

Registered number: 03343568 (England and Wales)

WORLD MEDICAL FUND

(A Company limited by Guarantee)

**Report and Financial Statements
for the year ended August 31, 2020**

WORLD MEDICAL FUND

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WORLD MEDICAL FUND

LEGAL AND ADMINISTRATIVE INFORMATION

Charity registration numbers :	1063756 (England and Wales) SCO46207 (Scotland)
Company registration number :	03343568
Trustees :	C Burt A X Burt Dr F Kermani B Altenbourger M Altenbourger C Russell
Chief Executive Officer :	M C Burt
Company Secretary :	M J Radford
Registered Office :	St Helen's, Low Road Saddlebow Kings Lynn Norfolk PE34 3FN
Independent Examiners :	David Lindon & Co Chartered Accountants and Registered Auditors Avaland House 110 London Road, Apsley Hemel Hempstead Herts HP3 9SD
Bankers :	CAF Bank Limited 25 Kings Hill Avenue Kings Hill West Malling Kent ME19 4JQ

WORLD MEDICAL FUND

REPORT OF THE TRUSTEES

for the year ended August 31, 2020

The Trustees present their report and the financial statements of the charity for the year ended August 31, 2020. The trustees have adopted the provisions of the Statement of Recommended Practice (SORP) "Accounting and Reporting by Charities" (FRS 102) in preparing the annual report and financial statements of the charity.

TRUSTEES OF THE CHARITY

The directors of the charitable company ('the charity') are its trustees for the purpose of charity law and throughout this report are collectively referred to as the trustees. The trustees serving during the year and since the year end were as follows :

C Burt

J E Stevens (resigned December 9, 2020)

A X Burt

V W Sibale (resigned April 17, 2019)

Dr F Kermani

B Altenbourger (appointed September 16, 2020)

M Altenbourger (appointed September 16, 2020)

C Russell (appointed February 5, 2021)

OBJECTIVES OF THE CHARITY

The charity's main objects are as set out in its Memorandum and Articles of Association :

"The charity's objects are the relief of sickness and the preservation and protection of health by providing or assisting in the provision of medical equipment, facilities and training to those areas of the world where there is urgent need."

Our vision is that every child has access to medical care, in line with this our mission is to make quality medical care accessible to children in the world's poorest nations where one in five may die before their fifth birthday. The real tragedy is that the vast majority of these deaths are from causes such as malaria that are easily and cheaply treatable if only the diagnostic skills and medicine are in place.

Our protocol is to work closely with local communities and partners in our areas of operation to identify the greatest and most urgent needs.

ACHIEVEMENTS AND PERFORMANCE

The world we knew changed abruptly with the arrival of the SARS-Cov-2 virus and the pandemic that ensued. The immediate challenge we faced was to ensure the medical students spending their electives with us were not trapped in Malawi as the country was about to close its borders; we moved quickly and got them to the airport just in time.

The next step was to decide whether we would continue our work in Malawi. As a medical organisation working on the front lines, we were keenly aware of the significant risks to their lives that our clinical team would face.

Following liaison between the Malawi team, our trustees and medical advisors, the decision was taken that we should continue our work. It is most often the only access to healthcare for the tens of thousands of sick children we treat every year and it truly saves many young lives.

We always have contingency plans in place for a range of eventualities and carried a small stock of PPEs (Personal Protection Equipment) in readiness for an outbreak of Ebola, but they were of very limited numbers as Ebola outbreaks are generally very short term.

WORLD MEDICAL FUND

REPORT OF THE TRUSTEES

for the year ended August 31, 2020 continued

We urgently needed large supplies of quality N95 and surgical masks, face shields, aprons, gloves, overshoes, hand sanitiser and bulk disinfectant for our vehicles. They were virtually unobtainable in Malawi, so despite shortages and high costs because of the demand, we had to purchase and ship them from the U.K. The export of PPEs to non-EU countries was banned at that time, but with the help of the Office for International Trade in London, we were issued with a special export licence.

Once our Malawi team were properly equipped, the first vital step was to educate the community as there was a vacuum of knowledge on COVID and how to minimise the risks the pandemic posed. We successfully achieved this through local radio broadcasts and public meetings throughout the region.

