



**UK-MED**

**ANNUAL REPORT**

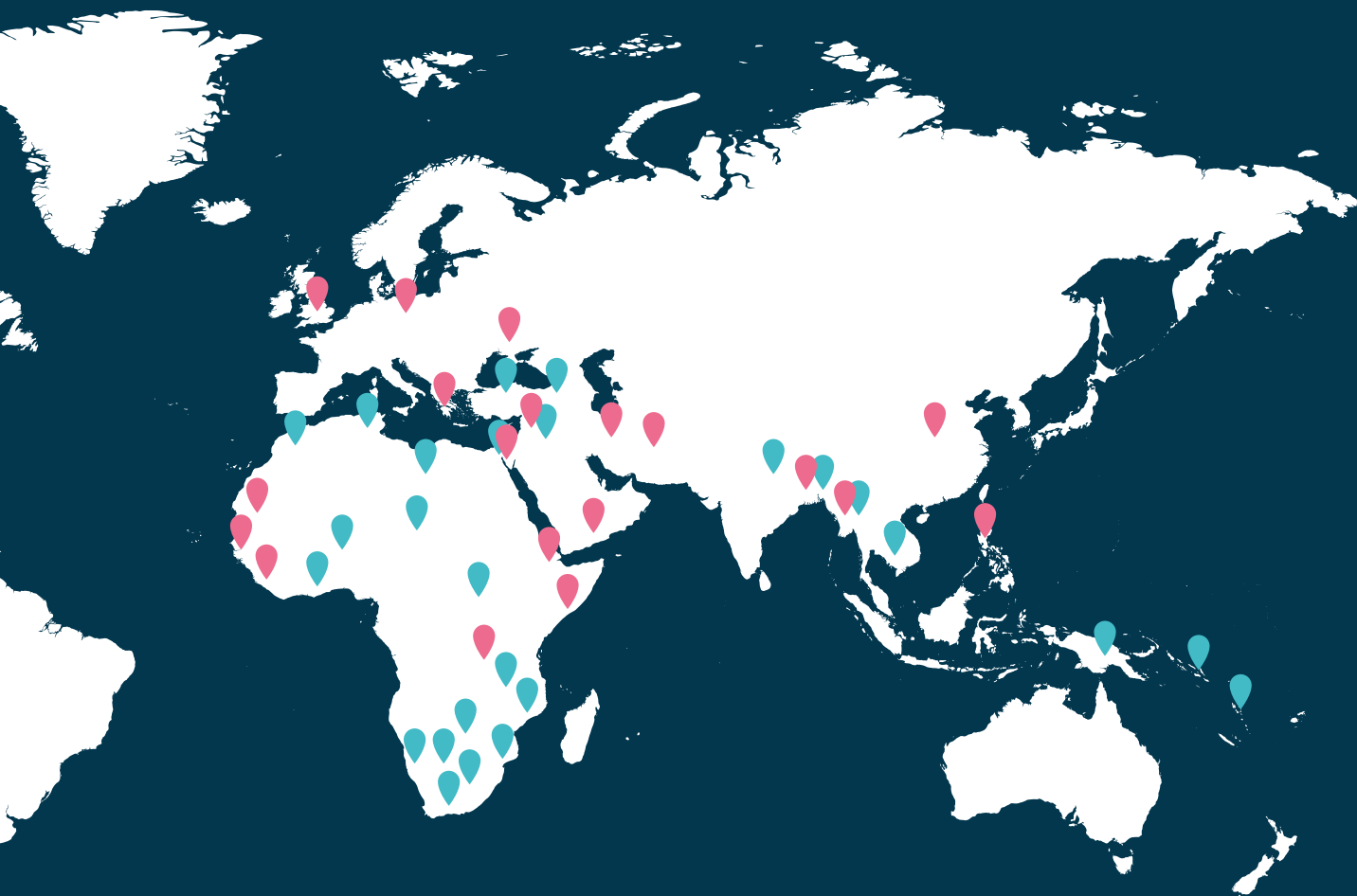
**2024-25**

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*Photo on front page:* Emergency department nurse, Mandy Blackman, with a young patient at the field hospital in Al Mawasi, Khan Younis, Gaza Strip.



## UK-Med

Afghanistan  
Bangladesh  
Cape Verde  
China  
Djibouti

Gaza  
Greece  
Haiti  
Mauritania  
Myanmar

Poland  
Philippines  
Rwanda  
Sierra Leone  
Somalia

Syria  
Ukraine  
United Kingdom  
Yemen

## UK-Med as partners of the UK Emergency Medical Team (UK EMT)

Armenia  
Bangladesh  
Botswana  
Burkina Faso  
Cambodia  
Chad  
Eswatini

Gaza  
Ghana  
Haiti  
Lebanon  
Lesotho  
Libya  
Malawi

Morocco  
Mozambique  
Myanmar  
Namibia  
Nepal  
Papua New Guinea  
Samoa

Soloman Islands  
South Africa  
South Sudan  
Turkey  
Tunisia  
Zambia

## Our vision

A world where everyone has the healthcare they need when crises or disasters hit.

## Our mission

We save lives in emergencies. When health services are overwhelmed, we get expert health staff to where they're needed fast. We help communities prepare for future crises.

## Our values



### Compassion

We care about people. The health and wellbeing of our patients and our people is central to everything we do.



### Excellence

We set high standards for ourselves and the organisation. We strive to be outstanding in everything we do.



### Learning

We believe in knowledge-sharing and giving people the means to develop their capabilities. We value learning and continual growth.



### Collaboration

Working in partnership with stakeholders, communities, and colleagues is key to the success of our work. We respect the skills, knowledge and experience of those we work with.



### Determination

We have a can-do attitude and thrive on problem solving. No matter what the challenge, we explore all options so if there's a way, we'll find it. We don't give up easily.



Photo above: Maternity ward team, Gaza.

## Our impact

For the year ended 31 March 2025



**430,601**  
consultations



**2,198**  
surgeries performed  
(Gaza, Bangladesh, Ukraine)



**102,735**  
community  
members  
reached with risk  
communications



**11,208**  
national staff,  
civilians and  
first responders  
trained



**100**  
international staff responded



# “I spent the first six months of this year in Gaza.”

I spent the first six months of this year in Gaza. In my 25 years as a humanitarian aid worker, it is without doubt the most challenging situation I have ever seen.

Imagine if you can over two million people, squeezed into an ever-shrinking area as entire neighbourhoods disintegrated into rubble. The number of children I saw come into our hospitals during my time there is unlike anything I have witnessed previously.

When we went to print, limited medicine, fuel and food has entered the Strip since the start of March. Shrinking resources means higher security risks around our hospitals, sicker patients and in the end – rationing of supplies. We are constantly adapting – determined to provide the best care we can for the people that need it.

*Despite the challenges, we built two field hospitals and have been supporting the Emergency Department in one of the last remaining hospitals. On average, we've treated 1,200 people a day – from complex surgeries, to delivering babies, to issuing polio vaccinations. In the last year, we've been one of the largest healthcare providers in Gaza.*

All this whilst continuing to provide vital health care for people living near the frontlines of the conflict in Ukraine, where peace looks far away. As I write, we're monitoring increased attacks and are ready to respond accordingly. We tackled disease outbreaks in Rwanda and Zambia, delivered care and training in Lebanon and supported those injured in protests in Bangladesh. This past year we have provided over 430,601 consultations – our biggest impact yet.

I'm immensely proud of my remarkable staff team who have given everything to deliver this exceptional work. To see three of our team awarded the Order of the British Empire and twelve team members receive the Humanitarian Medal at a Buckingham Palace was a great moment for both them and UK-Med.

I'm grateful to 100 NHS clinicians and seasoned aid workers who put themselves in harm's way to stand shoulder-to-shoulder with national staff, who resolutely remain to give their people the healthcare they need. The dedication, adaptability and strength of national medical staff is extraordinary, as they continue to provide care whilst themselves losing their homes and family members.

Partnership is the bedrock of our work, and this year is no different. My sincere thanks to our partners, with special mention to the Foreign, Commonwealth and Development Office for their close collaboration. As you read throughout these pages, aid from the British people has powered much of our impact. To our new partners in the Middle East, Qatar Charity and Qatar Red Crescent Society – we are grateful for your trust and collaboration.

I'm thankful to you, our growing community of supporters, for believing that everyone should get the healthcare when crises or disasters hit. Your donations get us out the door and first to the frontline, whilst helping us remain for as long as we're needed.

Now is an age of shattered global norms, shifting power blocks, erosion of international law, funding constraints and increased dangers for aid workers. As I begin drafting our next organisational strategy, I know that we are operating in a world that has fundamentally changed.

*If you're reading this, you know more people than ever need our help. Too many are dying without the healthcare they need. The future is uncertain, but we must be ready. Thank you for giving your time, your money, your voice, your partnership, your expertise. Your refusal to let people caught in crises die without help. Whatever your contribution, it matters.*

Lives depend upon it. Humanity depends upon it.

**Thank you.**



**David Wightwick CMG,  
Chief Executive UK-Med**

*Photo to the right:* Three-year-old Razan (pictured) from Gaza was sleeping when a bullet passed through the walls of the makeshift tent sheltering her, her mother and father. It passed through her mother's hip and struck Razan in the neck, lodging itself millimetres from her spinal cord.

Razan's father, Diyar, rushed her to the UK-Med hospital. Thankfully, UK-Med medics were able to perform lifesaving surgery and remove the bullet. Miraculously Razan was not left with lasting physical injuries.



# Strategic priority: Respond

We will respond rapidly to emergencies, delivering the expertise needed to support local health services and save people's lives.

