All of the above results are derived from continuing activities.

There were no other recognised gains or losses other than those stated above.

Movements in funds are disclosed in Note 16 to the financial statements.

Balance sheet
As at 31 December 2016

Company registration number 3483008

	Note	2016		2015	
		£	£	£	£
Fixed assets:					
Tangible assets	11		130,538		35,192
			130,538		35,192
Current assets:					
Stock	12	2,635		2,061	
Debtors	13	141,702		1,614,832	
Cash at bank and in hand		663,654		859,348	
		807,991		2,476,241	
Liabilities:					
Creditors: amounts falling due within one year	14	86,885		1,705,933	
Net current assets			721,105		770,308
Total net assets			851,643		805,500
The funds of the charity:	15				
Restricted income funds			195,003		307,659
Unrestricted income funds:			656,640		497,841
Total charity funds			851,643		805,500

Approved by the trustees on 4th July 2017 and signed on their behalf by

Janice Hughes

President

Statement of cash flows

For the year ended 31 December 2016

	Note	2016		2015	
		£	£	£	£
Cash flows from operating activities					
Net cash used in / (provided by) operating activities	17		(61,136)		598,927
Cash flows from investing activities:					
Purchase of fixed assets			(134,557)	(5,558)	
Net cash provided by / (used in) investing activities			(134,557)	(5,558)	
Change in cash and cash equivalents in the year			(195,694)		593,369
Cash and cash equivalents at the beginning of the year			859,348		265,979
Cash and cash equivalents at the end of the year	18		663,654		859,348

Notes to the financial statements

For the year ended 31 December 2016

1 Accounting policies

Doctors of the World UK is a charitable company limited by guarantee and is incorporated in the United Kingdom. The registered office address is 29th floor, One Canada Square, London E14 5AA.

a) Basis of preparation

The financial statements have been prepared in accordance with 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 UK and Republic of Ireland (FRS 102) (effective 1 January 2015) – (Charities SORP FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (September 2015) and the Companies Act 2006.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

b) Public benefit entity

The charitable company meets the definition of a public benefit entity under FRS 102.

c) Going concern

The trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern.

Key judgements that the charitable company has made which have a significant effect on the accounts include the end date of institutional grants.

The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

d) Income

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

e) Donations of gifts, services and facilities

Donated professional services and donated facilities are recognised as income when the charity has control over the item or received the service, any conditions associated with the donation have been met, the receipt of economic benefit from the use by the charity of the item is probable and that economic benefit can be measured reliably.

On receipt, donated gifts, professional services and donated facilities are recognised on the basis of the value of the gift to the charity which is the amount the charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

f) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

g) 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.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

h) Expenditure and irrecoverable VAT

Expenditure, including grants made, is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds relate to the costs incurred by the charitable company in inducing third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose
- Expenditure on charitable activities includes the costs of delivering services undertaken to further the purposes of the charity and their associated support costs
- Other expenditure represents those items not falling into any other heading

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

i) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned on the following basis which are an estimate, based on staff time, of the amount attributable to each activity.

Where information about the aims, objectives and projects of the charity is provided to potential beneficiaries, the costs associated with this publicity are allocated to charitable expenditure.

Where such information about the aims, objectives and projects of the charity is also provided to potential donors, activity costs are apportioned between fundraising and charitable activities on the basis of area of literature occupied by each activity.

- Support costs: based on FTE of staff directly involved in the national or international actions
- Governance costs: based on FTE of staff directly involved in the national or international actions

j) Grants payable

Grants payable are made to third parties in furtherance of the charity's objects. Single or multi-year grants are accounted for when either the recipient has a reasonable expectation that they will receive a grant and the trustees have agreed to pay the grant without condition, or the recipient has a reasonable expectation that they will receive a grant and that any condition attaching to the grant is outside of the control of the charity.

Provisions for grants are made when the intention to make a grant has been communicated to the recipient

but there is uncertainty about either the timing of the grant or the amount of grant payable.