We were then able to continue our main programme but certainly felt we were working alone. In fact the District Health Officer Dr Allinafe said to our team “Thank God you are still here, everyone else has gone!”.

The key facets of our work today are:-

1. The Children’s Mobile Clinic : we had to make major changes to our modus operandi to ensure the safety of our clinical team, the beneficiaries and their parents and guardians. We designed and implemented a process where every beneficiary would on arrival be triaged and assessed for COVID infection risk by one of our nurses in full PPEs. Those deemed at risk would be designated as “Red channel” and treated by our clinicians in full PPEs with shields, aprons, gloves and masks changed between each patient if the patient was coughing. Those designated as being of low risk would be designated “Blue channel” and seen by clinicians in full PPEs that were only changed when necessary.

The mobile clinics remain a simple and cost-effective solution to the needs of children denied access to medical care by distance, lack of transport and infrastructure. We pioneered the concept in 2003, employing robust 4 x 4 vehicles equipped with diagnostic tools and carrying a wide range of medicines and a highly skilled clinical team. They travel to villages on a planned four-weekly schedule, ensuring the community knows where they will be on any given day.

Parents and guardians travel for up to two days to bring their children for free treatment, as the mobile clinics provide their only realistic access to quality medical care. Our mobile clinics ease suffering and save young lives every day they go out. The need for our services increases every year and we expect to treat over 40,000 sick children annually. It is encouraging to note that our pioneering methodology has been copied by other organisations throughout sub-Saharan Africa.

2. The Centre of Excellence for children suffering from AIDS : children under 13 years of age were initially excluded from the Global Fund roll-out of ARVS (antiretroviral medicine) in Malawi. As an organisation whose focus is exclusively on children, it was impossible to stand by and watch these innocent children suffer the painful and undignified death that is the final outcome of AIDS. Our response in 2005 was to establish a programme, buying the necessary test kits and antiretroviral medicine, and in the first year began successfully treating 12 children. The project has since expanded, with hundreds now benefitting, and our dedicated centre is certified as a “Centre of Excellence”. During the pandemic all the child beneficiaries were given a supply of masks, hygiene kits and extra nutritional support.

3. HIV/AIDS Education : we continue to play a key role in this field as we have seen a rise in the HIV infection rate in adolescents presenting at our mobile clinics. This was of concern as whereas in the very young it will almost exclusively be through mother to child infection, in this age group it represents behavioural change. This rang warning bells and we felt it was essential to increase our commitment to HIV/AIDS education and to operate in the schools and villages, based on the successful methodology we had employed some years ago. We discovered there was a combination of a vacuum of knowledge and misconceptions on the subject and this intervention was long overdue. We are pleased to report successful outcomes from this initiative.

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REPORT OF THE TRUSTEES

for the year ended August 31, 2020 continued

4. Cervical cancer screening and treatment : a pilot project that is run by specialist nurses. Malawi has the world's highest mortality rate from this cancer and it is possible to detect the lesions that will develop into tumours at an very early stage using painless VIA (Visual Inspection with Acetic acid) and treat them straight away with a simple cryotherapy process. Whilst our prime focus is on children, this is a most worthwhile project and if funds are in place it will be continued.

5. Medical Student and Junior Doctor elective placements : our last students left in March 2020 and we cannot predict when it will be safe to restart this programme. It is very popular with our Malawi clinical team and we are pleased to be able to play a small role in the training of new doctors. It is a very popular placement and heavily oversubscribed with students coming from the United Kingdom, Ireland, Australia and New Zealand. The students always raise funds for the organisation and sadly we are currently without this source of income.

We are grateful for the continued support and the key roles played during the pandemic by our medical advisers Dr Nathan De Barr, Dr Faiz Kermani and Dr Tim Wiggin who have all worked on our programme in Malawi.

We are deeply grateful to the charitable trusts and foundations and the general public who support our work.

FINANCIAL REVIEW

During the year, the charity raised £172,993 in donations, grants and sponsorship to carry out the programmes mentioned above. Of this, £60,204 comprised restricted funds from various trusts which had been utilised by August 31, 2020. All but £16,927 of the remaining funds received were expended in full in the year.

We provide our services free of charge because our beneficiaries are among the world's poorest people and have no money to pay for medical care.