In 2024–25 we:



We worked in  
**seven countries**  
Ukraine, Gaza, Lebanon, Rwanda,  
Bangladesh, Democratic Republic  
of Congo, and North Macedonia



We provided  
**430,601**  
consultations



*Photo to the right and above: UK-Med surgeons attend to a patient at the field hospital in Al Mawasi, Gaza Strip. UK-Med has been working in Ukraine since early 2022, shortly after the full-scale invasion.*





## Gaza

**Over the past year, our operation spanned the two field hospitals in Deir al-Balah and Al Mawasi, alongside support of the Emergency Department at Nasser Medical Complex, Southern Gaza.**

It has been a turbulent year, waymarked with hope and despair.

By April 2024, the health system in Gaza had been critically weakened: hospitals were operating beyond capacity, medical supplies were scarce, and safe access to care was severely constrained. UK-Med continued to deploy specialist medical professionals to support local partners, work alongside national staff, and to help re-establish essential services.

Our deployed clinicians – including surgeons, anaesthetists, nurses, and midwives – worked in temporary facilities to treat patients suffering from blast injuries, burns, and other conflict-related trauma. As the situation evolved and access permitted, UK-Med also contributed to the strengthening of primary health care capacity, addressing urgent gaps in maternal, neonatal, and child health, as well as supporting infection prevention and control.

Logistically, operations were complicated by severe access restrictions, intermittent power supply, and limited medical imports. Despite these challenges, UK-Med delivered tonnes of essential medical supplies and equipment, including surgical kits, dressings, and pharmaceuticals until the aid blockade came into effect in March 2025. Close coordination with the World Health Organization's Health Cluster and humanitarian partners enabled UK-Med to prioritise facilities most in need and to avoid duplication of effort.



### Razan's story

Diyar, his wife, and his 3-year-old daughter Razan fled northern Gaza at the beginning of the war, after their apartment block was hit by an airstrike. Fleeing south on foot, stepping over dead bodies as they went, they were forced to move three more times to escape the violence. Finally, they arrived in Al Mawasi.

Though they thought they were safe, at 3AM on 1 September, Razan was shot in the neck. The bullet passed through makeshift walls of their tent, through the mother's hip and into Razan's neck, lodging itself millimetres from her spinal cord.

*"I came as quickly as I could to the UK-Med hospital. When I arrived, I found the staff trying to comfort Razan, treating her as if she were one of their own. She was frightened and in pain, and they were calming her."*

*Photo to the right: Risk communication and community engagement (RCCE) session at the Type 2 Field Hospital, Gaza Strip.*





# Ukraine

Since the full-scale invasion in February 2022, UK-Med's response in Ukraine has evolved into a specialist, long-term country programme. We are active in multiple regions, notably Dnipropetrovsk, Zaporizhzhia and Kharkiv, with a focus on areas near the frontlines, hard-to-reach communities, and locations where healthcare infrastructure has been severely damaged.

UK-Med deploys mobile medical units (MMUs), supports trauma and surgical care, delivers mental health and psychosocial support (MHPSS), supplies essential medical equipment, and trains local health workers, first responders, and civilians. Much of the staffing is Ukrainian, supporting capacity and continuity.

- Over 40,000 primary/general medical consultations delivered since April 2022.
- Mental health consultations numbering 16,700 by early 2025 with many recipients displaced.
- Hundreds of life – or limb-saving surgeries have been conducted, 749 surgeries in the past three years.
- Training delivered to tens of thousands of people: health care workers, first responders, and civilians.



## Tetiana, UK-Med Psychologist:

Nearly half of all those who received mental health support from UK-Med since April 2022 have been displaced at one time or another. 75 per cent of them are also women.

Tetiana, a psychologist working with the MMUs in Kharkiv, has seen her fair share of trauma among communities impacted by the relentless conflict. She explains:

*“We visit locations and communities that need help from doctors, psychologists, and social workers. A lot of people need psychological help – they are in a very bad state. They are experiencing difficult emotional and mental states, poor sleep, bad feelings, and anxiety. That is why we help. We visit them and provide psychological assistance.”*

For older people in particular, the conflict can have dire consequences for their mental health and wellbeing. Often less able to travel long distances and with many more unwilling to leave the homes they have lived in for decades, there is a higher proportion of older people in front line areas. Many are also isolated from support networks, with 44% of people over 70 living alone.

*Photo on the right: Tetiana, Community Leader, is comforted by UK-Med staff at a mobile clinic in Zaporizhzhia Oblast.*







# Lebanon



**From October 2024 to March 2025, the UK Emergency Medical Team (EMT) undertook a critical deployment to Lebanon, responding to the escalating regional tensions and their impact on the country's healthcare system.**

This mission focused on bolstering essential medical services through three evolving outcomes: 1) Building capacity for burns and trauma rehabilitation at Turkish Hospital; 2) Developing intensive care unit (ICU) capabilities and; 3) enhancing the capacity of local healthcare professionals.

The UK EMT's primary achievement was successfully establishing a fully equipped physiotherapy department within the Turkish Hospital in Saïda. This included training 40 local physiotherapists from across Lebanon through lectures, case studies, and direct clinical supervision.

Partnerships were forged with key national entities to allow full delivery of required clinical services at the Turkish Hospital, facilitating knowledge transfer and collaborative care. The team provided 593 rehabilitation sessions in total.



*Photo to the right and above: UK-Med rehab specialists with a burns patient at the Turkish Hospital. Foreign, Development and Commonwealth Office (FCDO) visit the team in Lebanon.*





# Rwanda

**In September 2024, Rwanda declared an outbreak of Marburg Virus Disease (MVD) – a highly infectious and often deadly virus related to Ebola. At the request of the Rwandan Ministry of Health, the UK Emergency Medical Team (UK EMT) were deployed.**

Over 64 days, 16 UK-Med staff – 12 of them UK-based – provided vital clinical and operational support across health facilities in Rwanda's capital, Kigali. The team delivered high-impact care in intensive care units (ICU) and operating theatres, while reinforcing infection prevention and control measures to keep the population safe.

At Centre Hospitalier Universitaire de Kigali (CHUK), specialists provided bedside mentoring and informal teaching for nurses managing critically ill patients. In total, the EMT carried out 1,370 nursing interventions and supported 176 patients.

By the time the outbreak was declared over on 20 December 2024 – following 42 days without a new case – 66 confirmed infections and 15 deaths had been recorded, with nearly 80% of cases among healthcare workers.



*We're very relieved to report the end of the Marburg outbreak in Rwanda. It marks the end of a hard period for Rwanda's healthcare system, which has done an amazing job... I'm proud of the support our team provided in reinforcing essential health services."*

**Ana Teresa Afonso, Health Technical Lead and Senior Advisor, UK EMT**

This deployment not only helped curb the outbreak but also strengthened Rwanda's long-term healthcare resilience.

*Photo on the right: UK Emergency Medical Team member meets with local health staff.*







# Bangladesh

In late July 2024, protests over job quotas in Bangladesh escalated into a nationwide pro-democratic uprising. Initially peaceful, the movement was met with a violent crackdown, leading to widespread unrest. By early August, the death toll had risen to over 650, and over 20,000 protestors, mostly students, were injured.

UK EMT responded to support the National Institute of Traumatology & Orthopaedic Rehabilitation (NITOR) in Dhaka which, two months on, still had around 60 inpatients with complex traumatic injuries.

During the deployment, the UK-Med team treated 87 people, mostly students who were injured during the uprising, the majority aged between 21 and 30. With the unrest resulting in a lot of injuries, UK-Med prioritised surgery and rehabilitation support.



Speaking about her time in Bangladesh, Dima Yasin, Senior Rehabilitation Consultant said:

*“I focused on empowering the young university students to understand that an injury does not define one’s ability to live independently or actively participate in society. By prioritising functional rehabilitation, we worked to show that disability is not a barrier to functionality.”*



Photo to the right and above: Patients undergoing surgery and rehabilitation for their injuries at the National Institute of Traumatology & Orthopaedic Rehabilitation (NITOR, Dhaka).







# Democratic Republic of Congo



**In January 2025 the armed group, M23, took control over Goma after the resurgence of a long-lasting conflict between the group and the Congolese army. By the beginning of February, it was reported that over 700,000 persons had been displaced, 3,000 had been injured and almost 800 had died, with an indication of around 1.5 million people being directly affected by the lack of access to basic healthcare services.**

The influx of trauma patients rapidly overwhelmed local health facilities' capacities, while armed clashes and widespread violence in Goma resulted in various health facilities being damaged or looted, further reducing access to healthcare.

After UK-Med's initial assessment in February, the UK Emergency Medical Team (EMT) deployed a multidisciplinary team in April, consisting of specialised surgical and rehabilitation support to Goma. During this time, UK EMT provided comprehensive support to the local hospital and the broader Goma healthcare system. The response focused on delivering life-saving surgical care to war-wounded patients, implementing a functional rehabilitation programme, enhancing Infection Prevention and Control (IPC) practices, and building local clinical capacity to enhance sustainability within the healthcare system.

By the end of the deployment, UK EMT provided life-saving support to 79 patients through both surgical and rehabilitation services, with patients as young as three years old.

Many civilians needed rehab support to recover from their injuries, so the UK-EMT worked with local hospitals for referrals as well as partnering with local rehab centres to make equipment such as handmade crutches from old tyres.

UK EMT also delivered a total of 41 training sessions reaching 235 participants. Training focused on three crucial pillars: Trauma and Surgical Care, IPC, and Rehabilitation. These sessions combined bedside coaching with structured classes and also developed a tailored Mass Casualty Management Plan for the hospital.



*Photo above: Locally made crutches to overcome the supply shortages and ensure the patients have access to assisted devices for their recovery, Goma.*



# North Macedonia



**On March 16, 2025 a deadly fire broke out in a nightclub in Kočani, North Macedonia, killing 59 people and injuring 150, many with severe burns.**

Local healthcare institutions were left unable to cope with the mass influx of burn injuries, WHO-verified UK EMT Rehabilitation Specialized Care Team (Rehab SCT) deployed a multidisciplinary team to strengthen the capacity of national health facilities to deliver both short and long-term rehabilitation care for burn survivors.