Notes to the financial statements

For the year ended 31 December 2016

k) Foreign Exchange

Monetary assets and liabilities in foreign currencies are translated into sterling at the rates of exchange ruling at the balance sheet date. Transactions in foreign currencies are translated into sterling at the exchange rate pertaining at the time of the transaction. Exchange differences are taken into account in arriving at the net incoming resources for the year

l) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £ 350. Depreciation costs are allocated Where fixed assets have been revalued, any excess between the revalued amount and the historic cost of the Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual.

· Computer equipment	4 years
· Fixtures and fittings	5 years
· Motor Vehicle	7 years

m) Stocks

Stocks are stated at the lower of cost and net realisable value. In general, cost is determined on a first in first out basis and includes transport and handling costs. Net realisable value is the price at which stocks can be sold in the normal course of business after allowing for the costs of realisation. Provision is made where necessary for obsolete, slow moving and defective stocks. Donated items of stock, held for distribution or resale, are recognised at fair value which is the amount the charity would have been willing to pay for the items on the open market.

n) Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered.

o) Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account. Cash balances exclude any funds held on behalf of service users.

p) Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at ???

q) Pensions

The organisation provides staff who have completed their probation period access to a Group Personal Pension scheme with Scottish Widows. For contributing members of staff the organisation contributes 6% of salary.

r) Operating Leases

Rentals payable under operating leases, where substantially all the risks and rewards of ownership remain with the lessor, are charged to the Statement of Financial Activities on a straight line basis over the minimum lease term.

Notes to the financial statements

For the year ended 31 December 2016

2 Income from donations and legacies

	Unrestricted	Restricted	2016 Total	2015 Total
	£	£	£	£
Functioning grants from Médecins du Monde France	321,270	-	321,270	230,292
Other donations and gifts	808,092	105,583	913,675	648,701
	<u>1,129,362</u>	<u>105,583</u>	<u>1,234,945</u>	<u>878,993</u>

Other donations and gifts include the provision by Canary Wharf Management of rent free offices to the value of £80,000 (2015 £82,980)

3 Income from charitable activities

	Unrestricted	Restricted	2016 Total	2015 Total
	£	£	£	£
Hackney CCG	-	(2,166)	(2,166)	40,167
Brighton & Hove CCG	-	49,274	49,274	39,262
Trusts for London	-	40,000	40,000	20,000
Help Refugees	-	55,000	55,000	-
Other income from National Actions	176,435	288,237	464,672	302,985
Sub-total for National Actions	<u>176,435</u>	<u>430,345</u>	<u>606,780</u>	<u>402,414</u>
DfID Ebola treatment in Sierra Leone	-	490,105	490,105	1,637,125
DfID Lebanon & Jordan Syrian refugees	-	-	-	3,740,843
Elton John Aids Foundation Tanzania programme	-	-	-	499,999
Band Aid Liberia & Sierra Leone programme	-	-	-	200,000
START network Refugee Emergency programme	-	102,352	102,352	545,004
Big Lottery Fund Nepal	-	240,521	240,521	-
MdM Belgium – ECHO Greece refugees	-	160,639	160,639	-
MdM Switzerland – Greece refugees	-	49,576	49,576	-
START network – Burkina Faso	-	50,050	50,050	-
DfID DEERF Sierra Leone	-	112,560	112,560	-
CPES Sierra Leone	-	70,486	70,486	-
Evan Cornish Trust Calais programme	-	-	-	35,372
Other income from International Actions	-	18,232	18,232	180,053
Sub-total for International Actions	<u>-</u>	<u>1,294,521</u>	<u>1,294,521</u>	<u>6,838,396</u>
Total income from charitable activities	<u>176,435</u>	<u>1,724,866</u>	<u>1,901,301</u>	<u>7,240,810</u>