Our work saves lives and eases suffering but it can never be self-sustaining financially and we are always upfront and open about this fact. Like any healthcare programme, salaries have to be paid, fuel purchased and medicines bought.

We are most fortunate and grateful to have the services of the leading international law firm, Vinson & Elkins, who take care of our legal needs on a pro bono basis.

Reserve policy and risk management : the work of this organisation is by its very nature a long term commitment and there is a need to retain sufficient free reserves to meet whatever emergencies arise and ensure the vital continuance of our efforts on behalf of each child. Accordingly the trustees' policy is to maintain a level of free reserves that enables them to guarantee this continuance.

As our work is focused on children, it was vital to have a coherent policy on child protection and in September 2001 we introduced our "Caring for Children Policy"; this was updated to comply with the "Street Children protocol". This was further reinforced in 2018 by the policy documents from Vinson & Elkins covering protection for children, vulnerable persons, trustees and volunteers.

All members of staff are carefully vetted, all references are checked and their work is constantly monitored. To ensure we do not employ anyone with a history of offences against children we liaise closely with the Malawi police authority who carry out checks on our behalf.

WORLD MEDICAL FUND

REPORT OF THE TRUSTEES

for the year ended August 31, 2020 continued

Investment policy : the charity sometimes needs to react very quickly to particular and unpredictable circumstances, and has a policy of keeping any surplus liquid funds in a combination of interest-bearing current or short term deposit bank accounts.

PLANS FOR FUTURE PERIODS

In Malawi we are exploring a new and existing way of reducing child morbidity in a resource-poor environment that we plan to put into practice as a pilot project in the next 12 months. It will form part of our mission to ensure that children “at the bottom of the pile of humanity” never become just another sad, anonymous statistic in the child mortality tables.

Our strategic objective will be to explore ways to increase our income and recruit new supporters to help us achieve this end.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Constitution :

World Medical Fund is a registered charity and a company limited by guarantees given by its directors, who are also trustees of the charity. It functions as a charity but within the framework of its Memorandum and Articles of Association. As its focus is exclusively on children, the working name of “World Medical Fund for Children” was registered with the Charity Commissioners for England and Wales in 2008 and Medical Fund for Children in 2017.

Organisation :

The board of trustees maintain a close and proactive relationship to all relevant issues concerning the organisation through weekly updates by electronic media and teleconferencing. As well as the annual AGM and monthly review meetings, they also meet whenever there are pressing issues that require immediate attention. The trustees assume responsibility for decisions on strategy, long-term planning, internal audit and ethics, taking advice from external advisers as and when required. The day-to-day operations of the charity are managed by the C.E.O. (M C Burt) and Programme Co-ordinator (N M Chan-Wing-Yen).

Investment powers :

Under the Memorandum and Articles of Association, the charity has the power to make any investment that the trustees see fit.

Related parties :

World Medical Fund raises funds to further its main objectives. To ensure the ultimate effective delivery of these objectives at local level, World Medical Fund necessarily works closely with a number of independent overseas partners. Chief amongst these is Medical Fund for Children, a separate legal entity that delivers medical care in Malawi. World Medical Fund works closely with its overseas partners to ensure that donated funds, goods and services are utilised effectively and, where relevant, as stipulated by donors”.

Risk management :

The trustees have a risk management strategy which comprises :

- an annual, or when appropriate, events driven, policy of reviewing the risks the charity faces;
- the establishment of systems and procedures to mitigate those risks identified; and
- the implementation of procedures designed to minimise any potential impact on the charity should those risks materialise.

STATEMENT OF TRUSTEES' RESPONSIBILITIES

The trustees (who are also directors of World Medical Fund 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), including Financial Reporting Standard 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland".

Company law and the law applicable to Charities in England and Wales. The Charities Act 2011, Charity (Accounts and Reports) Regulations 2008 require 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 judgments and estimates that are reasonable and prudent.
- 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 proper 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 and the Charity (Accounts and Reports) Regulations 2008. 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.

PUBLIC BENEFIT

The Trustees confirm that they have complied with the duty in Section 4 of the Charities Act 2006 to have due regard to the public benefit guidance published by the charity commission in determining the activities undertaken by the charity.