Many local staff had not dealt with these types of burns injuries before, nor had they dealt with an incident on this scale. The nightclub was in a relatively small town with limited medical capacity. Local staff were initially apprehensive around how to treat the patient's and lacked confidence in their ability to respond.

Tarek Hussein, UK EMT Rehabilitation Specialist, explained: "Local physiotherapists demonstrated significant skill improvement, which was evident in the positive patient outcomes. Notably, several patients reported enhanced hand function and a noticeable reduction in pain after consistently attending physiotherapy sessions over a two-week period."

The Rehab SCT began training the local staff, building their confidence, delivering over 70 hours of burn rehabilitation capacity building for 44 multidisciplinary healthcare providers from 5 national health facilities.



**Rehabilitation Specialist, Mercy, shared her experience during the response:**

*I heard about the Kocani fire in the news, and I've worked in care for more than eight years. I have seen the outcomes for those who receive the needed care and those who do not. Those who do not get the expert help that they need, the complications, these disfigurements the disabilities are very devastating, so it was an opportunity for me to offer my knowledge, my skills, my experience to make a difference in the lives of the young patients."*



*Photo above: UK Emergency Medical Team outside the hospital, North Macedonia.*

# Strategic priority: Prepare

**Working together to build a world prepared to help.**

**When responding to diverse crises and disasters, preparedness is essential.**

*“The goal of our trainings is to strengthen emergency preparedness, readiness and response for health crises. This applies to both the preparation training we do for our 1,400 Register members, the work we do with peer and partner Emergency Medical Teams, the capacity building work during responses as well as our contributions to academic courses, and sector meetings.”*

UK-Med's second strategy objective is to work with health staff to strengthen their response skills, enabling health services to be better prepared for emergencies. When a country is hit by disaster it is the national health staff who can save the most lives, but more investment in training and support is required to do so.

One of UK-Med's main attributes is the bespoke learning we provide. Depending on your background, experience and context, our expert and specialist teams deliver high quality capacity building and preparedness activities to ensure they equip people with the knowledge needed in a crisis.

*“Improving training according to organisational learning is something many organisations struggle with. UK-Med continuously tailors, adjusts and aligns training and capacity building activities according to learning and external context with a high level of flexibility and adaptability built into our approach.”*



We believe national actors are best placed to respond in crises, but do not always have access to the tools needed. Where countries are vulnerable to health and humanitarian crises, we help strengthen emergency preparedness and develop national capacities.

*“A Key highlight this year has been the ongoing partnership with the Ethiopian EMT. It started in November 2022 as a pilot we thought was going to take 6-12 months, it's now been going for several years. We've managed to consistently support and collaborate with our Ethiopian colleagues, and we've seen them grow into an established function within their public health institute, responding within their own country whilst working towards the WHO EMT verification.”*

This twinning partnership is a prime example of the power two organisations can have coming together and learning from one another to strengthen their preparedness skills and expertise in the field.

*“Over the last year we have organised team leader training, working closely with Ethiopian EMT members to facilitate a training in which we could learn from one another. We also had representatives attend our simulation exercise, which was a great opportunity for us to both exercise our skills together and embed them as participants in the simulation. With the purpose of the partnership to one day respond together in an emergency it was a great way of strengthening our team working capabilities.”*

This successful partnership culminated in securing the Type 1 Field Hospital in March, for the Ethiopian EMT which the UK government donated. Through this WHO verification is one step closer and our partnership solidified so one day we can respond globally together.

*“It’s been amazing to be on the sideline and to be able to support our Ethiopian colleagues on this journey.”*



Photo to the left and above: Simulation Exercise (SIMEX) with the Ethiopian EMT, Addis Ababa.



# Strategic priority: Learn



## 10 academic papers

published with UK-Med contributions  
or referencing UK-Med work



## 2 policy papers

published with UK-Med contributions  
or referencing UK-Med work



## 19 lectures

delivered in support of  
academic courses



## 5 new strategic relationships and projects

developed with academic bodies

*“Our research is not just to tick a box; this research produces recommendations that save lives. It helps us not repeat the same mistakes, and when we share our experience, we help other organisations do the same.”*

UK-Med's third strategic objective is to work with academic partners to promote evidence-based practice that improves patient care and the humanitarian sector. With growing numbers of people requiring aid and increasing challenges facing aid organisations, the aid system needs to become more effective and better informed.

Highlights this year are the huge partnerships, and the trust this demonstrates, between us and academic institutions like Qatar University, American University of Beirut, Saint Joseph University, Global University and German University

of Lebanon. Our team are giving lectures at these institutions throughout the year and we're working with masters' students and the medical students on their research projects, contributing to building the next generation of academic and aid workers.

We also launched a research café, and we have held three virtual meetings so far. The cafés bring together academics and practitioners informally to discuss pressing topics in humanitarian work. Creating opportunities for frontline humanitarians to feed into research, to discuss in lay language the realities of their work – this improves the quality of the research and makes research more accessible.

For those that work operationally, the cafés are useful for documentation and seeking input from peers. Many of the members of our register joined, we hear their voices and their concerns, and this can feed into our work. The topics are very interesting and allow us to apply urgent lessons learned, and share this with peer organisations.



*“It was also an exceptional year as we had seven research abstracts accepted, in addition to three papers published. This included a technical note on Mental Health and Psychosocial Support, two rehab abstracts and two Risk Comms & Community Engagement abstracts.”*

In January 2025, we published a paper in the Cambridge University Press on the types of injuries people presented with at the field hospital we ran following the Turkiye/Syria earthquake. The study found that the majority (70%+) of people presented with conditions that weren't adequately described in the WHO lead medical database system, which is more set up for trauma cases than primary health care monitoring. We are discussing with WHO and partners on changes to recording systems, to inform future Emergency Medical Team responses. Constant improvements are a central part of the ethos of the Emergency Medical Team network, so we are pleased to have discovered this insight, which ultimately will lead to improvements for patients.

We also conducted our first 'Real Time Review' for the Gaza response. This aimed to assess the responses' effectiveness against our plans, review

the response design and implementation and any lessons learned. We held interviews with over 30 stakeholders throughout October and November 2024 as well as a survey translated into Arabic and shared via WhatsApp for national staff to complete, with over 120 responses. The review concluded the response was relevant, timely and had a strong alignment with the healthcare gaps and needs of people in Gaza. Processes of continuous improvement and learning like the review demonstrate our commitment to excellence and delivering the best possible care to the communities we serve.



**Diana Maddah, UK-Med's Senior Health Advisor for Research and Risk Communications and Community Engagement**



Photo above: UK-Med health advisors during the Cholera Simulation Exercise (SIMEX).

# A personal message from our Chair

It has been a huge honour to chair UK-Med's board for the last eighteen months. I have been moved to see the sheer number of people we have been able to reach in some of the world's most challenging humanitarian crises.

There are many things that make me exceptionally proud to be part of UK-Med and one is our extraordinary partnership with the NHS. We are sincerely grateful to the NHS staff that joined experienced aid workers and national staff in our responses around the world, along with the trusts that released them and their colleagues that supported them. Having access the incredible wealth of specialist skills and knowledge within the NHS is key, and I have seen for myself the 'win-win' impact of UK doctors and nurses spending time overseas.

I have spent my lifetime in the NHS, latterly as a trust Chief Executive where I forged a twinning link between Sheffield hospitals and counterparts in Ethiopia. Both sides benefited enormously from this. Such work exposes NHS clinicians to new disease profiles, less common conditions and skills that strengthen health services here at home. There is a reinvigorating impact to volunteering overseas. Many of our members work in very intense specialties and spend their entire career on-call, however, they report volunteering on responses gives them new energy in their roles at home. In an increasingly turbulent world and intense pressures on UK health services, the resilience built is vitally important. This is beyond the incredible life-saving impact for the people we serve.

A real milestone moment this year was the amazing recognition that our staff and members received from the King both in the New Years Honours list and through the twelve Humanitarian Awards. It was very humbling and inspiring to meet those team members, who themselves were totally overwhelmed by the recognition. They don't do this work for accolades, but it was lovely to see their bravery, dedication and skill recognised in this way.

I speak personally, but I believe the UK-Med board has been on important journey this year as we embarked on even higher-risk responses like Gaza. We, quite rightly, approached this with extreme caution as the safety of staff, members and patients is our top priority. However, without entering this extremely high-risk environment we would not have been able to provide truly life-saving care to thousands of people who would have had simply nowhere else to go and would have died without help.

The board are incredibly grateful to the team who diligently manage this risk and bravely deliver care, alongside the partners and supporters who fund our responses. I would also like to thank UK-Med's founder Professor Tony Redmond for his ongoing advice and advocacy. I know he is proud of the work we are doing.

Together, we're saving lives where the need is greatest. Thank you.



**David Whitney, Chair UK-Med**



## Our awards

**We are thrilled that three of our long-standing register members, two of which are now HQ staff, were duly awarded for their incredible contributions to emergency medical care in the King's New Years Honours.**



### Lizzi Marmont

As Senior Operations Manager at UK-Med, Lizzi has been part of the team or leading responses in over 25 countries. In 2014, when she was a nurse in Leeds General Infirmary, she responded to a call for medical professionals to support the Ebola outbreak in Sierra Leone. Over the few years, she became the Country Director in Ukraine – and one of the first people to enter the country after the full-scale invasion in 2022 – and helped rebuild the emergency department in Nasser Hospital, Gaza, after the siege.