Notes to the financial statements
For the year ended 31 December 2016

4 Analysis of expenditure

	Cost of raising funds	Charitable actions		Governance costs	Support costs	2016 Total	2015 Total
		International actions	National actions				
	£	£	£	£	£	£	£
Staff costs (Note 8)	139,162	40,610	96,834	1,764	457,541	735,911	567,222
Fundraising and publicity costs	100,386	-	-	-	-	100,386	87,943
Direct activity costs	-	309,422	289,935	-	-	599,357	727,246
Grant funding	-	1,218,827	25,434	-	-	1,244,261	5,995,953
Other costs	38,309	-	-	18,501	353,378	410,188	68,455
	<u>277,857</u>	<u>1,568,859</u>	<u>412,203</u>	<u>20,265</u>	<u>810,919</u>	<u>3,090,103</u>	<u>7,446,819</u>
Support costs	287,200	225,255	298,463	-	(810,919)	-	-
Governance costs	7,177	5,629	7,459	(20,265)	-	-	-
Total expenditure 2016	<u>572,235</u>	<u>1,799,743</u>	<u>718,125</u>	<u>-</u>	<u>-</u>	<u>3,090,103</u>	<u>7,446,819</u>
Total expenditure 2015	<u>125,201</u>	<u>6,898,729</u>	<u>422,889</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

Of the total expenditure, £1,109,041 was unrestricted (2015: £255,157) and £1,981,062 was restricted (2015: £7,191,662)

Notes to the financial statements

For the year ended 31 December 2016

5 Grant making

	Grants to institutions	2016	2015
	£	£	£
Cost			
Médecins du Monde – France	430,224	430,224	3,993,305
Médecins du Monde – Spain	622,846	622,846	1,507,511
Médecins du Monde – Belgium	12,997	12,997	215,459
Médecins du Monde – Greece	124,252	124,252	223,109
Médecins du Monde – Switzerland	28,508	28,508	56,569
Other	25,434	25,434	-
At the end of the year	<u>1,244,261</u>	<u>1,244,261</u>	<u>5,995,953</u>

The above grants to other Médecins du Monde chapters reflect the collaborative nature of the implementation of international grants, whereby Doctors of the World UK works with other chapters who fulfil the agreed criteria for each programme and who are best suited to deliver the objectives of the activity.

6 Net incoming resources for the year

This is stated after charging / crediting:

	2016	2015
	£	£
Depreciation	17,567	29,144
Operating lease rentals:		
Property	80,000	84,929
Other	1,440	1,440
Auditors' remuneration (excluding VAT):		
Audit	8,400	6,900
Foreign exchange (gains)	<u>(10,304)</u>	<u>(365)</u>

Notes to the financial statements

For the year ended 31 December 2016

7 Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel

Staff costs were as follows:

	2016	2015
	£	£
Salaries and wages	648,584	501,649
Social security costs	66,759	48,695
Employer's contribution to defined contribution pension schemes	20,568	16,878
	735,911	567,222

The following number of employees received employee benefits (excluding employer pension costs and national insurance contributions) during the year between:

	2016	2015
	No.	No.
£80,000 – £89,999	1	1

The total employee benefits (including pension contributions and employer's national insurance contributions) of the key management personnel were £ 320,844 (2015: £276,581).

The charity trustees were not paid or received any other benefits from employment with the charity in the year (2015: £nil). No charity trustee received payment for professional or other services supplied to to the charity (2015: £nil).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £ 325 (2015: £382) incurred by 1 (2015: 1) member relating to a trustee who is based overseas for attend

8 Staff numbers

	2016	2015
	No.	No.
International actions	4.3	3.2
National actions	7.3	4.3
Fundraising and PR	5.2	4.1
Office management and admin	3.9	2.5
	20.7	14.1

Full time equivalents:

	2016	2015
	No.	No.
International actions	4.0	3.2
National actions	5.3	3.9
Fundraising and PR	5.2	4.1
Office management and admin	3.9	2.5
	18.4	13.6

Notes to the financial statements

For the year ended 31 December 2016

9 Related party transactions

Médecins du Monde France are considered to be a related party due to its right to appoint a trustee to the Board. However that appointee has no power to exercise any more control or influence than any other trustee.