This report was approved by the Board on March 10, 2021



C Burt
Director

WORLD MEDICAL FUND

INDEPENDENT EXAMINER'S REPORT TO THE TRUSTEES OF WORLD MEDICAL FUND

I report to the charity trustees on my examination of the accounts of the company for the year ended August 31, 2020 which are set out on pages 8 to 14.

Respective responsibilities of trustees and examiner

The charity's trustees (who are also the directors of the company for the purposes of company law) are responsible for the preparation of the accounts in accordance with the requirements of the Companies Act 2006 ('the 2006 Act').

Having satisfied myself that the accounts of the company are not required to be audited under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of your company's accounts as carried out under section 145 of the Charities Act 2011 ('the 2011 Act'). In carrying out my examination I have followed the Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act.

Independent examiner's statement

I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

1. accounting records were not kept in respect of the company as required by section 386 of the 2006 Act; or
2. the accounts do not accord to those records; or
3. the accounts do not comply with the accounting requirements of section 396 of the 2006 Act other than any requirement that the accounts give a 'true and fair view' which is not a matter considered as part of an independent examination; or
4. the accounts have not been prepared in accordance with the methods and principles of the Statement of recommended Practice for accounting and reporting by charities.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report to enable a proper understanding of the accounts to be reached.

JML Hankinson

Jonathan Hankinson FCA
For and on behalf of David Lindon & Co
Registered Auditors
Chartered Accountants

March 10, 2021

Avaland House
110 London Road, Apsley
Hemel Hempstead
Herts HP3 9SD

WORLD MEDICAL FUND (registered number: 03343568)**STATEMENT OF FINANCIAL ACTIVITIES**

for the year ended August 31, 2020

(Including Income and Expenditure Account)

	<u>notes</u>	Unrestricted <u>Funds</u>	Restricted <u>Funds</u>	2020 Total <u>Funds</u>	2019 Total <u>Funds</u>
INCOME AND ENDOWMENTS FROM :					
Donations and legacies	3	112,789	60,204	172,993	194,597
Investments	4	-	-	-	-
Other income	5	17,487	-	17,487	-
Total income and endowments		<u>130,276</u>	<u>60,204</u>	<u>190,480</u>	<u>194,597</u>
EXPENDITURE ON :					
Raising funds	7	7,773	-	7,773	7,798
Charitable activities	6	86,810	74,989	161,799	177,182
Other	7	3,981	-	3,981	3,850
Total expenditure		<u>98,564</u>	<u>74,989</u>	<u>173,553</u>	<u>188,830</u>
NET INCOME/(EXPENDITURE)		31,712	(14,785)	16,927	5,767
RECONCILIATION OF FUNDS					
Total funds brought forward		92,688	14,785	107,473	101,706
TOTAL FUNDS CARRIED FORWARD		<u>£124,400</u> =====	<u>-</u> =====	<u>£124,400</u> =====	<u>£107,473</u> =====

All the company's operations are classed as continuing.

The Statement of Financial activities include all gains and losses recognised during the year.

The notes on pages 10 to 14 are to be read as part of these accounts.

BALANCE SHEET

at August 31, 2020

	<u>notes</u>	<u>2020</u>	<u>2019</u>
Fixed assets : tangible assets	11	8,332	3,511
Current assets :			
Debtors and prepayments	12	6,957	6,074
Cash at bank and in hand		111,974	101,284
		<u>118,931</u>	<u>107,358</u>
Creditors : amounts falling due within one year	13	(2,863)	(3,396)
Net current assets		<u>116,068</u>	<u>103,962</u>
Total assets less current liabilities		<u>£124,400</u> =====	<u>£107,473</u> =====
Funds :			
Unrestricted	16	124,400	92,688
Restricted	15	-	14,785
Total charity funds		<u>£124,400</u> =====	<u>£107,473</u> =====

The notes on pages 10 to 14 are to be read as part of these accounts.

The company is entitled to the exemption from audit under Section 477 of the Companies Act 2006 for the year ending August 31, 2020.

The members have not required the company to obtain an audit in accordance with Section 476 of the Companies Act 2006.

The directors acknowledge their responsibility for complying with the requirements of the Companies Act 2006 with respect to accounting records and the preparation of accounts.

These financial statements have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies and with the Financial Reporting Standard for Smaller Entities (effective January 2015).