### David Anderson

David is a nurse and Senior Health Advisor for UK-Med. He spent six months of 2024 in Gaza and has worked in a number of conflict zones including Lebanon, Myanmar, and Ukraine since joining the organisation in 2014. He played a pivotal role in the construction of the two field hospitals in Gaza, which have now treated in excess of 600,000 people.

David describes feeling “shocked but honoured” to receive the accolade and added that it reflected the “hard work and dedication” of the whole UK-Med team.



### Professor Shehan Hettiaratchy

Shehan is a Consultant Plastic and Reconstructive Surgeon with the Imperial College Healthcare NHS Trust. Previously in the army for 25 years, he brought his vast expertise from surgery in conflict zones to Ukraine and Gaza. He describes working in Gaza with UK Med “was a bit like working with a UK special forces team; everybody was at the top of their game. Everyone is really calm and balanced.”

# Humanitarian medals

**14 frontline responders, including NHS-trained medics who have delivered life-saving care in Gaza, were among the first to receive the nation's new Humanitarian Medal conferred by His Majesty the King at a ceremony at Buckingham Palace in February.**

The Humanitarian Medal recognises extraordinary service in response to humanitarian emergencies, and the UK-Med medics being honoured have played a crucial role in delivering emergency care in one of the world's most challenging conflict zones.

Among those receiving the honour is Dr. Matthew Newport, 37, an NHS anaesthetist from Ramsbottom, Lancashire, who has deployed to Gaza five times in the past year. Dr. Newport, who also volunteers with the North West Air Ambulance, has been a key part of UK-Med's field hospital operations since the crisis began:



Photo above: L-R Veronique Henman, Dr. Shahana Moitra, Lorraine Kelly, Anna Daniell & Alessandra Morelli – all awarded for their involvement in the Libya flood response.

*“The devastation in Gaza is heartbreaking, and the scale of need is overwhelming. As clinicians, we go where we are needed most, and in Gaza, we have treated patients suffering from severe trauma injuries, burns, and blast wounds – many of them children. This medal is an honour, but the real recognition must go to the local medics who have been working around the clock under impossible conditions.”*



**Dr Matt Newport**



# “A return to Gaza: Reflections from the field.”

This was my second time in Gaza. I first came in April 2024, and returned again from March – April 2025. Both visits were deeply humbling, and each left a mark on me that I'll carry forever.

During my first rotation, I served as the Primary Health Care (PHC) lead and helped facilitate the building of a Type 1 health facility in Al Zawaidya. It was an intense and emotional experience—laying down the foundation for something vital, knowing how much the community needed access to basic care.

At that time, we were seeing around 300 patients per day—an overwhelming number that spoke to the depth of the crisis. Returning nearly a year later as the Type 1 lead, it was incredibly moving to walk into a functioning facility, see familiar faces, and witness how far things had come.

This time, during Ramadan, the patient numbers had decreased. Some of that was due to the holy month itself, but also because a temporary ceasefire had allowed many people to return north. For a brief moment, there was a sense of calm—fragile, but hopeful.

Unfortunately, that ceasefire broke on March 18th, and the impact was immediate and devastating. Aid stopped coming in. Medical supplies began to run dangerously low, forcing us to reduce the quantity of medications we gave to patients—just to make the remaining stock last. Food was also depleting fast, and for the general population, hunger became a daily reality. Constant displacement was affecting everyone—families forced to move again and again, never knowing where safety might lie.

The sound of drones overhead became near constant, and the bombings—this time—felt much closer than before. The atmosphere grew heavier each day, yet through it all, the staff kept showing up. In the midst of fear and despair, their dedication to their community never wavered. Their strength, their quiet courage, was a source of hope for everyone around them.

Although there was despair, and the conflict continues, the world seems increasingly distracted—focused on the economy, politics, and other issues. But we must not forget Gaza. We must not forget those who are truly suffering: the children, the elderly, the families who have lost everything. Their pain, their stories, their lives matter.

So many lives lost—when will it end?

Gaza will always be a part of me.



**Dr. Shahana Moitra –  
GP, Primary Healthcare Lead**

# **“They look at me and say, ‘oh, just thank you for being here.’”**

*“You know, I couldn’t speak the language, so they ended up calling me ‘Angel’ because I would just smile, take my mask off, and ask my interpreter – do they need a hug?”*

*Just those little things because the communication barrier, I couldn’t express my feelings, but I could just smile.*

Originally from Zimbabwe and now an NHS theatre nurse in the UK, Nyarai joined UK-Med to extend her care to those facing unimaginable crises. Through witnessing the work of humanitarian actors, she wanted to not only serve her local community but utilise her skills to support conflict-affected areas.

*“When I looked at the mission and the vision of UK-Med, I realised I can do it at a larger scale.”*

In Ukraine, she found resilience in the community, strength in teamwork, and heartbreaking challenges – like performing surgery only to find there were no bandages to cover a wound.

*“I would finish the operation and there’s no bandage (...) it broke my heart”*

Lack of resource continues to be a major challenge in Ukraine; the team would work with what they can, when they can, but the decrease in medical supplies is a serious cause for concern. With infection prevention a key priority of Nyarai’s, it would be difficult to see the impact of this on a patient who spent many hours in the operating theatre:

*“You finish the operation. The wound will be exposed, so infection will enter. Yes, we’ve been very careful during the operation. Cleaning your hands but the wound is going to the ward exposed or with a bandage that does not cover the whole wound.”*

A story that stuck

Arriving to the hospital in shock, the young man had a tourniquet around his leg, which had been applied four days earlier.

In pain and terrified at the prospect of losing his leg, Nyarai approached him and began to talk. A little while later the doctor came in ready to take the patient to theatre and to his amazement said “do you know, we’ve never had someone laughing...”

The power of a friendly face and a connection with patients made a big impact at the hospital, where she was consistently inspired by hope in the community.

This young man, when discovering his leg would be lost, responded, “That leg is better than losing my whole life.”

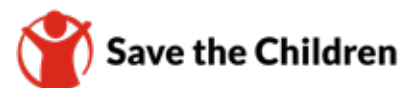


**Nyarai Makona, Nurse**



# Thank you to our donors

## Our institutional donors



## Our philanthropy donors

We would like to thank our growing supporter community, with around 1000 contributors to our work in the last year.

## Our special thanks go to the 130 people who give a donation every month.

We would also like to take the opportunity to thank the organisations and individuals listed below for their continued commitment to saving lives in emergencies, as well as supporters who wish to remain anonymous.

- Trustees of the Dalglish Trust
- Trustees of The Dowager Countess Eleanor Peel Trust
- The Houghton Dunn Charitable Trust (working name of the Mrs. Waterhouse Charitable Trust)
- Marc Gwynne and Organon Trustees
- All those who loved Keith Lomax and donated in his memory



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# Financial review

2024-25 has been a year of significant financial expansion for UK-Med, with total income more than doubling from £11.48m (2024) to £23.06m.

The majority of this was restricted funds income, which increased from £11.06m to £22.47m. This included EDT 2 funding of £4.75m from the Foreign Commonwealth and Development Office (FCDO) to support the preparedness of the UK EMT, an uplift from the 2023-24 figure of £2.76m due to extra investment received to enable us to upgrade our facilities to a Type 2 field hospital.

Alongside this core grant, we received £11.5m from FCDO to support our work in Gaza, supplemented by a further £1.4m from WHO towards the re-establishment of health services at Nasser Hospital, plus some other smaller grants.

We also received nearly £2.5m from UHF and IOM to support our Ukraine programme, while further restricted income was secured for a variety of shorter-term deployments and other initiatives, with the largest of these grants being £0.9m from FCDO towards our work in Lebanon.

Unrestricted income increased from £0.43m (2024) to £0.6m, mainly the result of fundraising efforts to support our life-saving work.

Our expenditure rose from £10.39m (2024) to £22.94m, reflecting our increased level of activity, with UK-Med achieving an operating surplus of £0.12m (£1.09m for 2024). This overall surplus for 2025 included a planned in-year deficit of £0.79m against restricted funds, utilising funds brought forward as at 1st April 2025, counterbalanced by a surplus on unrestricted funds of £0.91m, an increase on the prior year unrestricted surplus of £0.26m

Post year-end, our funding has continued to be strong, and we anticipate that income for this year will be at least as high as that achieved in 2024-25.

## Investment Policy

The trustees, following an assessment of the liquidity requirements of the organisation, have reserved available funds in an interest-bearing deposit account, and will seek to achieve a commercial rate on deposit which allows for immediate access.

## Reserves policy

The trustees consider that reserves are needed for the following criterium:

1. To act as a buffer for the cashflow as the majority of grants are paid in arrears, including the new EDT 2 grant from FCDO
2. To enable the charity to pay any core costs when externally funded projects do not include core costs, and to allow the charity to continue and be able to respond to emergencies
3. To enable the charity to respond to overseas emergencies before donor funding is secured
4. To pay for any liabilities should the charity cease to operate

On 31st March 2025, UK-Med held total reserves of £3.53m (£3.45m: 2024), split into unrestricted funds of £3.43m (£2.52m: 2024) and restricted funds of £0.10m (£0.93m: 2024).

Our unrestricted funds consist of free reserves of £2.26m (£1.44m: 2024), designated reserves of £0.83m (£0.73m: 2024), a fixed asset fund of £0.21m (£0.21m: 2024) and stock £0.11m (£0.13m: 2024).

The reduction in the balance on restricted funds at year-end was due the utilisation of a significant fund balance of £0.82m carried forward at 31st March 2024 relating to our UHF1 programme in Ukraine.

The increase of £0.813m in free reserves shows a strong financial performance for the year, and the trustees are of the opinion that UK-Med holds the appropriate amount in free reserves to support the current level of business. However, our new strategy aims to achieve significant financial growth of UK-Med, with 2025-26 already projected to show a further increase in income to £25m. The amount that we hold in free reserves will therefore need to increase to support higher levels of business, so we aim to grow these reserves to £6m by the end of 2027.