	Grants paid	Grants Received	Other paid/ (received) net	Balance payable at year end	Balance receivable at year end
	£	£	£	£	£
Médecins du Monde – France	430,224	321,270	-	-	3,204

10 Taxation

The charitable company is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

11 Tangible fixed assets

	Fixtures and fittings	Computer equipment	Motor Vehicle	Total
	£	£	£	£
Cost or valuation				
At the start of the year	68,526	23,863	-	92,389
Additions in year	60,542	9,068	64,947	134,557
Disposals	(56,395)	(10,428)	-	(66,823)
At the end of the year	<u>72,674</u>	<u>22,503</u>	<u>64,947</u>	160,124
Depreciation				
At the start of the year	43,433	13,764	-	57,197
Additions in year	8,445	4,483	4,639	17,567
Disposals	(36,670)	(8,508)	-	(45,178)
At the end of the year	<u>15,208</u>	<u>9,739</u>	<u>4,639</u>	29,586
Net book value				
At the end of the year	<u>57,466</u>	<u>12,764</u>	<u>60,308</u>	130,538
At the start of the year	<u>25,093</u>	<u>10,099</u>	<u>-</u>	35,192

Notes to the financial statements

For the year ended 31 December 2016

12 Stock

	2016	2015
	£	£
Raw materials	2,635	2,061
	<u>2,635</u>	<u>2,061</u>

13 Debtors

	2016	2015
	£	£
Other debtors	94,118	70,939
Grants receivable	-	1,530,603
Prepayments	47,584	13,291
	<u>141,702</u>	<u>1,614,832</u>

14 Creditors: amounts falling due within one year

	2016	2015
	£	£
Trade creditors	35,899	4,687
Taxation and social security	24,529	14,970
Accruals	26,458	8,784
Grants payable	-	1,664,771
Pension contributions	-	12,721
	<u>86,885</u>	<u>1,705,933</u>

Notes to the financial statements

For the year ended 31 December 2016

15a Analysis of net assets between funds (current year)

	General unrestricted	Restricted	Total funds
	£	£	£
Tangible fixed assets	130,538	-	130,538
Net current assets	526,102	195,003	721,105
Net assets at the end of the year	<u>656,640</u>	<u>195,003</u>	<u>851,643</u>

15b Analysis of net assets between funds (prior year)

	General unrestricted	Restricted	Total funds
	£	£	£
Tangible fixed assets	35,192	-	35,192
Net current assets	462,649	307,659	770,308
Net assets at the end of the year	<u>497,841</u>	<u>307,659</u>	<u>805,500</u>

Notes to the financial statements

For the year ended 31 December 2016

16a Movements in funds (current year)

	At the start of the year	Income & gains	Expenditure & losses	Transfers	At the end of the year
	£	£	£	£	£
Restricted funds:					
National actions					
London clinics					
Hackney CCG	20,164	(2,167)	(9,398)	-	8,599
Other restricted donations	13,616	265,529	(302,514)	37,957	14,588
Right to Care Project					
Trust for London	9,674	40,000	(32,532)	-	17,142
Other restricted donations	400	538	-	-	938
Brighton clinic					
Brighton & Hove CCG	16,205	49,274	(40,950)	-	24,529
Other restricted donations	-	22,171	(22,171)	-	-
Mobile Clinic					
Help Refugees	-	55,000	(4,639)	-	50,361
International actions					
DFID Sierra Leone	(50,745)	490,105	(439,360)	-	-
DFID Lebanon & Jordan	73,480	-	(73,480)	-	-
Band Aid Liberia & Sierra Leone	(180)	-	180	-	-
Big Lottery Fund Nepal	-	240,521	(159,740)	-	80,781
START network – European refugees	36,255	102,352	(138,606)	-	1
MdM Belgium – ECHO Greece refugees	-	160,639	(187,786)	-	(27,147)
MdM Switzerland – Greece refugees	-	49,576	(49,576)	-	-
START network – Burkina Faso	-	50,050	(50,050)	-	-
DfID DEERF Sierra Leone	-	112,560	(112,560)	-	-
CPES Sierra Leone	-	70,486	(70,486)	-	-
Other restricted donations	188,790	123,815	(287,394)	-	25,211
Total restricted funds	307,659	1,830,449	(1,981,062)	37,957	195,003
Unrestricted funds:					
General funds	497,841	1,305,797	(1,109,041)	(37,957)	656,640
Total unrestricted funds	497,841	1,305,797	(1,109,041)	(37,957)	656,640
Total funds	805,500	3,136,246	(3,090,103)	-	851,643