The financial statements were approved by the Trustees on March 10, 2021 and signed on their behalf by



C Burt
Director

WORLD MEDICAL FUND

NOTES TO THE ACCOUNTS

at August 31, 2020

1. Accounting policies :

The principal accounting policies, all of which have been applied consistently throughout the year, are as set out below.

General information and basis of preparation :

The charity constitutes a public benefit entity as defined by FRS 102. 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 January 1, 2015), the Charities Act 2011, the Companies Act 2006 and UK Generally Accepted Practice.

The charity has applied Update Bulletin 1 as published on February 2, 2016 and does not include a cash flow statement on the grounds that it is applying FRS 102 Section 1A.

The financial statements are prepared on a going concern basis under the historical cost convention, modified to include certain items at fair value. The financial statements are presented in sterling which is the functional currency of the charity.

The significant accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all years presented unless otherwise stated.

The charity adopted SORP (FRS 102) in the current year and an explanation of how transition to SORP (FRS 102) has affected the reported financial position and performance is given in the notes to these accounts.

Fund accounting :

General funds are unrestricted funds which are available for use at the discretion of the trustees in furtherance of the general objectives of the charity and which have not been designated for other purposes.

Designated funds comprise unrestricted funds that have been set aside by the trustees for particular purposes. The aim and use of each designated fund is set out in the notes to the financial statements.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the charity for particular purposes. The costs of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements.

Endowment funds represent those assets which must be held permanently by the charity, principally investments. Income arising on the endowment funds can be used in accordance with the objects of the charity and is included as unrestricted income. Any capital gains or losses arising on the investments form part of the fund. Investment management charges and legal advice relating to the fund are charged against the fund.

Investment income and gains are allocated to the appropriate fund.

Incoming resources :

Donations and grants :

Income from donations and grants, including capital grants, is included in incoming resources when these are receivable, except as follows :

- When donors specify that donations and grants given to the charity must be used in future accounting periods, the income is deferred until those periods.

WORLD MEDICAL FUND

NOTES TO THE ACCOUNTS

as at August 31, 2020 continued

- When donors impose conditions which have to be fulfilled before the charity becomes entitled to use such income, the income is deferred and not included in incoming resources until the pre-conditions for

Interest receivable

Interest is included when receivable by the charity.

Resources expended :

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with use of the resources.

Fund-raising costs are those incurred in seeking voluntary contributions and do not include the costs of disseminating information in support of the charitable activities. Support costs are those costs incurred directly in support of expenditure of the objects of the charity and include project management carried out at Headquarters. Management and administration costs are those incurred in connection with administration of the charity and compliance and statutory requirements.

Tangible fixed assets :

Tangible fixed assets are depreciated over their estimated useful lives as follows :

Fixtures, fittings & equipment 20% p.a. on a reducing balance basis

Foreign currencies :

Transactions in foreign currencies are recorded at the rate ruling at the date of the transaction Monetary assets and liabilities are retranslated at the rate of exchange ruling at the balance sheet date. All differences are taken to the SOFA.

2. **Legal status of the charity :**

The charity is a company limited by guarantee. The members of the company are the trustees named on page 1. In the event of the charity being wound up, the liability in respect of the guarantee is limited to £10 per member of the charity.

3. **Donations, grants and sponsorship :** includes restricted donations and grants from various trusts.

4. **Investment income :** comprises bank interest received.

5. **Other income :** comprises grants received through the Coronavirus Job Retention Scheme.

6. **Analysis of charitable expenditure :**

	Unrestricted <u>Funds</u>	Restricted <u>Funds</u>	2020 <u>Total</u>	2019 <u>Total</u>
Donations – programme expenditure	22,758	74,989	97,747	113,243
Support costs (note 7)	64,052	-	64,052	63,939
	<u>£86,810</u>	<u>£74,989</u>	<u>£161,799</u>	<u>£177,182</u>
	=====	=====	=====	=====

WORLD MEDICAL FUND

NOTES TO THE ACCOUNTS

at August 31, 2020 continued

7. **Support costs :**

Staff and other costs have been allocated on the basis of time spent on each activity.