*Photo above:* UK-Med staff during 'Operation Winged Serpent' – a training exercise with the British Army's 16 Medical Regiment.

# Structure, governance and management

**Charity number** 1166956

**Registered office  
and operational  
address** UK Med  
Elliot House,  
151 Deansgate,  
Manchester,  
M3 3WD

**Trustees** Trustees who served during the year and up to the date  
of this report were as follows:

David Whitney – Chair  
Marian Mathias  
Cathryn Nerys Rhiannon Turton  
Dr. Imogen Freya Dawn Stephens (Resigned March 2025)  
Dr. Suzanne Marie Candy (Resigned March 2025)  
Paul Richard Taylor  
Professor Larissa Fast  
Laura Blakey  
Paula Sansom  
Flora McCabe  
Dr Claudia Truppa (Appointed September 2024)

**Key management  
personnel** David Wightwick – Chief Executive Officer  
Adil Shah – Chief Operating Officer  
Dr. Ram Vadi – Health Director  
Sonia Zambakides – Director of International Operations  
Michelle Hanegaard – Director of Capacity Building  
Duncan Mann – Director of People  
Jackie Snell – Director of Fundraising and Communications (Resigned August 2024)  
Holly Smith – Director of Fundraising (Appointed June 2025)

**Bankers** Lloyds Bank Plc  
46-48 High Street,  
Newcastle-under-Lyme,  
ST5 1QY

**Auditors** Champion Accountants LLP  
7-9 Station Road,  
Hesketh Bank, Preston,  
Lancashire, PR4 6SN



The trustees present their report and the audited financial statements for the year ended 31 March 2025. Reference and administrative information set out on page 1 forms part of this report. The financial statements comply with current statutory requirements, the charity's constitution and the Statement of Recommended Practice – Accounting and Reporting by Charities: SORP applicable to charities preparing their accounts in accordance with FRS 102.

## Purposes and aims

UK-Med trains and deploys specialist medical and other healthcare personnel to disasters overseas, particularly where local and national health services have been overwhelmed and are unable to cope without outside help.

UK-Med (charity no. 1166956) was registered in 2016 and established in 1995 for the “relief of any sickness, suffering and injury caused by any natural or man-made disaster by the provision of emergency medical aid, and the re-establishment of health and associated services and the rehabilitation of such victims where possible”. Running parallel to, and in support of, the delivery of this emergency medical humanitarian assistance is promoting “the advancement of the education of the public by the provision of training facilities to enable them to aid and assist in the care and treatment of victims of such disasters and the advancement of the education of the public by promoting study and research in to methods of providing emergency medical aid and associated activities to areas affected by such disasters and disseminating the useful results thereof”.

The trustees review the aims, objectives and activities of the charity each year. This report looks at what the charity has achieved and the outcomes of its work in the reporting period. The trustees report the success of each key activity and the benefits the charity has brought to those groups of people that it is set up to help. The review also helps the trustees ensure the charity's aims, objectives and activities remained focused on its stated purposes.

## Public Benefit

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

## Governing document

UK-Med is governed by a Charitable Incorporated Organisation Constitution, dated 5 May 2016. The governing documents have been amended in September 2023 to increase the number of trustees from 10 to 12 through an ordinary resolution.

## Recruitment and appointment of trustees

Each trustee appointment reflects the necessary skills to oversee such an organisation, including humanitarian health, risk management, safeguarding and fundraising experience. We are currently advertising for a Trustee Role for Major Donors and Corporates..

## Induction and training of trustees

All trustees are fully conversant with the role, duties, and obligations of Charitable Trustees. New Trustees go through an internal induction before taking up their position on the Board. The required skills of the membership of the Board of Trustees is kept under constant review and adjustments made as necessary. Recruitment of additional trustees will be ongoing in the New Year as some Trustees will be finishing their first term and stepping down from the Board.

## Trustee meetings

The trustees meet quarterly when they review the activities of the Charity and receive update reports from the Senior Management Team (SMT). A standard agenda item is updating the register of trustees' interests which helps to identify any conflicts of interest. Where a conflict of interest is identified, it is properly managed i.e. the conflicted trustee would normally leave the meeting where that issue is being discussed.

Approximately two weeks before each meeting, a Finance and Audit committee meets. The Finance and Audit committee consists of at least two trustees, including Treasurer (who chairs the committee), the Chief Executive, and Chief Operating Officer. Management accounts are reviewed in detail by the committee members, who make recommendations to the full board.

## Organisational structure

Day-to-day management has been in the hands of the Chief Executive, who is supported by the Executive Team. An external human resources company (with extensive knowledge of charities) supports UK-Med with complex HR matters. The Senior Management Team, consisting of the Executive Team meets on a weekly basis.

UK-Med is governed by a Charitable Incorporated Organisation Constitution dated 5 May 2016. The trustees are members of the charity with voting rights. The trustees have no beneficial interest in the charity.

The trustees give their time voluntarily and receive no financial benefits from the charity. Any expenses reclaimed from the charity are set out in note 7 to the accounts.

## Related parties and relationships with other organisations

Professor Larissa Fast is Director of the Humanitarian and Conflict Response Institute (HCRI), the University of Manchester. UK-Med has access to an office in the HCRI.

## Remuneration policy for key management personnel

Levels of pay are "benchmarked" against salaries paid by NHS and other humanitarian organisations. For key management personnel, their level of pay is approved by the trustees.

## Risk management

The trustees have in place a risk management register where risks are identified and graded according to likelihood and impact. This document is updated quarterly, and mitigations are put into place to manage key risks. In terms of the day-to-day risks, the charity has considerable expertise in managing medical emergencies, and as such ensures that risks associated with such activities are carefully managed.

These systems mean that the charity's trustees have given due consideration to the major risks to which the charity is exposed and satisfied themselves that procedures are established in order to manage those risks.

## Going Concern

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

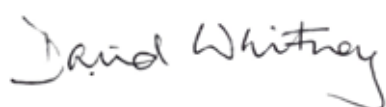
The trustees have concluded that no material uncertainties related to events or conditions that may cause significant doubt regarding the ability of UK-Med to continue as a going concern have been identified.

Therefore, the financial statements for the year ended 31 March 2025 are prepared on the going concern basis.

## Auditors

Champions Accountants LLP were appointed as the charity's auditors during the year and have expressed their willingness to continue in that capacity.

The trustees' annual report has been approved by the trustees and signed on their behalf by:



David Whitney  
Chair of the Trustee Board

Date: 22 December 2025



# Independent auditors' report to the trustees of UK-Med

## Opinion

We have audited the financial statements of UK-Med (the 'charity') for the year ended 31 March 2025 which comprise the statement of financial activities, the balance sheet, the statement of cash flows and notes to the financial statements, including 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 March 2025 and of its incoming resources and application of resources, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

## Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the financial statements* section of our report. We are independent of the charity 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.

## Other information

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

We have nothing to report in this regard.

## Matters on which we are required to report by exception

We have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require us to report to you if, in our opinion:

- the information given in the financial statements is inconsistent in any material respect with the trustees' report; or
- sufficient accounting records have not been kept; or
- the financial statements are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit.

## Responsibilities of trustees

As explained more fully in the statement of trustees' responsibilities, the trustees, who are also the directors of the charity for the purpose 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 charity'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

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with the Act and relevant regulations made or having effect thereunder.

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.

The extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below:

- We obtained an understanding of the legal and regulatory frameworks applicable to the Charity and the sector in which they operate. We determined that the following laws and regulations were most significant; the Charities Act 2011, the Health and Social Care Act 2008, Employment regulation and Health and Safety legislation.
- We obtained an understanding of how the Charity is complying with those legal and regulatory frameworks by making inquiries to the management.
- We assessed the susceptibility of the Charity's financial statements to material misstatement, including how fraud might occur. Audit procedures performed by the audit engagement team included:
  - Identifying and assessing the design effectiveness of controls management has in place to prevent and detect fraud;
  - Understanding how those charged with governance considered and addressed the potential for override of controls or other inappropriate influence over the financial reporting process;
  - Challenging assumptions and judgements made by management in its significant accounting estimates;
  - Identifying and testing journal entries; in particular any journal entries posted with unusual account combinations;
  - Reviewing material variation from our expectation in the income, expenses and balances; and
  - Assessing the extent of compliance with the relevant laws and regulations.



A further description of our responsibilities is available on the Financial Reporting Council's website at: <https://www.frc.org.uk/auditorsresponsibilities>. This description forms part of our auditor's report.

### Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with part 4 of the Charities (Accounts and Reports) Regulations 2008. Our audit work has been undertaken so that we might state to the charity's trustees 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 charity and the charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed.



Peter Buck FCA, DChA (Senior Statutory Auditor)  
for and on behalf of Champion Accountants LLP

Champion Accountants  
Statutory Auditor  
7-9 Station Road  
Hesketh Bank  
Preston  
Lancashire  
PR4 6SN

Date: 22 December 2025

Champion Accountants LLP is eligible for appointment as auditor of the charity by virtue of its eligibility for appointment as auditor of a company under section 1212 of the Companies Act 2006.