Notes to the financial statements

For the year ended 31 December 2016

16b Movements in funds (prior year)

	At the start of the year	Income & gains	Expenditure & losses	Transfers	At the end of the year
	£	£	£	£	£
Restricted funds:					
National actions					
London clinics					
Hackney CCG	-	40,167	(20,003)	-	20,164
Other restricted donations	-	230,296	(282,079)	65,399	13,616
Right to Care Project					
Barrow Cadbury	3,066	-	(3,066)	-	-
Trust for London	-	20,000	(10,326)	-	9,674
Other restricted donations	-	400	-	-	400
Brighton clinic					
Brighton & Hove CCG	-	39,262	(23,057)	-	16,205
International actions					
DFID Sierra Leone	-	1,637,125	(1,687,870)	-	(50,745)
DFID Lebanon & Jordan	-	3,740,843	(3,667,363)	-	73,480
EJAF Tanzania	-	499,999	(506,234)	6,235	-
Band Aid Liberia & Sierra Leone	-	200,000	(200,180)	-	(180)
START network	-	545,004	(508,749)	-	36,255
Evan Cornish Calais	-	35,372	(35,372)	-	-
Other restricted donations	-	430,903	(247,363)	5,250	188,790
Total restricted funds	3,066	7,419,371	(7,191,662)	76,884	307,659
Unrestricted funds:					
General funds	129,450	700,432	(255,157)	(76,884)	497,841
Total unrestricted funds	129,450	700,432	(255,157)	(76,884)	497,841
Total funds	132,516	8,119,803	(7,446,819)	-	805,500

Purposes of restricted funds

National actions

The fund for National actions is established based on restricted donations to further our work in the UK, primarily in support of our UK clinics and the right to care programme.

International actions

The fund for International actions is established based on restricted donations to further our work outside the UK.

Credit balance on individual grant funds represent amounts where income has been recognised upon receipt and expenditure will be incurred in 2016. Debit balances represent amounts where donors make settlement for grant expenditure in arrears and such amounts have been received in 2016.

Transfers to restricted funds represent support from unrestricted funds to programmes where restricted funding has not been sufficient to deliver programme initiatives.

Notes to the financial statements

For the year ended 31 December 2016

17 Reconciliation of net income / (expenditure) to net cash flow from operating activities

	2016	2015
	£	£
Net income for the reporting period (as per the statement of financial activities)	46,143	672,984
Depreciation charges	17,567	29,144
(Profit)/loss on the disposal of fixed assets	21,645	-
(Increase)/decrease in stocks	(574)	572
Decrease/(Increase) in debtors	1,473,130	(880,899)
(Decrease)/Increase in creditors	(1,619,048)	777,126
Net cash provided by / (used in) operating activities	(61,136)	598,927

18 Analysis of cash and cash equivalents

	At 1 January 2016	Cash flows	Other changes	At 31 December 2016
	£	£		£
Cash in hand	859,348	(195,694)	-	663,654
Total cash and cash equivalents	<u>859,348</u>	<u>(195,694)</u>	<u>-</u>	<u>663,654</u>

19 Capital commitments

At the balance sheet date, the charity has made no capital commitments (2015: none).

20 Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member in the event of winding up is limited to £1. At the balance sheet date, the charity has made no capital commitments (2015: none).

21 Operating lease commitments

The charity's total future minimum lease payments under non-cancellable operating leases is as follows for each of the following periods

	Equipment	
	2016	2015
	£	£
Less than one year	1,440	1,440
One to five years	2,160	3,600
	3,600	5,040



DOCTORS OF THE WORLD UK

A registered charity and company Limited by Guarantee
Company number: 3483008 · Charity number: 1067406