	Generating <u>Funds</u>	Charitable <u>Activities</u>	<u>Governance</u>	2020 <u>Total</u>	2019 <u>Total</u>
Staff costs (note 8)	1,814	57,441	1,209	60,464	59,733
Printing, postage and stationery	71	2,241	47	2,359	2,413
Telecommunications	38	1,205	25	1,268	1,546
Advertising and fund-raising	5,328	-	-	5,328	5,736
Sundry expenses	11	-	-	11	9
Depreciation - equipment	38	1,191	25	1,254	906
Loss on disposal of equipment	-	-	-	-	1,325
Bank interest and charges	6	177	3	186	304
Independent examiner fees (note 9)	-	-	2,634	2,634	2,490
Subscriptions and memberships	410	-	-	410	50
IT and computer costs	32	1,006	21	1,059	645
Travel and subsistence	25	791	17	833	430
	<u>£7,773</u>	<u>£64,052</u>	<u>£3,981</u>	<u>£75,806</u>	<u>£75,587</u>
	=====	=====	=====	=====	=====

	Unrestricted <u>Funds</u>	Restricted <u>Funds</u>	2020 <u>Total</u>	2019 <u>Total</u>
8. Staff costs :				
Wages salaries	52,000	-	52,000	52,000
Social security costs	2,818	-	2,818	2,409
Staff welfare	4,296	-	4,296	3,974
Staff pension	1,350	-	1,350	1,350
	<u>£60,464</u>	<u>£ -</u>	<u>£60,464</u>	<u>£59,733</u>
	=====	=====	=====	=====

The average monthly number of employees during the year, involved in direct charitable and management activities, was 2 (2019 : 2). No employees received total employee benefits (excluding employer pension costs) of more than £60,000.

The trustees received no remuneration in the year and no expenses were reimbursed to them.

9. **Independent examiners remuneration :** the independent examiners remuneration comprises an independent examination fee of £1,464 (2019: £1,320) and payroll and other compliance services of £1,170 (2019: £1,170).

10. **Taxation :** the company is accepted as a charity by HM Revenue and Customs is therefore exempt from tax on its income and gains to the extent that income or gains are applicable and applied to charitable purposes only.

WORLD MEDICAL FUND

NOTES TO THE ACCOUNTS

at August 31, 2020 continued

11. Tangible fixed assets :

	<u>Fixtures, fittings and equipment</u>
cost : at September 1, 2019	9,801
additions	6,075
disposals	(-)
August 31, 2020	<u>15,876</u>
depreciation :	
at September 1, 2019	6,290
charge for the period	1,254
eliminated on disposal	(-)
August 31, 2020	<u>7,544</u>
net book value at August 31, 2020	<u>£8,332</u> =====

	<u>2020</u>	<u>2019</u>
12. Debtors :		
Prepayments and other debtors	£6,957 =====	£6,074 =====
13. Creditors : amounts falling due within one year :		
Social security and other taxes	-	853
Other creditors and accruals	2,863	2,543
	<u>£2,863</u> =====	<u>£3,396</u> =====

14. Share capital :

The charity is a company limited by guarantee and does not therefore have a share capital.

15. Restricted funds :

	<u>At September 1, 2019</u>	<u>Incoming Resources</u>	<u>Outgoing Resources</u>	<u>At August 31, 2020</u>
Children's mobile clinics	14,785	35,204	(49,989)	-
Cervical cancer screen and test	-	25,000	(25,000)	-
	<u>£14,785</u> =====	<u>£60,204</u> =====	<u>£(74,989)</u> =====	<u>-</u> =====

Children's mobile clinics : represents restricted donations from various parties towards the ongoing running of the children's mobile clinics and the supply and application of antiretrovirals, as detailed in the Trustees' Report.

Cervical cancer screen and test: Malawi has the world's highest mortality from cervical cancer. Our nurse-run project detects the lesions that can develop into cancers at an early stage, so they can be treated straight away with cryotherapy.

WORLD MEDICAL FUND

NOTES TO THE ACCOUNTS

at August 31, 2020 continued

16. **Analysis of net assets between funds :** all net assets are represented by unrestricted funds.
17. **Related party disclosures :** during the year £97,747 (2019: £113,243) of funds and goods were forwarded by World Medical Fund to its overseas partners, chief amongst them the “Medical Fund for Children” in Malawi, to directly fund and support World Medical Fund’s charitable objectives and, where relevant, as stipulated by donors.