# Statement of financial activities for the year ended 31 March 2025

	Notes	Unrestricted funds £	Restricted funds £	Total funds 2025 £	Total funds 2024 £
<b>Incoming resources</b>	3				
<b>Income and endowments from:</b>					
Donations and legacies		495,425	0	495,425	311,099
Charitable activities: Emergency response and preparedness		42,516	22,471,005	22,513,521	11,159,905
Investments		58,990	0	58,990	11,166
<b>Total</b>		<b>596,931</b>	<b>22,471,005</b>	<b>23,067,936</b>	<b>11,482,170</b>
<b>Resources expended</b>	4				
<b>Expenditure on:</b>					
Raising funds		155,933	0	155,933	122,489
Charitable activities: Emergency response and preparedness		1,684,745	21,101,046	22,785,791	10,271,241
<b>Total</b>		<b>1,840,678</b>	<b>21,101,046</b>	<b>22,941,724</b>	<b>10,393,730</b>
Net income/(expenditure) before investment gains/(losses)		(1,243,747)	1,369,959	126,212	1,088,440
Net gains/(losses) on investments		0	0	0	0
Net income/(expenditure)		(1,243,747)	1,369,959	126,212	1,088,440
Movement in Funds		2,195,860	(2,195,860)	0	0
Other recognised gains/(losses):					
Gains and losses on revaluation of fixed assets for the charity's own use		0	0	0	
Unrealised gains/(losses)		(42,231)	0	(42,231)	0
<b>Net movement in funds</b>		<b>909,882</b>	<b>(825,901)</b>	<b>83,981</b>	<b>1,088,440</b>
<b>Reconciliation of funds:</b>					
Total funds brought forward		2,520,715	931,021	3,451,736	2,363,296
<b>Total funds carried forward</b>		<b>3,430,597</b>	<b>105,120</b>	<b>3,535,717</b>	<b>3,451,736</b>

# Balance sheet as at 31 March 2025

	Notes	2025 £	2024 £
<b>Fixed assets:</b>			
Tangible assets	10	213,074	209,221
<b>Total fixed assets</b>		<b>213,074</b>	<b>209,221</b>
<b>Current assets:</b>			
Stocks		118,319	134,484
Debtors	11	3,787,762	1,413,181
Cash at bank and in hand		2,512,245	3,953,322
<b>Total current assets</b>		<b>6,418,326</b>	<b>5,500,987</b>
Creditors: amounts falling due within one year	12	3,095,683	2,258,472
<b>Net current assets/(liabilities)</b>		<b>3,322,643</b>	<b>3,242,515</b>
<b>Total assets less current liabilities</b>		<b>3,535,717</b>	<b>3,451,736</b>
<b>Total net assets or liabilities</b>		<b>3,535,717</b>	<b>3,451,736</b>
<b>Funds of the Charity:</b>			
Restricted income funds	13	105,120	931,021
Unrestricted funds	14	3,430,597	2,520,715
<b>Total funds</b>		<b>3,535,717</b>	<b>3,451,736</b>

Signed by the Chair of the board on behalf of all the trustees.



David Whitney  
Chair of the Trustee Board

Date: 22 December 2025



# Statement of cash flows for the year ending 31 March 2025

	Notes	2025 £	2024 £
<b>Cash flows from operating activities:</b>	15		
<b>Net cash provided by (used in) Operating activities</b>	<b>A</b>	<b>(1,363,588)</b>	<b>1,785,153</b>
<b>Cash flows from investing activities:</b>			
Dividends, interest and rents from investments		0	0
Proceeds from the sale of property, plant and equipment		0	183,538
Purchase of property, plant and equipment		(77,489)	(206,821)
Proceeds from sale of investments		0	0
Purchase of investments		0	0
<b>Net cash provided by (used in) investing activities</b>		<b>(77,489)</b>	<b>(23,283)</b>
<b>Cash flows from financing activities:</b>			
Repayments of borrowing		0	0
Cash inflows from new borrowing		0	0
Receipt of endowment		0	0
<b>Net cash provided by (used in) financing activities</b>		<b>0</b>	<b>0</b>
Change in cash and cash equivalents in the reporting period		(1,441,077)	1,761,870
Cash and cash equivalents at the beginning of the reporting period		3,953,322	2,191,452
Change in cash and cash equivalents due to exchange rate movements		0	0
<b>Cash and cash equivalents at the end of the reporting period</b>	<b>B</b>	<b>2,512,245</b>	<b>3,953,322</b>

# Notes to the accounts

## for the year ended

## 31 March 2025

### 1. Accounting policies

The principal accounting policies adopted, judgments and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

#### 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), including update bulletin 1 – (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Charities Act 2011.

The accounts (financial statements) have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair view'. This departure has involved following 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) issued on 16 July 2014 rather than the Accounting and Reporting by Charities: Statement of Recommended Practice effective from 1 April 2005 which has since been withdrawn.

UK-Med meets the definition of a public benefit entity under FRS102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note.

The financial statements are presented in sterling and are rounded to the nearest pound.

#### b) Preparation of the accounts on a going concern basis

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

The trustees concluded that no material uncertainties related to events or conditions that may cause significant doubt about the ability of UK-Med to continue as a going concern have been identified by the trustees.

Therefore, the financial statements for the year ended 31 March 2025 are prepared on the going concern basis.

#### c) Income

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the item(s) of income have been met, it is probable that the income will be received, and 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.

For legacies, entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably, and the charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

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

#### d) Donated services and facilities

Donated professional services and donated facilities are recognised as income when the charity has control over the item, any conditions associated with the donated item 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. In accordance with the Charities SORP (FRS 102), general volunteer time is not recognised; refer to the trustees' annual report for more information about their contribution

These accounts include a donation of fixed assets, this is equipment for a field hospital mainly consisting of tents, these have been valued at replacement value.

On receipt, donated 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.

#### e) 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.



#### f) Fund accounting

Unrestricted funds are available to spend on activities that further any of the purposes of charity.

Designated funds are unrestricted funds of the charity which the trustees have decided at their discretion to set aside to use for a specific purpose.

Restricted funds are donations which the donor has specified are to be solely used for particular areas of the charity's work or for specific projects being undertaken by the charity

#### g) Expenditure and irrecoverable VAT

Expenditure 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:

- Expenditure on charitable activities includes the costs 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.

#### h) Operating leases

Operating leases are leases in which the title to the assets, and the risks and rewards of ownership, remain with the lessor. Rental charges are charged on a straight-line basis over the term of the lease.

#### i) Tangible fixed assets

Individual fixed assets costing £1,000 or more are capitalised at cost and are depreciated over their estimated useful economic lives on a straight-line basis as follows:

Medical & Surgical Equipment 25%

IT Equipment 25%

#### j) Stock

Stock is included at the lower of cost or net realisable value. In general, cost is determined on a first in, first out basis. 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 are recognised at fair value which is the amount the charity would have been willing to pay for the items on the open market.

#### k) Support costs

Support costs are those that, while necessary to deliver an activity, do not themselves produce or constitute the output of the charitable activity. These costs include UK office functions such as operations support, logistics, general management, governance, payroll administration, budgeting and accounting, insurance, information technology, human resources, MEAL and finance. Support costs have been allocated in line with the agreed percentage set by the funders.

l) Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

m) 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.

n) 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 settlement amount after allowing for any trade discounts due.

o) Financial instruments

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 amortised cost using the effective interest method

p) Pensions

Employees of the charity are entitled to join a defined contribution 'money purchase' scheme. The charity's contribution is restricted to the contributions disclosed in note 9. There were no outstanding contributions at the year end.

## 2. Legal status of the charity

The charity is a charitable incorporated organisation, registered as a charity in England & Wales.

### 3. Analysis of income

	Unrestricted funds	Restricted funds	Total funds 2025	Total funds 2024
	£	£	£	£
<b>Donations and legacies:</b>				
Donations and gifts	495,425	–	495,425	196,099
General grants provided by government/ other charities	–	–	–	115,000
<b>Total</b>	<b>495,425</b>	<b>–</b>	<b>495,425</b>	<b>311,099</b>
<b>Grant Income:</b>				
FCDO – EDT 2	–	4,752,350	4,752,350	2,757,476
BHA/Save the Children – READY 2	–	96,563	96,563	312,190
IOM Ukraine 6/7/8	–	709,533	709,533	1,332,007
UHF 1 – Ukraine	–	202,709	202,709	1,251,040
UHF 2 – Ukraine	–	1,566,431	1,566,431	–
SUDAN RI El Fsher	–	67,670	67,670	–
SUDAN RI Al Managil	–	50,752	50,752	–
FCDO – Gaza	–	11,500,000	11,500,000	2,750,000
WHO – Nasar Hospital	–	1,396,847	1,396,847	–
SCI – T2 Maternity wing	–	324,265	324,265	–
RI/ECHO – Gaza	–	58,607	58,607	–
WHO – PHC T1 GAZA	–	384,350	384,350	–
FCDO – SBP GAZA	–	13,374	13,374	–
FCDO – SBP Zambia (UNICEF)	–	11,192	11,192	–
FCDO – Lebanon	–	892,175	892,175	–
FCDO – Rwanda	–	236,065	236,065	–
FCDO CivMil Technical WG	–	8,351	8,351	–
FCDO – Democratic Republic of Congo	–	180,478	180,478	–
FCDO – SBP South Sudan	–	19,293	19,293	–
FCDO – Armenia	–	–	–	50,000
FCDO – Zambia	–	–	–	97,563
FCDO – Morocco	–	–	–	31,547
FCDO – Libya	–	–	–	677,238
FCDO – Malawi	–	–	–	455,566
FCDO – Turkey	–	–	–	320,000
BHA/Save the Children – Ukraine	–	–	–	908,522
Humanity and Inclusion – Intergrated Hospital	–	–	–	111,920
Disaster Preparedness Myanmar	–	–	–	–
<b>Total</b>	<b>–</b>	<b>22,471,005</b>	<b>22,471,005</b>	<b>11,055,069</b>
<b>Earned income:</b>				
Training Fees	27,110	–	27,110	74,864
Research Karolinska Institute & LAU	15,406	–	15,406	–
PHRST Deployments	–	–	–	18,332
CHU Toulouse	–	–	–	11,640
<b>Total</b>	<b>42,516</b>	<b>–</b>	<b>42,516</b>	<b>104,836</b>
<b>Income from investments:</b>				
Interest on cash deposits	58,990	–	58,990	11,166
<b>Total</b>	<b>58,990</b>	<b>–</b>	<b>58,990</b>	<b>11,166</b>
<b>TOTAL INCOME</b>	<b>596,931</b>	<b>22,471,005</b>	<b>23,067,936</b>	<b>11,482,170</b>



## 4. Analysis of total expenses

	2025			
	Emergency response and preparedness	Fundraising Costs	Support Costs	Total
	£	£	£	£
<b>Expenditure on raising funds:</b>				
Staff costs (note 6)	11,657,875	107,062	1,409,210	13,174,147
Training & Capacity Building	189,004	–	7,989	196,993
Deployment Readiness	197,283	–	12,605	209,888
Medical supplies & equipment	3,906,805	–	93,201	4,000,006
Activities through partner organisations	560,420	–	–	560,420
Travel and transport	1,698,370	102	55,438	1,753,910
Insurance	848,587	–	269,331	1,117,918
Professional Services	283,240	29,896	103,147	416,283
IT infrastructure and support	141,900	4,434	32,080	178,414
Premises and office running costs	1,089,225	77	195,444	1,284,746
Fundraising and Advertising	–	14,363	–	14,363
Governance	–	–	34,636	34,636
<b>Subtotal</b>	<b>20,572,709</b>	<b>155,934</b>	<b>2,213,081</b>	<b>22,941,724</b>
Support costs	2,196,433	16,648	-2,213,081	–
<b>Total expenditure</b>	<b>22,769,142</b>	<b>172,582</b>	<b>–</b>	<b>22,941,724</b>

	2024			
	Emergency response and preparedness	Fundraising Costs	Support Costs	Total
	£	£	£	£
<b>Expenditure on raising funds:</b>				
Staff costs (note 6)	4,146,680	73,207	810,750	5,030,637
Training & Capacity Building	251,441	–	–	251,441
Deployment Readiness	120,352	–	7,224	127,576
Medical supplies & equipment	1,879,777	–	–	1,879,777
Travel and transport	1,516,941	747	48,502	1,566,190
Insurance	265,832	–	93,650	359,482
Professional Services	405,341	31,745	18,602	455,688
IT infrastructure and support	63,806	15,756	35,763	115,325
Premises and office running costs	480,350	1,034	92,360	573,744
Communications	–	–	–	–
Governance	–	–	33,870	33,870
<b>Subtotal</b>	<b>9,130,520</b>	<b>122,489</b>	<b>1,140,721</b>	<b>10,393,730</b>
Support costs	1,125,620	15,101	(1,140,721)	–
<b>Total expenditure</b>	<b>10,256,140</b>	<b>137,590</b>	<b>–</b>	<b>10,393,730</b>

## 5. Analysis of governance costs

	2025	2024
	£	£
Auditors remunerations	22,000	19,500
Trustees reimbursement	2,059	2,428
Trustees meeting costs	1,987	3,683
Trustees and managers liability insurance	8,590	8,259
<b>Total</b>	<b>34,636</b>	<b>33,870</b>

## 6. Staff costs

	2025	2024
	£	£
Salaries and wages	3,002,001	2,136,570
Social security costs	268,194	220,674
Pension costs (defined contribution scheme)	195,135	162,690
<b>Total staff costs based in the UK</b>	<b>3,465,330</b>	<b>2,519,934</b>
Staff cost for emergency response and consultancies	9,653,386	2,453,788
Staff recruitment, training and development	55,431	56,915
<b>Total staff costs (UK and Overseas)</b>	<b>13,174,147</b>	<b>5,030,637</b>

Band	Number of employees	
	2025	2024
£60,000 to £69,999	2	3
£70,000 to £79,999	2	–
£80,000 to £89,999	–	1
£90,000 to £99,999	2	–
£100,000 to £109,999	–	–
£110,000 to £119,999	–	–
£120,000 to £129,999	–	1
£120,000 to £129,1000	1	–
	2025	2024
	Number	Number
Average head count in the year	62.82	56.53
<b>Total</b>	<b>62.82</b>	<b>56.53</b>

The key management personnel of the charity comprise the trustees, the Chief Executive Officer, the Chief Operating Officer, the Humanitarian Operations Director, the Health Director, Capacity Building and Learning Director, Director of People and Director of Fundraising. The total pay to those roles in the year ending 31 March 2025 was £661,940 (2024: £613,193).

## 7. Trustees remuneration and expenses, and related party transactions

During the year 14 trustees serviced on the board. Five trustees were reimbursed £2,058 for costs related to UK-Med's business during the year ending 31 March 2025 (2024: £2,428).

One trustee received remuneration of £5,500 for conducting a real time review of our activities and learnings from Gaza during the year ending 31 March 2025 (2024: £nil). There were no other related party transactions to disclose during the year ending 31 March 2025 (2024: £nil).

## 8. Analysis of receipts of government grants

	2025 £
Foreign, Commonwealth and Development Office – UKAID	17,577,865
Bureau for Humanitarian Assistance – USAID	96,564
<b>Total</b>	<b>17,674,429</b>

	2024 £
Foreign, Commonwealth and Development Office – UKAID	7,139,390
Bureau for Humanitarian Assistance – USAID	1,220,712
<b>Total</b>	<b>8,360,102</b>



## 9. Corporation tax

The charity is exempt from tax on income and gains falling within Chapter 3 of Part 11 of the Corporation Tax Act 2010 or Section 256 of the Taxation of Chargeable Gains Act 1992 to the extent that these are applied to its charitable objects. No tax charges have arisen in the charity.

## 10. Tangible fixed assets

	Medical & Surgical Equipment	IT Equipment	Total
	£	£	£
<b>Cost or valuation</b>			
At 1 April 2024	313,185	29,057	342,242
Additions	76,339	1,151	77,490
Revaluations	–	–	–
Disposals	–	–	0
Transfers*	–	–	–
<b>At 31 March 2025</b>	<b>389,524</b>	<b>30,208</b>	<b>419,732</b>
<b>Depreciation and impairments</b>			
At 1 April 2024	107,479	25,542	133,021
Disposals	–	–	–
Depreciation	70,512	3,125	73,637
<b>At 31 March 2025</b>	<b>177,991</b>	<b>28,667</b>	<b>206,658</b>
<b>Net book value</b>			
<b>At 31 March 2025</b>	<b>211,533</b>	<b>1,541</b>	<b>213,074</b>
At 31 March 2024	205,706	3,515	209,221

## 11. Debtors and prepayments

	2025	2024
	£	£
Grants receivable	3,663,113	1,358,365
Prepayments and accrued income	7,692	3,558
Partner Grants	74,522	–
Other receivables (Deposits)	42,435	51,258
<b>Total</b>	<b>3,787,762</b>	<b>1,413,181</b>

## 12. Creditors and accruals

	2025	2024
	£	£
Trade creditors	1,295,936	909,122
Short term compensated absences (holiday pay)	–	–
Accruals	1,799,747	1,264,876
Taxation and social security	–	62,704
Other creditors	–	21,770
<b>Total</b>	<b>3,095,683</b>	<b>2,258,472</b>

## 13. Analysis of movements in restricted funds

	Balance at 1 April 2024	Income	Expenditure	Balance at 31 March 2025
	£	£	£	£
FCDO – EDT 2	10,104	4,752,350	(4,762,454)	0
BHA/Save the Children – READY 2	–	96,563	(96,563)	0
IOM Ukraine 6/7/8	0	709,533	(709,533)	0
UHF 1 – Ukraine	816,625	202,709	(1,019,334)	0
UHF 2 – Ukraine	0	1,566,431	(1,566,431)	0
SUDAN RI El Fsher	0	67,670	(6,747)	60,923
SUDAN RI Al Managil	0	50,752	(4,573)	46,179
FCDO – Gaza	0	11,500,000	(11,500,000)	0
WHO – Nasar Hospital	0	1,396,847	(1,396,847)	0
SCI – T2 Maternity wing	0	324,265	(324,265)	0
RI/ECHO – Gaza	0	58,607	(58,607)	0
WHO – PHC T1 GAZA	0	384,350	(384,350)	0
FCDO – SBP GAZA	0	13,374	(13,374)	0
FCDO – SBP Zambia (UNICEF)	0	11,192	(11,192)	0
FCDO – Lebanon	0	892,175	(892,175)	0
FCDO – Rwanda	0	236,065	(236,065)	0
FCDO CivMil Technical WG	0	8,351	(8,351)	0
FCDO – Democratic Republic of Congo	0	180,478	(182,460)	(1,982)
FCDO – PNG	104,292	–	(104,292)	0
FCDO – SBP South Sudan	0	19,293	(19,293)	0
<b>Total</b>	<b>931,021</b>	<b>22,471,005</b>	<b>(23,296,906)</b>	<b>105,120</b>

The transfer between restricted and unrestricted funds recorded on SOFA reflects the contribution made by restricted funding to organisation overheads/NPAC costs.

## Previous reporting period

	Balances at 1 April 2023	Income	Expenditure	Balance at 31 March 2024
	£	£	£	£
FCDO – EDT 2	10,104	2,757,476	(2,757,476)	10,104
FCDO – PNG	104,292	–	0	104,292
FCDO – Malawi	–	455,566	(455,566)	0
FCDO – Turkey	-1,971	320,000	(318,029)	0
BHA/Save the Children Ukraine	-3,650	908,522	(904,872)	0
IOM – Ukraine 3	-480	0	480	0
IOM UKRAINE 4 & 5	-1,721	1,028,390	(1,026,669)	0
BHA/Save the Children – READY 1	–	312,190	(312,190)	0
Humanity and Inclusion – Intergrated Hospital Disaster Preparedness: For more resilient health facilities, emergency insitiutions and communicites affected by sidasters in Myanmar	0	111,920	(111,920)	0
IOM Ukraine 6	0	303,617	(303,617)	0
UHF 1 – Ukraine	0	1,251,040	(434,415)	816,625
FCDO – Libya Assessment and Response	0	677,238	(677,238)	0
FCDO – Morroco Assessment	0	31,547	(31,547)	0
FCDO – Armenia	0	50,000	(50,000)	0
FCDO – Zambia	0	73,761	(73,761)	0
FCDO – Zambia (SBP)	0	23,802	(23,802)	0
FCDO – Gaza	0	2,750,000	(2,750,000)	0
<b>Total</b>	<b>106,574</b>	<b>11,055,069</b>	<b>(10,230,622)</b>	<b>931,021</b>

## Name of restricted fund

FCDO – EDT 2

## Purpose and Restrictions

This purpose of this funding is to provide internationally recognised rapid response capability to support people in need of emergency medical and search and rescue assistance including strengthen global emergency response systems and initiatives.

FCDO – PNG

The purpose of this grant is to provide targeted support to the health structure in Mount Hagen for strengthening and building the capacity of health services to respond better and more effectivley to the ongoing COVID 19 pandamic.



## Name of restricted fund

## Purpose and Restrictions

FCDO – Malawi

The purpose of this grant is to provide assistance and support to the Malawi Ministry of Health, due to concerns around domestic capacity for medical supply and relevant staffing for the delivery of CTC appropriate care linked to case management of cholera patients.

FCDO – Turkey

The funding provided UK-Med to deploy UK EMT to turkey post devastating earthquake. The support including deployment of Type 1 field hospital and mobile clinics.

BHA/Save the Children – READY 1

This funding is to augment capacity for humanitarian emergencies of infectious diseases with epidemic or pandemic potential.

BHA/Save the Children – READY 2

This funding is to augment capacity for humanitarian emergencies of infectious diseases with epidemic or pandemic potential.

BHA/Save the Children Ukraine

The purpose of this funding is to protect and provide lifesaving assistance to conflict-affected people in Ukraine—including children, women, people with disabilities, LGBTQI+, and vulnerable men—by enabling access to basic services and protection through adaptable, multi-sectoral, and integrated response modalities.

IOM Ukraine 3

The funding enabled Uk-Med to provide healthcare services for conflict affected IDPs and host population in conflict-affected newly accessible oblasts of Ukraine including Kharkivska, Khersonska, Mykolaivska, Poltava, & Sumy.

IOM Ukraine 4 & 5

This grant is to provide emergency health response to the Humanitarian Crisis in Ukraine Provision of healthcare services and support for conflict-affected internally displaced from and host populations in accessible areas of Ukraine.

IOM Ukraine 6/7/8

The funding enabled UK-Med to provide immediate assistance for the most vulnerable on the frontline and support Ukrainian health systems in delivering primary and secondary level hospital health care services in Dnipropetrovsk, Zaporizhzhia and Kharkiv oblasts through the provision of mobile health services in areas difficult to access and technical capacity building and training on ALS, BLS sessions.

UHF 1 – Ukraine

This purpose of this funding is to support Humanitarian outreach to Protect and Enhance in areas of return and rural areas close to the frontline in Ukraine.

## Name of restricted fund

## Purpose and Restrictions

UHF 2 – Ukraine

Enhancing access to trauma care and support for medical patients and their families after exposure to violence, land mines and other explosive remnants of war.

Humanity and Inclusion – Integrated Hospital Disaster Preparedness: For more resilient health facilities, emergency institutions and communities affected by disasters in Myanmar

The purpose of this funding is to enhance community resilience through disaster preparedness and incident management in hospitals, multi partner coordination and community empowerment ensuring continuous inclusive care for disaster affected population in Myanmar.

Sudan Ri El Fsher

The purpose of this funding is to provide technical and capacity building support in secondary healthcare to El Fasher Hospital in North Darfur, Sudan.

Sudan RI Al Managil

The purpose of this funding is to provide technical and capacity building support in secondary healthcare to Al Managil Hospital in Al Jazira, Sudan.

WHO – Nasar Hospital

This funding enabled UK-MED to support the re-establishment of health services at Nasser Hospital's Emergency Department.

SCI – T2 Maternity wing

This funding aims to support the establishment of a Maternity Unit within the UK-MED Field Hospital and to provide technical leadership and financial support for its ongoing operations.

RI/ECHO – Gaza

The funding provided essential emergency and secondary health services, with integrated water, sanitation and hygiene (WASH) and nutrition services for supported secondary healthcare facilities and mainstreamed protection services.

WHO – PHC T1 GAZA

This funding enabled UK-MED to provide primary health care services at the Type 1 field hospital.

FCDO – Libya Assessment and Response

This funding supported UK-EMT health response to Libya for conducting assessment, PHC and mobile clinics support for flood effectees.

FCDO – Morocco Assessment

This funding was to deploy UKEMT assessment team to Morocco to determine the situation and need post earthquake in September 2023.

FCDO – Armenia

The purpose of this funding is to deploy UKEMT burns specialist care and surgical team to treat burns patients in Yerevan, Armenia following an explosion at a fuel storage facility in Berkadzor.

## Name of restricted fund

## Purpose and Restrictions

FCDO – Zambia	The purpose of this funding is to provide technical support to the Case Management Pillar of the Cholera Outbreak to the Ministry of Health of the Republic of Zambia for the ongoing Cholera response activities at national, provincial and district levels.
FCDO – Zambia (SBP)	This funding supported secondment of two specialist in Case Management and WASH to FCDO UKHSA based in Lusaka, Zambia.
FCDO – SBP Zambia (UNICEF)	This funding was to deploy a Health Emergency specialist from UK-Med with experience in cholera response to ensure a coordinated and effective cholera response interventions, with a focus in Lusaka and other high incidence districts in the country.
FCDO – SBP GAZA	This funding enabled UK-MED to provide a rehabilitation technical expert to WHO Gaza to play a critical role under the supervision of WHO's Trauma Pillar, providing strategic leadership and technical guidance to address the severe rehabilitation gap.
FCDO – Gaza	This funding enabled UK-MED to build a Type 2 field hospital in Almawasi areas and support other health intervention to the crisis in the Occupied Palestinian Territories.
FCDO – Lebanon	This funding enabled UK-MED to provide essential emergency, surgical and primary healthcare services in designated hospitals in Lebanon during the humanitarian crisis created by the ongoing conflict.
FCDO – Rwanda	To respond to (ARRO) Marburg Virus Disease outbreak in Rwanda.
FCDO CivMil Technical WG	To support WHO EMT secretariate for Civil-Military Technical Working Group.
FCDO – Democratic Republic of Congo	UK-MED Emergency medical support to Goma.
FCDO – PNG	The purpose of this grant was to provide targeted support to the health structure in Mount Hagen for strengthening and building the capacity of health services to respond better and more effectively to the ongoing COVID 19 pandemic.
FCDO – SBP South Sudan	This funding supported a Case Management Specialist to be deployed to the WHO country office in South Sudan to strengthen case management during the cholera outbreak. They provided technical support to the incident management team, the Ministry of Health and partners, focusing on improving clinical and nursing care and assessing treatment needs for affected groups.

## 14. Analysis of movement in unrestricted funds

	Balance at 1 April 2024	Income	Expenditure	Transfers	Balance at 31 March 2025
	£	£	£	£	£
General Fund	1,448,332	391,730	(1,669,856)	2,091,568	2,261,774
Deployment Fund – Ukraine Appeal	160,047	21,560	(61,896)	0	119,711
Deployment Fund – Middle East Appeal	0	1,010	(113)	0	897
Deployment Fund – Gaza	12,229	91,972	(1,265)	0	102,936
Emergency Response Fund	556,402	13,170	(59,979)	104,292	613,885
Fixed Assets	209,221	77,489	(73,635)	0	213,075
Stock	134,484	0	(16,165)	0	118,319
<b>Total</b>	<b>2,520,715</b>	<b>596,931</b>	<b>(1,882,909)</b>	<b>2,195,860</b>	<b>3,430,597</b>

### Previous reporting period

	Balances at 1 April 2023	Income	Expenditure	Transfers	Balance at 31 March 2024
	£	£	£	£	£
General Fund	1,042,795	223,965	(646,815)	828,387	1,448,332
Deployment Fund – Ukraine Appeal	315,740	9,345	(165,038)		160,047
Deployment Fund – Turkey/Syria Appeal	64,547	10,650	(74,138)	(1,059)	0
Deployment Fund – Gaza	0	69,314	(57,085)		12,229
Emergency Response Fund	439,759	113,827	1,757	1,059	556,402
Fixed Assets	197,597	206,821	(195,197)		209,221
Stock	196,284	126,365	(188,165)		134,484
<b>Total</b>	<b>2,256,722</b>	<b>760,287</b>	<b>(1,324,681)</b>	<b>828,387</b>	<b>2,520,715</b>



# 15. Notes and reconciliation to the statement of cash flows

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

	2025 £	2024 £
<b>Net movement in funds (as per the statement of financial activities)</b>		
<b>Adjustments for:</b>	83,981	1,088,440
Depreciation charge	73,636	11,658
Decrease/(increase) in stock	16,165	61,800
Decrease/(increase) in Debtors	(2,374,581)	550,924
Increase/(Decrease) in creditors	837,211	72,331
<b>Net cash provided by (used in) operating activities</b>	<b>(1,363,588)</b>	<b>1,785,153</b>

## B. Analysis of cash and cash equivalents

	2025 £	2024 £
Cash at bank and in hand	2,512,245	3,953,322
<b>Total cash and cash equivalents</b>	<b>2,512,245</b>	<b>3,953,322</b>

## C. Analysis of changes in net debt

	At 1 April 2024 £	Cash flows £	At 31 March 2025 £
<b>Cash at bank and in hand</b>	<b>3,953,322</b>	<b>(1,441,077)</b>	<b>2,512,245</b>



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